Those of us who gathered in Tampa in mid-March were treated to an excellent and exciting psychoanalytic program centered around the issue of Leaving Home in Late Adolescence. The papers were interesting, informative and very stimulating. The ACP is extremely grateful to Kirsten Dahl and Anita Schmukler and the Program Committee for their tireless efforts in putting out the best child and adolescent analytic meetings that can be found. Tampa turned out to have a low number of registrants, but those of us who came enjoyed meeting up with old friends, hearing outstanding clinical material and visiting the local sights.

There are big changes on the horizon for our organization. First and foremost, our devoted Administrator, Nancy Hall, will be retiring on June 30th. We are all going to miss her and are extremely grateful to her for all that she did for the ACP over the past 15 years. We hope to be able to honor her at the Friday night dinner at our 2006 meeting in Denver. At that event, you will have a chance to personally say good-bye and thank her for all her efforts. Our Secretary, Laurie Levinson has written an article for this Newsletter about Nancy and her years with the ACP.

We are lucky to have been able to find a replacement for Nancy. Tricia Hall (no relation to Nancy) has accepted the position and will begin working for us on July 1st. Tricia is known to some of you. She has been our meeting planner for the last couple of years. We hope that the transition will go smoothly. Tricia will be spending a couple of days with Nancy to try to learn the basics of how the ACP runs. I hope that you will all be patient with the changeover to a new administrator.

Another possible change in the organization involves the voting status of our candidate members. Rachel Seidel, a current candidate councilor, raised the issue of the vote for candidate members at the Executive Committee meeting in Tampa. The Committee felt that this was the direction they would like to take. A small committee is investigating our current situation.

(Continued on page 5)
Grants from the ACP supporting low-fee analysis of children and adolescents for the calendar year 2006 are available. Please request the grant application from Nancy Hall at

childanalysis@optonline.net

Mail completed application to

Nancy Hall
P.O. Box 253
Ramsey NJ. 07446

Deadline for Submission of Application:
October 30, 2005
Cynthia Carlson
Chairman, Grants Committee
The plenary session panel was superb. Each of the three presentations conveyed an experience of the intimate, complex, and multi-rhythmic engagement in psychoanalysis that these analysts had with their adolescent patients.

Dr. Ascherman spoke about his work in a several year analysis with Ryan, a mid-adolescent. His first impression upon meeting Ryan was that he seemed to have given up. He avoided eye contact, said little, looked hopeless and defeated, merely shrugging his shoulders in response to Dr. Ascherman’s efforts to establish some connection. He had marginal grades in school, lacked friends and lacked confidence. Although he and his parents readily accepted the recommendation for analysis, neither they nor Ryan reliably followed through with appointments. He rarely came to sessions during the first months. Then, feeling desperate with his difficulties, Ryan began to consider his work with Dr. Ascherman important. As their work progressed, a pattern of Ryan’s struggles with allowing himself to be “seen” emerged and came alive in the transference. Flashes of intensity, related to sexual or aggressive content, would from time to time penetrate Ryan’s passive, blunted, and deferential style, only to be followed by the return of the withdrawn, inhibited persona. Dr. Ascherman and Ryan learned about how for him being seen as capable might feel dangerous, how he doused the intensity of his feelings to preclude feeling out of control, and how his impulses and urges were frightening to him. They also learned how hard it was for Ryan to compete with his father, how much he longed for his father’s affection, and how much he feared that competing with his father would leave one of them the victor and one of them destroyed. As Ryan struggled with these conflicts, he slowly began to reveal his intelligence to classmates, teachers and analyst. By the end of his senior year in high school, his grades were much improved; bullying from his classmates had ceased, he had established a stable circle of friends and he had been accepted into college. He felt ready to separate and move forward independently.

Mrs. Barrett presented aspects of her work with Meredith, a patient who returned to analysis in middle-adolescence to work on self-tormenting thoughts over which she felt no control. She was concerned, in addition, about her “addiction to procrastination,” alarmed by her aggression, and anxious about matters pertaining to her body and sexuality. Mrs. Barrett highlighted the process of working on material during her patient’s senior year of high school that provided a window into her particular struggles with two crucial developmental tasks - achieving integration of her changing body with its yet-to-be-realized potential for adult sexuality, and taking steps toward “object removal.” The latter term refers to the process of dealing with forbidden incestuous impulses toward primary objects through displacement to suitable new objects outside the family. In the analytic sessions, Meredith worked through conflicts in various spheres, sometimes in the context of familial relationships, sometimes in her peer group, and other times more directly in the transference. Meredith’s pattern of berating herself could be understood as an ongoing manifestation of early difficulties in maternal investment and related problems with self-esteem regulation. Analytic exploration also identified defensive aspects including anger turned against herself and a familiar method with which Meredith dealt with things when she felt helpless - as she did during the period described while she awaited college admission and sought a first love. Through their work, it was understood that succeeding academically and romantically represented forbidden, even criminal activities in Meredith’s mind. Previous analytic work on misunderstandings about anatomical differences was elaborated on as Meredith became more able to experience sensations and verbalize her feelings about her own maturing body. She and Mrs. Barrett also worked on the ways in which she was holding people at a distance. Meredith enacted her tendency to avoid intense feelings by canceling sessions. As the end of high school approached, cancellations became even more prevalent in her attempt to dilute the intensity of the feelings she had for Mrs. Barrett and the impending termination of the analysis. However, she was helped to give both herself and her analyst credit for the work done rather than turn their goodbye into a fight, denying and destroying any good feelings between them. Although Meredith felt disappointment that not all her problems were resolved, she was buoyed by her readiness to leave for (Continued on page 6)
Remaining gripped by adolescent conflicts and solutions is the bane of many patients. This was the main thesis of Theodore Jacobs’ Marianne Kris Memorial Lecture.

Presentation of several cases and a review of coming of age literature served as the springboard for his elucidation of the developmental challenges of adolescence and of technical approaches in treating adult patients stuck in adolescence. Dr. Jacobs put the focus on the early and the mid adolescent years as well as on the more easily recalled late adolescent years. Patients not only ‘come in touch with the memories, the struggles, the traumas and special satisfactions of those years, but by exploring and working through the meanings that these experiences and their associated fantasies have for them, they loosen the strong, not always visible, knots that through pain and triumph, bind them - and us - to a unique, and uniquely powerful, time of life’.

Adolescence has an enduring power because it is filled with hope and promise. Everything is experienced for the first time, heightening the salience of these experiences. The excitement of romance with its first kiss is only one example of the special events of this period. Jacobs defined adolescent neurosis as solutions to conflicts derived from this period, solutions that persist into adulthood. He built on the idea of compromise formations to tackle infantile neurotic conflicts, specifically oedipal ones, which color the compromise formations to tackle infantile neurotic conflicts that persist into adulthood. He proposed that adolescent neuroses may have a greater impact on character formation than those of early childhood. The adolescent neurosis is forged out of the awakening of earlier conflicts and out of the new and distinct struggles that develop because of the unique biological and psychological forces that define this period.

He elaborated on the phases of adolescence: early (age 11 to 14), mid (age 14 to 16) and late adolescence (age 17 to 20). In the early phase, all aspects of the individual are in flux: much bodily rearrangement, awkwardness, disproportions, sexual maturation, pimples and new and untried feelings take place. Nothing is set, nothing is solid. Heterosexual and homosexual feelings compete with one another; crushes on members of both sexes are not uncommon. Uncertainties about who one is and who one will become abound. Cattiness, fickleness, and shifting loyalties are the rule. At school one may be ‘in’ one day and ‘out’ the next. In analysis, these are the memories that are most likely avoided. They are replete with pain and humiliation. The analyst can examine the impact of this period on character formation, on self-representation, on fantasies formed about the body. They are inaccessible to consciousness and hidden behind screen memories of later adolescence and young adulthood. Attention should also be paid to traumatic experiences and problems in physical maturation as well as to important bodily experiences that might have an enduring role in the personality.

