Greetings! I want to report to you a study, inspired by Ruth Karush, implemented by four Institutes of the American Psychoanalytic Association, and reported to COCAA and BOPS at the June 2007 APsyA meeting in Denver. Jill Miller did a wonderful job organizing and carrying out the research. She was responsible for the final report which will be summarized here.

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A sub-committee of COCAA, called the Consortium, designed and conducted by Institutes at Columbia, Denver, Houston-Galveston, and St. Louis over the past five years in an attempt to rejuvenate child analytic training programs within APsyA. The study involved the training of child-only candidates within the framework of these four Institutes. The question of the viability of producing well-qualified child analysts without a significant adult component has a long history in psychoanalysis; rather than debate the question of whether child analysis is truly analysis, this study took the practical approach of addressing the question of a new entry point into psychoanalysis through the training of candidates specifically in child and adolescent psychoanalysis.

A sub-committee of COCAA, called the Consortium, designed a formative evaluative study to answer questions about the viability and quality of such a training program. After five years and the participation of eleven candidates in a child program which does not require adult training, the Consortium reported a high level of satisfaction from the perspective of Institute teachers, supervisors, Program Directors, and candidates. The four participating Institutes each put their

(Continued on page 3)
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Submissions are welcome. They should not be longer than 1000 words and have to be e-mailed to the editor as an attached Microsoft Word file (*.doc) or Rich Text Format file (*.rtf). The deadline for submissions for the Fall edition is June 30th. For the Spring edition the deadline is January 31st.

Grants

Grants from the ACP supporting low-fee analysis of children and adolescents for the calendar year 2008 are available. The grant application can be requested from Tricia Hall at

childanalysis@comcast.net

Mail completed application to:

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Deadline for Submission of Application:
October 31, 2007
Cynthia Carlson
Chairman, Grants Committee
We'll Meet You in St. Louis

Ruth Karush, MD

The annual meeting of the ACP will be held May 2-4, 2008 in St. Louis, Missouri. Please mark your calendars so that you will not miss what will undoubtedly be a professionally stimulating and exciting meeting. St. Louis has a very active Child Analytic Program and the local group, as reported by Dr. Julio Morales, is eager to have the ACP come to their home city.

Originally the Executive Committee chose Birmingham, Alabama as the locale for the 2008 meeting. Ruth Karush accompanied Tricia Hall on a site visit to Birmingham in early July. They were joined by Drs. Lee Ascherman and Sam Rubin in scouting five possible hotels for the 2008 meeting. The input from Drs. Ascherman and Rubin was invaluable in getting a feel for the city and determining whether it would be compatible with the needs of our membership. In the end, however, it was felt that the cost of the air travel and the logistical difficulty of bringing people into the downtown area from the only suitable venue were insurmountable problems.

St. Louis offers a location that is easier and less expensive to reach for most of our members as well as easy access to its many cultural attractions. You can find an array of things to do in St. Louis including world-class free attractions such as the Art Museum, Zoo, Science Center and Missouri History Museum. St. Louis actually has 25 museums so you will have to make choices because there will not be time to do it all. There are more than 1000 one-of-a-kind restaurants just waiting for your reservation. You might enjoy a cruise on the mighty Mississippi on a paddle-wheel riverboat. Forest Park has been newly restored after a $90 million facelift. The Park contains two museums, a planetarium and many recreational activities. From the top of The Gateway Arch you will see a new energy in St. Louis, which led TravelSmart magazine to rate it one of the 10 safest and culturally most fascinating cities in the U.S.

Our President, Dr. Carla Neely concurred that changing the site to St. Louis would likely insure good attendance and a successful meeting. As this Newsletter goes to press, Tricia Hall is in the process of negotiating with some fine hotels in St. Louis. We are confident that we will have a wonderful meeting site at a good price and we know that the Program Committee is working hard to provide an excellent scientific meeting. So, we’ll meet you in St. Louis in May.

Message from the President

(Continued from page 1)

own stamp on the exact nature of the training based on individual culture and history. Candidates were rated at least as highly in their work by instructors and supervisors as candidates in the adult programs. Some candidates made the decision along the way to add adult training to their program, and this was seen as a positive step for the vitality of psychoanalytic training in general. Both child and adult candidates were in classes together, and this structure appeared to augment the experience for all candidates while the flexibility of the training was seen by Directors indeed to rejuvenate their child training programs. In the end all four Directors highly recommended that the program be available to other APsaA Institutes. This recommendation was approved at the June 2007 meeting of APsaA, thereby sanctioning a stance about psychoanalytic training long held by many members of the Association for Child Psychoanalysis.

Thank you to Ruth Karush for conceiving of this project, and to members of the Consortium who worked so diligently to examine the various implications of a child-only training within the context of the American Psychoanalytic Association.
The topic of the plenary session was alterations in defenses during the course of analysis with children and adolescents, which was the topic for the whole conference. The plenary session began with an introduction by Dr. Anita Schmukler, followed by two case presentations. The presenters were Charles E. Parks, Ph.D. and Daniel Prezant, Ph.D. A discussion between the audience and the presenters concluded the morning session, which was followed by afternoon break-out meetings in which smaller groups discussed the morning’s presentations, with the case presenters rotating among the different groups.

Dr. Schmukler opened her remarks with an expression of the hope that close examination of how crucial the analysis of defenses is to our work will help defense analysis retain its original prominence in our technique. She provided a concise history of how defense analysis developed, following on the recognition that the forces preventing the understanding of infantile wishes (resistances) needed to be understood and worked with rather than circumvented and seen as interference. The contributions of Freud, Waelder, Fenichel and Anna Freud were described.

Dr. Schmukler then suggested that defenses can be described as mental structures whose developmental appropriateness as well as normality can be described. She raised the question of when a child’s defenses interfere with development rather than aid it. Dr. Schmukler suggested that defenses can be thought of as ways of saying “no” to the elements of conflict in the mind, comparable to the way our sensory organs permit passage of only an amount of stimuli which they can process and no more. She linked the “no” idea to the anal phase of development, during which significant energy is directed towards the development of autonomy through saying “no” to various inner processes, both physical and psychological. Saying “no” begins in relation to the struggle with another person, but becomes the template for saying “no” to intrapsychic conflict through defenses. This phenomenon may appear in the transference in the form of a negative therapeutic reaction, in which the patient says “no” to the analyst. Dr. Schmukler suggested we listen to the upcoming case presentations keeping in mind the question of the nature of the defenses used, and also their availability for interpretation. Are they age appropriate, and do they promote or impede development?

Dr. Schmukler then described Anna Freud’s construction of a chronology of defenses relating to developmental phases. She noted the infantile amnesia which follows the oedipal period and raised the question whether analysis of preoedipal material in the transference can help us identify origins of defenses and changes that may occur during analysis. A map of the course of development of defenses chronologically might help us understand better how they are altered with analysis. She highlighted the work of the Kris Study Group in 1965 in bringing these issues to attention, by their work as reported in their monograph on the subject. The Group concluded that it was important to look at the conflict as a whole to get a picture of shifts in defense with analysis. Dr. Schmukler suggested we think about factors relevant especially in children that might affect such change; these might include level of conflict, developmental progression, balance between ego and impulse, complex interplay of the child’s defenses with those of family members and the analyst in the context of transference, and effective interpretation. The child analyst needs especially to consider whether interpreting a defense in any specific situation will help or hinder treatment or development or both.

The Kris Study Group redefined defense by its purpose, to ward off instinctual drives, superego contents, and affects. In adults, they concluded,
defenses don’t disappear but rather the need for the patient to ward off various conflict components diminishes in intensity. With children, Dr. Schmukler opined, that defenses are indeed altered, and these alterations become part of an “enduring transformation.” She closed her remarks with a reference to Ariel’s song from *The Tempest*, in which a “sea change” occurs in her thoughts and feelings after the death of her father.

Charles Parks then presented material from his case of a nearly six-year old girl he treated for a little over three years, who was brought for treatment because of her angry outbursts and temper tantrums. This child had developed fairly normally until her mother was hospitalized for two months due to a threatened miscarriage when the child was 3. The father tried to “cheer up” his daughter by playfully wrestling with her, until she fell and fractured her elbow. After that time the child became overwhelmed with affects she couldn’t contain or control and developed the aggressive behaviors which led to her referral.

Dr. Parks described his work with his patient, focusing on three episodes in which there were interruptions of the treatment. He described how his patient dealt with each one, illustrating how during the course of the work, the child gradually became more able to tolerate affects of sadness, rage and jealousy and deal with them in more comfortable and flexible ways. Her favored defenses initially were externalization and displacement, and Dr. Parks demonstrated how these defenses remained important but were used less intensely and integrated, along with a variety of new defenses such as sublimations and identifications, into the child’s ego.

Dr. Daniel Prezant next presented the case of a girl of almost seven and a half at the time of referral and with whom he is still working after about two and one half years. His patient referred herself because she wanted someone to talk to. Problematic behaviors described by the parents were wanting to nurse from her mother and acting babyish in other ways as well. In addition, she had difficulty sleeping, was easily frustrated and had temper tantrums. This child was born with an anatomical anomaly the treatment of which involved physical manipulations when she was a toddler. At that point the anomaly was corrected surgically but the child was misinformed about the reason for the surgery by her family due to their anxiety. There were additional sources of overstimulation at home as well. In addition, the child had had conflicts over autonomy and dependency, being either held back or prematurely pushed by her family. Dr. Prezant identified the themes of his work with her as conflicts about being a girl and growing up into a woman.

At the time of referral, the child dealt with her conflictual wishes and associated painful affects through action, denial, displacement and obsessional defenses. By his careful, patient work of interpreting the patient’s defenses and analyzing her unconscious conflicts, Dr. Prezant was able to help this child diminish her symptoms and form closer relationships within the family. In the course of this work, her defenses shifted from those described to more advanced ones, such as sublimation. He believes this was possible because interpretation of her defenses allowed her unconscious conflicts to become more conscious and less evocative of painful feelings. She has achieved better compromise formations regarding her sexual and aggressive wishes and is better able to tolerate them without such loss of self-esteem and acting out.

After these three papers were presented, the floor was opened to discussion. Several important points were made. People spoke about the parents’ need to keep something secret from the child and how this impacts on the child, the analyst and the treatment. There are times when the child seemed to indicate she knew things the parents insisted she didn’t, and this puts the analyst in a very difficult position. Attitudes varied about whether and how to work with parents regarding such a problem and how available parents might be for such work. There was also discussion about the availability of the parents, emotionally and physically, and how this impacted on the child and the analysis. These questions remained to provide potential subjects for discussion in the afternoon break-out groups, which were visited by each of the two case-presenting analysts in turn.

Attendees seemed to find the plenary session and break-out groups stimulating and valuable.
Jason Gold presented the first year of his analytic work with a five-year-old boy, Henry, who lived with his professional parents and his brother Ben, three years his senior. The brothers attended the same school, Ben in second grade, and Henry, in pre-kindergarten. Henry’s early history was essentially uncomplicated. A sturdy infant with an easy temperament, Henry achieved all milestones on or ahead of schedule, had sleep and eating habits considered normal. Henry’s early academic skills suggested that he was a competent, bright child.

Henry’s teachers reported that he was “non-compliant,” and his parents claimed that he had trouble “getting with the program.” He refused to participate in school activities that he disliked, and tended to disrupt activities that he did participate in. Even Dr. Gold observed Henry’s troubles in a consultation visit to the school, when Henry furtively kicked over another child’s newly constructed block building.

