

Message from the President

Kerry Kelly Novick



HOW ABOUT YOU? What do you write down in the “occupation” space on the immigration form or when making a political donation? This question was prompted by a recent conversation with colleagues about psychoanalysis as a primary or secondary professional identity. It pushed me to think about the meaning of our Association for Child Psychoanalysis.

This is my first President’s message and I wanted to thank Carla and Jill for their excellent leadership and stewardship, and Tricia for her superb executive and administrative skills – they hand over to me an organization that works well, is solvent, has loyal and energetic members, in short, a group with admirable characteristics that I know others would wish to emulate.

This clearly comes about because we all love the ACP. But why? What does the ACP mean to us? What particular and special need does it fulfill that keeps us involved and enthusiastic in a way few other professional organizations seem to? As I have been puzzling about this, it seems to me that the ACP offers us a straightforward shared focus of interest, a space for articulating a specific passion for understanding and serving the needs of children, adolescents and their families.

Child analysis has a long history of struggle for acceptance as integral to psychoanalysis as a whole, and child analysts have been marginalized, excluded or disdained. The ACP was founded to assert the dignity of child psychoanalysis, demonstrate the seriousness of our contributions, and support the growth of the field. In

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childanalysis.org

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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 30st. 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:

Tricia Hall
7820 Enchanted Hills Boulevard, #A-233
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Deadline for Submission of Application:

October 31, 2008

Cynthia Carlson
 Chairman, Grants Committee

Guidelines for Sponsors of ACP Membership Applicants

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Ethical Statement: Did the sponsoree to your knowledge ever contravene the
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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:

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



Concurrent Work with Parents of Adolescents in Analysis: Parallel Shifts in Defenses

Presenter: Daniel Prezant, PhD
 Discussants: Kerry Kelly Novick & Jack Novick, Ph.D
 Reporter: Karen Miller, PhD, LPC

Dr. Kelly Novick and Dr. Jack Novick began the workshop by raising the question of whether or how much therapists should work concurrently with the parents of adolescent patients. Dr. Daniel Prezant, the third presenter, was unable to attend the meeting so the Novicks presented his material on an adolescent. The theme of the workshop for the weekend was “transformation of defenses,” an early core focus of individual psychoanalytic work which is central and substantive for treatment. The Novicks postulated that it is extremely beneficial for the analyst to work with the parents to further this transformation not only with the patient but with the parents themselves. Working concurrently with patient and parent has dual goals: restoration of the adolescent to the path of progressive development and, simultaneously, restoration of the parents on their developmental path. The restoration concept includes utilizing therapeutic skills from simple support, advice, and guidance to reconstruction, transference and defense interpretation.

Concurrent work with adolescents is still controversial, thus the opening statements from the Novicks provided background material. In 1911 Freud wrote that development in a child can only take place “provided one includes the care it receives from its mother (p. 220)”. By 1965 Winnicott stated, “there is no such thing as a baby, there is only a mother and a baby. “ Freud and Winnicott acknowledged that the presence of the mother is paramount to a child’s development. Over the past ten years the Novicks through their clinical work have extended this concept stating not only is the child developing, but so are the parents. Concurrent work with the patient and parent offers a unique opportunity to restore progressive development to both adolescent and the

parents. A major question raised by the workshop attendees was the question about who should be doing the parenting sessions. The Novicks suggest that the analyst is in the best position to experience this relationship, interpret defenses, assist with the normal developmental progress, and allow the process to unfold for both the adolescent and the parents.

The Novicks at the workshop presented Dr. Prezant’s material illustrating the concepts around concurrent parent work with the patient “ Roger” who began twice a week therapy when he was thirteen years old. After six months of therapy, Dr. Prezant converted to four-times-weekly analysis, with monthly parent meetings. In the second year of treatment the patient began missing sessions and his parents let Dr. Prezant know about scheduling appointment conflicts as an afterthought. Dr. Prezant thought that Roger was at risk for several factors: drugs and self-destructive behavior, his anxiety, his defensive need to cut himself off from all feelings, and the confabulation and his defensive view of himself as a victim.

Dr. Prezant felt that the treatment seemed at risk so began to meet weekly with the parents to try to get them more involved and to halt their son’s deterioration. The parents became angry with Dr. Prezant. The mother resented “baby sitting” and justified noninvolvement by not wanting to “diaper him” or be “intrusive.” His father acted like he trusted his son because he was afraid to acknowledge that he did not trust him. Dr. Prezant worked with the patient on how he disconnected his thoughts and feelings from his lies and actions so as not to feel anxious. At the same time in the parent work Dr. Prezant observed that for the parents, it was safer not to reveal secrets they kept from themselves, each other, and Dr. Prezant. In short, the patient progressed in being less temperamental, more able to elaborate on his thoughts and feeling, and to prepare for leaving home for college. Dr. Prezant noticed that his

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“My mind is not a spectator sport” : Process of Understanding a Preadolescent Girl’s Defenses against Envy, Exhibitionism and Competitiveness

Presenter: Denia Barrett, PhD
Discussant: Ruth Karush, MD
Reporter: Kaye Bock, MSW

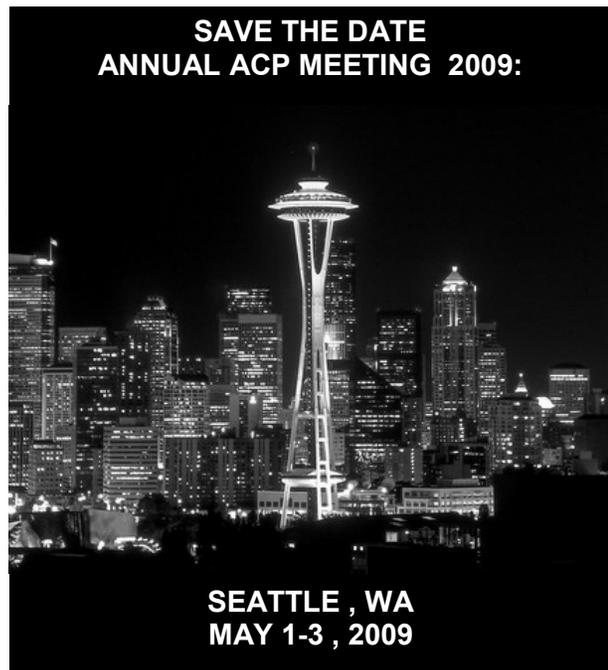
Denia Barrett presented her analysis of a nine year old girl who entered treatment angry and obsessional with encapsulated agoraphobia. The analyst presented detailed session material from early and middles phases of the three year analysis. Denia worked carefully with the girl’s disappointment of herself projected onto others and into her analyst. Denia was not dissuaded from interpreting defenses around masturbatory and sexual conflicts, although this work is often difficult to achieve with late latency defenses and sensitivities. Careful attention to defenses along with timing and tact allowed the girl to revise earlier conflicts and talk openly about bodily and psychic changes.

The patient could understand her separation anxiety when it was linked to her concern that if she were not present, her parents might have sex and have a baby who would replace her in her special place as youngest of her family. The analyst took the time and careful attention to learn with her about her the unique features of her fear and related aggression. With awareness worked through and accepted, she could be separate from her parents and enjoy peer overnights and school trips.

Early phallic level conflicts were addressed in a similar gradually evolving way that led to a more positive feminine identity and made work with masturbation issues possible during preadolescence. The patient had long coveted an item belonging to a friend. When she finally was able to buy one for herself, she could not make it work and became very upset. Denia interpreted, “You feel really crummy when you have wanted something that someone else has for so long and then when you get it, it doesn’t turn out the way you think it will.” This was the beginning of being able to look at the girl’s feeling of having inferior equipment compared to her brother. Her siblings

were objects for displaced envy and competition and this too could be worked through.

Working with the patient’s exacting and sometimes harsh mother, the analyst understood her difficulty in giving up control that felt so good to her. “I know it’s hard to give up the pleasure of doing it, but to the extent you do it, she doesn’t have it.” Mother and daughter were both involved in a negative oedipal situation . The mother was not able to help her daughter understand and modulate her drives. As an analyst in the audience commented, “The complex empathy that her analyst had with her helped create a woman from a girl.” Warded off feelings were gradually available as “the wall” came down that had protected the patient from fear of loss of control. The patient became able to directly express both angry and caring, tender feelings to her analyst. During a nine month ending process, conflicts underlying her inhibition about performing and her defensive exhibitionism were sublimated in a growing interest in the performing arts.





