



The Newsletter of the Association for Child Psychoanalysis

Message from the President

Kerry Kelly Novick

LET'S GET TOGETHER

A good time was had by all at our annual meeting in Seattle – we had beautiful weather, fun Ducks, great art and, most importantly, good fellowship and learning together. Our hard-working program committee once more did us proud, creating a grouping of workshops and papers that stimulated state-of-the-art child analysis discussion. The extension program was stellar, showing the international reach and application of child analytic ideas. This revitalizing, renewing and affirming experience is what we all get from the ACP meetings. I always go home confirmed in my identity as a child analyst, with revived energy for my work.

But that is what I want to talk about in this President's letter – our work. There sure is a lot of work to do! We have work within our field, to counter the lingering second-class status of child analysis. That shows up explicitly, for instance, in the IPA's continuing reluctance to recognize child analysts independently as psychoanalysts. And we see it operating implicitly, in our institutes and other professional organizations, where people pay lip service to the importance of child analysis, but seem to forget to include it when considering general issues, or remedy the oversight with apology, until the next time.

There are various avenues open to us to address these issues. There are the initiatives internal to our trainings and organizations, striving for increased visibility and political clout. Those efforts are ongoing. Another is to think about making the actual work we do more visible. We all know that we change lives every day in our consulting rooms, and those changes ripple out to siblings and parents, and over time in the kind of parents our patients will become. Can we generate creative ideas better to educate the public and fellow professionals about the benefits of treatment of

children and adolescents by trained child analysts? How can we show what we know?

I suggest that we can do that with economy by making ourselves increasingly available to other settings and endeavors than only to our clinical practices. Psychoanalysis is a comprehensive, enlivened and enlivening body of knowledge, constantly growing and changing to accommodate new ideas and discoveries, while retaining the best of the old. We have to be out there in the world, engaging in mutual learning with other helping professionals and those in many different fields. Sharing what we know and incorporating what others can offer demonstrates the robustness of our concepts and keeps us challenged to be honest with ourselves and the world at large about what is effective, and how and why. Psychoanalysis should be easy to explain; we must divest our field and ourselves of the vestiges of mystique and authoritarian isolation.

Our annual meeting coming up in Baltimore (April 30 – May 2, 2010) offers us a splendid chance to think about these things in the way we love best – by looking in depth at our clinical work and generating new understandings from that effort. Our theme will be *Affect Regulation, Impulse Control and Ego Development in Child Analysis*. Let's really use this opportunity to ask ourselves and each other hard questions, and see what answers we can generate to take away.

There is another tradition at our annual meetings, which is quintessentially psychoanalytic – we take care of the whole person! Our hotel in Baltimore is beautifully situated on the Inner Harbor, a feast for the eyes, ears and nose. Small and intimate, with a reputation for excellent food, it will offer us a setting for reconnecting and enjoyment. Plus, the more of us who come, the livelier will be the discussion and the healthier will be the finances of the ACP -- we also have to take care of the whole organization.

Please mark your calendars now and commit yourself to coming to Baltimore next spring – I very much look forward to seeing you all!

Kerry Kelly Novick

A C P Newsletter
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Submissions

Submissions are most welcome. They should not be longer than 1000 words and should 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, and for the Spring Edition the deadline is January 31st.

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In

Technical Challenges of Working with Parents in the Analysis of an Impulsive Child, Dr. Jason Gold presented clinical work with a preschool boy and his mother. Gold invited the audience to consider whether they would have recommended analysis for the boy; how they would have responded to aspects of the mother's transference to the analyst; and her concerns about what she perceived to be inadequate symptomatic relief in her son. The presentation evoked rigorous inquiry into the complex implications of introducing medication and additional professionals into the analytic relationship(s) ostensibly for the treatment of regulatory struggles, and the challenges of coming to understand their dynamic meanings in the analytic work. Gold's work begs contemplation of whether or not the intra- and inter-psychic experiences brought by the parent to the child's treatment constitute a technical challenge, or are simply (yet complexly) a critical element of analytic work with any child.