In his initial consultation meetings, Dr. Gold became aware of several aspects of the family dynamics, all of which he felt contributed to Henry’s problematic defensive adaptation. First, Henry’s parents told Dr. Gold that they tried to deal with Henry’s “Mr. No” behavior by attempting to “deflect” him in order to avoid power struggles. Secondly, the parents reported that Henry idolized his older brother, who was described as “extremely jealous” of Henry, and tended to “call the shots” and diminish Henry’s accomplishments. The parents reported feeling helpless to intervene, despite their view that this dynamic was damaging to Henry. Third, Dr. Gold learned that Henry and his mother had engaged in an ongoing fantasy narrative for over two years, in which they were the primary characters visiting “Lost Island,” where they needed to overcome “bad guys” and “scary monsters” in order to reach the treasure.

The early consultation sessions highlighted two significant aspects of Henry’s defensive pattern. First, Henry appeared to cope with his anxieties about coming to this new doctor by developing omnipotent, aggressive fantasies, as though protecting himself from feeling powerless by adopting an aggressive, powerful stance. For example, Henry developed fantasies of blowing up or setting fire to the office accoutrements, thus demonstrating his supposed strength.

Secondly, Henry tended to retreat from bad feelings by withdrawing into fantasy. Dr. Gold sensed that Henry became so thoroughly immersed in his internal world that the presence of Dr. Gold mattered very little. Dr. Gold noted that Henry’s retreat into fantasy offered little defensive protection, since the imaginary world itself was populated with monsters, and since the retreat to a close world with mother automatically excluded father and brother, thus leaving Henry more anxious and frightened.

As the consultation progressed, Dr. Gold became convinced that Henry’s difficulties were primarily emotional. He also felt that Henry responded thoughtfully to initial interpretive comments regarding his feeling states and his efforts to avoid feeling bad. Henry’s parents agreed with a recommendation for extended consultation in which Henry was seen twice a week, and Henry’s parents, weekly.

Ongoing work highlighted the degree to which Henry’s defensive maneuvers were failing him as he struggled with his sense of helplessness in the face of others’ greater strength and power. Dr. Gold presented vignettes which illustrated the fragility of Henry’s hold on the distinction between reality and fantasy. One vignette, for example, showed Henry sincerely speaking of his friendly relations with Jimmy Neutron, a cartoon character.

Dr. Gold’s recommendation for analysis was based on several factors, including Henry’s increased suffering as evidenced by his withdrawal into fantasy, his increasingly angry and sad appearance, and his compromised hold on the reality/fantasy distinction. With little hesitation, Henry’s parents accepted the recommendation for four-times-a-week treatment.

As the analysis began, Dr. Gold became more aware both of the parents’ chronic, ongoing marital troubles, and of Henry’s father’s ongoing

(Continued on page 14)
Dr. Mary Sickles presented the case of J, a 4.5-year old girl, whom she treated in analysis for 2 years and 3 months, after a period of three months of two-three sessions a week. J was a bright, verbal little girl with considerable behavioral difficulties (tantrums and outbursts, mean to other children, rigid), emotional struggles (anxieties about anything wet or dirty, rigid 45 minute-long sleep ritual), and sensory integration problems.

She was diagnosed with an anxiety disorder with obsessive-compulsive tendencies.

J was the only child of a couple who had tried, since her birth, to have other children unsuccessfully. Despite undergoing fertility treatment, mother had 4 miscarriages in four years that caused great emotional and physical distress.

Dr. Sickles described how J used aggression defensively, and how this defense changed according to her internal conflicts, changes in the transference and developmental demands. Her main defenses when she entered treatment consisted of warding off any changes that threatened to disrupt or overwhelm her. Projection, denial, identification with the aggressor and regression left her with few tools to tolerate her internal and external world.

J’s initial use of aggression in treatment represented an attempt to ward off any overwhelming feeling caused by new situations. After a few months, anxiety also appeared alongside with the aggressive themes of her play. Fear that she might have caused her mother’s depression dominated her unconscious life. Guilt over her aggressive attacks started to be expressed as she attempted to explain that she acted aggressively out of her own hurt and pain.

As the analysis progressed, J became more able to talk to her analyst about her anger, being hurt, being scared, the wish to be mean and the wish to be friends. Her struggle around these issues was best captured in a play in which a gorilla scared a kitten who then scared him back. Being scared – by her mother’s depression, by her overwhelming feelings, worsened by her sensory difficulties – was handled by turning passive into active and identifying with the aggressor: J scared her parents and other children with her angry outbursts.

Separations were also sources of anxiety and J needed much help from her analyst to negotiate these absences: J feared that her angry feelings pushed people away. The analysis became a space in which she could tolerate angry feelings in herself while trusting her analyst not to be anxious or angry about it. By so doing, she was able to regain control of her emotions.

At school, J became less rigid and more able to relate to friends. She first attempted to control her outbursts by becoming overly controlled but as the work progressed, a relaxation of such rigid defenses became obvious.

Since the beginning of the analysis, J had created a complicated ritual of entry and exit that resembled in its function that which she needed every night to go to sleep. Her need to elaborate such an obsessive coda was prompted by her fear that her analyst, like her mother, would become frightened and depressed and abandon her. J was also concerned that her sadistic wishes might hurt her analyst and thus needed the reassurance of the ritual to protect her.

The use of aggression, as the analysis progressed, became more centered around J’s need to deny her attachment to her therapist. But as the work progressed, J’s defenses softened and while her speech denied her love for her analyst, her tone and behavior conveyed the opposite.

Aggression became expressed only in treatment as J was increasingly able to negotiate the demands of the outside world. As oedipal issues surfaced, J could work them out without dissolving into the disorganized uncontrolled fear that was seen previously. Her family, which had been scared and anxious about her outbursts, also was able to handle her better and J’s need to use aggression to protect herself greatly diminished.

As J displayed more and more appropriate latency defenses such as sublimation, the treatment entered its termination phase. J no longer identified with the aggressor, nor did she deny her emotions or turn passive into active in a self-destructive way. She worked out her fears about

(Continued on page 15)
Stacia Super presented the analysis of Joy, a thirteen and a half year old girl whose rigid defenses and difficulties with self regulation led to problems with school work and stormy rages with her family and peers. Joy could not tolerate ambivalent feelings and was encapsulated in an either/or world. Joy had been in full-time daycare from age three months and, at two and a half, she became the sibling of a brother born with severely deformed legs on whom her parents focused their concern and attention. The stresses of early adolescence and reawakening of oedipal longings led to an exaggerated emphasis on her harsh and primitive superego and to her overwhelming anxiety as she was unable to control, calm or soothe herself.

Joy isolated her murderous wishes about her brother from her aggressive rage and used reaction formation to curb her oral aggression. Externalization, however, was her defense of choice. She exhibited raw and cruelly aggressive rage toward her analyst as well as displacing her bewilderment and confusion onto her. Dr. Super withstood and thus contained the monstrous tantrums, demonstrating neither retaliation nor rejection to the tumultuous adolescent; but, instead, interpreting that Joy may have both wished and feared that she would be thrown out, setting the perspective for her of a world of mixed feelings.

Joy’s mocking yet terrified response to the news was “So, are you going to die?” Yet, when Dr. Super returned to work, Joy began to be able to reflect on the cruelty of her responses and the possibility of her mixed feelings. And, though the next few months were filled with explosive rages or silent ones, Joy slowly began to own and to try to understand her volcanic feelings, and, finally began to let Dr. Super help her. She even tried to defensively “undo” her cruelty by proposing to donate her hair to a “Look Good Feel Good” program for chemotherapy patients, all the while denying any connection to Dr. Super’s medical treatment.

The middle phase of the analysis was characterized by Joy’s growing understanding of her harsh superego. She saw herself as either “self-righteous” or as a “hypocrite” while Dr. Super offered the middle path of doing well and feeling good; but Joy did not yet “know how to get there”. Again, Dr. Super offered the path of understanding one’s history and one’s feelings about that history. Finally, Joy found her own middle path, her own compromise in dealing with the conflict about donating her hair. She let someone else make the decision not to cut it—all the while making the decision which someone to choose. Similarly, as Joy gave up externalizing her criticism on to others, she could begin to explore her wish to be popular and her fears of rejection.

By the end of the first full year of treatment, Joy could begin to examine her maneuvers to distract herself from both painful or happy feelings and the motives behind her antic behavior. Whether she slept or raged or changed the subject, Joy could now use her observing ego to begin to understand herself. She could now allow herself to see that she had more than just extreme feelings, whether about the taboo topic of her brother or her own burgeoning sexuality. On one hand, Joy could identify with her mother’s care of her brother while, at the same time, she could acknowledge uncomfortable angry thoughts and wishes about him. Having given up some of her grandiosity, having recognized that she could not make her wishes come true, her anxiety and the defenses that soothed it lessened. Gradually, Joy was able to give up her angry disappointment that Dr. Super did not “read her mind” and begin to

(Continued on page 26)
Defenses are always present - the clinical question is whether they are they adaptive and facilitating progressive development, or whether they are maladaptive and interfering with maturation and the child’s current phase of development. One goal of analytic work is the alteration or transformation of maladaptive defenses. The case of six year old Tony illustrates how analytic work enabled him to develop a more functional self-representation and increasingly mature defenses.

Transformation of a defenses is a two step process. It starts with a decrease of the intensity of a patient’s need to guard against unacceptable fantasies and the accompanying affects. This is followed by the development of defenses that are more appropriate to the child’s current phase of development.

Tony was referred for treatment when he was six years old. Mrs. K, his foster mother, brought him to the clinic where her daughter was already undergoing intensive treatment. He was enuretic during day and night, had night terrors, was sleep walking, unable to sleep alone, had temper tantrums and seriously impaired relationships with his peers and step siblings.

Tony came to the K household when he was eleven months old. Before being removed from his mother’s custody, he had endured physical abuse and neglect. The K’s already had a daughter and a son. After one year at the K’s, his maternal aunt proposed to adopt him. This adoption never materialized, but not before Tony regressed in both his toileting and social skills. At three his newborn sister joined him at the K’s. The next year, at four, his development was again hindered when the judge decided to reunite Tony and his sister with their biologic parents. Tony would visit his biologic mother first once then twice a week. The reunification and Mrs. K took advantage of the delay to enroll him in a specialized preschool. Now five, he was handling his anxiety by regression, avoiding social interactions, and becoming absorbed with internal fantasies. Four months later the judge unexpectedly removed Tony and his sister from the K’s and returned them to the biologic parents. This resulted in a change in kindergarten. At this new kindergarten Tony was felt to be two years delayed in emotional functioning. In addition, he swore, physically mounted other children making coital movements and he complained that his mother hit him. Later it was learned his biologic mother had attacked him, thrown him against walls, punched his genitals, threatened to kill him and often had withheld food. Ultimately Tony and his sister were returned to the K’s to be adopted by them.

Having been deprived of an adequate protective shield, Tony had spent major parts of his second through fourth years of life in situations with over-stimulation, sexual and physical violence, neglect, loss and threatened loss. He responded to these overwhelming circumstances with out-of-control behavior, sleep problems and the need to eat. These id derivatives needed to be channeled and modified with defenses under ego control. His main defenses were turning passive into active and identification with the aggressor.

In the beginning of his five times a week analysis he turned the sessions into a chaotic jumble. Games had no rules; objects in the office – including the therapist - were open to attack. It was up to the therapist to identify and clarify Tony’s world to him so that deeper work could be done. The therapist used clarification to comment on Tony’s use of the patterns in the office rug as a way for Tony to demonstrate his wish for order and his worry over his inability to manage his “big feelings”. The therapist helped Tony to begin the process of developing an observing ego. The therapist carefully observed each of Tony’s defensive strategies and how, when these were overwhelmed, Tony would turn passive into active and when his ego regression led to action in the session, Tony would use omnipotent thinking that confused reality and fantasy. He would become “Tony the King” who needed to deliver crushing victories over his therapist opponent. When he changed the rules and became excited, his therapist would help him to link his actions to his experiences. His actions were reflected to him: living with a mother who was unpredictable

(Continued on page 14)
Dr. Rosenblitt presented his paper “Where Do You Want the Killing Done? An Exploration of Hatred to Children,” at the Vulnerable Child Symposium during the 2006 ACP conference. Dr. Schmukler asked Dr. Rosenblitt to repeat his paper this year because of its profound importance to us as child analysts particularly during these times. The reporter was asked to focus on the paper’s relevance to the theme of this year’s conference: the alteration of defenses in the analysis of children.