"I won't grow up" - Analysis of James, a Self-Defeating Adolescent

Presenter: Ellen Glass, MD
 Discussant: Helene Keable, MD
 Reporter: Sydney Anderson, PhD

Dr. Glass described three sequences in her work with James, an adolescent boy with a "terror of growing up." This paper demonstrated the relationship between an early traumatic move and James's adolescent struggles. Dr. Glass demonstrated how the impact of the move was intensified because James had already been struggling with developmental delays. The clinical material also showed how the analytic work has enabled a modification of the strength of James's defenses, so that he can begin to choose a forward developmental direction in the face of powerful regressive pulls.

James, an only child, was born in another country. The family moved to the United States when he was 6. During the months prior to the move, James's father was gone much of the time in order to arrange his work situation in the United States. Right after the move took place, James's mother traveled for work reasons to the country they had left. James became aggressive to other children in his new nursery school, and was suspended and referred for therapy. This was his only treatment until the 8th grade, despite ongoing social and academic struggles.

When he was 13, James was referred for psychological testing related to, "academic disorganization, silly and sometimes mean behavior, and vacillating willingness to do his work and take responsibility for it." The psychologist who administered that testing referred James to his first analyst (Dr. Glass referred to that analyst as X), who saw James in psychotherapy for two years before converting the treatment to an analysis. About six months into the analysis, X told James that he would be relocating about six months later. X referred James to Dr. Glass, with whom he met a few times before ending with X.

Dr. Glass focused on three sequences in the

analysis. The first was at the time of the transition from X to Dr. Glass. James responded to the loss with denial of feeling about it and with sleepiness, at times even nodding off in the sessions. He focused on the idea that he "had to come" to the analysis, although Dr. Glass noted that his associations expressed his sense of being found to be unlovable and undesirable. During this time, James was externalizing his wishes to do well in school onto his parents. He said that he was "just lazy," and Dr. Glass made an interpretation that connected his avoidance of his work with his anger about being "forced" to do it.

The second clinical sequence focused on James's reactions to the first summer break, which occurred about 5 months into the analysis. James denied any feelings about the interruption, while in the displacement he expressed anger towards a friend who had gone away and towards his father, who was going to be traveling for business, harkening back to the father's absence during the months leading up to the family's move to the United States. Following the break, James "became increasingly adamant about not wanting to come." Dr. Glass noted that he was turning passive to active, and that her absence stirred up James's unresolved feelings about his family's move to the United States as well as the loss of X. He focused on the conflict between his soccer practices and analytic appointments. Dr. Glass responded with a skillful balance of interpretation and compromise about the schedule that promoted James's forward developmental thrust. James settled back into the analysis, and in fact began to arrive early for the sessions.

The third sequence took place at the end of the second full year of the analysis, leading up the spring break. James was in his junior year of high school, and the family was planning a trip to a nearby city to visit colleges. James became panicked and paralyzed. It was impressive to see that, by this point in the analysis, James was acknowledging his own internal pressure to do well in

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**“I don’t think I should be a General anymore. Perhaps I should be something more like a god.”
The case of a Ten Year Old Boy Who Wanted to Live in his Imagination.**

Presenter: Patricia Nachman, PhD
Discussant: Laurie Levinson, PhD
Reporter: Sylvia Levine Ginsparg, Ph.D.

Patricia Nachman presented the analytic process with a latency-age boy who was unable to engage in self-observation but who had an unusual ability to express his conflicts and feelings in stories far removed from his own life situation. He tried to present himself as fearless and self-confident, admired by all, as a defense against his fears of his own aggressive impulses. This defense was only partially successful, leaving him constantly fearful of the threats he experienced as a result of his own externalization.

When initially seen by Dr. Nachman, the parents had already been divorced for two years and had a shared custody arrangement. The main complaint of the parents was that Alexi was “totally inept in athletics.” He was doing “weird” things with his fingers and had had sleep problems since the age of three, crying himself to sleep with his father when at the latter’s house. He was also underachieving academically, particularly in math, and had difficulty separating from his parents to go to nursery school.

Alexi was the first-born child of these parents, born two years after the parents’ marriage. Professionally, the mother is a lawyer, the father a physician. Alexi is described as a handsome boy, of average weight but tall for his age, and made a studious appearance. He acknowledged having problems and said that he would like to have help with them. He was anxious but quite verbal and wished to discuss his fears. He spoke freely about his parents’ divorce and his discomfort with the present living arrangement.

Despite his verbal facility and his ability “to form a significant therapeutic relationship”, Alexi was seen once weekly for the first year because of his parents’ reluctance to have more frequent sessions. When the parents, at the end of the first year, agreed to a more intensive treatment process at four sessions per week, Alexi became more

relaxed and less guarded in describing his relationships with parents and peers. His stories were “monologues about battles and warfare.” At first, the army generals and commanders were named for video game characters. This then shifted to a substitution of the names of his friends for the generals and commanders. Female characters were almost nonexistent. Alexi’s stories then became more lucid, allowing new themes to evolve. He was then able finally to cry about his parents’ divorce. Several months later, Alexi became very upset about a film he saw in which some aliens took over the world. He cried and then talked about how he felt “trapped” at his father’s house over the weekend. He began to linger at the end of each session and became very upset when the analyst had to cancel two sessions. He had a dream in which the analyst was leading him through many rooms at the office and Alexi was getting farther and farther away from “my Mom.” He spoke of the fear he had of getting trapped at his Dad’s and being unable to get back to his Mom.

Toward the end of the first year of the increased frequency of sessions, Alexi’s blinking symptom worsened. He began to use the couch when telling his battle stories but when speaking of his personal situation, he moved back to the large club chair. Oedipal material and aggressive, competitive wishes were predominant in his associations. After a one-month break, Alexi eagerly began his second year of analysis. Armies and warfare still dominated his associations. He thought maybe he should be a God rather than a General, but in reality, he was experiencing damaging blows to his self-esteem. His tendency to turn despair into glory was interpreted to him, as well as the fact that his defenses against anger grew out of his underlying competition with his father and sister. As he became more aware of his denial, his wish to flee into imagination to avoid painful feelings, was also interpreted to him.

With the arrival of spring, Alexi developed crushes on several girls. His competition now was

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“The fights will never end.” - The Analyst’s Pregnancy and Its Impact on Defense Analysis

Presenter: Barbara Rocah, MD
 Discussant & Reporter: E. Kirsten Dahl, PhD

This presentation stimulated discussion both because of Dr. Rocah’s account of her more than three year analysis of 6 year old Sam, but also because of its historic importance. Dr. Rocah was a beginning Child Analytic Candidate, Chicago, when she presented the first 18 months of this analysis to a visiting Anna Freud. Miss Freud’s comments were also a part of Dr. Rocah’s presentation. Miss Freud argued that the analyst’s pregnancy and four month maternity leave represented a “re-traumatization” of this little boy and that he was therefore “unanalyzable” by Dr. Rocah.

From the beginning the analysis was dominated by the fact that Sam’s mother had been forced to abandon her six year old son, Richard, leaving him with his father after she moved from Europe to America and divorced her husband. The divorce was brought about in part because the mother had become pregnant by another man whom she subsequently married; Sam was the result of this pregnancy. From infancy onward, the mother’s relationship to Sam was suffused with her idealization of, longing for and guilt about her first born son. Sam was six when the mother brought him for analysis, the same age that Richard had been when the mother abandoned him.

Sam began his analysis with an organized, complex central fantasy that he was “broken, a mistake that couldn’t be fixed”, and “a home wrecker”. He also demonstrated a ready, “preformed” negative maternal transference in which the analyst was experienced as the mother whose love and attention he could never capture. The analyst was poised to become the “betrayal” before the analysis even began.

Sam’s mother had lived unhappily abroad with her first husband and their son, Richard. The mother was only able to divorce her husband on the condition that she leave Richard with him.