In addition to devoting time to reconstructions of this period, attention has to be paid to countertransference issues. The role that the analyst’s own early adolescence plays in his or her ability and willingness to access and work productively with this period in the lives of his patients is a rarely discussed aspect of countertransference. This scotoma reflects the tendency in analysts and their patients to bury instead of analyzing those years. For many analysts, the wish to close the book on the awkward and painful period in their lives leads them - unconsciously - to collude with their patients’ resistances and to avoid adequate exploration of the years. It may happen too, that specific memories of unhappy experiences in the analyst’s early adolescence block his understanding of similar experiences in the patient’s life.

Comparing the literature and biographies of two very different writers in the coming of age genre, Jacobs focused on the work of Mark Twain (Samuel Clemens) and J. D. Salinger. Twain had an ongoing, obsessional preoccupation with violence and death, owing perhaps to the terrible family losses he experienced early on, resulting in a character organization fixated at this point. Jacobs had patients with similar losses who had trouble moving beyond early adolescence. Mark Twain sublimated his grief by humorously examining existential anxieties.

J. D. Salinger’s character of Holden Caufield, in his classic work Catcher in the Rye demonstrates a latency personality: phobic avoidance of sexuality, trouble dealing with ambivalence and fright of the adult. Latency personalities can not transcend this developmental period. They have unconscious fear of becoming adults.

According to Jacobs, mid-adolescence acts as a key transition period from home to the outer world. This period is used to help loosen ties to parental images, to help form deeper and more complex peer relationships and ultimately to prepare the adolescent to assume greater responsibilities, to feel increased personal
Our ten-year relationship with Nancy Hall began auspiciously in April 1988, when Dr. Robert Gillman hired Nancy’s daughter Rachel Hall May as Executive Secretary for the ACP. Prior to that time the secretarial position changed every two years with the election of the new president. Dr. Gillman introduced the idea of a permanent position.

I first met Nancy Hall in December of 1989, when she pitched in to help her daughter Rachel with secretarial duties at the Executive Meeting in New York. Rachel was expecting her second child that very week; and from that point on Nancy assisted Rachel with various ACP administrative projects; and accompanied her to help with our Annual Meetings. Rachel’s third child, Michael, was born in October, 1991 with many serious developmental disabilities, requiring full-time supervision in the home. Although Rachel continued as our Administrator, Nancy’s role gradually increased as she learned the ropes and became familiar with our Association.

In 1995, Rachel submitted her resignation at the end of our Annual Meeting in Toronto. She and Nancy had worked together during the meeting; and Nancy was appointed Administrator. For me it is hard to imagine a time when Nancy’s lilting Louisiana voice did not answer the ACP telephone. During my tenure as Co-Chair of the Program Committee (1993-2000), Nancy and I had frequent late-night conversations – sorting out where the papers were, where they were coming from and to whom they were going! I always felt that without my friend and co-worker Nancy Hall, we would never gotten those programs off the ground. Together, we organized the (then) new idea of having box lunches provided in the Saturday afternoon discussion groups – an idea which indeed succeeded in greatly increasing attendance at these groups.

Nancy always kept me up to date on the activities, achievements and sometimes painful realities of her family. She was, no matter what, always upbeat. She acknowledged difficulties when she saw them, but would then proceed to a most practical approach to problem-solving.

When Nancy found the various duties of an Annual Meeting somewhat daunting on her own, she got in touch with her childhood friend Mell Rose Storey and asked her to help with the 1997 Annual Meeting in Cancun. Mell accepted with the understanding that only her travel expenses would be paid, and she has continued to attend our annual meetings, working alongside Nancy at the Registration Desk. I believe that everyone has always found Mell Rose to be a charming and welcoming presence. Arriving to register on the Friday of an annual meeting has a certain frozen-in-time quality for me – absolutely characterized by the warm and friendly and familiar faces of Nancy and Mell Rose. I know that we all have a very deep affection for Nancy Hall, and that we will greatly miss her and her Southern sounds and style. I also know how deep her feelings for and attachment to us are. She has assured us that she will work diligently with the next administrator to facilitate the transition.

Thank you, Nancy, for your years with us - for your readiness to be available – for your lightness of tone – for your slightly irreverent sense of humor … for being a wonderful administrator of a somewhat idiosyncratic organization.

(Continued from page 1)

As I mentioned earlier, the registration in Tampa was low. Thus, we sent out a survey to the membership to try to analyze why the meeting was not well attended. It may be that we will have to change our meeting date so that it does not fall in mid-March. Traditionally, we have met on Palm Sunday weekend. When Palm Sunday falls in March, it may conflict with spring school vacations and keep members away from our meeting. We hope that we will get some helpful answers from our brief email survey.

We are already looking forward to our next meeting, which will be April 7-9, 2006 in Denver. Both Carla Neely and Jill Miller are working with Tricia Hall to find just the right hotel to hold our meeting. Please mark your calendars now so that you will be sure to be there. In the meantime, I hope you have a wonderful and relaxing summer.
Plenary Presentations

(Continued from page 3) college.

Dr. Seidel introduced her mid-adolescent patient, Anna, as a remarkable, intelligent young woman who had significant issues that would interfere with her being able to leave home. She was initially referred for problems with anxiety, depression, and bulimia. Dr. Seidel soon learned that due to conflicts about autonomy and sexuality, she was having considerable trouble loosening the constraining bonds to her parents, developing age appropriate friendships, exploring sexual relationships and becoming more independent in preparation for leaving home. After a few months of working together twice weekly, Anna let Dr. Seidel know that she wanted to see him more often. Anna’s depth of desire for more intensive treatment, her newfound capacity to speak up for herself and her success at getting her parents on board impressed Dr. Seidel. However, after the summer break Anna demanded to cut back her sessions to one time per week. Dr. Seidel saw this as Anna’s need to extricate herself from the pressures of the transference relationship, pressures reminiscent of her conflicted wishes for care from her mother and for independence from her father, both of whom she also loved passionately. Anna could not work with any interpretations or clarifications. She was too immersed in her adolescence and her need for autonomy, too frightened by her anger at the analyst. Dr. Seidel understood that she needed to protect the alliance even if she had to cut back for now. After two months of working once per week, saddened that she still wasn’t doing well with friends, Anna decided to return to a four times weekly schedule. Anna’s second year in analysis was notable for a deepening capacity to remember her early life and a growing facility with working to understand it. That year was also marked by a general decrease in symptoms and an increase in autonomous activity; also by an ability to speak to her issues concerning intimacy and sexuality. During her final year of her analysis, as she prepared for going away to college and detaching from her parents, Anna elaborated a rich fantasy life about Dr. Seidel and showed a growing capacity for a relationship with her. Attention was paid to Anna’s multiple losses and focus was put on the ending of the analytic relationship. Dr. Seidel would have liked to analyze Anna further, but she also felt it was progressive for Anna to leave - and, in fact, Anna wanted to go.

The Moderator, Dr. Parks, summarized the presentations, emphasizing that the analysis of each of these adolescents fostered a gradual process of internalization, facilitating movement towards their being able to leave home. Each adolescent entered into a rich, complex relationship with his or her analyst, a relationship in which central emotional conflicts could be revisited and reworked. The direct work with these adolescents’ feelings about separating from their analyst was central to fostering their individuation, not just from the analyst but also from earlier infantile ties to the mother. A process that progressively transformed earlier experiences and conflicts developed in each of these analyses. Part of the change involved movement away from externalization of conflict and expression of conflict through action toward an ability to verbalize and accept responsibility for and own one’s conflicts. In each of the cases, the analyst worked patiently to help the adolescent better understand her- or himself, his or her feelings, and fears. Such awareness gave each patient a richer, more nuanced set of self-experiences that could then begin to be integrated into a more alive and vital sense of who she or he was. Dr. Parks also indicated that work was done with each adolescent to soften the relentless, strict, rule-bound superego so that sexual pleasure would be permissible and inhibition minimal.