In his comprehensive report for last summer’s ACP Newsletter, Dr. Etezady wrote:

Dr. Rosenblitt’s presentation reviewed the state of diminishing resources allocated to the well-being of children. He noted that the well-being and mental health of children have been relegated to short-sighted benefits of short-term interventions which are often driven by the interest of pharmaceutical entities. This promotes dehumanization of children and reduces them to collections of pathological symptoms in a book full of diseases. While we declare that our children are our most precious resources and are our future, in actuality we fall far short when it comes to political, social and financial choices and long-term commitment to the well-being of children.

The core of Dr. Rosenblitt’s paper is, as suggested by the title, an exploration of the deep hatred that underlies our society’s irrational mistreatment of children. Dr. Rosenblitt brings to our awareness hateful feelings that are exceedingly difficult to bear. Those feelings include our hatred of youth, our envy of youth’s vitality, their exuberance, joyfulness, and sexuality. We want these qualities for ourselves; greedily we take what we can. Or we try in fantasy to keep the qualities for ourselves by maintaining possession of the children. Children are hated as rivals and as replacements. Or they remind us of our own earlier trauma. They can be sacrificed to fulfill a parent’s need for revenge, or murdered out of a wish to be rid of the painful memories.

Dr. Rosenblitt says: The vulnerability of infants and young children to domination by adults makes adult hatred inevitable; this is a constant with which every civilized society and individual must wrestle.

To illustrate adult sadistic and murderous behavior towards children, Dr. Rosenblitt gives examples drawn from many areas of our culture: history, fairy tales, great literature, Verdi’s operas, and Greek drama. For instance, he reminds us that Hansel and Gretel were banished to die in the forest because their parents chose to feed themselves, rather than their children. Faced with real or imagined impending starvation, the wicked stepmother advises getting rid of the children. The father initially refuses, but finally relents. Like the child analyst who interprets from play to what the child is feeling, Dr. Rosenblitt moves from the fairy tale to reality. He describes the self-serving choices made in our society and those made by some of the parents of the children we see. Our society claims limited resources, and we spend our money on caring for the elderly rather than the young: we choose Medicare over universal health care for children. This is echoed in the consulting room when parents of means tell us that they cannot afford analysis for their child. Dr. Rosenblitt says:

“Well, there you have it. Stomach love. Stomach hate. Your child needs an analysis --and the analysis is a financial consideration, which means weighing it against the car, vacation, your own therapy. Adults hate children because they deprive, compete, and will bury them if all goes well.”

Dr. Rosenblitt asks us to observe the hatred, to experience it, to be honest about it, to try and tolerate it in ourselves and in others. He asks us to put judgment aside. He says that moral values and judgments lie in the eyes of the beholder. Consider the example of the American Puritans, he says. From their perspective they acted out of love for their children; they sought to teach moral development in order to prepare their offspring for the afterlife. They believed that infants come into the world full of sin, and that good parents expurgate sin. From another perspective, one more familiar to most of us, Pilgrims treated their children cruelly. They forbade infant babbling,

(Continued on page 16)
In his introductory comments Dr. Cohen noted that this is the 37th year of research studies presented at the meetings of ACP, by The Vulnerable Child workshop.

Dr. Bonowitz described the analytic treatment of seven women who became pregnant and had their babies during the course of their analytic treatment. She noted that women with histories of childhood trauma are burdened in their adult life by insecure attachment patterns. They easily re-experience fear and utilize trauma driven defensive behaviors to cope with hyperarousal and painful affect in situations which resonate with the original trauma. When these women become mothers the implicit traumatic memories and associated affects may be triggered by their infants’ cries of distress. If the women have defensively avoided intimacy, the exquisitely intimate relationship of mothering may be extraordinarily stressful. Dr. Bonowitz presented data on mothers’ attachment patterns, the nature of their childhood trauma and factors found helpful in effecting change during this 15 year study. Observations on early defensive patterns of the infants can be instructive. Mothers in this study had all experienced significant early trauma resulting in stable defensive organizations of an insecure nature. Unresolved, dismissive or disorganized patterns interfered with mothers’ internal representation of their infants as well as their sense of self as a separate but related and dependable object. Their reflective capacity was compromised and they were unable to adequately regulate their own affective life as they remained in a dysregulated state. It was surprising how easily dysregulated states were triggered by the infant’s normal attachment seeking behaviors which further distressed the mother and in turn became frightening to the infant which resulted in a dysregulated dyad. These mothers were relatively older when they had their babies and had married later, at least in part due to their insecure attachment.

Eileen’s mother was in analysis for 13 years. She married after the second year and had Eileen 4 years after her treatment started. She did fairly well with the baby as long as the analyst was available to help her with her own affect regulation. A number of the mothers continue to be seen periodically after the official termination of their analyses and at times have the children, now ranging in age from 13 to 6, with them. One mother’s fear was that her fetus would cause her uterus to rupture. It was learned later in her analysis that at age two she had witnessed her mother bleeding during a miscarriage. Another woman with a disorganized pattern of attachment was abused by her father who had been her caregiver early on but disappeared from her life at age five. Her diagnosis was borderline personality disorder, her attachment type was disorganized and she was unresolved with respect to her original trauma.

Anne was in analysis for 12 years and continues to be in psychotherapy off and on. She underwent surgery and was immobilized for about a year before age two and lost her grand parents, who were her primary care givers, at 2.5 years of age. She needed additional surgical operations in her adolescence and many times she expected to die. She was very fearful of child birth and was extremely anxious. Her diagnosis was narcissistic personality disorder. Lee’s mother was very neglectful and had a very negative relationship with her own mother. She had been displaced by a younger sister. She told neighbors complaining about her leaving the baby crying all night that this would teach the baby not to cry.

One woman’s mother suffered from post partum depression and her father left shortly after as he could not cope with his wife’s depression. She was very anxious and experienced many gastrointestinal symptoms. She was unable to stay in relationships with men and feared abandonment by her mother.

In this population what seemed to be most helpful was the analyst’s affective responsiveness and what changed in the course of the treatment was the perception and response to the reactions of others. They became more accepting of the fact that the analyst could not be the mother that they wished they could have.

(Continued on page 17)
Marianne Kris Memorial Lecture:
Manic Defenses Against Loneliness in Adolescence

Presenter: Thomas F. Barrett, PhD
Reporter: Cheryl Collins, MD

Dr. Barrett’s paper, Manic Defenses against Loneliness in Adolescence, began with a review of the concept of object removal as originally described by Anny Katan. She had hypothesized that to achieve adult genitality the adolescent must displace his original oedipal desires onto new objects. Further, she thought the displacement process occurred without retention of the original incestuous ties, an idea which distinguished her concept of object removal from straightforward displacement. Essentially, successful object removal involved transforming the rivalry and possession characteristic of early triangular relationships into their more mutually fulfilling dyadic counterparts.

Robert Furman, expounding on Katan’s ideas, wrote that during the course of object removal, as the adolescent divests from the internally represented parents, intolerable loneliness may arise, against which he must then defend. Following Furman’s observations, Barrett asserted that every adolescent must face loneliness for successful object removal to ensue, and suggested that tolerance of these feelings is a developmental achievement, akin to that which Winnicott thought occurred with attainment of the depressive position. He speculated that normal adolescent loneliness may often be misdiagnosed and treated medically as Major Depression.

Barrett next embarked on a review of the available literature on the topic of loneliness, given its ubiquity. He highlighted two concepts relevant to the ideas he later developed. First, he noted Pearson’s distinction between the loneliness that occurs during early childhood and latency due to the fear of loss of parental love, and that which occurs during adolescence as the adolescent modifies his instinctual love of the parents. In both cases, manic defenses against loneliness may appear in the form of silliness or acting out, but would have arisen from different points of origin. Next, citing Ostrov and Offer, and Moses Laufer, he emphasized the hopeful aspect of the adolescent’s craving for intimacy and closeness in his plight to master loneliness.

In his work, Barrett has found a link between hope and the adolescent’s ability to recollect a past where he felt happy or had the ability to tolerate sadness, conflict or trauma and the tolerance of loneliness. He postulated that the link between hope and longing might explain the popularity amongst teens of internet connections such as My Space and Face book as an antidote to loneliness. When pursued in a driven manner however, these internet activities serve as a defense against loneliness.

Barrett’s illustrated this with a clinical vignette of work with a young adolescent who had suffered losses both during infancy and toddlerhood. In addition to problems with obesity and academic underachievement, he defended against his loneliness by compulsively downloading pirated music from the internet. Analysis of the manically defensive nature of these activities, which were aimed at warding off loneliness, enabled the patient to form actual connections through sports and academic success.

Similarly, Barrett hypothesized that the propensity for excessive alcohol consumption he observed in many of his adolescent and college aged patients might also reflect manic denial of loneliness and depression. Peer pressure, the popular but overly simplified explanation for alcohol abuse left Barrett unsatisfied, and prompted his literature search for a metapsychological explanation of manic defensive behaviors. Among the concepts he found relevant to his thinking, were Dora Hartman’s hypothesis that excessive alcohol consumption is aimed at converting depres-
sion to elation, Winnicott’s hypothesis that manic defenses are universally employed to deal with the depressive anxiety inherent in emotional development, and Lewin’s view that these defenses might be viewed as an attempt to recapture the anxiety free state present in childhood wish fulfillment dreams. In particular, he found Maurits Katan’s paradigm of a cyclic pattern of recapturing the lost object through a process of introjection instructive. Katan’s ideas about introjection are consistent with Freud’s writings on the topic in Instincts and Their Vicissitudes, and Mourning and Melancholia. In Katan’s view, the cycle repeats as the sucking or drinking in of the lost object, is followed by an unconscious fear of destroying it, and thus the need to rid oneself of the object, through urination. The cycle is believed to occur both literally and figuratively. The repetitive pattern is considered to constitute the cyclothymic nature of mania.

Barrett found Katan’s thinking relevant in his work with older adolescents and presented vignettes that described how alcohol, cigarettes and drugs were used to deal with intolerable internal states triggered by object loss, in the process of object removal. In each case presented, this process was complicated by father loss and over involvement with their bereaved mothers. One patient became self absorbed with the intricacies of taking in and blowing out smoke. While he did so in the company of friends, his preoccupation with smoking compromised these relationships, unconsciously allowing him to sustain his loyalty to his mother.

As with his younger adolescent patient, Barrett’s work with these adolescents involved analyzing the loneliness their manic defenses betrayed, with this facilitating an internalization of a sense of hopefulness connected with the lonely experience. That is, they recognized the yearning for relationships in their loneliness, advancing them forward in the object removal process.

Barrett concluded his paper with thoughts about the cultural perpetuation of manic defenses inherent in our overvaluing one’s ability to multitask, or to gain entry into the most prestigious college. Such values he contends are based on the rivalry and possession characteristic of pregenitality rather than the mutuality of adult genitality.