The wish for a divorce predated the mother’s involvement with another man, whom she met while in the States consulting her family about the possibility of obtaining a divorce. The mother’s pregnancy with Sam forced the mother to obtain a divorce under the conditions set by her first husband. In a very real sense, Sam’s birth had resulted in the abandonment of his brother, Richard. When Sam was three, his brother Adam was born. It was the family’s conviction that all of Sam’s difficulties represented a reaction to Adam’s birth. The reality was, however, that Sam’s life until the age of three had been dominated by his mother’s longing for and guilt over her abandoned son. Dr. Rocah hypothesized that Sam had somehow been able to accommodate to his mother’s idealization of her “dream child”, Richard by sharing in “the burden of her guilt focused on the circumstances of Sam’s birth that deprived Richard of his mother.” Sam apparently was unable to sustain this adaptation following Adam’s birth when Sam in a sense lost his mother again to another sibling. Sam became aggressive and demanding of attention. His mother admired his being “a fighter” but she and her husband experienced his demands for care as insatiable. About seven months into the analysis after Sam had learned of his analyst’s pregnancy, Richard moved permanently into his family, an arrangement necessitated by the death of Richard’s father. At this point, Sam lost his role as the older child which had perhaps provided some compensation for the loss of his mother following Adam’s birth and had lost his mother a second time as she turned her attention to her longed for, idealized son, Richard. Of course in some ways Sam had never fully “had” his mother as she had been preoccupied with the absent Richard from the beginning of Sam’s life.

Sam was a bright, energetic, articulate little boy who began the analysis alternating between play in which he was an omnipotent, destructive “Hercules” and play in which he was a helpless, desperate baby, the victim of various misfortunes.

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If the analyst did not respond to his provocative behavior he retreated into “depressed obsessive play”. Themes of jealousy and destructive retaliation dominated the opening phase; he described himself as a “home wrecker” and feared the analyst would send him away because of his angry, murderous feelings. Interpretation of this fear and his omnipotent defensive fantasies helped to reduce his anxiety and strengthened his attachment to the analyst. As his attachment deepened, however, it awakened fears that the analyst might “steal” Sam from his parents. So from the beginning of the analysis, themes of attachment, loss and aggressive retaliation dominated and were defended against by retreats into fantasies of omnipotence. Not surprisingly Sam sensed his analyst’s pregnancy very early and insisted on being told. He felt frightened and “betrayed” by this news. His emotional reactions intensified when one month later he learned that Richard would be coming to live permanently with his family. The analyst was disturbed by the intensity of Sam’s response and a counter transference fantasy developed in which she felt guilty that she had reactivated events in Sam’s life over which he had no control (and)... “helpless that I could not reverse the effects of the facts of his life”. The analytic work deepened, however, as Sam brought in dreams which the analyst helped him understand and she interpreted his wish to be so powerful that nothing/no one could hurt him and his fear that he was only a broken “stowaway” in his mother’s heart. The analysis resumed after a 4 month maternity leave in which contact with Sam was maintained through phone calls and notes. Although agitated and upset when he returned to analysis (now eleven months along), with the analyst’s help, Sam was able to verbalize his fears that the analyst could not protect her baby from his murderous fantasies, his despair that he had no place between Richard and Adam, and his confusion about Richard and his entry into Sam’s family. This work was followed by Sam’s increased ability to tolerate frustration and a better ability to recognize and adapt to the demands of reality.

It was in this context that Dr. Rocah presented this, her first control case, to Anna Freud. Miss Freud discussed the case focusing on the issue of trauma. Miss Freud argued that Adam’s birth had functioned as a trauma for Sam and that the ana-

lyst’s pregnancy and delivery constituted a “re-traumatization” that had so severely compromised the analytic work that Miss Freud doubted that Sam was analyzable by Dr. Rocah. As we have seen, Dr. Rocah had already developed a counter transference fantasy that her pleasure in the birth of her first child had damaged Sam. In addition the literature on the impact of the analyst’s pregnancy on a child’s analysis was non existent. It was also frequently the case that the climate surrounding a child analyst’s pregnancy was one of denial and avoidance. All of this laid the underpinnings for Dr. Rocah’s reaction to Miss Freud’s discussion of her work. She said that she felt traumatized by the experience and throughout the rest of Sam’s analysis had to contain her fears that not only could she not help Sam but that, worse, she might actually be hurting him.

However, the analytic work that Dr. Rocah presented suggested quite the contrary. She was able to remain thoughtfully engaged with Sam and his inner world, helping him to understand his frightening fantasies and the defenses he employed against them. Sam brought in dream material on which he was able to work with the analyst towards useful understanding and he became better able to verbalize his fears and fantasies directly. Dr. Rocah also became more comfortable imposing some quite basic procedural rules and this seemed to contribute to a reduction and concomitant acting out within sessions. Unfortunately, his parents continued to experience Sam as a difficult, unsatisfying child and began to threaten to terminate the analysis and began to entertain the possibility of sending Sam away to a residential program. Their demands intensified as the third year of analysis began. Sam, increasingly frightened by his conflicted loyalties, joined with his parents’ wish to stop treatment. Dr. Rocah was able to arrange with Sam’s parents for a final year of treatment. This imposed termination date, nevertheless, permitted Sam and his analyst to embark and complete a full and rich termination phase during which Sam struggled to come terms with his disappointment in the limitations dictated by reality. He said to Dr. Rocah, “You are full of holes. You haven’t helped me be good...You have hurt me. You are not perfect”. He was able to articulate his transference wish that the analyst would want him as much as he wanted her, and his feeling of betrayal that she could not be avail-

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Marianne Kris Memorial Lecture:
 Separation and Castration Reactions: The impact of Opposite-Sex Siblings

Presenter: Leon Hoffman, MD
 Reporter: Roy Marks, MA, LCSW

Leon Hoffman, MD, Marianne Kris Lecturer for the 2008 Association for Child Psychoanalysis Annual Meeting presented his paper: *Separation and Castration Reactions: The Impact of Opposite-Sex Siblings* on Sunday May 4, 2008 in St Louis, Missouri. The general question which he addressed in this paper is connected to a conclusion by Phyllis Tyson (1989, 1994) who maintains that

The threat to body integrity is common in boys and begins with separation-individuation and later results in intense castration anxiety. Girls do not usually experience such concerns with their body integrity because they are like mother; boys are unlike mother. The intense penis envy that is observed in girls is more reflective of the loss of the mother than an issue of concern about their body integrity.

Using two of his own cases, the psychoanalysis of a pre-latency boy and a pre-latency girl, he considered the differences in the reactions of these children to their opposite-sexed siblings.

Dr. Hoffman highlighted the events in the lives of his two patients, Danielle and James, particularly the salient traumatic events of their earliest years: both had depressed mothers (although Danielle's mother had a more severe clinical depression while James's mother had more of a dysthymia intensified in the post partum state). Both mothers tended to withdraw. Danielle's mother did so more dramatically. Danielle had a number of caretakers whereas James did not. Danielle had a traumatic feeding history and some difficulty being soothed, likely due to the nature of her feeding, whereas James's early development seemed to proceed smoothly other than some indication of a mild neurophysiologic sensitivity and over-reactivity. Danielle's parents suffered a greater disturbance in their marriage which was clearly evident to Danielle. James experienced physical punishment from his father, who masked his anxiety with a tough facade. Both children experienced the birth of an opposite-sex sibling as a cause for their suffering; Danielle was 3 ½ and James 2 at the time of the births of their siblings.

In his paper, he describes the early part of both analyses to illustrate a clinical challenge which all analysts, especially child analysts, face. Certainly in the most general terms, all analysts would agree that in all psychopathology there is an interweaving of privation and separation themes with phallic/castration themes which need to be addressed during the life of a treatment. However, he asked, that as we approach clinical material, particularly in the beginning of a treatment, does the analyst's preferred theoretical orientation sensitize him or her to preferentially address one conflict rather than another? Or, can an analyst approach each case neutrally and base his or her interventions solely on the evidence and decide from the evolving clinical material whether one theme or another is the more important one to address?

Dr. Hoffman maintained that the birth of siblings of the opposite sex is a fortuitous experiment in nature in which this challenge of differentiating which theme to prioritize clinically might be usefully studied.

In reviewing the literature on siblings, Dr. Hoffman found very few citations addressing the impact of opposite sex siblings. However, an important paper he discussed was 'The Phallic-Narcissistic Phase - A Differentiation Between Preoedipal and Oedipal Aspects of Phallic Development' by Edgcumbe and Burgner (1975). This paper describes children of both sexes corresponding to nursery school children of three to five. These children commonly enjoy exhibiting themselves and watching others exhibit themselves, comparing their bodies and/or strength with other people, in essence saying, "Look at what my body is like and look at what I'm able to do." The child demands admiration from the parents and other adults about his or her skills. Dr. Hoffman maintained that from a gender-neutral, descriptive perspective, it might prove more straightforward to generalize by conceptualizing the phase (prior to and/or coincident with the triangular oedipal period) as a body/narcissistic phase rather than as a phallic/narcissistic phase. The concept of the phallic/narcissistic phase implies that when the girl shows off her body she is automatically equating the body with the phallus.