In the discussion, Dr. J. Novick stated that these cases demonstrate clearly the richness of the child analytic approach. He asked the panelists to comment on the parenting work they had done. Mrs. Barrett responded that she had worked with her patient’s parents weekly during latency. During the patient’s adolescence, she saw them infrequently but regularly, three or four times a year, with phone calls if requested. She did not feel it was an intrusion into the analytic work and thought it had been beneficial to the developmental tasks and changing relationship with their daughter. Dr. Seidel offered that early in Anna’s treatment, parental intrusion was addressed during a few parent meetings. Anna, her parents, and Dr. Seidel then decided against continuing parent meetings during Anna’s psychoanalysis. Dr. Ascherman said that although the parents of his adolescent were lax in scheduling meetings regularly with him, he did some parent work that emphasized and reinforced their importance to their son in long run. They saw him as an ally.

The entire session provided a rich experience for panelists and audience alike.
The Tasks of Late Adolescence

Noting the surge of student referrals during the last years of high school, the Novicks raised a number of technical and theoretical questions about some strongly held cultural values and developmental assumptions that have become incorporated into psychoanalytic theory.

They asked: “What is adolescence? A ‘developmental disturbance’ (Anna Freud)? The end of childhood? The beginning of adulthood? A time with its own unique neurological, biological, and psychological attributes?

How do phase specific phenomena relate to earlier developmental issues? Is trauma in adolescence simply a revival of childhood trauma? What are the challenges and goals of late adolescence? What are its strengths and vulnerabilities? Is leaving home the primary task?

What are criteria for intervention in adolescence? Does separation precipitate breakdown? Are there techniques that are particularly important... for building a therapeutic alliance, working with parents? Who is best trained to treat the disturbed adolescent?

Four brief cases were offered: two who broke down in high school over imminently leaving home for college; two who broke down in college over separation issues:

1. When sixteen year old Charlie was referred after a suicide attempt, parents, patient, and school counselor pressured the analyst to get him ready to enter college. But for Charlie leaving home symbolized death, destruction of his parents, aroused intense conflict; a year of analytic work established that external physical separation was irrelevant. Charlie’s primarily difficulties regarded withstanding parental pressures to leave home, derived from their own culturally-assumed developmental goals.

2. Jennifer’s academic difficulties in her junior year improved after a year of supervised treatment. Although parents, patient, and school were relieved, the analytic work stagnated until the analyst-candidate understood her shared parental assumptions that the goal of adolescent development and analysis was separation. When Jennifer was accepted at a far away university, it was too late. Following freshman year academic struggles, Jennifer returned to a nearby college and resumed treatment.

3. After leaving for college, Mike became paralyzed by doubting - which girl to date, which courses to take, whether to transfer, etc. At referral, it became clear that he was unable to function away from home because of long-standing problems with self-esteem and affect regulation.

4. Karen’s bulimia, during her second college year, was understood as a continuation of her long-standing involvement in a battling, mutually controlling relationship with her mother; she had not left home in any psychological way. Treatment helped her master physical separation and relieved her bulimia, but did not effect a transformation of her relationship with her parents or assist her psychological separateness. Years later she called for a referral for her symptomatic 16-year-old daughter with whom she was as controlling a parent has her mother had been.

There were numerous discussants; none will be quoted directly. All agreed that we are prone to conflate behavioral reference points (physically leaving home) with internal change (stabilized internalizations re feelings of belonging, self-definition, self-love), and that departure from the family frequently brings underlying developmental failures to light. Cultural pressures may be profound. (Quoting Mort Sahl, “The fetus is not independent until it graduates from medical school.”) In some cultures (Italy) children remain at home, gradually transforming relationships with parents; in others, (Yeshiva students, Gypsy families, Persian Jews), they remain psychologically within their parents’ culture but usually do not seem disturbed.

Our presenters proposed that we consider late adolescent “transformations” - what happens developmentally from within - feelings about themselves, adaptive capacities, body and gender realities, mastery of separation through the life span. Several participants suggested other “transformations” - new love relationships, empowments for engagement in the real world, maturing systems of conflict formation.

Stresses in the external world (parental divorce, leaving a single parent, college bingeing, drug availability, etc.), may disrupt other transformations (sexuality, autonomy, intellectual development).

Neurobiological and developmental delays exacerbate vulnerabilities when the real world opens up. The young person needs to find ways to “seize the day,” to use the world to best advantage.

Termination: Years in analysis allow gradual transformations; but what is enough? What is the proper role of reality versus the intrapsychic world in our work? The analyst becomes an idealized transference introject whose sole purpose is to foster adaptation to new developmental tasks. It is difficult to
Two cases of adolescent males leaving home were presented. Each case was complex in a distinctive way. Both involved an important awareness of the significance of parental involvement in the development of pathology and in its potential outcome. Because one case began in mid-adolescence and the other in later adolescence, parental involvement in the two treatments was quite different.

Dr. Lerner discussed the very complex and difficult adjustment of a late adolescent who was adopted at age 6 weeks. As the material unfolded, the boy’s delinquency and substance abuse issues, which brought him into the treatment, were understood as sadomasochistic tools, used in the struggle to separate and individuate from his parents. Most notably, a mother who had a predetermined “script” for her son in which he was viewed as a “criminal and sexual deviant,” guided her parenting. The father developed increased ego strength as he participated in the treatment along with his wife in frequent parent sessions with Dr. Lerner. This occurred in the context of a troubled marriage and a father who was passive early on in the analysis but seemed to find his legs as his son was able to separate from him and his wife. The work with the parents in this case of mid- to late adolescence was at times difficult but essential in defusing potential obstacles to the treatment. By focusing on the development of the patient’s ego strengths and developing mind, Dr. Lerner avoided the pitfalls of becoming another external superego to the patient. He instead fostered a sense of inner competence and autonomy. Work with the parents involved efforts at “restoring the parent-child relationship to its fullest potential as a positive resource for both parties” and helping them to appreciate the value in supporting the patient’s physical move away from home. Work with the patient involved helping him to appreciate the value in his mind and that he could function autonomously and successfully.

Dr. Otte pointed out the complex dynamics in the “failure to negotiate the transition of leaving home.” She proposed that many of these adolescents who struggle in leaving home have previously used a defense of “an illusion of self control and omnipotence which interferes with normal healthy development.” Further, she noted that a seriously impoverished inner life and failure to develop a secure sense of self along with a pathological relationship to a parental figure were often predisposing factors to such problems. She demonstrated this dramatically in her presentation of the case of an adolescent boy who experienced a sense of emptiness and identity inadequacy. The patient had denied his dependency needs and deep feelings of inadequacy and emptiness. While these defenses worked for him prior to college, they were not sufficient to support adaptive functioning outside the safe structure of the family unit. In his second year of college, these defenses fell apart and he over-identified with a close friend in an effort to compensate for what she described as a “false self construction.” This identification took the form of feeling an impulsion to be physically close to his friend, eventually stalking him, even cross-country. These behaviors became very problematic and resulted in significant disruption of his academic progress and involvement with legal authorities. During the psychoanalysis with Dr. Otte, it became clear that there was a pathological attachment to his mother which was being enacted in the relationship with his friend and then with her in the transference. The maternal attachment was understood as incomplete and unsatisfying, leading to attempts to find gratification from others and not within himself.