In summary, Barrett’s paper focused on the challenges adolescents face as they progress in the process of object removal. Loosening the primary libidinal object cathexis triggers object loss and a unique form of loneliness specific to adolescence, which may be misdiagnosed as depression. The loneliness results from the adolescent’s need to transfer love from primary objects to new adult relationships, not from his fear of loss of love from the primary object. The resultant emptiness may be defended against by overuse of the internet, alcohol, cigarettes, and drugs. These manic defenses suggest an orally based regressive attempt to take in and expel out, thereby converting the loneliness into elation.
Struggles on the Road from Fantasy to Reality: The Initial Year of Analysis with a 5 Year Old Boy

(Continued from page 6)

Struggles with his own anger and tendency to lose control at home and at work.

From the beginning of the analytic work, Henry was a willing, active, and engaged participant. Dr. Gold reported the tension between his efforts to allow the expression of Henry’s fantasies, without encouraging too much regression, given Henry’s compromised acceptance of reality. Clinical vignettes illustrated this technical difficulty, as, for example, when Henry played at fighting monsters, but then wanted to hit Dr. Gold, as though he were a real monster. Dr. Gold intervened both to protect himself, and by commenting on the distinction between the real and the pretend. He also noted the difference between their actual sizes, and how unfair an actual fight would be. Gradually, Dr. Gold noted an increase in Henry’s ability to contain his ideas with verbal expression.

Henry had been asked to leave his initial school because his disruptive behavior proved untenable in that school’s setting, even with the presence of a shadow. As the kindergarten year approached, however, Dr. Gold noted that the frequency of monster fights diminished, and Henry wanted to play more board games. Within the analytic work, these changes were accompanied by ongoing discussion about the upcoming entry the new school.

In fact, the adjustment to the new school was difficult, despite the fact that Henry liked this school and its coat-and-tie dress code. Dr. Gold realized that Henry’s feeling of not really belonging in the new setting, was causing him to act like he didn’t belong, and to risk being asked not to belong by being asked to leave. Dr. Gold actively interpreted the purpose of Henry’s self-defeating behavior, in which he risked losing the school that he liked so much. Dr. Gold also noted to himself that Henry was beginning to express more oedipal-level anxieties, in that his wish to have the tie and uniform, and to be more like the grown-ups, conflicted with his fears of what would happen if he truly demonstrated his abilities in the academic, social, and athletic realms. In this context, Dr. Gold interpreted the defensive aspects of Henry’s insubordination at school.

Such interpretive work resulted in Henry’s coming to settle down in the new school setting. Behavior improved, and teachers reported that Henry was learning his pre-academic skills, and was proud of his achievements.

As the analysis progressed, both Henry and his parents found ways to tell Dr. Gold about wildly exciting, chaotic, frightening scenes at home at night. Dr. Gold worked with Henry’s parents to help them see that such interactions were having a highly negative impact on Henry. Dr. Gold noted that parental conflicts were an ongoing source of external pressure that Henry had to cope with.

Dr. Gold concluded by noting the ways in which Henry’s defenses had shifted over the year of analytic work. Henry showed a greater ability to tolerate reality. Realistically empowered by the growth in his actual skills and by his age-appropriate desire to be more grown up, Henry felt less powerless. He was also less reliant on fantasy, particularly fantasies of omnipotent control. Although these gains were not solidified, and Henry remained vulnerable to regression, the presentation demonstrated clear evidence of growth toward stronger and more adaptive defensive functioning.

Steps Toward Differentiation: From Id Mechanism to Ego Mechanism to Integration

(Continued from page 9)

and confusing might lead a little boy to feel confused. “Tony the King” was helped to understand that a boy not able to be helped in a realistic way would rely on magic in which he wished to be the king in control. In this way a more coherent narrative became available to Tony. His defenses were in the process of transformation.

He was less vulnerable to regression when he became able to make use of words rather than action. He began to identify with his therapist, agreeing that he “would rather be like this therapist than a worried six year old boy who could be hurt.” These clarifications of his defenses allowed him to develop a capacity for self-observation. He began to bring material demonstrating his awareness of how he might use sleep or becoming pre-
occupied with food as a way to control his worries.

Once a self-observing capacity was established his conflicts about aggression and castration worries could be brought to his attention. Throughout the work there was the same pattern: the need to transform his “action” defense that inhibited his development into a more age appropriate one where he could use words and further his development. The therapist would experience Tony’s repeated attacks and then interpret that because of his fears he became like his attackers to protect himself. The therapist would show Tony how he gained mastery over his earlier experiences and he promoted the idea that if Tony could get on “friendly terms” with the feelings aroused by attacks of the past then he would not have to repeat them in the present.

Tony now used his therapist not merely as a transference object but as a developmental object. He began to use his positive and negative reactions to his therapist as a way to understand his mixed feelings toward his biological mother. His games were able to function in a more developmentally appropriate way for him: they became activities of pleasure and sublimation.

In the case of Tony we see how a child’s initial presentation as chaotic, fragmented, and dysregulated could be altered to a more age appropriate one by helping him transform his defenses. Id mechanisms such as repetitions, bodily discharge and primitive introjects, as seen in his out-of-control behavior, were identified and then, by analytic work, were clarified and interpreted, allowing Tony to develop a coherent internal structure and self representation. The support of more developmentally progressive ego defenses allowed him to begin to function in his world with more coherence, competence and mastery.

(Continued from page 7)

separation from her analyst and was able to leave treatment, understanding that she had finished her work. She had become a latency child who did well in school and engaged in meaningful relationships at home and in school.

The audience discussed at length the difficulty of treating a child whose family has a secret. In this case, the “secret” was understood to be the silence about the mother’s several miscarriages and their ensuing consequences on her physical and emotional health. Some members of the audience wondered how much was explained to J about her mother’s miscarriages in treatment. Dr. Sickles explained that themes related to losses and death were dealt with in displacement throughout the treatment because of the parents’ lack of understanding of the relevance of such material in the dynamics of their daughter’s unconscious.

Dr. Howard Benensohn, the discussant, reframed the treatment described by using the developmental approach of Dr. Stanley Greenspan. Dr. Sickles’ therapeutic interventions, he explained, had helped J master the six levels described by Dr. Greenspan as crucial for growth: self-regulation, intimacy, two-way communication, complex communication, emotional ideas and emotional thinking.

The audience wondered if J perceived herself as injured in an identification with her parents’ perception that there was something wrong with her. It was also commented on how many enactments took place in the treatment: J was more able to talk about her feelings by making her therapist experience what it felt to be her rather than to discuss the feelings per se.

The audience concluded that the fact that J ended up doing well in school – she was able to learn and take in information - despite the “secret” of her family spoke highly of the work that was accomplished in the analysis.
put rods along their spines to prevent crawling, and terrified even the youngest with tales of the terrors that awaited those who transgressed.

The discussant for this paper was Judith Deutsch, M.S.W., a candidate councilor of the ACP Executive Committee. She, along with some of her colleagues in Canada, had circulated a humanitarian appeal to health professionals regarding the dire situation in Gaza. She raised the issue of responding to external societal situations affecting children – whether to respond or not and whether to respond at the individual and/or organizational level. She looked at Don Rosenblitt’s paper in terms of whether hostility towards children is uniform across time and place. She pointed out “that efforts to ameliorate conditions for children generally involve persistent investment of time, a capacity to work with others, and often a willingness to struggle against opposition.” In reviewing the history of psychoanalytic organizations’ responses to social crises, she pointed out how both the IPA and the ACP often chose to respond selectively. For example, the ACP offered advice on how to talk with children about 9/11, but it did not address how to talk with children about the ensuing war with its glorified violence, themes of revenge, and simplistic sense of good and evil. She then reviewed resistances, such as rationalization, that often prevent us from taking action. Ms. Deutsch concluded that psychoanalysis could be used to understand our choices about whether or not, and how, we respond to violence.

Dr. Robert Evans expressed genuine appreciation of Dr. Rosenblitt’s paper. He said, “This is the most painful paper I have ever heard.” Dr. Rosenblitt acknowledged that the paper becomes more painful for him with each reading. Dr. James Deutsch noted that we often use the need for analytic anonymity as a defense against activism, and he complimented Dr. Rosenblitt for his courage in speaking out to donors of the Lucy Daniels Center. Dr. Rosenblitt joked that there is a fine line between temper tantrums and courage.

Paul Marcus said that Freud made it clear that all adults are ambivalent and that violence ensues when our ambivalence interacts with certain social factors. Our goal is to identify the dangerous social factors. He mentioned also the NY Times picture of a mother with her three dead children claiming that she hoped to sacrifice all of her children for the Jihad.

Ms. Deutsch reminded the group of Robert Furmans’s writing on the powerful wish to absolve oneself of responsibility. Dr. Rosenblitt said that it has become increasingly difficult to hold off prescribing medicine for patients; parents feel that when medicine is prescribed, they no longer bear responsibility for whatever ails their child. Dr. Rosenblitt ended by agreeing with Ms. Deutsch that the warding off of responsibility may be “at the heart of it.”

Finally, the relevance of this workshop to the theme of the conference: Dr. Rosenblitt’s brings to our awareness truths about ourselves that we mostly find unbearable. As in a good defense analysis, we the readers and listeners are exposed indirectly; we are asked to observe the artistic productions of our culture, like child analytic patients are asked to work in their play. Perhaps most important, Dr. Rosenblitt created a lively rapport with the audience, revealing humor and great passion for culture, from the Scriptures to Bob Dylan. He created an environment in which we, readers and listeners, were most likely to relax our defenses. In summary, in this workshop, participants were exposed to the alteration of our defenses for the purpose of understanding our own aggression.
Vulnerable Child Workshop
Babies on the Couch: Working Analytically with Mother–Infant Dyads

(Continued from page 11)

In her discussion Dr. Sherkow elaborated on the multidimensional process of the formation of internal representations out of the multitude of interactions with the mother and the early environment. Our knowledge is rapidly increasing about how the mother’s affective and fantasy life can influence mental representation and brain development even during intrauterine period. In addition to the manifest aspects of attachment patterns we need to account for the unconscious elements in formation of mental representations and inter-generational transmission in normality as well as in pathology. She referred to her own research in this area involving children with eating disorders, autistic children and normal children in play. We have to account for the effects of the mother’s mind on the baby’s development which is not easy to isolate from the attributes that the baby presents independently, as the nature-nurture dilemma persists. Even if it were possible to identify minutely subtle influences of small elements at any given instance, the task of determining the accumulative effect of these events over time is an entirely different matter.

Children with different dispositions require different kinds of responses from the mother and mothers with different preferences do better with children with particular dispositions. Dysregulated mothers are unable to respond to the baby’s needs for soothing in an effective manner. We as yet do not know how to reliably predict what constellation of early experiences and what forms of mother-infant relationship will lead to what kind of outcome. Some children with depressed mothers have turned out to be unusually empathic in caring for their own children. In normal development language takes on all the qualities of mental representation. The mother’s ability to reflect the child’s experience is based on her empathic capacity and the more empathic the better she is able to regulate the baby’s internal states.

Dr. Cohen described this material as unique and a significant step in a new direction. Dr. Etezady regarded the proceedings as an impressive convergence of many theoretical perspectives and described Dr. Bonovitz’s data as an invaluable beginning for future investigations.

The Harris School

Mary Scharold, M.D.

The Harris School (THS) of The Child Development Center (CDC), a subsidiary of the Houston-Galveston Psychoanalytic Institute (HGPI), has grown significantly over the twelve years of its existence and location in its modern building. This year we have had twenty-five students in various segments of our summer program, more than most previous summers. Thirty-five students have matriculated for the fall in the Pre-Kindergarten, Readiness, Primary, and Intermediate programs with a goal of forty students, which we hope to reach in the first semester. Many of our fall enrollment students are new, since we graduated or transitioned many students to mainstream schools this year. Our four family consultants, once called parent helpers/consultants, now work one-half or full time with the facility in addition to having their private practice on the premises. The group consists of a MA in Counseling Psychology, who is a graduate of our child psychotherapy program; a MSW, who is a graduate of the institute’s adult psychoanalysis program and a child psychoanalysis candidate; an EdD who is both an adult and child candidate in psychoanalysis; and a MSW in social work, who formerly was a teacher in our school. One of our family consultants serves as Clinical Program Coordinator. We have ten graduate teachers trained in work with difficult children. Currently, the CDC Board of Directors is applying for local foundation grants to build an endowment for a clinical director’s salary, as well as for a scholarship program and a building addition. For additional information, please see the CDC’s website: www.theharrisschool.com.