She may or may not be.

In describing the first year of analysis of both these children, Dr. Hoffman noted that the girl was much more concerned with separation and abandonment issues and the boy much more with castration and body issues. He concluded that "This limited data provides evidence consistent with Phyllis Tyson's hypothesis that castration concerns have different etiologies in boys than in girls. For the girl, her envy of her brother's penis seemed to be a response to her sense of abandonment by the mother. For the boy, the birth of his sister seemed to have triggered a greater concern about the integrity of his body, although separation concerns were also present. A significant caveat is that the girl suffered greater past and ongoing real-life privation than the boy. And the boy likely suffered greater neurophysiologic immaturity than the girl."

To clarify his choices of evaluation of the analytic data, the conditions under which they were made, and his methodology, Dr. Hoffman explained: "I chose these two analyses because they manifested severe castration reactions intensified by the births of the siblings and I had contemporaneously written analytic data. I was not consciously aware of the importance of the presence of opposite sex children in my selection of these cases. Since

the analyses were conducted long ago I believe they were not conducted along a pre-conceived theoretical line that boys have greater concerns about the integrity of their bodies than girls do or that girls have a greater concern for the loss of their mother's love than boys do. In fact, I was not aware of Tyson's conjecture until I began to work on this paper. The cases were not selected to illustrate agreement or disagreement with Tyson's conjectures. I consider the clinical material as reflecting relatively naive data from which a particular theoretical etiologic perspective emerged consistent with Tyson's ideas. I hope that others will either corroborate or challenge my conclusions."

Because he believed that his methodology was not familiar to his audience, he asserted:

"This method, although not as systematic as that of an empirical investigator, is consistent with the methods of 'grounded theory.' In the psychoanalytic literature, I found only one detailed citation which utilizes the 'grounded theory' approach. (Tuckett, 1994). Tuckett states that as hypotheses 'can be conceptualized more precisely into specific hypotheses explaining sets of observed events and predicting consequences, they can be better evaluated - either by the analyst working alone, or in group discussion through the achievement of genuine consensus' (page 159).

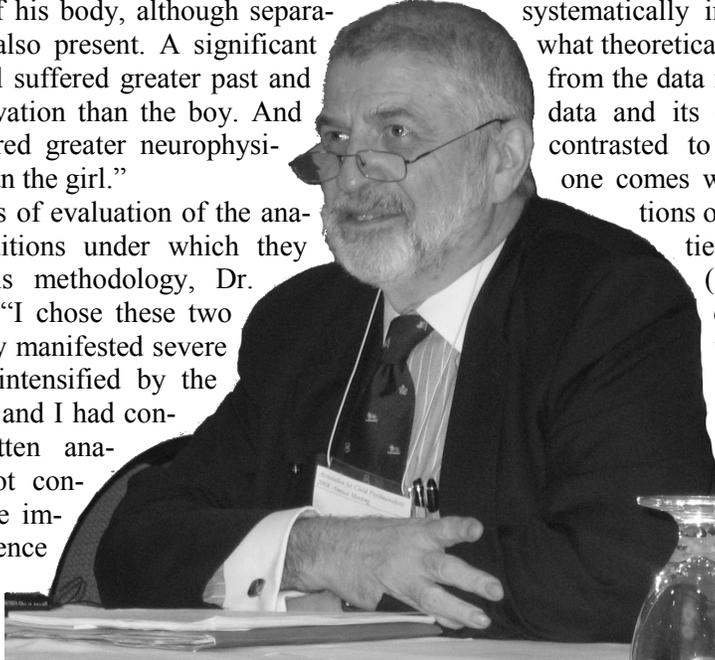
The grounded theory approach examines data systematically in order to determine what theoretical formulation emerges from the data itself that explains the data and its organization. This is contrasted to an approach where one comes with preconceived notions of theoretical possibilities and evaluates (either quantitatively or qualitatively) whether the theoretical notion is or is not supported by the data."

He hoped that the data in the paper describe potential early childhood precursors consistent with Sidney Blatt's

distinction between anaclitic and introjective mechanisms and can provide a framework for future clinical and systematic studies.

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University City Children's Center

During the annual ACP meeting in St. Louis attendees had the opportunity to visit the University City Children's Center in University City, MO. They can be found on the web at www.uccc.org
Helge Staby Deaton, CSW, LSW reports about this visit.

“This must be it!” announced Charles Mangham as we passed a non-descript building that had several climbing structures along its south side yard, betraying the building's use. We back-tracked, parked and entered the University City Child Daycare Center – the University City being a suburb of St Louis.

“Wow!” we exclaimed once inside the large, well-lit and airy foyer. “Amazing!” we thought or said in support of our first impression on seeing the very red carriages with red and white striped canvas roofs in which six or maybe eight children all at once could trundle through the outdoors, the interesting sights of the world going by. *I'd like to have a ride in these* – I immediately wished – *that would be really fun*. “I designed these,” Steven Zwolak, the Center's director, informed us later.

Over a healthy lunch of fruit and cheese and chicken salad we met with Steven, teachers and other staff for information and a lively discussion. Steven himself had taken the Child Development Program for teachers in early childhood education given by the St. Louis Psychoanalytic Institute some fifteen years ago. After completing this program he knew that first teaching, and later running the daycare that MacDonnell Douglass Air Space Company had for its employees was a job for life. Alas, the building housing this daycare eventually saw the end of its day. A new one needed to be constructed and it was completed in 2003.

I was envious. So much space, so much more than the required minimum, it seemed. So many windows to let in light, and, by the way, none of them are one way! So much fun furniture, so many interesting corners, multiple toys and gadgets to be explored! By comparison, the nursery where I work seems filled with bodies and furni-

ture and teaching gear – all good stuff, but almost too much in the available space.

Steven Zwolak and Julio Morales had known each other for many years and they had planned several steps in consultation with Barbara Streeter in Cleveland, Art Farley in Houston and Don Rosenblitt in Chapel Hill about setting up the present functioning of the facility.

A) From the first day operations began, Julio Morales became the consultant to this daycare center.

B) 75% of the teachers now employed have graduated from the Child Development Program while the rest are at present completing it.

C) One very important aspect in deciding attendance is that parental annual income has to range from zero to over 220K – that in it self, Steven claimed, contributes significantly towards children's development.

D) Children's ages range from 6 weeks to six years; 50% of the total of 170 are university faculty children. Of the 170, thirty are infants, two or three in a group per caretaker; thirty are toddlers in groups of two to four, while the rest, eighty in all, in groups of fifteen or so, while thirty children with early developmental issues are integrated throughout all classes.

E) The daycare opens at 7 am and closes at 6 pm.

F) Every week a staff case conference is led by Julio or

another child psychoanalyst, in which a pre-Kindergarten and Kindergarten aged child is presented, focusing on the inner world of both child and parent/s. Regular staff meetings concerning the running of the Center also take place on a weekly basis.

G) A discussion with individual teachers of infants and toddlers, with the child present, is part of the regular weekly routine.

H) And once a week, believe it or not, at 7 a.m., parents of infants and toddlers meet in the presence of a teacher to talk about their children with their children present.

I) Child psychotherapists of the Child Clinic of the St. Louis Psychoanalytic Institute conduct



University City Children's Center

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psychoanalysis in a playroom of the Day Care Center with children in need, or work as "developmental therapists" with developmentally delayed children in the classrooms.

J) Candidates of the Child Psychoanalytic Pilot Program are required to observe an infant-parent dyad in their home for two years. The Day Care Center is instrumental in referring the mothers and infants to the program.

The collaboration of the St. Louis Psychoanalytic Institute and University City Daycare is obviously a well-implemented idea in which so many children benefit from involved and well-trained adults. It is my own experience as a consultant for a daycare center in Trenton, NJ. that teachers and classroom staff who are well-informed about child development and who are therefore well equipped to handle all the individual age-related behavioral issues are an absolute and necessary asset for the overall social-emotional-cognitive development of the children they are paid to take care of.



Message from the President

(Continued from page 1)

short, the ACP was created to give us a professional home. I suggest that we have been able to use the experience of exclusion better to define ourselves; rather than being discouraged by being told all that we are not, we have been able to figure out who we are.

And we are various. The ACP has specifically set itself to gather in child analysts from many disparate professional and intellectual backgrounds, thereby enriching our discourse. The tradition of inclusiveness demands that we focus on what we have in common, the ideals we share, and the goals we can best achieve by working together. I think that we love the ACP because it provides us with a community with whom we can identify.