Discussing the presentations, Dr. Brinich noted the complexity of the process of an individual gaining a self by interacting with a mother who has a particular image of the individual, as had been at issue in Dr. Otte’s patient. He noted that it appeared that in this individual, based on the case material, there had been an inability to feed or nurture on the part of the parents, but that a maid in the household had served many of these functions in place of the parents. One wondered about the influence of the maid’s personality on the development of strengths and weaknesses in this individual. Dr. Brinich noted that in some cases analysts were ambivalent about involving the parents in the treatment because of the complexities raised and the potential difficulties encountered. While with Dr. Otte’s case, which started at a later time in the life of the patient, parental involvement was appropriately minimal, with Dr. Lerner’s case, which started in mid-adolescence, parental involvement was essential. In reference to Dr. Lerner’s case, Dr. Brinich noted the willingness of the parents to help their son’s development along by allowing him to move out of the house and into an apartment near Dr. Lerner’s office. They seemed to realize that it was safer for him to be under his care than staying at home. As Dr. Lerner noted, an important thing that seemed to link both cases were the powerful, om- (Continued on page 12)
Sarah Knox presented a detailed report of the analysis of a disturbed 17 year old adolescent girl who had been treated by “13 psychiatrists” since the age of 5. She had been given many diagnoses and medications with little success. The girl, P, refused medication, and wanted sessions only once every two weeks. The mother felt that the patient would only engage in the treatment if the parents’ contact with the analyst was minimal. The family was in turmoil and distress. Issues relating to substance abuse, infidelity, hospitalizations and a pending parental divorce formed the backdrop of this girl’s life.

At the first meeting, P presented herself just as mother had described her, in “the gothic look.” P’s “hinting [at] ... and simultaneous hiding of her sexual interest in women” led Dr. Knox to point out this interest. This lead to a “transference readiness” as evidenced by her feeling that she had “blinded” the other therapists as well as her family about this issue. Anxious about overwhelming feelings, P was guarded as to the “flow of information” she revealed, which created an experience of confusion for the analyst. Initially, Dr. Knox felt as if she was working with little sense of rhythm.

The early sessions with P were “disjointed, disorganized and disconnected.” This quality brought to the analysts’ mind, during an analytic reverie, the Who song “Pinball Wizard.” This metaphoric association was related to the feelings being like a pinball, ricocheting and as if P, at times, was like the “deaf, dumb and blind kid” in the song who magically tried to control the “pinball chaos” of her internal psychic life. Dr. Knox began to help P understand that her disjointed associative flow was a defensive avoidance of intolerable and confused feelings. This understanding not only strengthened P’s investment in the therapeutic work but also resulted in increasing the session frequency to twice a week.

However, after the analyst’s month long summer vacation, the patient responded by consciously taking a month off as retaliation. P’s capacity to express her anxious, frantic suicidal feelings, in response to the analyst’s absence, strongly suggested a capacity to work in an analytic relationship. An analysis was recommended and begun, as Dr. Knox felt that the “transferences ... had no place to go” without the frequency and consistency of the analytic frame. The regression would only be therapeutic within the analytic frame, as they dealt with the feelings of her being abandoned and left alone with intolerable affects. P’s sleep and grades improved and the suicidal ideations “resolved.” As P entered her senior year, growing up and away from her family (and childhood) became terrifying.

Dreams and their analysis were shown to be useful not only in conflict resolution, but also in facilitating the therapeutic process in general. At times, the dreams were about hope. More often, they were sadomasochistic. The intensity of the sadomasochism at times challenged the analytic capacity to maintain the “as if” quality of the treatment. Sadomasochistic fantasies came alive in the transference. Boundaries and safety were repeatedly tested. Like a child unpacking a toy, she brought sexual devices for pain, bondage and submission and control into the analytic sessions. She wanted to control and “own” her analyst so she would never again be left. This was acted out in the sessions by her talk of sexual fantasies that involved the analyst. Shame and excitement seemed connected. Dr. Knox felt as if she was walking an analytic tightrope, letting the transference unfold while trying not to fall into re-enactment or over-stimulation. Clearly, the analyst felt over-stimulated as P had as a child by the explosion of sadomasochism.

The treatment progressed with shifting themes of fear of abandonment, libidinal excitement, guilt and sadomasochistic maternal and paternal transference manifestations. The holding environment held. Over time, the importance of the lyrics from the “Pinball Wizard” became apparent. The “deaf, dumb and blind” refrain captured the essence of a child who had severe hearing loss at an early age, and speech impediments secondary to the hearing loss. Most importantly, “dumbness and blindness” described her experience of dumbing herself to deny the painful family relationships, substance abuse and sexual over-stimulation of her childhood. As a child, it had become safer to be psychologically “blind” and “dumb.” Working through these issues led to a remarkable gain in ego functioning, so that this girl, who had been told she would never graduate from high school, went on to academic success in college and good steady loving relationships. Dr. Knox stated that “¼ as important as the sexual fantasies, wishes, fears and traumas have been, in some ways, they also function as a...” 

(Continued on page 12)
In this workshop Dr. Helene Keable thoughtfully presented her ideas which emanated from her close and skillful work with C., a girl with whom she worked in an analysis during several stages of development. Dr. Keable also met regularly with the parents. Dr. Keable stated that "the methods of working with parents of child and adolescent patients often vary and are not systematically conceptualized.” Her paper specifically focused on three main issues: the intertwining of patient and parent difficulties as reflected in the transference, the complexity of the impact of C.’s clinical progress on her parents, and the limitations of child/adolescent work. Dr. Keable later led us to understand that C.’s progress at times negatively impacted the parents’ collaboration with the treatment.

The material presented was from the time when C., who had already been in analysis with Dr. Keable for several years, was in high school. Dr. Keable and C. had been exploring the psychological issues involved in C.’s decision to attend a local college so that she could continue her analysis. We learnt that the parents’ own conflicts made it difficult for them to help their teenager fully in the ‘going to college’ process. Dr. Keable stated: “we examined how the patient’s analysis was echoed in her parents, who metaphorically” were going to college, too. The analyst and patient had been exploring the many meanings of the patient’s college decision. Most of us “are aware of the impact that an analysis of one family member might have on improving the functioning of the entire family”, stated Dr. Keable. As this case unfolded, we saw that the patient was able to move forward and progress despite the recognition that the parents’ conflicts made this difficult.

C. came to treatment in early childhood due to phobias and a burgeoning obsessional character. The analysis was conducted at a frequency of 4 times a week and the parents were seen weekly for the first few years. The beginning of the analysis was somewhat difficult because of the parents’ guilt about having a child in treatment. The phobias abated after conflicts around aggression were resolved. In the middle phase of treatment, the father became a more important oedipal object. External life events magnified anxieties and internal conflict. In addition, the prepubescent body became a source of great curiosity and anxiety for both the preteen and her parents.

At the first hint of termination, C. developed an eating disorder. The determining triggers seemed to have been thinking about terminating as well as an intensification of oedipal themes. In the following months, a reconstruction could be made about the genetic past. This reconstruction helped C. to get her parents to clarify important historical events in the family.

Tom Barrett cogently discussed the paper. He offered specific clinical thoughts about C.’s analysis and elaborated on important theoretical constructs. Dr. Barrett stated that the clinical material pointed to a preponderance of intense unfused instinctuality in C. Dr. Barrett reminded us that object removal does not mean the removal of a relationship from parents - it relates to the removal of instinctual ties to the parents. If the child’s unconscious cathexis to the parents is predominantly aggressive (e.g. tinged with a sadomasochistic quality) or otherwise instinctual (e.g. perversely excited or enmeshed) and not sufficiently libidinally fused, then the child does not have sufficient access to neutral energy and is not able to become an emancipated person in his or her own right. Dr. Barrett continued to say that what Dr. Keable identified as the first hint of the termination phase was perhaps a beginning attempt at an appropriation developmental effort for C. to separate from her parents. In the face of this, C. experienced increased conflict and developed an eating disorder. As a compromise formation, the new symptom indicated a turning of C.’s aggression toward herself, which Dr. Barrett suggested was perhaps done to spare her libidinal objects; yet it also caused her objects worry and embarrassment.