In his discussion, Dr. Thomas Barrett responded to the question of an analysis for the child by first offering a review of metapsychological criteria that should be evaluated to determine appropriate treatment. He emphasized the critical nature of a simultaneous evaluation of the parent(s), taking into consideration their important role in a child's life.

Gold received this referral for analysis of a three-year, seven-month-old boy due to concerns about interactions between his mother and him, and the capacity for both to self-regulate. Bright, verbal and highly expressive in his play, the child was reportedly impulsive and physically aggressive at home. Some of this behavior occurred at school, but, overall, his behavior was age-appropriate. The mother tended towards impulsivity and hostile interactions with her son. Gold came to experience sadomasochistic characteristics of the parent-child relationship through observation and the transference(s). Barrett suggested that the mother displaced her aggression onto her son, and instinctively provoked, rather than assisted him with drive fusion and integration. He reminded us that it is developmentally appropriate for children of this age to express feelings bodily, rather than verbally. If disruptive behaviors are understood as communications of feelings, rather than impulses that must be controlled by drugs or adults, we remain grounded in analytic quest for meaning, ultimately leading the child to an integrated sense of self-mastery.



Gold felt provoked by the mother's tendency not to provide pertinent information. She told Gold she had adopted her son at birth when in her late forties, but waited months to reveal more. After months of analysis, the mother informed Gold that she had consulted with several child psychiatrists, as she remained overwhelmed by her son's behavior. Gold perceived this as impulsive and conveyed concern at being left out of the process. He referred the mother back to the referring psychotherapist to address concerns about the analysis, and to a psychiatrist who prescribed medication to the child.

When Gold learned that the mother was feeling left out of her son's analytic work, they decided she would attend one of his four weekly sessions; Gold hoped this would keep her from ending treatment prematurely. Not consulted a priori, the child protested mightily. Gold struggled to address the conflicts of each member of the dyad, while managing his fear of losing the mother's support of the work. He conceptualized these dynamic relational issues as "technical" challenges.

Barrett suggested that the mother's apparent need to remain secretive might include her inability to allow herself to know about her son's need to know about the circumstances of his birth, particularly about his father. Perhaps as a result, both child and mother's "father" fantasies-invoked in the transference, remained obfuscated. Barrett cautioned that when critical topics are felt to be "off limits," analytic alliance is at risk. He advocated working with parents of preschoolers during this prime developmental time before repression, while struggles are still external, potentially setting the groundwork for future analysis.

Gold interpreted to his patient possible links between his near-constant activity and struggles with fear, helplessness, anger, and dramatic swings between omnipotence and impotence. He worked to understand his struggles with separation, as dysregulation increasingly pervaded the clinical hour towards the end of the week. Gold considered the child's fantasies of devouring and being devoured as integral to closeness and, subsequently, loss. When the mother addressed with Gold her son's transient refusal to eat, they agreed that she should call the psychiatrist. It was unclear whether this symptom was a medication side-effect, or a consequence of unanalyzed oral aggression and ambivalence in the mother-child, analyst-child, or psychiatrist-child relationship.

A lively discussion ensued.

Donna Lewen, M.A.

Maida Greenberg's presentation *The Uses and Meanings of Adoption in a Five Year Old Girl* offered a moving account of the development of 'Emily', who was adopted shortly after her birth.

There are many ways this presentation contributed richly to the theme of the conference Technical Challenges in Contemporary Child Psychoanalytic Practice. Stan Leiken's discussion of this paper brought into relief one of the most poignant dilemmas faced by analysts echoed in this case; the challenge of helping children and their families mourn and elaborate fantasies of the 'missing', the unknown, or what can't be known. Furthermore, the psychoanalytic holding of uncertainty is especially arduous in a culture that privileges "knowing" and the pursuit of so-called 'real facts' that often prematurely obscure and close-off potentially fruitful gaps.