Which returns us to my initial question. I like New York in June, I like a Gershwin tune, and I write "psychoanalyst." How about you?



Plenary Session

A Close Examination of Therapeutic Action: Development of Defensive Function in a Young Child Caught in the Throes of Love and Hate

Presenter: Lee Asherman, MD
Moderator: Anita Schmukler, DO
Reporter: James Mikolajczak, MD

Dr. Schmukler indicated that the subject of this year's meeting is linked to the work that we began in 2007, when both Plenary papers and Workshops examined the subject of ways in which defenses change during child analysis. She provided a brief review of our thinking about defenses and suggested that we think of defense as a structure, which might be more descriptive than the term borrowed from 19th century scientists, "mechanism." Dr. Schmukler also pointed to links between defenses and the sensory organs, both of which serve to protect and preserve function. She then traced earliest forms of refusal/negation to the interpersonal "no" to the intrapsychic "no," which is described as a defense. Loewald's suggestion of "new meanings," in addition to recovery of the repressed, may have relevance for our work in child analysis. Dr. Schmukler also referred to the work of Paul Gray and its relevance to work with children, especially when we attend to the meaning of shifts in play during analysis. Subjects of disorganization, reorganization and internalization were also addressed. Dr. Schmukler prepared us for the Plenary session in asking that we attend to particular aspects of defenses, shifts in play and shifts in transference. Next, Dr. Ascherman presented his material. 



39th Annual Margaret Mahler Symposium, April 26, 2008, Philadelphia, PA:
 Lying, Dishonesty and Inauthenticity

Reporter: M. Hossein Etezady, MD

Dr. Fischer reviewed major sources of classic and modern psychoanalytic literature to describe developmental pre-requisites for producing a lie which would conceal the inherent intent to mislead.

Before one can lie a profound level of cognitive and emotional development is needed. This would include the establishment of an attachment bond allowing for a sense of dependence and autonomy, a successful passage of the rapprochement subphase, representational object constancy, reflective functioning to allow distinction of reality from fantasy and the integration of the psychic equivalency and pretend mode of thinking, in addition to the capacity for affective containment, play and an oedipal organization.

Contributions of Mahler and Winnicott's concepts each elaborated on the interaction of internal maturational factors with the maternal object and the facilitating environment in establishing object constancy and a "true self". During rapprochement, when a secure attachment has already been attained, the mother's ability to mirror and mark the child's inner states enables the true self and the constancy of self and the object to begin to emerge. The inner and outer worlds as well as wishes versus reality become demarcated, conflicts arise and compromise formation become necessary. The child now has not only the intrapsychic capability but also the motivation to lie. By reflecting the child's mind and offering her own mind for the child to explore, the parent paves the road to reflective functioning and finding meaning in one's own behavior and that of others. The ability to lie also depends on the capacity to distinguish between subjective reality and that which is contained in the mind of another. The capacity to play, within a pretend mode of thinking is essential for creating and testing new roles, solutions and meanings.

In order to lie one must have a mind that can conjure up ideas that are different from those of another and can convincingly influence the other. The all important oedipal organization determines and allows for the flourishing of symbolic play, pulling together reality and fantasy, conflict and

compromise, develop a narrative, discriminate reality from pretense, contend with the prohibitions of superego and attempt to mislead and deceive the other. Dr. Lafarge described fantasies of some patients with narcissistic personality about the way reality and self were constructed or changed. These fantasies were at times conscious but were often expressed as enactments in the transference. These fantasies reflect the way a parent imagined the child which in turn affects how the child imagines himself.

Fantasies of imager and imagined are present in every one and are shaped by life experiences as well as wishful and defensive elements. The imagining parent may be split, alternatively into idealizing, loving and transforming or annihilating, rejecting and remaking the child's entire self into a rageful shell. Deceptive activity in which one person controls another's experience of reality, involves specific kinds or fantasies of the imager and the imagined. Deception can be viewed along the continuum of the dynamics of narcissism. At one end we locate those for whom the fantasies of the imager and the imagined are fundamentally those of authentication. They remain stably identified with the imagined self and turn to the imagining parent to bolster a sense of authenticity. Next on the continuum are those who also retain a stable identity but on occasion reverse roles. Farther along we find patients engaged in imposture, maintaining a split fantasy, simultaneously identified with the imagined child on the positive side and the imagined parent on the dark side of the split. Finally, in malicious deception the patient is identified with annihilating imagining parent placing, the object in the role of the helpless annihilated child.

Dr. Kernberg considers the presence of psychopathic features an indication the patient is not suitable for psychoanalysis. It is useful to consider in each case the dominant function that the imposture serves, particularly with regards to aggression. At best, we can treat in psychoanalysis only those patients for whom the representation of the mis-imagining parent is not too sadistic and the patient's identification with this figure is not too complete.

Dr. Stone noted that patients in psychoanalytic

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treatment customarily show integrity and moral grounding not compatible with serious deceitfulness, although they may be squeamish about revealing some information until later in treatment. By contrast one is likely to encounter deceit and prevarication commonly in borderline, sociopathic or antisocial individuals, especially in a forensic practice.

He described therapeutic encounters with a variety of patients along a continuum of borderline, sociopathic and antisocial gravity while examining the question of how to determine what, if any, treatment approach or technique may have a chance of success with this group and at what point could it be determined that the therapeutic effort has exhausted all chances of success. Of important consideration also are the wide range of counter-transference reactions that will inevitably arise in the course of the treatment process with such individuals. Along the continuum that these conditions may be located there are those that may well be treatable, albeit with the help of special techniques or accommodations. At the other extreme there are cases that are utterly untreatable as in the case of some of the notorious figures of extreme criminality whose case histories he presented.

In criminological work, those who treat psychopaths, rely on criteria by set forth by Robert Hare, using a 20 item scale broken down into two domains: A) emotional features of extreme narcissism, and B) behavioral features. The first cluster include glibness, superficial charm, grandiosity, deceitfulness/lying, capacity for exploitation/manipulation, shallow affect, callousness, lack of remorse and inability to accept responsibility for their own actions. Behavioral features can include impulsivity, poor behavioral control and a need for stimulation that can change for the better over the years. The personality traits remain fixed.

Among the higher social classes one mostly sees the items from cluster A. Families bail out or bribe the authorities to go light on adolescents or young adults. The behavioral irregularities are present but no arrests or convictions result. The psychopathy scores therefore remain below a diagnostic threshold. Hare speaks of such people as white collar psychopaths. Admission and acknowledgement of the deceptive behavior is the first step in the preparation for any treatment. 

I won't grow up" - Analysis of James, a Self-Defeating Adolescent

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school, whereas earlier he had externalized this pressure onto others. He was also able to talk about his fears concerning the end of the analysis if and when he left to attend college. He could still respond to anxiety with the avoidant defenses of tiredness during the sessions, lateness, or cancellations. But he was much more responsive to Dr. Glass's interpretations about the strength of his underlying feelings.

Dr. Keable focused her discussion on the noteworthy shift in James's defenses that had resulted from the analytic work. She described a developmental theory involving the shift in prominence of defenses from denial towards projection towards identification. In healthy children, the shift from denial towards projection occurs during latency, while the shift from projection towards identification occurs during adolescence. Dr. Keable demonstrated that at the time he began the analytic work with Dr. Glass, denial was still in the forefront of his defenses. By the end of the second year of the analysis, denial was less in evidence. Projection was beginning to wane, and there was evidence of the beginning of reliance on identification and a somewhat more mature overall defensive structure.

The group engaged in a lively discussion about the degree to which James's difficulties reflected Oedipal anxieties vs. earlier issues related to his developmental immaturities and the traumatic move when he was 6 years old as well as the loss of X. An integrative understanding began to emerge through this discussion.

Towards the end of the paper, Dr. Glass asked, "Has all this work made a difference for James?" She noted ways in which he was still immature, and in the discussion period we all felt concern for James as we thought about his facing the challenges of going away to college. However, from this reporter's perspective, the material clearly demonstrates the degree to which the analysis is allowing James to work through the traumatic impact of earlier separations and losses. The work is making it possible for James to allow himself to "grow up," and to acknowledge his own internal desire to go forward in his life.



Parent Infant Psychotherapy—ACP Extension Division program

Presenter:s Adriana Lis, PhD
 Nathaniel Donson, MD
 Catherine Henderson, PhD
 Reporer: Jane H. Sommer, M.A.