Dr. Barrett continued to say, that as C. moved more fully into adolescence, she acted out in the treatment by removing ties from her analyst. He suggested that this could be understood as a displacement of her developmental impetus to remove ties from her parents. As this occurred, C. became gravely ill. Dr. Mauritz Katan described particular patients with a developing depressive psychosis in response to a wish to ward off regression into an undifferentiated state. Dr. Barrett felt that C. struggled to accomplish object removal, a necessary developmental task of adolescence, because she feared it would lead to regression into an undifferentiated state. As C. was increasingly able to tolerate separateness from the analyst, she gradually found an increased capacity to move toward an independent self. Nevertheless the process remained incomplete: while C. started to attend college, she also continued her analysis and continued to work on object removal from both parents and analyst.

(Continued on page 15)
In his introductory comments Dr. Cohen explained that today’s presentation is based on the collective deliberations of a study group of child analysts meeting in Philadelphia for the past 5 years.

Dr. Davis described normal narcissism as the ability to maintain a positively toned sense of self and to feel competent and capable even in the face of failure and frustration. This ability to bounce back when defeated, without resorting to extremes of grandiosity or negativity, represents a major element in healthy interpersonal and intrapsychic functioning.

The narcissistic equilibrium of normal life helps to maintain and support other psychic functions, much as they sustain and support narcissism. We cannot clearly discuss notions of self-centeredness, self regulation, self esteem and self reliance or object relationships without considering normal narcissism. Primitive strategies such as idealization, denial, omnipotent fantasy, grandiosity, paranoid projection or splitting are mechanisms used in pathological narcissism, in order to feel less ashamed, guilty, enraged, or helpless. Development of normal narcissism begins with the mother’s reaction to her pregnancy, her fantasies and expectations towards the unborn child, the father, her relationship to both and her attitude about her own past and present life. A mother who awaits her child with pleasure and anticipation is more likely to see her child as special and wonderful than a mother who dreads the birth of her baby. If the mother has achieved object constancy with the capacity for self reflection, empathy and tolerance for ambivalence, she will be able more effectively to contain, mirror and reflect a view of her baby as a feeling and intentional being. This fosters secure attachment and in turn helps the baby to use mother’s presence to maintain his emotional equilibrium. This is the core of normal narcissism. The child’s first glimmers of self representation begin as the mother mirrors the tendencies that fit her needs and as she teaches the child how to be. The child’s ability to be what mother wants strengthens the attachment and mother’s pleasure in him affirms his “OK-ness”.

Some parents are so needy that they cannot recognize the child’s realistic endowment since it does not fit their expectations. Examples might include the child who is excessively idealized, who is a disappointment due to birth defects, or one who is seen as a possession and not an individual.

In the early months narcissistic equilibrium primarily involves physiological contentedness. Mother’s intervention restores the positive tone to the matrix of interdependence and the infant regains his experience of well-being. Mother’s contribution to the emotional balance of the dyad includes her ability to tolerate and regulate affect, to be attuned to the infant and to soothe and mirror him. The infant’s contribution is his sensory reactivity, even-ness of maturation and adjusting himself to mother as he elicits soothing maternal behavior. If the child is unable to adapt within the dyad and elicit maternal soothing, the normal development of interactive regulation and narcissism has already gone awry. Early signs of disturbed narcissism may include more intense or prolonged stranger reaction, reluctance to leave mother’s side or easy frustration to the point of disintegration.

From 9 to 18 months, secondary process begins to grow, first within the mother child dyad and then independently within the child. In sharing his experience with the mother their mutual focus fuels his exploration. As mother provides protection while taking pleasure in his exploration his competence and ability to re-establish equilibrium grows and normal narcissism is enriched.

The child needs mother to help him recognize previous experiences and models of the world as he learns to put his new experiences into words. Use of language enhances his ability to deal with the internal as well as the external reality and contributes to narcissistic equilibrium. Use of pronouns “me”, “you” and “us” deepens recognition of togetherness and separateness and disillusionment in the idealized mother. If the mother is able to contain the child’s primitive rage and sense of loss, he can return to his dyadic safe harbor and establish a new way of being together with the mother. Repeated cycles of disruption and repair facilitate ego growth, structure formation, self regulation and a sense of mastery. He begins to move from idealization to more realistic assessment of mother and from omnipotent grandiosity to recognition of his vulnerability and shortcomings. With healing of the split he is more tolerant of ambivalence and moves towards establishment of self and object constancy.

In his discussion Dr. Brinich elaborated on his own view of the sense of self as a mental representation which originates before conception stemming from a storehouse of fantasies and identifications from mother’s developmental experiences and previ-
The Tasks of Late Adolescence

focus on treatment goals, and not be drawn into a patient’s other life goals. We work to free up development, to help our patients access new capacities, to refine their options. Strengths often become apparent in actions which are well outside analytic expectations; our patients have their own timetables to work through transformations. When is the analyst ready to say goodbye? When the patient?

How do we help the family? How to influence the average family’s urgency about moving out? Encourage understanding of their child’s needs for gradual “transformations” in relation to themselves, rather than see the goal as leaving home? What defenses do we support in the adolescent’s opposition to parental and cultural pressures? We considered privacy versus secrecy. (Thoughts are private. Actions are not.) Our technique attends to what is inside the treatment, to assist the mind toward successful self-use. We and the family have to be on the same page for treatment to proceed; parents too have unresolved trauma; their own conflicts. How do we not compete with them? What is going on internally in the family?

Commenting on “knowing how to end,” our presenters pointed out the importance of our patients retaining the image of the analyst as helpful for years afterward. Their advice: When they can no longer hold on to a helpful image of the analyst (“I lost you in my mind.”), it is time to “call us up.” Such a reinvestment in the stability of former analytic internalizations is similar to our yearly refueling at ACP meetings. In sharing cases with each other, we gain lasting supportive relationships for the times when we are alone with ourselves in the midst of our work; to tolerate ambiguity, uncertainty, the realities of the world; value what we offer our patients; and reinforce the excitement of working with adolescents and with their families.

Failure to Meet the Challenges of Late Adolescence

nipotent fantasies of each patient. Also, in both cases the toxicity of the family environment and the importance of understanding the dynamics there was essential in helping the patient to get back on the right developmental track. Both cases illustrated how the formation of a distorted sense of self, developed from the parent’s preformed ideas about their children’s identities, can lead to difficult enactments that the analyst must maneuver through.

The Pinball Wizard: The Analysis of an Adolescent Girl

defense against her longing to be close and her fears that I will abandon her.” The treatment continues in the middle phase.

The discussant began by talking about how conflicted adolescents avoid the developmental task of separating and going out into the world by failing in school. This moved into examining the technical problems faced with such adolescent patients, who use dream and acting in the sessions. Dr. Knox spoke of titrating her interventions such as to help P not feel overwhelmed or abandoned. It was brought up that P left “traps” for Dr. Knox whose resilience and unfaltering analytic stance showed care and the capacity to listen as well as to understand.

It was highlighted that the early mother-child relationship was of misattunement and confusion and that this resulted in uneven and spotty progression of P’s development. However, P’s ability to work analytically was reflective of her ego strength. Equally important was the analyst’s ability to tolerate and understand the patient’s fears, fantasies and sadistic-erotic transference. The treatment is currently progressing well.

ACP on the move

As of July 1st the ACP will have a new administrator and a new address:

Administrator: Tricia Hall
address, tel/fax numbers, e-mail: to be announced
The Extension Division of ACP in conjunction with The Tampa Bay Psychoanalytic Society hosted a seminar entitled “Psychoanalysts look at adoption” on March 20, 2005 at the Renaissance Hotel in Tampa Florida. Twenty-five participants from the Tampa Bay area attended. In addition, there were several members of the ACP in the audience.