Our Outreach/Teacher Consultant Program to preschools and lower schools flourished with two co-directors chosen from the family consultants, one of who is bilingual. For several years, under a grant from the Greater Houston Collaborative for Children, they offered parent consultations and limited therapy though the CDC Clinic. Currently, they are writing a grant themselves to continue similar services to the community. We also offer additional teacher training provided by some of our skilled teachers. In a highly child friendly psychoanalytic environment, the Professional Training Programs of the CDC/Houston-

(Continued on page 19)
Dr. Cyrulnik’s presentation was titled "Children in War and Their Resilience". He noted that in the past only soldiers were in war but nowadays war is mainly directed against children. With advancing technology asymmetric wars involve children as soldiers, terrorism targets or victims of genocide.

Resilience may be evaluated on three levels: first, internal resources acquired during development before the trauma, as imprinted in biological memory; second, external resources provided via parents, extended family, school and the community; third, the meaning attributed to the event.

Internal working models build the way the child sees the trauma later, based on the quality of early relationships. Words, gestures and even mimicry can serve as wrappings for such meanings which may hinder or help the recovery. Insecure attachment may be transmitted to the child by a frightened-frightening parent and impede resilience. External models in the form of parents, family and culture create meaning in narratives they generate in telling us what happened. The manner in which an event is wrapped in a cultural myth can result in pride or shame. Parental love, faith and a coherent narrative that can be reviewed and criticized communally, create a sense of strength and belonging. After the trauma we are able to rework the meaning we attribute to the event. Our narrative identity and the memory of what happened are interwoven with stories by our relatives, our cultural myths, collective memory, testimonies, stereotypes and prejudices. Our narrative identity changes as we witness or recreate, write, probe or stage these accounts, take political actions or form cultural associations.

Recognizing Cyrulnik’s notion of external models in mobilizing resiliency, Dr. Singer discussed the extent of work needed with the internal models in restoring the capacity for hope and re-establishment of libidinal connections. With repression conscious re-experiencing of the trauma surfaces in images, play and dreams and declarative memory is present. In dissociation only nonverbal body memory is stored. Children at age two may play out the excitement in age appropriate destructive fantasies. The same event may result in terror, castration anxiety, fear of death and guilt secondary to retaliation fantasies in an oedipal child. Trauma may lead to ego strengths that help with future trauma. These children may become heroic rescuers or dedicated members of "the healing professions."

In “A Self-Study of Resilience - Healing from the Holocaust”, Dr. Parens noted that recovery in this context results from the same factors as trauma in general. Germezy’s study of resilience as far back as 50 years ago, proposed three broad categories of variables. 1) personality and disposition of the child; 2) a supportive environment and family; and 3) a social support system that encourages the child’s coping efforts by inculcating positive values. Other elements recognized subsequently include empathy, altruism and sublimation, cognitive, social and self regulation skills, a positive self view and the motivation to be effective in the environment. Hauser et al. consider relatedness, agency and reflectiveness as central elements. Southwick et al. emphasize the interplay of biology and experience as well as optimism, flexibility, spirituality and positive emotions. We need to add a time dimension reflecting the state of the experience before, during and after the trauma. Pre-trauma parameters include self, i.e. ego and superego functions, defenses and patterns of activity, in addition to object relations and community support. Trans-trauma parameters include the nature of the trauma, its meaning, intensity and duration as well as self, object relations and community support. Post-trauma elements include self, operation of sublime defenses, family connections, mourning and reconstitution along with community support, whether cultivated or maintained.

Chance has its own unfathomable rules and challenges in shaping the outcome. Dr. Parens’ poignant account of his own survival demonstrated his theoretical observations.

Dr. Shapiro regarded Parens’ personal story as (Continued on page 19)
a gift from which we can learn deeply about resilience and healing. In this narrative we are witnessing resiliency in a child with considerable personal strength and laudable attributes, well-loved by many, capable of attachment, loyalty, gratitude, grief, creativity and sublimation. Resilience is a life long process as reflected in this narrative. Having survived the holocaust, Parens dedicated his life and profession to healing emotional pain, working as a child analyst and prominent teacher conducting pioneering research focused on children and mothers.

In "Adapting to Stress: Lessons from the Resilient", Dr. Southwick noted that although stress response is life saving it can become more damaging than the stress itself. After stress animals can turn off stress response but humans can’t. Worry and rumination can activate the stress response. Damage is more likely when the stress is unremitting or the response is either insufficient or cannot be shut off. When manageable, stress can enhance competence and growth. When overwhelming, it can result in burnout, PTSD and other psychiatric and physical disorders. Adrenalin and noradrenalin consolidate long term memory of the danger which will be remembered better than neutral stimuli. Increases in neurotransmitters (e.g. catecholamines) generate greater magnitude of response and sensitization to a particular stimulus. Associated neutral stimuli then become capable of provoking fear response rapidly and permanently. States of mind can become an important clue in activating the memory. Traumatic memory may be implicit or explicit and when combined with fear conditioning and sensitization, causes hypervigilance and repetition compulsion.

The hippocampus directs storage of new and contextual learning and is susceptible to damage by stress hormones. This damage impairs inhibition of stress response and cortisol release which further damages the hippocampus. Chronic adaptations include avoidance, self medication and changes in character.

Mediating factors to be noted include genetic (e.g. serotonin transport gene), developmental (e.g. inoculation vs. sensitization), hormone regulation, neuro-circuitry and conditionability and psychosocial. Stress early in life can cause long-term changes that affect brain maturation and alter future appraisal and response to danger.

Dr. Adelman viewed the neurobiological approach of understanding emotions and trauma coupled with the personal contributions of decades of analytic practice as two hands reaching for the same unifying origins that Freud first envisioned in his view of instincts based in biology. We embrace our patients’ solutions and strengths as the best they could do at the time and engage their cortex as actively as possible while using medication to forestall hippocampal damage.

Galveston Psychoanalytic Institute, that is, the child and adolescent programs in psychotherapy and psychoanalysis, currently have eleven child candidates with eight ongoing cases (many from the CDC) and seven child analysis faculty. Please see the institute’s website - www.hgpsai.org. We have an active development program and employ a part-time Development and Marketing Director as well as a part-time grant writer. The Child Development Center is managed by a master’s level educator, our Administrative Director, with the appropriate support personnel. For now, a consulting child analyst is working with the family consultants weekly and with both the teachers and the family consultants monthly. We are hoping to recruit a Clinical Director who would work in concert with our Administrative Director and would oversee all the clinical programs. Both Directors serve on the CDC Board. For more information about this position, please contact Mary Scharold, M.D. mlscharold@mindspring.com.
Executive Committee Meeting Minutes
Washington, DC, May 4, 2007

Tricia Hall, CAP, CMP

I. Call to Order – Carla Elliott-Neely, PhD

The Executive Committee was called to order at 12:20pm (EDT)

Officers Present: President: Carla Elliott-Neely, PhD; President-Elect: Kerry Kelly Novick; Secretary: Jill Miller, PhD; Secretary-Elect: Thomas Barrett, PhD; Treasurer: Helene Keable, MD; Treasurer-Elect: Arthur J. Farley, MD; Past President: Ruth Karush, MD.

Counselors Present: Lee Ascherman, MD; Denia Barrett; Judith Deutsch, MSW; Kenneth King, MD; Sarah Knox, MD; Charles Parks, PhD; Rachel Seidel, MD; Noah Shaw, MD; Susan Sherkow, MD.

Committee Members Present: Peter Blos, MD; Paul Brinich, PhD; Cynthia Carlson; Nathaniel Donson, MD; Laurie Levinson, PhD; Christian Maetznner, MD; Karen Marschke Tobier, PhD; Jack Novick, PhD; Anita Schmukler, DO.

Staff Present: Tricia Hall, CAE, CMP, ACP Administrator.

Not Present: Stanley Leiken, MD; Moisy Shopper, MD; Lilo Plaschkes.

II. Adoption of Agenda

The agenda was adopted unanimously as submitted.

III. Review and Approval of Minutes of January 19, 2007

The minutes from the January 19, 2007 Executive Committee meeting were approved unanimously.

IV. Reports of the Officers

A. Secretary’s Report – Jill Miller, PhD

Dr. Jill Miller reported on the current ACP membership statistics: 514 USA members, 86 International members, and 5 Collegial members, for a total of 605 members. Five members were reported as deceased since the April 2006 meeting: Elaine Caruth, PhD (Los Angeles, CA); Doris Hunter, MD (Pittsburgh, PA); Reimber Jensen, PhD, (Copenhagen Denmark); Rocco Motto, MD (Los Angeles, CA); and Joseph Rudolph, MD (Menlo Park, CA). A moment of silence was observed in honor of the deceased members. One member resigned (Javier Galvez, MD). Six new candidate members and two regular members have joined since the April 2006 annual meeting.

B. Treasurer’s Report – Helene Keable, MD

Dr. Helene Keable reported on the current financial status of the Association. She reported that the budget categories are being tracked accurately in Quicken by ACP Administrator Tricia Hall.

In FY 2006 the ACP received $102,534 in income and incurred $94,670 in expenses for a net income of $7,864. The income for FY 06 was below projections by $1,466, primarily due to uncollected dues and no contribution from the Todd Ouida Memorial Fund during the 2006 calendar year. Reduced income was offset by a thoughtful and systematic reduction in expenses by $9490. As of December 31, 2006 the Vanguard investment portfolio totaled $348,657. By March 31, 2007, the amount had grown to $356,652, indicating a growth from profit and interest during FY 06 of $42,708 (14%). Appropriate funds will be distributed from the investment account into the ACP checking account consistent with ACP policy.

The ACP will distribute approximately $30,000 in grant funds for 2007 grants. Dr. Keable reviewed the proposed 2007 budget, recognizing that the newsletter, annual meeting and the ACP roster will cost more in 2007.

ACTION: A letter will be included in the dues notices to explain the donations process, what the donations are used for, and to encourage members to donate to the ACP.

MOTION: A motion was made to accept the FY-07 proposed budget. The motion was seconded and approved unanimously.

V. Report of the Administrator – Tricia Hall, CAE, CMP

ACP Tricia Hall reported on the status of dues, noting that as of April 29, 2007, 150 members still owed dues, representing $12,112.50 (27%) in uncollected dues. Second dues notices will be mailed after the annual meeting. A more diligent effort is being made to collect unpaid dues from
those members who still owe for 2006 and 2007. This is a continual activity throughout the year. Hall reported on the annual meeting registration: 69 members, 18 candidates, 14 sponsored non-members and 10 guests for a total of 111 pre-registered attendees. She anticipated several on-site registrations. She cautioned the Board that in order to avoid charges at the conference hotel, members needed to be reminded to book their hotel rooms at the conference hotel, otherwise the ACP could suffer damages for non-performance of hotel room pickups. The negotiated room rate and the associated services and meeting space discounts are directly related to how many hotel rooms the ACP utilizes during its meeting. This could also affect the registration fee for the conference if the ACP has to pay for additional meeting costs due to low usage of hotel rooms. The board discussed various ways to encourage members to stay at the contracted hotel. These ideas will continue to be explored. Based on discussions from the January 2007 Executive Committee meeting, Tricia presented venue options in Birmingham, Alabama as the site for the May 2-4, 2008 annual meeting. Dr. Karush and Tricia will work with Dr. Lee Ascherman and Dr. Sam Rubin on the 2008 venue.