In his introductory remarks, Dr. James Mikolajczak addressed the importance of infant research, the rich information gleaned from parent-infant observation and their respective significance for parent-infant psychotherapy. Despite the difficulties of interpreting the interactions between parents and infants vis-à-vis the mutual shaping of relationship and internalizations, understanding precisely the origins of self-regulation and the overall longitudinal effects on the development of personality, infant research and observation clearly form a basis for understanding the origins of psychological growth. Noting Bruce Perry's work on the complex interactions between an infant's biological givens and the relationship with parents in the neuronal formation of the brain, Dr. Mikolajczak went on to describe the effects, revealed in over twenty years of research, of parental distress through pre-existing psychopathology, unresolved mourning, as well as illness, loss or trauma on infant development. In addition, the possibilities of illness, birth defects, surgery and constitutional factors in the infant can profoundly impact the relationship. Parent-infant psychotherapy then, is uniquely equipped to address these issues through early intervention. Understanding the enactments of parents from their own pasts as well as transferences to and identifications with the infant forms the crucial basis for this process. In closing, Dr. Mikolajczak summarized the findings of Stern, Beebe, Tronik, Cohn and Fraiberg, et al in regarding significant indicators of the parent-infant relationship. This co-constructed organizing process involving non-verbal interactions such as gaze, facial expression, orientation, touch, vocal quality, body and vocal rhythms, can become both observationally predictive and interventionally significant in parent-infant psychotherapy. Following the introduction, Professor Adriana Lis of the University of Padova spoke of the significance of home infant observation in preventing the development of psychopathology. This included an overview of Infant Observation, a clini-

cal vignette from one of her groups, its importance for psychoanalytic treatment, and finally, a review of the Quantitative Infant Observation Project being undertaken in collaboration with Dr. Henderson at the University of Washington. With its founding by Esther Bick in 1948 at the Tavistock Clinic, Infant Observation is now undertaken as a valuable function of many training programs on several continents. Its qualitative aims of tracking a child's development, particularly within the interactive dyad of the primary caring parent and infant, are undertaken by the both neutral as well as participative observer on a weekly basis for one year. In the weekly write-up, the observer is asked not only to transcribe the visit objectively but to note subjective perceptions and interpretative thoughts as well. Lastly, in the accompanying weekly discussion group of observers and supervisor, emphasis is placed both on understanding child development and parent-infant interactions as well, if not more importantly, transference and countertransference dynamics. In addition to these functions, the presence of the observer can have a significant effect on both observing and monitoring possible psychopathology in the development of the mother-infant relationship. Dr. Lis then illuminated this particular dynamic with a rich vignette of a parent-infant dyad of Isabella and her mother that focused on internal factors in the mother, external factors in the family, and the significance of the observer's countertransferences. More importantly, the holding and supportive role this observer ended up playing in a family at risk impacted observable positive changes in the developmental relationship. Not only could these changes be understood qualitatively, but now, in cutting edge collaboration with Dr. Catherine Henderson and the University of Washington, quantitatively as well. Seeking to assess both infant development and the parent-child relationship using the Massie-Campbell Scale, Fonagy Self-Reflective Function, and Global Assessment Scale, Dr. Lis illustrated the changes during Isabella's first year of life which could be attributed not only to shifts within the mother but also by the supportive role of the observer as well. Finally, the significance of Infant Observation in

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clinical analytic training was emphasized in the vignette of a student who, in the midst of her observational work, connected the countertransferences she experienced with the infant she was seeing and a patient she was treating.

Moving to community mental health, Dr. Nathaniel Donson outlined the nature of a 21st century preschool psychiatric evaluation, especially vis-à-vis current managed care and economic considerations. At the heart of his work – and presentation – is the evaluation process itself, which is designed primarily to aid the therapist’s work. Over the years it has taken on both an individual, if at times unorthodox, and increasingly effective function. Narrating just how he approaches the one and a half hour evaluation, Dr. Donson outlined his format of intake, discerning the therapists’ ways of working, seeing the child and family with the therapist present and writing his subsequent report. Ever sensitive to the concerns of staff members and interns, he remains alert to their difficulties during the evaluations as well as their countertransferences while engaging with their families. In these evaluations, he works not only to discover therapeutic windows on behalf of the therapists, but focuses primarily on the inner lives of children and their parents. At the heart of his interview and subsequent written evaluation is a section called “The Course of the Interview” in which he creates a narrative intended to evoke the inner life of the child, parent and their interactions. His clinical example of a four-year-old girl illustrated Dr. Donson’s remarkably creative capacity to delve, glean and efficiently construct a rich psychiatric evaluation.

Dr. Henderson then presented a clinical case of psychoanalytically informed parent-infant psychotherapy. A self-referral to the University of Washington’s Center for Infant and Mental Health for post-partum depression following the birth of her son, William, the mother, Katrina, her infant and three year old daughter were seen weekly for six months by a therapist. The external conditions of depression and rage after the birth of her first child, a miscarriage just three months before becoming pregnant with William, watching her older daughter come close to drowning during this pregnancy, having the baby two weeks prior to his due date because of a blood incompatibility followed by his two week hospi-

talization during which a diagnosis of reflux was made, all contributed to severe trauma strain for both mother and son. In addition, Katrina’s own inadequate mothering by an un-attuned maternal figure created less than optimal internal working models for her. As Dr. Henderson well expressed, “the mother’s psychic reality is the external reality of the child and profoundly influences the child’s internal world.” Thus her baby’s asynchronous attachment became reflective of his mother’s internal disharmonies. Based on assessment of these external traumata and internal factors in the mother, as well as attachment behaviors among the members of the family, the therapist worked with the family in multifaceted and psychoanalytically informed manner. The outcome, seen in external changes made in the family’s schedule, Katrina’s self-reflective understanding of both her internal world and that of her children, and her subsequent attuned attachment to her children, was indeed a positive one.

The discussion began with a comment by Dr. Mikolajczak who noted that many parents are not self-reflective. Dr. Henderson responded that while many parents may not have the same reflective function, one goal is to enable this capacity within the mother through the effective use of their life history narrative. Dr. Suzanne Henry next inquired about videotaping; in Dr. Henderson’s program, families who agree to participate will be taped for two interviews. Most are agreeable and often ask to see them repeatedly. Dr. Donson also responded to the question of the self-reflective function, saying that one videotape can influence this capacity. Dr. Lis, too, uses tapes at her clinic, finding them very useful for the parents and noted that even the act of asking permission indicates an interest in what is happening to the child. The question was then raised about the role of fathers in these interviews and assessments. While Dr. Henderson said that fathers are encouraged to be present at the home visits, many parents are single; Dr. Donson added that while mothers are the gate keepers of the parent-infant relationship, fathers are needed in critical ways such as nourishing the mother and offsetting some of the experiences mothers have with the babies. Steve Zwolak followed by asking about the panel’s experience of working with underserved populations. This led to a rich discussion of the family service and extension programs

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I don't think I should be a General anymore...

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for girls, with a decidedly oedipal cast to his fantasies. By this time, Alexi's obvious physical symptoms (the eye blinks and odd hand movements) had subsided. He was doing better academically and socially. He became more interested in the analyst's personal life and wanted to be the analyst's only patient. He admittedly tried to shorten the sessions by arranging to be dropped off of the school bus last rather than first and by spending a considerable amount of time in the bathroom, which delayed the start of his session. Alexi began to speak of wanting to spend more time with his friends and announced that he certainly would not come after his Bar Mitzvah. He said "this takes too long and besides it's too perilous."

When Alexi returned after a two-month summer break, he said he wanted to come just once-a-week beginning in January. His parents, the mother in particular, had agreed to this arrangement. After much work with Alexi and discussion with the parents, it was decided to stop treatment, with the option of continuing at a future time if Alexi chose to do so, as opposed to shifting to once-a-week sessions.

Neither parent had been able to comply with the analyst's plan for biweekly parent sessions. They worried about money, the interference four times per week had upon all of their schedules, and they were detached from the treatment as they were with all the other aspects of their son's life. Alexi was aware that he had more work to do but wanted to become more involved in his social life. When the analyst interpreted Alexi's ambivalence about leaving treatment, the latter said "leaving analysis would be like thinking of living without air." As termination approached, Alexi

said "I feel like a prisoner here." His conflicts about dependence and independence were revived. He worried that the analyst would forget him, and wished that his hours not be filled when he left. He said that his one disappointment with the analysis was that he thought he would have a girlfriend when he left.