The program included a panel comprised of Dr. Helene Keable of New York Mount Sinai Hospital, Mrs. Lorraine Weisman of the Hanna Perkins Center, Ms. Elizabeth Reese a Tampa area analyst and Ms. Claudette Krizek from the Carter Jenkins Center. Dr. John Hartman served as the moderator.

Mrs. Weisman presented vignettes from four years of work with a mother in treatment via the parent. The paper outlined the mother’s attempts to help her internationally adopted son integrate his early years as well as the transition into his adoptive family. An effort was made in the work to help the child with drive fusion. The mother was able to help the child develop sufficient neutral energy to begin to build relationships with peers, enter school and succeed academically. The impact of the birth of two siblings to the adoptive parents following the adoption of their first child became an integral part of the work. Though the mother helped her child to dramatically progress an individual treatment was recommended.

Dr. Keable presented highlights from eight years of analysis with a latency child. This child had been adopted by a family member after the death of both parents. There was also a chronic health problem. Dr. Keable was able to help this child integrate her losses as well as her disease. The patient was helped to be able to overcome phobias and depend less on rigid defenses. The child was able to use the transference to resolve conflicts about both of the mothering figures she had experienced.

Ms. Reese and Ms. Krizek elected to forego their panel contributions so a discussion of the clinical material presented by the first two panelists could take place. As an introduction to the discussion these two panelists suggested the following topics. How to address a child’s ethnic origins as he/she attempts to integrate his/her position in a new family. When is a child developmentally ready to integrate this complicated concept? Ms. Krizek and Ms. Reese also outlined clinical problems such as the narcissistic hurt experienced by infertile couples and the impact of guilt in the developing relationship of adoptive parent and adopted child.

The discussion began with concerns about international adoption. Clinicians that work with international adoption felt their clients were pressured by foreign governments to teach their adopted children about their countries of origin from the onset of the adoption. The analysts in the audience and on the panel shared reasons based on child development and metapsychological thinking for helping an adopted child integrate into their new adoptive family and gradually understand their origins as they were developmentally able to do so. The issue of helping the child to mourn the loss of their early environment was broached. It was thought to be of value even when the first environment was far from ideal.

The effect of adoption on biological siblings in an adoptive family was discussed. Regarding cases of adoption at a later age or in cases of kinship adoption, the participants also discussed the value of keeping in touch with the biological parents.
Executive Meeting Minutes  
March 18 2005

Present:
Officers: President Ruth Karush, Secretary Laurie Levinson, Treasurer, Thomas Barrett, President Elect Carla Neely, Treasurer Elect Helene Keable
Councillors: Susan Sherkow, Denia Barrett, Jack Novick, Stephanie Smith, Kirsten Dahl, Mary Jane Otte, Alicia Guttmann, Rachel Seidel
Committee Chairs: Cynthia Carlson, Barbara Deutsch, Nat Donson, Kerry Kelly Novick, Stanley Leiken, Moisy Shopper, Charles Mangham, Paul Brinich
Administrator: Nancy Hall

The Executive Meeting was called to order on March 18, 2005 at the Renaissance Tampa Hotel, Tampa, Florida by President Ruth Karush. The agenda for the meeting was adopted, and the Minutes of the Mid Year meeting January 21, 2005 were approved as amended.

Report of the Secretary - Laurie Levinson, PhD
Changes since the Secretary's Report at the last Executive Committee Meeting, January 21, 2005 in New York City: There are two new members, bringing the total membership to 603. Of this number, 89 reside outside the USA. There are a total of 154 candidate members. New Members: Regular--Anna Balas; Candidate Daniel Prezant

Report of the Treasurer - Thomas Barrett, PhD
A budget summary was presented with explanations. The full budget is available at the Treasurer's office. Please see the separate Treasurer's Report.

Committee Reports

Arrangements Committee
Dr. Karush asked for thoughts about the reasons for the low attendance in Tampa; and it was agreed that an e-mail survey would be sent to the membership to determine the possible explanation/s. The Communications Committee will design the format and conduct the survey.

Intense discussion of dates and places for next year's meeting followed. Susan Sherkow spoke of Vancouver BC, with whose child members she had been in contact. Tricia Hall gave a detailed report comparing sites and dates. The cities discussed were Vancouver, San Diego and Denver.

There was a vote, and the choice for 2006 was unanimously in favor of Denver, Colorado, with the dates being April 7-9. The idea was raised about having a meeting in Europe; Tricia Hall will gather information on this possibility. A future planning committee will be appointed.

Nominating Committee
Dr. Shopper reported that we had had a balanced slate for the election of councilors and that the actual votes had been extremely close. He announced the elected councilors: Kenneth King, Noah Shaw and Stanley Leiken. Our next election will be for President, President Elect, and Treasurer Elect. Dr. Shopper requested that the Executive Committee offer names. It was also suggested that an International Committee be appointed on the Nomination Committee, in order to elicit more involvement from our European colleagues.

Membership Committee
Kerry Kelly Novick, chair, encouraged all to be on the lookout for suitable child analysts, and to sponsor them for membership! It was suggested that the Kerry write a notice for the newsletter encouraging sponsorships and explaining why the organization requires sponsorship.

Program Committee
Program Committee requests themes and cases for future meetings.

Liaison Committee
Nat Donson reported that the Liaison Committee had two issues to discuss.
1. Inviting proposals for workshops from other disciplines.
2. Who makes the decision on what outside workshops to include in our programme? Is that decision made by the Executive, Program or Liaison Committee?

Stevie Smith spoke of the IACAPAP 2006 meeting in Australia. The main question for discussion: Should the ACP support with money those members who participate in the IACAPAP meeting? This topic will be on the agenda for the January 2006 meeting.

Awards Committee
Jack Novick asked for nominees for the Award of Excellence. He suggested informing the organization to be awarded a year ahead, so that the nomination can be utilized for the purposes of public relations, etc. The award this year goes to the Pacella Parent Child Center of the NY Psychoanalytic Society. Leon Hoffman, MD is the Director.

Newsletter
Many compliments on the admirable job done by editor Christian Maetzener and his committee!

Donations and Grants Committee
Cynthia Carlson, chair, reported on the changes made within this committee. The cut off date for submission of grant applications will now be Oct. 31, so that the committee can look at all requests at the same time. There is a current limit of $2,000 per request per year.

(Continued on page 15)
It was suggested that the names of donors be put on the dues invoice (name, not amount) - with a space to check if one does NOT want his or her name published. There would then be published a list of donors – an obvious incentive to donate!

New Business

Should candidate members have voting privileges? Bylaws presently state that committee chairs must be full members. Question: Should that be changed to include candidate members?

Need of chairs for Clinical Practice Committee. President Ruth Karush asked for nominees for co-chairs.

There was a request for a $3,000 donation for our Eastern European colleagues. It was suggested that the Grants Committee make the decision and present it to the Exec. Committee for approval.

Motion. Support giving grant money for schools with training. Favorable vote.

There was a discussion of having a hard copy of the Roster – in addition to the Roster available on our website. Opinion was in favor of printing one, as long as we do not lose money over it.

Motion. Make a hard copy of the Roster and charge for it. Motion approved.

The meeting was adjourned at 3:00 pm.

Treasurer's Report

Thomas Barrett, Ph.D.

For the FY '04 our income was below projections by approximately $12,000 (even though revenue from dues was markedly higher than expected). The primary reason for reduced income was that there was no contribution received during the calendar year from the Todd Ouida Memorial Gift Fund. (In January, a letter was sent to the family of Todd Ouida reporting on the activity of our Grants Program and a quick response from Mrs. Ouida indicated their wish to provide another $15,000 to be used during FY '05.)