VI. Committee Reports

A. Program Committee – Anta Schmukler, DO, and Denia Barrett

Dr. Anita Schmukler and Denia Barrett coordinated and organized the 2007 program on alterations of defenses. They asked the Board for any suggestions for topics for 2008. Several ideas surfaced in consideration of Birmingham, Alabama as a location for the meeting. The Program Committee will meet on Sunday morning and will explore topics for the 2008 meeting. The Board acknowledged the hard work of the committee and thanked them for the thoughtful and rich clinical program planned for this meeting.

B. Arrangements Committee – Ruth Karush, MD

Dr. Ruth Karush reported on the viability of Birmingham as a venue for 2008. Based on a previous survey of the membership, it was noted that members come to the annual meeting based on several factors, including affordability and accessibility. The meeting venue must be interesting and there should be local activities of interest to the members. The Civil Rights Museum in Birmingham would provide an important focus for the meeting both as program options and an on-site activity. Dr. Lee Ascherman and Dr. Sam Rubin will assist with the meeting arrangements and an Extension Program on Sunday. Dr. Karush reminded the board that Birmingham has a new group of child analysts (as a result of Katrina) and having the meeting in Birmingham would show support to the new group. Dr. Karush asked for suggestions for the 2009 Annual Meeting which would be held at a west coast venue.

ACTION: Due to a concern about accessibility of air access, Tricia Hall will research flights to and from Birmingham.

ACTION: Tricia Hall will investigate Portland, Seattle, and San Francisco/Oakland as potential venues for 2009.

The board discussed the attendance requirements and policy of non-members attending the annual meeting.

MOTION: A motion was made to re-establish policy that if you are not an ACP member, you need an ACP member to sponsor your attendance at the annual meeting. The motion was seconded and passed unanimously.

C. Membership Committee – Kerry Kelly Novick

Kerry Kelly Novick reported that the ACP has 6 new candidate members and 2 new regular members since January 2007. Twelve more candidate members are in the comment period. The Board discussed the process of moving from candidate to full member upon graduation from a child program. Unfortunately the ACP does not have any way to know when people are graduating, and this continues to be the biggest challenge in the membership process. To help streamline the process, the comment period has been dropped for full membership. Most of the membership has absorbed the new membership pathways. The Membership Committee will continue to track the data in response to pathways.

(Continued on page 22)
Executive Committee Meeting Minutes
May 4, 2007

(Continued from page 21)

**ACTION:** Kerry Kelly Novick will write a letter to the training programs to encourage sponsorship of new candidates and to remind those in the institutes about their graduation dates and encourage them to elevate to full membership.

**ACTION:** Kerry Kelly Novick will contact Dr. Brinich to make sure the sponsorship form and the pathways are on the website.

**ACTION:** Kerry Kelly Novick will include a short article/note in the newsletter on how to find the information regarding membership and pathways.

**ACTION:** Judy Deutsch (with Kerry’s assistance) will talk to the new Candidate Councilors about providing an article or notice in APsaA newsletter and Candidate Journal. Julio Calderon (a recent graduate from Miami) may be able to assist.

**D. Newsletter Committee – Christian Maetzener, MD**

Dr. Christian Maetzener thanked everyone who assisted with the last issue of the newsletter. The upcoming summer/fall issue will include reports of the annual meeting. The second issue of the year is published after the January American meeting. There was some discussion about ways to enhance the content of the publication. Dr. Maetzener would like to include a sponsor form at least once a year to encourage sponsors to recruit new members.

**E. Liaison Committee – Nathaniel Donson, MD**

Dr. Nat Donson reported on the activities of the committee and he (and Co-Chair Barbara Deutsch) expressed their thanks and appreciation for the committee’s continued dedicated work. Sub-committee member Stevie Smith asked the board for names of anyone interested in developing a one-half day program at the child analysis symposium in Turkey in May 2008. Sub-committee member Helene Keable reported that the AACAP is reopening the plenary sessions. Practice parameters were being developed and they have agreed to a principal of having a parameter on the analysis of children. Dr. Donson continues work on dialoguing with the social work community.

**F. Donations & Grants – Cynthia Carlson**

Cynthia Carlson had no activities to report since the January 2007 Executive Committee Meeting. This year the grant request letters will be mailed earlier in the summer with an October 31st deadline. The funds will be distributed by December 31, 2007.

**G. Communications – Paul Brinich, PhD**

Dr. Paul Brinich reported that the newsletters are posted on the website before members receive a copy in the mail. Dr. Brinich posted an ACP membership roster on the website provided by Tricia.

**ACTION:** Current rosters will be posted to the ACP website when updated.

**H. Nominating Committee – Moisy Shopper, MD**

Dr. Moisy Shopper was unable to attend the meeting. Dr. Neely reported on his behalf. The results of the 2007 ACP elections:

- **Councilors:** Howard Benensohn, MD; Ruth Karush, MD; and Stephanie Smith, MA.
- **Candidate Councilors:** Sydney Anderson, PhD; Mali Mann, MD.

Dr. Shopper has resigned as chair of the committee. Dr. Neely asked for suggestions for committee members.

The ACP Board acknowledged the outgoing board members and expressed thanks and appreciation for their service.

**I. Extension Committee – Karen Marschke-Tobier, PhD**

Dr. Karen Marschke Tobier reminded the board that this meeting in DC did not include an extension program. The Board discussed the sharing of expenses when there is an extension program offered at an ACP annual meeting. The Board agreed to revisit the issue. Dr. Marschke-Tobier will not continue to serve as Extension Commit-

(Continued on page 23)
tee Chair. Dr. Neely will appoint a new chair and recruit members to serve on this committee. The Board thanked Dr. Marschke-Tobier for her service.

J. Awards Committee –
Laurie Levinson, PhD, and Jack Novick, MD

Drs. Laurie Levinson and Jack Novick provided a report on behalf of the Awards Committee.

The Board agreed that the ACP should provide a complimentary dinner ticket to the award recipient. The committee confirmed that prior recipients of the Award of Excellence will be added to the Awards Committee, adding the most current recipient to the committee each year automatically. Dr. Novick reminded the Board that the committee is looking for new submissions for the 2008 award.

K. Committee on Child Analysis in Eastern Europe – Peter Blos, MD

Dr. Peter Blos reported that three additional child analysis candidates from Bulgaria have been admitted to the training program. The Child & Adolescent Program of the Han Groen-Prakken Psychoanalytic Institute for Eastern Europe (PIEE) is in the planning stages of developing two centers for didactic and theoretical seminars. The C/A PIEE has submitted a proposed training curriculum to the Committee on Child and Adolescent Psychoanalysis of the IPA. The 2007 C/A PIEE School Week will be held in Rabat, Croatia, October 6-12, 2007. The topic is “Affects in Development and Clinical Work.” Dr. Blos asked the board to once again consider the $3,000 grant to the PIEE to support its continued work in developing child psychoanalysis in Eastern Europe. The money is used to subsidize student travel and hotel expenses. Dr. Blos (and Lilo Plaschkes) expressed their thanks and appreciation to the ACP for past support of this program. The ACP Board agreed that the grant would be renewed.

L. Study Groups and Continuing Education

Tricia Hall reported on behalf of Dr. Stan Leiken who was unable to attend. Eleven hours of CE/CME were approved for the May 2007 program. Tricia reported that the accreditation renewal of the APA is due in August. She will keep the Board apprised of the progress of the project.

M. Ad Hoc Committee on Archives Project

No activity for this committee was reported since the last annual meeting.

N. Archives Project

Tricia Hall will follow-up with the committee chairs for a progress report.

VII. Unfinished Business

A. ACP Annual Business Meeting

The board discussed the scheduling of the ACP annual meeting for future meetings.

MOTION: The ACP Annual Business Meeting will be held on Saturday morning instead of Sunday. The motion was seconded and passed unanimously. Committee meetings can be held on Sunday morning before the Marianne Kris Lecture which will end at 10:00am.

B. Regional Conferences

The Board confirmed that there is no formal ACP affiliation with regional conferences.

ACTION: Dr. Neely will craft an email to the ACP membership that if a member is involved in arranging/coordinating a regional conference that involves or mentions sponsorship or support by the ACP, that it is necessary to contact the ACP in advance.

C. Long Range Planning & Leadership Development

Dr. Neely raised the issue of getting younger members involved in the ACP. She asked that long-time ACP members actively mentor new members to join committees and become involved. Through mentoring, the culture of the organization is passed on to our new members. The ACP needs to continue to find out when candidates graduate from a child psychoanalysis program.

ACTION: The ACP will introduce new members and new candidate members at the ACP dinner on Friday evening.

ACTION: Include a list of committees in the new member acceptance letter and ask for interest
Tricia Hall, CAE, CMP

I. Welcome by President – Carla Elliott-Neely, PhD
ACP President Dr. Carla Elliott-Neely welcomed the group and called the meeting to order at 9:05 a.m.

II. Announcements
Dr. Neely reminded attendees to please turn in their evaluation forms and CME credit forms to Tricia Hall at the ACP registration desk.

III. Approval of Minutes April 8, 2006
The minutes from the April 8, 2006 Annual Business Meeting were approved unanimously.

IV. Reports of the Officers
A. Report of Secretary – Jill Miller, PhD
Dr. Jill Miller reported on the current ACP membership statistics: 514 USA members, 86 International members, and 5 Collegial members, for a total of 605 members. Five members were reported as deceased since the April 2006 meeting: Elaine Caruth, PhD (Los Angeles, CA); Doris Hunter, MD (Pittsburgh, PA); Reimber Jensen, PhD, (Copenhagen Denmark), Rocco Motto (Los Angeles, CA); and Joseph Rudolph, MD (Menlo Park, CA). A moment of silence was observed in honor of the deceased members. One member resigned (Javier Galvez, MD). Six new candidate members and two regular members have joined since the April 2006 annual meeting.

B. Report of Treasurer – Helene Keable, MD
Dr. Helene Keable reported on the current financial status of the Association. The ACP recognized a net profit of $7,864 for FY 06. Income is derived from dues, donations and income from the Vanguard endowment fund. She reported that the ACP awarded 13 grants this past year and expressed appreciation to the Todd Ouida Foundation for its continued support. Grant funds will be available for 2007 submissions.

V. Committee Reports
A. Awards Committee – Laurie Levinson, PhD, and Jack Novick, MD
Dr. Jack Novick reported on behalf of the Awards Committee. The 2007 recipient, the Parent Toddler Program of the Anna Freud Center, was honored at the Friday evening dinner. Dr. Novick asked members to submit nominations for the 2008 award to him and Co-Chair Laurie Levinson.

B. Development of Child Analysis in Eastern Europe – Peter Blos, MD
Dr. Peter Blos reported on the continued activity of the committee and thanked the ACP for the donation of $3000 which enables more people to attend the annual Child/Adolescent School. The The Child & Adolescent Program of the Han Groen-Prakken Psychoanalytic Institute for Eastern Europe (PIEE) is in the planning stages of developing two centers for didactic and theoretical seminars. The C/A PIEE has submitted a proposed training curriculum to the Committee on Child and Adolescent Psychoanalysis of the IPA.

C. Communications – Paul Brinich, PhD
Dr. Paul Brinich reported that the newsletters are posted on the website before members receive a copy in the mail. The ACP roster is also posted on the website for access by ACP members.