A lively discussion followed the presentation. The group felt that the analyst had done good work, given the parents' resistance, the difficult nature of the situation i.e. the parents' contentious relationship and the complicated custody arrangements which the children never did accept. The question was raised as to why the analyst chose termination over the option of reverting back to the family's preferred choice of one session per week. The analyst felt that a once-a-week process would simply dry up and that the likelihood of Alexi's resuming the analysis was greater if the work was simply stopped, with the idea of resuming at some time in the future. The participants all seemed to leave with the feeling that it had been an interesting and informative afternoon.



Parent Infant Psychotherapy ACP Extension Division program

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available in Seattle described by Dr. Henderson as well as those in New Jersey noted by Dr. Donson. Dr. Lourdes Henares then asked if there was any data on pre-conception. There is a need in this area, Dr. Henderson noted, as well as intervention for at-risk individuals. In closing, there was a great interest expressed in making visits to extension programs in Seattle available as part of the next ACP Meetings.



Memories from the 2008 Annual Meeting in St. Louis



Concurrent Work with Parents of Adolescents in Analysis: Parallel Shifts in Defenses

(Continued from page 4)

work with the parents became more realistic about their finances and the fees changed to reflect the reality of their income. Dr. Prezant observed that the parents became less anxious and appeared to function as an auxiliary ego for the entire family. He also noted that the patient began acting in the sessions rather than acting out. Roger was able to express his fear and acquire an understanding of the fear of separating from his parents, terminating his analysis, and going off to college. The parents were able to address their fears, uncover their secrets and take pleasure and pride in their son going off to college. For the workshop attendees questions about this case focused upon the fact that Dr. Prezant did the parent sessions himself rather than refer them out to another therapist.

The Novicks also discussed material from their 2005 book Working with Parents Makes Therapy Work, chapter 8, Pretermination Phase of Treatment on parenting work in the treatment of "Luke" who was twenty-one when he began the termination phase of his treatment. The Novicks noted for the workshop attendees that regular work with the parents throughout the treatment often prevents premature termination or a preemptive strike. It also addresses the anxieties of the parents that the patient may revert to previous behaviors or that parents may not be able to sustain a relationship on their own without treatment. A preemptive, premature termination forced by parents at this point may represent a passive-to-active defense that may leave the therapist feeling useless and abandoned. Luke's father began to examine his own feelings around his own family and told the analyst that "if Luke doesn't need me to protect him than what's left? I have to keep him a helpless child so that I can be valued as a father." The father also got in touch with his sense of envy of his own son receiving treatment even when Luke was benefiting from what he was providing for him. As the termination phase continued, the father began to enjoy "standing by to admire" (E. Furman 1992, p. 119), that is, he began to realize that he was showing his own son a model of a different way a father and son could be. Work with this parent helped transform him

with insight into his own defenses and advance him further along on his own developmental progression. The father stated that these concurrent parenting sessions were extremely helpful, more so than his individual therapy had been, in helping him with his role and progress as a father. Furthermore, in the termination phase Luke began to express to Dr. Novick that maybe his father needed more help in termination than he did. In short, both father and son were forging new futures in their personal lives.

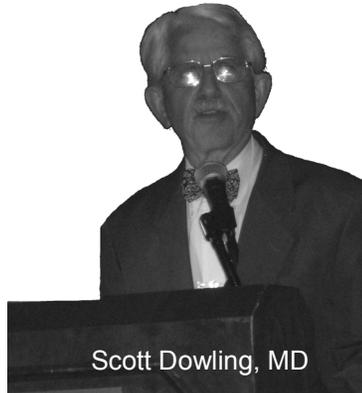
The Novicks have seen an increase in the acceptance of the general idea of working with parents. Nonetheless, resistance among analysts exists around the idea of working concurrently with the parents especially with parents of adolescents. Understandably, the general issue of privacy was seriously addressed in the workshop because it is very prominent with adolescents. The Novicks made a distinction between privacy and secrecy where privacy speaks to maintaining separateness whereas secrecy speaks to sustaining the power of secretiveness. The analyst may be put in the position of carrying the burden of secrecy, when in fact, some actions may be public and should be shared. The Novicks posited further that a function of the analyst is to protect and optimize the parent adolescent relationship, thus untangling the power of secrecy. In fact, the secrets of the parents are also important and may need to be shared. This brought up another important function, that is, working with parents provides an opportunity to help parents restore their own development. Working with the parents helps parents alleviate their anxiety so that they do not relapse as their adolescent continues on his path toward adulthood and separation from the parent. One of the most pressing questions from the audience at the workshop was the question about who should be doing the parenting sessions. The Novicks feel that the analyst is usually in the best position to experience this relationship, interpret defenses, assist with the normal developmental progress, and allow the process to unfold for both the adolescent and the parents. Finally, working concurrently with patient and parents will provide the transformation of parental and adolescent defenses as they both move toward healthier paths of normal development.



Awards & Prizes

2008 ACP Award of Excellence:

This year's ACP Award of Excellence was presented not to a person but to the publication "THE PSYCHOANALYTIC STUDY OF THE CHILD." Scott Dowling, MD, represented the periodical and received the award at the annual ACP meeting in St. Louis..



2007/2008 Awardees of ACP Grants for Low Fee Analysis of Children and Adolescents:

- Allen Creek Preschool:
KAREN BAKER, \$ 2,000.
- Chicago Psychoanalytic Institute:
THOMAS BYRNE, \$ 1,000.
- Cincinnati Psychoanalytic Institute:
SYDNEY FOORMAN ANDERSON, \$ 2,000.
- Denver Institute of Psychoanalysis:
LAURA JENSEN, \$ 2,000.
- Michigan Psychoanalytic Institute:
DEBORAH TUCKER, \$ 2,000.
BERNADETTE STARR KOVACH, \$ 2,000.
- NYU Psychoanalytic Institute:
MICHELE THEOHARIS, \$ 1,000.
KIMBERLY CHU, \$ 2,000.
- San Diego Psychoanalytic Institute:
SCOTT BOLES, \$ 2,000.
- St. Louis Psychoanalytic Institute:
KAYE BOCK, \$ 2,000.
ANTHONY BRAM, \$ 2,000.
ROY MARKS, \$ 2,000.
- Seattle Psychoanalytic Institute:
GINA BALLI \$ 2,000.
CAROL ARLAND \$ 2,000 [awarded 2 grants].
- Western New England Inst. for Psychoanalysis:
EILEEN BECKER-DUNN, \$ 2,000.

American Academy of Child- & Adolescent Psychiatry (AACAP) Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award:

RACHEL SEIDEL, M.D., an ACP member, was the 2007 winner of the AACAP Rieger Award for her paper, "*Anna, Leaving for College: Interruption, Separation and Termination in the Psychoanalytic Treatment of an Adolescent Girl With Bulimia.*"

The AACAP Rieger Psychodynamic Psychotherapy Award recognizes the best published or unpublished paper, written by an AACAP member that uses a psychodynamic framework and presents clinical material demonstrating the inner life of an infant, child or adolescent in order to illustrate the paper's idea or hypothesis. The paper should include consideration of a DSM diagnosis and a focused literature review that includes current psychiatric literature. The material for this paper may be drawn from clinical practice or from clinical research. The winning author will be awarded a \$4,500 prize and the opportunity to deliver the paper at the next AACAP annual meeting. For information about participation in the 2009 competition contact Timothy Dugan, M.D. at:

Timothy_Dugan@hms.harvard.edu



Anna Freud Prize

The Anna Freud Foundation announces a \$5000 prize for 2009. It will be awarded to the author of the best paper that demonstrates how the empirical and conceptual features in Anna Freud's lines of development effectively address some of the contemporary challenges in psychoanalysis today. Papers can be forwarded to the Chairman, Samuel Abrams, M.D., Apt 2D 25 East 83rd Street, New York, N.Y. 10028, U.S.A., or via e-mail at samdoc@msn.com. The deadline for all submissions is June 30, 2009. The contribution is expected to be new, not published at an earlier time nor presently in press or submitted to some journal or other organization.



Tenth Anniversary !

Peter Blos Jr. and Lilo Plaschkes
Co-Chairs
Eastern European Committee

In October 2008, the Child and Adolescent School of the Han Groen-Prakken Psychoanalytic Institute of Eastern Europe (PIEE)* will celebrate its Tenth Anniversary. This Institute is co-sponsored by the IPA and the EPF. It is a matter of pride and importance that in these ten years participants have come from all of the Eastern European countries that were part of the Soviet Union including some that were newly created. At this time it will be acknowledged that the Association For Child Psychoanalysis has been an important contributor to this School and its enthusiastic encouragement as well as its substantial yearly financial contribution will be recognized. Also of note is that many ACP members have participated as teachers, among them Han Groen-Prakken (Holland), who along with Eero Re-

cerely and deeply thanked for their contributions over these ten years of the School's existence.