Reduced Income was offset by a comparable reduction in Expenses of almost $13,000. The result was that even without transferring funds from Endowment revenue as had been planned a net gain in income of $849 was realized. The most significant explanation for reduced Expenses was that the Grant Program distributions were $13,000 below expectations.

The investments of the ACP are invested through the Vanguard Group. As of December 31, 2003, the portfolio totaled $245,997. As of December 31, 2004, the portfolio totaled $278,857. (By March 11, 2005 the amount had grown to $280,222.) This indicates growth from profit and interest totaling $32,860 (a 13% total return gain) by the start of the fiscal year.

Beginning last year, a policy was established of distributing to the Grants fund an amount equal to 5% of the average of the year ending totals from the three previous years of the Endowment portfolio. For 2004 that meant that $9,440 was available for that purpose. Using the same calculation process, we will be able to distribute $11,346 in 2005.

The Executive Committee at its January 2005 meeting accepted the Treasurer’s recommendation that, beginning with FY '05, we make a transition to an “accrual” system of budgeting which would allow a budget to be presented based entirely upon funds already in hand at the start of the fiscal year. This would be accomplished by assigning all donations and gifts received during the year to be expended in the subsequent year.

To preserve the integrity of the Grants Program and to protect it from unanticipated variability, a “Residual Grant Fund” has been created by retrospectively calculating the funding of the Grants Program to determine the amount of money that has been available to fund grants in comparison with the

My Parents are Going to College

(Continued from page 10)

Dr. Keable described in an eloquent way the interplay of parents’ struggles with a child’s emotional issues. She understood how important it is for the child and for the treatment to be in touch with the parents, if possible to help the parents understand the child and for the analyst and the patient to understand both the parents’ strengths as well as their limitations. This made the analysis was possible. Thanks to Dr. Keable and Dr. Barrett for a rich clinical and theoretical workshop about a challenging case and a complicated interaction between parents and child.

(Continued on page 19)
Dr. Stanley Greenspan, ACP member in Washington, DC sent us the following article about his recent work.

**New Research on the Origins of Human Thought, Language and Emotions**

**Stanley Greenspan, MD**

New research on the origins of human thought and language contradicts the traditional “genetic hypothesis.” A subtle type of emotional signaling between parent and infant has been found to be at the center of the critical interactions needed for both humans and nonhuman primates to develop symbolic thinking and language. These findings have just been published in our book, *The First Idea: How Symbols, Language and Intelligence Evolved from Our Primate Ancestors to Modern Humans* (Greenspan & Shanker, 2004).

In *The First Idea*, we show that over millions of years, our primate and early human ancestors passed on cultural practices from one generation to the next that guided early learning interactions between infants and caregivers. We demonstrate that it is these highly specific learning interactions that are necessary for the formation of symbols, language, and intelligence.

This hypothesis is supported with research from the fossil record, nonhuman primates, normally developing human infants, and infants and young children with autism and other developmental disorders. We were able to identify different levels of early nurturing affective interactions and demonstrate a strong relationship between the level of interaction reached and later capacities for language, thought and intelligence. We have been able to show this relationship in both nonhuman primes and human infants and children.

These findings answer the long-standing question: How does a small child make the leap from automatic actions to symbols, thought and language, and, how did this critical step occur during the course of evolution? We were also able to show that when these vital emotional signaling patterns do not occur, developmental problems arise, including autistic spectrum and severe language disorders. Conversely, the more developed these early emotional signaling patterns, the higher the level of symbolic thinking, language and social skills.

The mechanisms through which affective signaling leads to symbol formations is as follows. Initially, an infant is at the mercy of fixed perceptual motor patterns and related catastrophic affective responses (fight/flight reactions). As the infant learns to signal with affects, higher levels of affect signaling emerge. Through this process affects become regulated and used as signals in complex, co-regulated problem-solving social interactions, rather than as fixed, “all-or-nothing” reactions. Therefore, perceptions no longer lead to fixed immediate responses. As a consequence, perceptions are freed from their fixed reaction patterns and the infant is able to hold onto “freestanding” perceptions or images (e.g., the image of mother). Through multiple affective interactions with the object, these multi-sensory perceptual images become invested with multiple affective interactions with the perceived object. In this way, the image of mother becomes a symbol of mother - a symbol associated with an almost infinite texture of affective meanings, such as nurturing, excitement, limit-setting, etc. We have been able to identify six stages of affect signaling that lead to symbol formation and ten subsequent stages that account for higher levels of symbolic functioning and creative and reflective thinking.

**Implications for Psychotherapeutic Work with Children and Child Psychoanalysis**

This new theory on the development of symbols, language, and emotions has a number of implications for psychotherapeutic work with children and child psychoanalysis. Most importantly, it creates a framework for relating early affective experiences to cognitive, language, and intellectual functioning as well as social and emotional capacities. It shows how these affective patterns and pathways date back to our pre-human history and are at the foundation of our most distinctly human capacities.

It also formulates the pathways that enable an infant and young child to represent emotionally meaningful experiences and provides criteria clinicians can use to determine the level at which a child evidences her challenges as well as adaptive capacities. For example, many children evidence difficulties in fully representing certain types of affective experiences (e.g., aggression). They may act out the pattern, rather than represent it in symbolic play or language. For some children, however, this indicates a challenge at one of four pre-representational levels of experiencing and expressing affects in a differentiated, interactive manner. For other children, it is related to challenges at one of the symbolic levels (or representational levels) where, due to conflicts, the affects can not be expressed in an adaptive form and are expressed indirectly through compromise formations. This distinction is quite important clinically because the developmental level of the challenge...
informs the psychotherapeutic approach (Greenspan, 1997). In addition, this theory describes constitutional and maturational motor and sensory processing patterns that help determine the selection of defenses and coping strategies and the best ways to work with them.

Based on this model, we have been able to formulate the Interdisciplinary Council on Developmental and Learning Disorders’ Diagnostic Manual for Infancy and Early Childhood Mental Health, Developmental, Regulatory-Sensory Processing, and Language Disorders, and Learning Challenges (ICDL-DMIC) (Interdisciplinary Council on Developmental and Learning Disorders-DMIC Work Groups, 2005). For a fuller discussion of the psychotherapeutic implications of this model, also see The Development of the Ego (Greenspan, 1989), Developmentally-Based Psychotherapy (Greenspan, 1997), Infancy and Early Childhood (Greenspan, 1992), The Child with Special Needs (Greenspan & Wieder, 1998), The ICDL Clinical Practice Guidelines (Interdisciplinary Council on Developmental and Learning Disorders Clinical Practice Guidelines Workgroup, 2000), the ICDL Training tapes (Greenspan & Wieder, 2001) and our two websites: http://www.icdl.com and http://www.floortime.org.

References:

(Continued from page 4) agency and to enter the world of romantic and sexual love. In favorable situations, mid-adolescence strengthens the identification with the same sex parent and reinforces and solidifies earlier oedipal period identifications. This process also helps prepare and fortify the adolescent’s ego for the second stage oedipal-type conflicts and turmoil of late adolescence. When things go awry, intensely exciting but emotionally overwhelming experiences as well as experiences involving loss and pain, act as fixation points. Mid-adolescence is an emotionally fragile period. It is not a time for childish retreat. It is not the older adolescence’s position of the anticipation of the future. During this time individuals are vulnerable to intense and unusual experiences, that, if actualized (such as sexual abuse), will cause developmental arrests, delays and difficulties moving into late adolescence in a hopeful way.

Late adolescence can bring a high point to life and can come to be defined as one’s ‘golden age.’ The analyst may find patients that idealize this period as a means of compensating for weaknesses in their sense of self that not infrequently accompany the inevitable disappointments and frustrations of life.