D. Extension Committee – Karen Marschke-Tobier, PhD
Dr. Karen Marschke Tobier reminded the members that this meeting in DC did not include an extension program primarily due to the extensive number of local meetings that coincided with the ACP meeting. The ACP hosted a successful extension program last year in Denver with 61 attendees. The ACP is seeking a new chair and members for the committee and asked anyone interested to please contact Dr. Neely.

E. Donations & Grants – Cynthia Carlson
Jill Miller reported on behalf of Committee Chair Cynthia Carlson. Grants are supported through donations by ACP members and Dr. Miller encouraged all members to please donate when they receive their dues notice in the mail. She informed the members that grant applications will be mailed in early summer and the deadline to apply is October 31, 2007. Applications must be submitted and approved by an institute for cases with treatment occurring four times weekly.
and having started prior to the application date. Grant funds will be distributed by December 31, 2007.

F. Liaison Committee –
Nathaniel Donson, MD & Barbara Deutsch, MD
Dr. Nat Donson reported on the activities of the committee and he (and Co-Chair Dr. Barbara Deutsch) expressed their thanks and appreciation for the committee members’ continued and dedicated work. The Committee continues to be involved in the various panels at the IPA, American Psychological Association, American Psychoanalytic Association, and the American Academy of Child and Adolescent Psychiatry. He reported that Dr. Keable continues her work and oversight on the preparation of the AACAP’s Practice Parameters. If any member is interested in becoming involved in the social work community (to establish ACP liaison exchanges) please contact Dr. Donson.

G. Membership Committee –
Kerry Kelly Novick
Kerry Kelly Novick reported that the ACP has 6 new candidate members and 2 new regular members since January 2007. Twelve new candidate members are being considered at this time. She encouraged everyone to find new candidates to sponsor so they can become a part of the ACP.

H. Newsletter Committee –
Christian Maetzener, MD
Dr. Christian Maetzener reminded the membership that the newsletter is published twice annually, in the spring and in the fall. He commended committee members Ellen Glass, Katharine Rees and Ruth Karush for their assistance and service on the committee.

I. Study Groups and Continuing Education
Tricia Hall reported on behalf of Dr. Stan Leiken who was unable to attend. Eleven hours of CE/CME were approved for the May 2007 program. In answer to a question concerning credit for social workers, it was confirmed that each state approves social work credit and members should consult their own state for the specific requirements and reporting procedures. Tricia reported that the accreditation renewal by the APA is due in August. She will keep the board apprised of the progress of the project.

J. Program Committee –
Anta Schmukler, DO, and Denia Barrett
Dr. Anita Schmukler and Denia Barrett coordinated and organized the 2007 program on alterations of defenses and there were many requests to continue with a program on defenses for 2008. Dr. Schmukler asked for any submissions for next year’s program and the call for papers would be announced in the summer. Dr. Neely and the members congratulated Dr. Schmukler and Denia Barrett for organizing an excellent program.

K. Arrangements Committee –
Ruth Karush, MD
Dr. Ruth Karush reported that the Executive Committee voted to host the 2008 Annual Meeting in Birmingham, Alabama. A new consortium of analysts is establishing a child program and the ACP, by hosting its meeting in Birmingham, would provide support to this group. She asked for a show of hands of those members who would attend if the meeting was held in Birmingham and a majority of the members present responded affirmatively. She emphasized the various activities available in Birmingham, most notably the Civil Rights Museum which could provide an excellent off-site activity. Dr. Karush reported that if Birmingham was not a viable option that Chicago or New Orleans would be considered. The ACP will conduct an email survey of the membership to gauge the potential attendance if the meeting were held in Birmingham.

VI. Election Results
Dr. Carla Elliott-Neely reported the results of the election on behalf of Nominations Chair Dr. Moisy Shopper who was unable to attend. The results are as follows:
Councilors: Howard Benensohn, MD; Ruth Karush, MD; and Stephanie Smith, MA.
Candidate Councilors: Sydney Anderson, PhD; and Mali Mann, MD.
Dr. Neely congratulated the new board members and commended Dr. Shopper for his work.

VII. Thanks to Retiring Councilors
Dr. Carla Elliott-Neely acknowledged the out-
work collaboratively with her analyst, freeing herself to begin associative reverie.

As Joy’s positive transference deepened she could more actively explore her interest in boys and in her developing body and sexual interests. She “hooked up” with a boy and tolerated his loss of interest while maintaining a sense of her own self-worth. Moreover, she could now speak about her vegetarian preferences which Dr. Super had recognized as a reaction formation against her oral aggression. Rather than restricting her food intake, Joy could now use her strong will for more positive achievement.

In the final phase of treatment, a traumatic fall, resulting in a broken leg, demonstrated Joy’s core conflicts and the new, more flexible defenses she had developed to deal with them. Instead of using her recovery time to avoid the analysis, she tolerated her orthopedist’s criticism of her treatment and promptly returned to Dr. Super and the analytic work. She could report that even though her injury and recuperation allowed her to get the special attention that had been given to her brother, she “had mixed feelings about it… wanting again to be independent….” And now, she actively talked about terminating, using some of her old defenses in ragefully walking out of a session and then using new ones, “mixed” ones of talking about her fears and her sadness and her loss. Joy successfully terminated with a much more tolerant superego, and a new strength of defense which allowed for the modulation of her externalizations, her reaction formations, her displacements, her rage and her anxiety.

In her discussion of this case, Denia Barrett honored two analysts’ work: Dr. Super’s valiant efforts as she sought to endure and understand Joy’s “fierce externalizing” of her fear and loathing while she, herself, struggled with grave illness; and the extraordinary efforts of Anna Freud as she sought to clarify factors in assessing a patient’s defensive organization. It is Miss Freud’s discussion of asceticism in puberty that helped explain Joy’s reaction formation in her renunciation of meat and of various adolescent pleasures. It is her conceptualization of intellectualization that helped us understand Joy’s new defensive choices as progressive trends in her development emerged. Mrs. Barrett combined a discussion of rich clinical material within a theoretical structure that expanded and deepened our understanding of the “alterations of defenses”.

Learning to Live with Ambivalence - Lifting Defensive Obstacles

(Continued from page 8)

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Liaison Group Report

Barbara Deutsch MD & Nat Donson MD, Liaison Group Co-Chairs

Elizabeth Tuters (IPA & World Association for Infant Mental Health) wrote, “I have been asked to present at the Anna Freud Center Infant-Parent study day, Nov. 2007, work with an infant and parents (as young as possible, we have a newborn!)”

Brenda Lepisto (American Psychological Association), with the help of Denise Fort, continues her work with the APA (Membership 150,000!) and psychology community. With her help, we will be discussing approaches to liaison with APA’s Division 39 (A psychoanalysis interest [not certifying or qualifying] group of about 3500 members), Section 2 (Child Psychoanalysis - about 200 members) with their current president, Richard Ruth. Richard, who teaches at the Georgetown PhD program, expressed his gratitude at being invited to our recent (Washington DC) ACP scientific meeting and his efforts are underway to field and chair a jointly (ACP / Section 2) sponsored panel at the April 2008 New York City Division 2 meeting. This panel will compare “relational” and more “classical” child analytic, proposed title: “Different ways of knowing and not knowing.” It will be an ACP “first” with Section 2. From the ACP side, Jason Gold and Nat Donson will participate.

Stevie Smith (International Association of Child and Adolescent Psychiatry and Allied Professions) wrote to Füsun Çuhadarodlu, 2008 Congress Chair, IACAPAP18th World Congress, Is-
tanbul, Turkey; who replied that “we are trying to promote for this Congress child psychotherapies and child psychoanalysis,” and added that “You are most welcome to organize sessions and present papers on these subjects.” However, Stevie has had difficulty finding child analysts who are willing to present in a half day panel at the Istanbul Congress. One problem has been the fact that the ACP Annual Meeting and IACAPAP World Congress will be held on the same week-end. More important, however, is the fact that colleagues worry that they will not be safe in Turkey and point to the upcoming elections, believing that the militants’ factions are likely to win. In a recent note Stevie was warned by a Dutch Colleague that we, “should not underestimate the anti-American sentiment among educated Turks resulting in passive resistance against contact.” Currently, Stevie is waiting to hear from several European child analysts who may be interested in going to Turkey, and also continues to search for interested colleagues. She would also appreciate hearing from anyone who is interested in representing the ACP at the 2008 IACAPAP World Congress in Istanbul.

Kerry Kelly Novick (American Psychoanalytic Association) mentioned that the Program Committee of the American continues a yearly panel with a child/adolescent analytic focus and one Two Day Clinical Workshop on Child/Adolescent Analysis. All programs thus far have been well attended and well received. Kerry has requested suggestions for topics for future programs.

Nat Donson (American Academy of Child and Adolescent Psychiatry) informed, that once again, sponsored by the AACAP’s Psychotherapy Committee (to which Helene Keable and Nat have appointments), our next “Contributions from Child Psychoanalysis” panel, entitled “First Child Interviews - Formulating Clinical Approaches,” has been accepted as a Clinical Case Conference at the 2007 meeting of the Academy in Boston. Videotapes and narratives from initial child interviews will be presented by Carol Austad (who has joined our ACP Liaison Group), Tim Dugan, Marty Drell, and Alexandra Harrison; the discussant will be Theodore Shapiro. Marianne Warmboldt, current Chair of the AACP Program Committee’s “Clinical Case Conference” section, has written that she looks forward to attending our October 25 panel. Our San diego panel apparently got high marks and it looks likely that ACP sponsored panels will be welcomed at AACAP annual meetings.

Helene Keable (AACAP) our only ACP member invited (via her membership on the AACAP Psychotherapy Committee) to the AACAP Work Group on Quality Issues, has continued her hard work and important oversight on the preparation of the AACAP’s Practice Parameters. In preparation are “Assessment,” “Psychodynamic Psychotherapy,” and “Psychoanalysis” all of considerable interest since each proposes a number of “community standardized” guidelines for the assessment of children and for the practice of child psychoanalysis. Helene reviewed her experiences with that group over the past year and one half (six meetings per year - lasting from Friday evenings to Sunday afternoons) in an optimism mood, emphasizing their willing responsiveness to her psycho-analytic input. Over the past few years there has been a shift from a strictly “evidence based” model to thinking which is more in line with clinician/treatment oriented principles in the preparation of these Practice Parameters. Helene noted that, not only were confrontations with psychodynamic principles rare indeed, but that several members of that work group had actually begun to use the terms “transference” and “countertransference” in their discussions. Indeed, Helene is to be commended for her thoughtfulness and hard work on behalf of ACP liaison work with the child psychiatry community.

Mary Adams is currently working with members of her social work community toward establishing ACP liaison exchanges. Mary has become a member of the National Membership Committee on Psychoanalysis in Clinical Social Work, and in June became the new Chair of the Michigan Psychoanalytic Institute’s Liaison Committee to mental health training programs. She noted that the Michigan Psychoanalytic Council - composed of social workers and psychologists - conducts a statewide adult psychoanalytic training program and has recently added a child-only track.

In September, 2005, the Executive Committee decided that submissions from non-ACP members of our collaborative organizations would be accepted and reviewed in the usual manner by the
On July 26th, 2007, the IPA and the Association for Child Psychoanalysis cosponsored a panel as part of the International Psychoanalytical Association’s 45th Annual Meeting. The panel, entitled “Child and Analyst in the Present Space: Convergence of Mind, Body, Affect - Verbal and Non-Verbal Relationships,” was arranged by Dr. Elizabeth Tuters and Dr. Peter Blos. It featured presentations of case material by Dr. Susan Sherkow of New York City and Dr. Maria Lucrecia Zavaschi of Brazil. The proceedings were moderated by Dr. Blos, and featured a formal discussion prepared by Dr. Lilo Plaschkes of Israel. The format of the two clinical presentations was designed to examine transference and countertransference issues through the use of detailed process notes for three sessions over a period of six to twelve months.