This Fall, from October 11 - 17, in collaboration with the Croatian Study Group, the School will have its usual week long meeting in Rabac, Croatia, a small city on the Adriatic coast of the Istrian Peninsula. The central topic will be "Clinical Illustrations of Psychoanalytic Work With Children and Adolescents". Teachers this year will be Giuseppina Antinucci (Italy), Peter Blos Jr. (USA), Renate Kelleter (Germany), Leena Klockars (Finland), Aira Laine (Finland), Lilo Plaschkes (Israel), Vlasta Rudan (Croatia), Lydia Tischler (England), Jaap Ubbels (Netherlands) and Anders Zachrisson (Norway). Most of these teachers have participated in the School for some years.

The School's first program, before the PIEE was formed in 2002, met in Dubrovnik, August 9 - 15, 1999, with 30 participants. English was the primary language for all instruction and case consul-



chardt (Finland) was one of the founders of the School in 1998. From that time forward Peter Blos Jr. and Lilo Plaschkes, co-chairs of the ACP Eastern European Committee,** have been active teachers in the School. Through this newsletter the School would like to take the opportunity to thank the ACP for its steadfast support.

The School is proud to announce that this year its curriculum for the training of child and adolescent analysts received final approval by the IPA. On this occasion all the teachers who have given of their time, energy and knowledge will be sin-

tion, and this has continued to be the required language for attendance. Registration grew rapidly over the first years of the School's existence. This Fall fifty-four individuals have registered for the School which has been about the level of participation in recent years.

Who are the participants? In the beginning they were individuals interested in psychoanalytic ideas concerning children and adolescents and eager to apply these ideas to psychotherapeutic intervention. Many of these participants gradually became IPA candidates in the PIEE adult training program, and some have continued to attend the C/A School intermittently. The PIEE recommends that every candidate participate in the School at least once before becoming a direct member of the IPA. We are now looking forward

(Continued on page 23)

*Further information about the PIEE can be obtained from its website: www.hgp-piee.org

**Should any members of the ACP be interested on serving on the Eastern European Committee, please get in touch with us or with the ACP president, Kerry Kelly Novick.

"The fights will never end." - The Analyst's Pregnancy and Its Impact on Defense Analysis

(Continued from page 9)

able to him in the unlimited way he wished. He developed and analyzed a new transference fantasy that in her "betrayal" of him, the analyst had become like a witch who would harm him in retaliation for his jealous competitive feelings towards her husband and baby. He became better able to tolerate his despair that he had a "hole" that could not be filled and could not be fixed. He became aware of how enslaved he had felt by having to pay attention to his mother's guilt and his rage at her "betrayal" of him when she "replaced" him with Adam and then later Richard. Although Sam continued to have some difficulty in school and a hard time at home, he appeared to have developed a genuine capacity to self reflect and to accept the limitations of reality. He expressed real sadness at the loss of the analyst and their work together and made some tentative moves towards replacing her with a girlfriend. Under the severe limitations imposed by Sam's environment his analytic work with Dr. Rocah was impressive, resulting in significant ego change.

Dr. Rocah's discussion centered on the issue of trauma and how to understand the nature of Sam's trauma. She proposed that Sam had suffered the trauma of "chronic strains (resulting from) cumulative breaches in the mother's role as auxiliary ego in response to the child's need for external assistance". The sources of the original trauma were threefold: "... first, the intergenerational transmission of guilt in which Sam took on his mother's guilt for leaving Richard behind and thinking of her own welfare, and secondly, from Sam's dual psychological experience with his mother during her pregnancy with Adam in which he both feared being engulfed by her guilty emotions now refocused on her removing her attention from Sam...and his longings for his mother to restore her involvement with him". Then there was the secrecy surrounding his own birth and its relation to Richard's abandonment. Finally there was the death of Richard's father and his coming to live permanently with Sam and his family. Within this family there were multiple connections between birth and loss which were enacted

when Sam's mother brought him for analysis when he was the same age that Richard had been when he had been abandoned and once again when the family moved towards extruding Sam and Richard had joined them. This chronic strain trauma left Sam with significant ego vulnerabilities in the capacity for self regulation, frustration tolerance, adaptation to the demands of reality, and communicative structures. Sam's characteristic defensive strategies invoked by his retreat into fantasies of omnipotence leading to impulsive and destructive action both reflected and maintained these ego vulnerabilities. Sam had been unable to relinquish these infantile defensive maneuvers because of his "profound disillusionment in his parents who, in his view, rendered him invisible in the inevitable comparisons with Richard and Adam. He needed from them, as well as from [the analyst] the gift of recognition that would have enabled him to become visible, and self-aware, not a stow-a-way' without a place of his own". Dr. Rocah's analysis of the transference and Sam's defenses against it provided Sam with this necessary "gift of recognition". Dr. Rocah provided a rich discussion of how the analytic work helped Sam increase his ego capacities and move forward developmentally. She concluded that although Sam was exposed via her pregnancy or a previously remembered danger situation, this did not permanently interfere either with the development of transference nor with his analyzability by Dr. Rocah. She concluded that her work demonstrated how the combined effect of interpretation of transference, conflict and defense, clarification of affect and the development of a relationship with a new object allowed Sam to address his complex life situation and find some measure of relief in being able to differentiate himself from his mother.

During the general discussion Dr. Rocah spoke quite candidly about the ways in which her own counter transference fantasies left her vulnerable to Miss Freud's criticisms. It was suggested that in some ways the consultation with Miss Freud created for Dr. Rocah a traumatic situation that resonated with Sam's in which the denied aggression involved in not being recognized psychologically by the mother left him feeling fragmented and "full of holes".



Tenth Anniversary !

(Continued from page 21)

to some of these members becoming active C/A candidates. In fact three candidates from Sofia, Bulgaria and one from St. Petersburg, Russia, have been accepted for C/A training, but further progress in their adult analytic training is needed before they can begin. Recently some candidates and recent graduates from European countries have elected to attend a C/A School to take advantage of the varied teachers with whom they do not usually have an opportunity to work. We think this reflects the growing reputation the School has acquired as a place that provides a rare opportunity to devote a week to Child and Adolescent analytic thought and practice.

Ten years of devoted and hard work have been contributed by child analysts from a number of different countries. In particular let us mention Paolo Fonda (Italy), PIEE Director, Aria Laine (Finland) and Gilbert Diatkine (France), PIEE Training Section Associate Directors; also Lilo Plaschkes (Israel) Scientific Coordinator of the School, Vlasta Rudan (Croatia) Chair of Organizing Committee, Tamara Štajner Popović (Serbia), PIEE Outreach Teaching Section and Terttu Eskelinen de Folch (Spain) former IPA COCAP Chair for Europe. The devotion and persistence against all odds which these child analysts and others have shown have made this School a reality.

It would appear that Child and Adolescent psychoanalytic ideas and practice are beginning to take root in Eastern Europe. Talented and energetic analysts are moving to obtain the necessary training so that they may contribute to the welfare of youngsters, their parents and their teachers. Ten years of work, while fruitful, is only a beginning. We look forward to the new and continuing development of the School as a new generation of child analysts begin to play a role in this exciting endeavor.



Welcome New Members !

The following individuals have been sponsored for membership and have accepted their invitations to join the ACP. We are happy to welcome these new members and look forward to others in the process joining us soon.

Regular Members

Name	Sponsors
------	----------

Meryl Berlin, Ph.D.	Kerry Kelly Novick and Jack Novick Ph.D.
Marcy Broder, L.M.S.W.	Kerry Kelly Novick and Jack Novick Ph.D.
Theodore Fallon, MD	Ruth Fischer MD and DeWitt Montgomery MD
Jacqueline Langley, PhD	Julio Morales MD and Moisy Shopper MD

Candidate Members

Name	Sponsors
------	----------

Jeri Weiss, PhD	Andrea Weiss, PhD and Stanley Leiken, MD
-----------------	--

In Memoriam

We are very sad to have to announce that the following members have passed away since the last edition of the Newsletter:

Remigio Gonzales, M.D.
 New Orleans, LA

Beatrice W. Smirnow, Ph.D.
 Arlington, VA

2009 Annual ACP Meeting May 1 - 3, 2009 Seattle, WA



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