In sum, Jacobs presented a novel thesis, stating that in each stage of adolescence unique psychological tasks must be performed. When physical, environmental or emotional problems prevent an adequate solution of these tasks, fixation points arise that negatively shape the character. Crucial for analytic work are reconstructions of these phases and attention to countertransference issues, such as colluding with the patient’s desire to repress painful youthful memories.

Newsletter of the Association for Child Psychoanalysis - Summer 2005
The congress was held in Berlin, Germany, the first one in six years. Two previous congresses were cancelled for political reasons. It took place in the ICC (International Conference Center), a very formal and functional space. Two thousand two hundred participants registered. One thousand two hundred papers were offered of which about eight hundred were presented, mostly in symposia each with three to six presenters, each symposium lasting for two hours. Papers not accepted for verbal presentation were put up in poster form. I found the size and format of the conference rather overwhelming, difficult to integrate.

Pharmaceutical companies provided most of the funding for the congress. Most projects were research projects, often funded by the same companies. ADHD was the prevalent subject, the pertaining research about the medical efficacy of drugs prescribed for this diagnosis. I noticed little discussion of diagnostic criteria used or of differences of these criteria between countries and possible underlying dynamics of the overt symptoms. Autism, psychosis, trauma, cultural differences in appearance of symptoms and their diagnosis, prevention, family issues and more were other featured subjects.

Not surprisingly, the most pervasive perspective was medical/biological. Dr. Leon Eisenberg from Boston gave a very interesting lunch hour lecture on “The bio-social roots of mind and brain,” presenting evidence for reciprocal influence of biological givens and social environments on each other. The other dominant perspectives were cognitive and/or behavioral. Most programs were research programs rather than clinical ones, probably because this was the only way funding could be obtained. Even so, it was interesting to note that they proved to have noticeable therapeutic effects because of personal relationships that developed through the program and through the interest shown in the problems that people were dealing with.

One of these programs, behaviorally oriented and carried out in the favela (a poor area) of a Brazilian city, was concerned with ameliorating family violence. Interestingly the residents that were studied had great difficulties in understanding the role of chips – clearly a cultural hurdle. Chips had zero meaning for the participants.

Unfortunately, each day there was perhaps one symposium (of about 50 altogether) concerned with the psychoanalytic perspective. Veronica Mächtinger chaired two workshops. Erika Hartman from Berlin discussed a case of intensive psychoanalytic treatment with a 13-year old girl presenting with stalking as a symptom. The other presenter was Renate Kelle from Darmstadt who talked about the analysis of a 9-year old boy with traumatic epilepsy following a stroke right after birth. Veronica told me that about forty people attended each workshop. She thought there were good and interesting discussions, people showing a strong interest in our clinical approach. (See also Dr. Mächtinger’s report in the last ACP Newsletter.)

Other psychoanalytic symposia featured on the program:

One focused on diagnostic considerations for and the psychodynamic treatment of severely disturbed adolescents (four presenters, one each from Germany, France, Switzerland and Greece)

Another focused on various aspects of psychodynamic treatment in general – use of dreams, therapeutic alliances etc.

The last symposium of the conference was on the psychodynamic perspectives of ADHD. Presenters were Peter Riedesser of Hamburg (Germany), Dieter Bürgin of Basel (Switzerland), Bernard Golse of Paris (France) and Annette Streeck-Fischer of Rosdorf (Germany). Discussion centered on criteria for diagnosis based not solely on symptoms.

My own paper was part of a symposium about prevention approached from many different perspectives, from developing comprehensive approaches for governments regarding child and adolescent health, the use of externalization in treatment of children with trauma to cognitive re-framing of children’s social behavior at school. This symposium had been given a time slot on the first day from 10:30 to 12:30, and as one presenter could not be present we each had more time than we had expected, twenty-five instead of just twenty minutes. We were very fortunate. Compared with the other presentations, mine was the most clinical, while the others rather discussed methods or outcomes. On my return home I received a request for my presentation from the UK by someone designated to develop a preventive program for children.

The next IACAPAP conference will take place in September 2006 in Melbourne, Australia. Australians are keen on having it there. I think that despite the size of the event psychoanalysis needs to be represented there.
The School for Children and Adolescents took place in October at its new location in Rabac, Croatia. The Topic was Dreams. The Papers were, as is our usual aim, reports of psychoanalytic treatments.

The rich program included discussion groups of the papers and discussion groups of clinical cases provided by the participants. A new very welcome addition was a workshop conducted by Joan Blos, a writer of children’s books, and Renate Kelleter, a Child Psychoanalyst, titled: “The Developmental Importance of Imagined Experience.”

It is now the policy and recommendation of the PIEE (Psychoanalytic Institute of Eastern Europe) that each Candidate in the Adult training program attend the Child and Adolescent School at least once. As a result, quite a large component of this year’s 39 registered participants were adult candidates. Most of these had no experience in working with children although some had worked with older adolescents. All felt it was an enriching learning experience.

In planning this year’s Program, consideration will be given to include psychoanalytic cases which will illustrate that value of knowledge of child development and child clinical experience for Adult analytic work. The PIEE is serious in planning to include Child and Adolescent psychoanalytic training in their Adult training. The aim is to eventually have an integrated training.

Dr Paolo Fonda the Director of the PIEE and its Board came to Rabac. He came to meet with the Committee Members who are mandated to aid in this plan. The members are Terttu Eskelinen de Folch from Barcelona. Leena Klockars from Finland, Renate Kelleter from Germany, Marta Badoni from Italy. Lilo Plaschkes is the Chair of this Committee. Also in attendance was Tamara Stajner Popovich, the Director of Outreach Training in the PIEE and Peter Blos Jr. as consultant and Chair of COCAP. We discussed many aspects. Dr Paolo Fonda drafted proposed guidelines for Child and Adolescent training in the PIEE. He will present this to the Board of the Institute. I think this is a major step and indicates interest and seriousness. It is also a very innovative project which will provide Child and Adolescent Training in Eastern and Central European Countries and be integrated into their Adult training. I will report on further developments.

(Continued from page 15)

A proposed budget for FY 05 totaling $113,000 on both the Income and Expense side of the ledger was submitted and approved.
To access the ACP web site, go to www.childanalysis.org From there, click on “for ACP members”. This will pop up a login page that asks for your username (which is the e-mail address we have on file for you) and your password. If you do not remember the e-mail address we have on file for you, contact Paul Brinich at brinich@unc.edu to alert him to your difficulty. If you have your username but don’t remember your password, you can click on the “here” button below the “login” button. A new page will open on which you are asked to enter your e-mail address (again, it must be the e-mail address we know about); click on “send” and a new, computer-generated password will be sent to your e-mail address in a matter of minutes. The new password will be very secure - 24 characters including numbers, symbols, and letters. Don’t worry about typing it! Just highlight the text of the password in the e-mail message, copy, and then paste the password into the sign-in page back at http://www.childanalysis.org/members.cfm

When you have successfully logged in, you find yourself on a page headed “Member’s Section”. The first thing you should do is click on “Update your profile”. Depending on your web browser settings, you may have to scroll to the right to see all of your information. Please fill in every item you can: this is very helpful when other members search for you. For example, another member may decide to search by the first 3 numbers of your zip code - but if you have not entered a zip code in the “office” section of the page, you will not be listed in the results. Entering information here does not mean that others will see it; you are given an opportunity to decide who sees what further down on the same page.

Toward the bottom of this page you will find two sets of buttons that allow you to choose the information that will be available when people search the web site roster. The first set of buttons defines the information available to members of the public; the second set of buttons defines the information available to other ACP members. Finally, pick a new password - one that is easy for you to remember - and enter it at the bottom of the page where it says “New password”. Then re-enter the password where it says “Confirm password.” Now click on “Update”!

For questions or difficulties accessing the ACP website, please contact Paul Brinich at brinich@unc.edu