Dr. Maria Lucrecia Zavaschi presented her case study of Celina, a nine-year-old girl referred for underachievement and behavioral issues. Her history revealed evidence of a standoffish attitude toward her by her mother. Dr. Zavaschi’s material illustrated Celina’s conflicts over the source of her sense of victimization, turning passive into active by tyrannizing her analyst and screaming at her that she had “screwed up.” Moreover, the material also revealed Celina’s latent bids for intervention through her symptoms of hypochondriasis. Dr. Zavaschi described how these threads led to several countertransference reactions, including feelings of aversion toward the mother, feelings that the mother was being unfair toward Celina, and rescue fantasies.

Dr. Susan Sherkow presented her case study of Sonia, a three-year-old child referred for sleep disturbance and severe anxiety. Dr. Sherkow offered sections of material from two sessions over a period of time, during which Sonia enacted scenarios in which she, by being bossy, demanding and feeding the analyst “required dialogue,” attempted to control the analyst’s thoughts and play. The presentation of material over a span of one year showed the persistence of this transference phenomenon while also illustrating the shift in the content of the play, which had moved from predominantly pre-oedipal to predominantly oedipal. Dr. Sherkow also used the process material to illustrate how her countertransference to the “demanding child” led her to make a “failed” interpretation in the course of one of the sessions.

The audience participated in lively remarks and questions following each paper, with a general discussion at the end. Dr. Plaschkes led the discussion, linking both analysts’ reports of their affective experiences to her perception that transference and countertransference issues in child analysis are usually centered on the assignment of the parental, caregiving role. The attendees showed particular interest in concepts of technique in analysis of the very young as presented in the clinical material, asking questions about ways in which one could think on one’s feet while simultaneously being a participant, as well as inquiring about methods of response to “demanding” child patients.

(Continued from page 27)
Parent Toddler Program of Anna Freud Center wins ACP Award for Excellence

The Parent Toddler Program of the Anna Freud Center in London was awarded the 2007 ACP Award of Excellence for its outstanding work with parents and toddlers. Mrs. Marie Zaphiriou Woods, the Director of the Program gave an overview of the Program’s history and work and was given the award certificate by Dr. Carla Elliot-Neely.

New Committee Chairs

Carla Elliot-Neely, PhD

I want to take this opportunity to announce recently filled committee chairmanships. We often take for granted the hard work of our members without which we would not have the stimulating annual meetings and the involvement in child psychoanalysis around the world that we value so highly.

After many years of dedicated service, two of our committee chairs have resigned in the past year. Moisy Shopper, who has led Nominations, has asked for someone to fill his shoes in that department. Susan Sherkow has kindly agreed to do so, and you may hear from her if she sees a need for a larger group to carry out the important responsibilities of this committee. I want to encourage those who have run for office in the past to do so again and also for newer members to become involved through committees and by running for office as well.

Another committee chair who has served ably for a long time is Karen Marschke-Tobier. She has brought together various members of the ACP to provide Extension programs on Sunday afternoons after the annual meeting, and these have been a huge success over the years. Catherine Henderson, who has worked alongside Karen, has agreed to head this committee. It can be a big job but a gratifying one, as communities are enabled to hear excellent programs from child analysts at a very reasonable cost.

Thank you to Karen, Moisy, Catherine, and Susan for having worked so hard in the past and for your continued involvement with the ACP!

D. Ad Hoc Committee on Non-Payment of Dues

ACTION: The Ad Hoc Committee will contact those in arrears for 2007 dues.

E. Outreach

The board discussed how the ACP should relate to the issues in turmoil around the world, as they relate to children.

ACTION: The ACP will create an ad hoc committee which will focus on responding to the press and developing the ACP’s response to issues as they arise. Dr. Neely will appoint a chair and committee members.

F. Adjournment

There being no further business the Executive Committee Meeting adjourned at 3:00pm.
Welcome New Members!

The following child analysts became new ACP members. We welcome them and look forward to their contributions in the field and in our organization.

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<tr>
<th>Candidate Members</th>
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<td>Chap Attwell</td>
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<td>Salomon Bankier</td>
<td>Laurie Levinson / Charles Goodstein</td>
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<td>Kim Bell</td>
<td>Tom Barrett / Carl Tuss</td>
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<td>Kaye Bock</td>
<td>Julio Morales / Moisy Shopper</td>
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<td>Anthony Bram</td>
<td>Julio Morales / Moisy Shopper</td>
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<td>Kimberly Chu</td>
<td>Laurie Levinson / Charles Goodstein</td>
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<td>David Coffey</td>
<td>Stanley Leiken / Ben Kohn</td>
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<td>Marco A. Corona</td>
<td>Laurie Levinson / Kerry Kelly Novick</td>
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<td>Cathryn Cunningham</td>
<td>Ruth Karush / Susan Sherkow</td>
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<td>Francoise Graf</td>
<td>Laurie Levinson / Charles Goodstein</td>
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<td>Julio Morales / Moisy Shopper</td>
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<td>Jason Gold</td>
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<td>Lourdes Henares</td>
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<td>Betsy Iannuccillo</td>
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<td>Laura Jensen</td>
<td>Jill Miller / Rex McGehee</td>
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<td>Randy Jung</td>
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<td>Dawn Lohrer</td>
<td>Laurie Levinson / CharlesGoodstein</td>
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<tr>
<td>Mali Mann</td>
<td>Ruth Karush / Stanley Leiken</td>
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<tr>
<td>Roy Marks</td>
<td>Julio Morales / Moisy Shopper</td>
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<tr>
<td>Karen Miller</td>
<td>Julio Morales / Moisy Shopper</td>
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<tr>
<td>Monica Michell</td>
<td>Laurie Levinson / CharlesGoodstein</td>
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<td>Shari Nacson</td>
<td>Tom Barrett / Carl Tuss</td>
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<td>Mary Shulruff</td>
<td>Jill Miller / Rex McGehee</td>
</tr>
<tr>
<td>John Skulstad</td>
<td>Jill Miller / Rex McGehee</td>
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<tr>
<td>Stacia Super</td>
<td>Carla Elliot-Neely / Howard Benensohn</td>
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<td>Vicki Todd</td>
<td>Tom Barrett / Carl Tuss</td>
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<tr>
<td>Kevin Udis</td>
<td>Jill Miller / Rex McGehee</td>
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<tr>
<td>Madhu Rao Vallabhaneni</td>
<td>Julio Morales / Moisy Shopper</td>
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<tr>
<td>Donna Weston</td>
<td>Tom Barrett / Carl Tuss</td>
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<tr>
<td>Ty Yoshida</td>
<td>Julio Morales / Moisy Shopper</td>
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Regular Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Sponsors</th>
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<tbody>
<tr>
<td>Betsy Lawrence</td>
<td>Dale Ryan and Irving Steingart</td>
</tr>
<tr>
<td>Frances G. Martin</td>
<td>Ruth Fischer and DeWitt Montgomery</td>
</tr>
<tr>
<td>Mary Sickles</td>
<td>Ruth Karush and Salvatore Lomonoço</td>
</tr>
</tbody>
</table>

Calendar of Events

10/21/2007
Western Regional Child Psychoanalytic Meeting:
Attachment, Mentalization and Psychoanalytic & Psychodynamic Therapies
Seattle, WA
cahenderson@earthlink.net

10/23/07 - 10/28/07
54th Annual Meeting,
American Academy of Child & Adolescent Psychiatry
Boston, MA
www.aacap.org

01/16/08 - 01/20/08
Winter Meeting
American Psychoanalytic Association
Waldorf Astoria, New York
www.apsa.org

03/13/08 - 03/16/08
21st EPF Conference
European Psychoanalytical Federation:
The Shadow of the Heritage Vienna, Austria
www.epf-eu.org

04/09/08 - 04/13/08
2008 Spring Meeting
Division of Psychoanalysis (Division 39)
American Psychological Association
New York City
www.division39.org

05/02/2008 - 05/04/08
Annual Meeting
Association for Child Psychoanalysis
St. Louis, MO
www.childanalysis.org

Call for Papers !!!

The profound manner in which defenses are altered during the course of analysis was the subject of our last, lively meeting of the ACP. For the May 2008 meeting in St. Louis we wish to explore, in greater detail, the process by which such alterations take place. We invite submission of material to illustrate this. Please send initial drafts by October 1st 2007 to the Program Chairs:

Anita Schmukler:
anitagschmuklerg36@verizon.net

Denia Barrett:
dbarrett@hannaperkins.org
## Guidelines for Sponsors of ACP Membership Applicants

Please send all information to the Membership Committee Chair via the Executive Secretary Tricia Hall, at childanalysis@comcast.net or: 7820 Enchanted Hills Blvd., #A-233, Rio Rancho, NM 97144 / USA

<table>
<thead>
<tr>
<th>Sponsored Individual:</th>
<th>Name: ........................................</th>
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<tbody>
<tr>
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<td></td>
<td>e-mail: .....................................</td>
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<table>
<thead>
<tr>
<th>Sponsors:</th>
<th>Sponsor 1 ..................................</th>
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<tbody>
<tr>
<td></td>
<td>Sponsor 2 ..................................</td>
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<table>
<thead>
<tr>
<th>Membership Category:</th>
<th>Candidate Member ........................................</th>
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<tbody>
<tr>
<td></td>
<td>Regular Member ...........................................</td>
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</tbody>
</table>

| Basis of Sponsorship: | Pathway 1: Formation/Founding of psychoanalytic institutions: |
|                       | clinical trainings, schools, clinics, applied programs, academic departments .................................. |
|                       | Pathway 2: Research ........................................ |
|                       | Pathway 3: Training ........................................ |

<table>
<thead>
<tr>
<th>Ethical Statement:</th>
<th>Did the sponsoree to your knowledge ever contravene the ethical standards of his or her field or profession?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes  No</td>
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</table>

Include a letter describing why you sponsor the individual for membership in the ACP. For Pathway 3 applicants (Training), please describe the following aspects of the sponsoree’s training:

- a) a personal analysis - duration, frequency;
- b) participation in seminars or independent study of three areas:
  - psychoanalytic principles
  - child psychoanalytic theory and practice
  - child analytic case seminars;
- c) supervision by child analysts of child analytic cases.

The ACP is a community of analysts whose work and communication is founded on comparable experience and education. Our ideal for training is for the most intensive possible experience, that is, analytic treatment of children of all ages and both genders at a frequency of four to five times weekly, regularly supervised by a psychoanalyst. The founders of the ACP developed these standards based on their experience that they learned the most about what would help children from immersion in working intensively with children developing at different stages.

You may use the following table as guidance for sponsorship of Pathway 3 sponsorees:

<table>
<thead>
<tr>
<th>For Candidate Membership</th>
<th>For Regular Membership</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Please address:</td>
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<tr>
<td>1 training includes (or will include) all categories of training required for Regular Members</td>
<td>1 personal analysis: frequency and duration</td>
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<tr>
<td>2 nature of training program</td>
<td>2 seminars or independent study of:</td>
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<tr>
<td></td>
<td>a psychoanalytic principles</td>
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<td></td>
<td>b child psychoanalytic theory and practice</td>
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<td></td>
<td>c child analytic case seminars</td>
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<td>3 cases supervised by child psychoanalysts (see table below)</td>
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</table>

<table>
<thead>
<tr>
<th>age</th>
<th>sex</th>
<th>frequency</th>
<th>duration</th>
<th>diagnosis</th>
<th>supervisor</th>
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<td>case 2</td>
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<tr>
<td>case 3</td>
<td></td>
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</table>
SAVE THE DATE

2008 Annual ACP Meeting
May 2 - 4, 2008
St. Louis, MO

Address Service Requested