The discussion highlighted the additional challenges posed to analysts during this age of theoretical pluralism. We are challenged to find our way through unknown and 'unknowable' terrains from analytic vantage

points we are not accustomed to, and to 'live', as it were, with these gaps, if we are to truly listen to one another. Dr. Leiken acknowledged that ACP meetings are unique and enjoyable because we "really truly do 'talk and listen', and because we are listened to." Dr. Greenberg's capacity to deftly listen to this young girl and her internal world as it came to life between them from a vantage point of curiosity and 'not knowing' inspired heartfelt discussion that represented insightful listening from multiple theoretical vantage points--including Freud, Brenner, Hartmann, Winnicott, Bion and Stern. Participants engaged with various questions around 'missings', 'knowings' and 'not-knowings' posed by this case. For example, how do we listen to and elaborate fantasy life psychoanalytically for children wanting and grieving parents they have never known? What are the effects of these gaps in a child's history on their sense of self and cognitive development? What role can psychoanalysis play with a child with complicated cognitive and emotional lacunae?

Dr. Leiken noted adoption brings to a child and adoptive family a developmental narrative and fantasied world prior to what could be termed the new families 'conception'. These fantasies and narratives are laden with absence and gaps in the continuity and connectedness of a shared, potentially remembered past. He acknowledged how crucial such shared envelopes of psychical life are for

all of us, but that they may be of heightened importance for adopted children. As Dr. Leiken noted, "to be held in mind, (and) also to be able to hold in one's own mind the distant, maybe never seen object like the biological mother and father" are anchors that adopted children long to find. Dr. Greenberg's account revealed that over the course of their work together, Emily could begin to communicate feelings and inchoate experience through words and play. Her capacities for reflection and mentalization increased and her emotional repertoire broadened as she developed a more complex sense of herself, her imagined birth-parents and her 'real relationships'.

Further, Dr. Leiken described how Dr. Greenberg helped Emily represent and tolerate the missing mirror of her early history through this analyst's holding of intense feelings of being 'given away'. In another language, the analysis provided a container for an enigmatic past, that allowed the child to elaborate her own capacities to weave together previously confusing experience, as well as to develop means of relating to others that showed compassion, empathy, and concern.

This clinical process is reminiscent of Loewald's (1960) description of the transformative potentials of the transference neurosis:

Those who know ghosts tell us that they long to be released from their ghost-life and led to rest as ancestors. As ancestors they live forth in the present generation, while as ghosts they are compelled to haunt the present generation with their shadow-life. In the daylight of analysis the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life, of the secondary process and contemporary objects. (p. 29)



With the help of Dr Greenberg, Emily began to piece together haunting fantasies about her earlier history. Her expression of this world moved from screams to songs. She began to more fully relate to her adoptive parents as 'mom' and 'dad', and risking more of the emotional and psychical complexity that always comes with growth. There would be more travails and trouble to come, yet one gets the strong sense that the treatment bolstered Emily's capacities to encounter these and future conflicts and contradictions.

Celeste Schneider, Ph.D.

Adelle Kaufman presented and Susan Sherkow discussed the paper, *I Want To Be All Gone*, the analysis of a 3 year old girl who was a failure to thrive child. The paper elaborated both the developmental tasks and the technical challenges for the analyst during this three year analysis. Given the patient's level of emotional and cognitive development when the analysis began (age 2 years 10 months), the analyst's choice to feed her became an important part of the treatment. Indeed the patient's first words to her analyst were, "Do you have a kitchen in this place?" Thus the taking in of the analyst was a physical as well as metaphorical issue of life-saving importance. Unbeknownst to the analyst, but not to her patient, was the fact that the mother was anorexic. The issue of working with the parents, particularly the mother, therefore assumed a large place in the analysis. Dr. Sherkow noted that it was necessary to be clear about the developmental stage from which the patient communicated to her analyst at any given point, in order for Dr. Kaufman to respond in a way which was useful. For example, "If the patient was stuck in the oral phase, she might ask, "Are you going to starve me? (i.e. annihilate me); if at the oral sadistic phase, "Are you going to poison me? If she is stuck in the anal phase, when she would have a sense of the object as an "other" she would ask, "Are you going to withhold food? And if stuck in the superego phase, "Are you going to forbid me to eat?" (Dr. Sherkow).

The issue of being the child of an anorexic mother was one that was addressed at various levels of development as well. How the mother's inability to eat was taken in by the patient was demonstrated in her statement during one session, "This is mommy food!" as she thrust forward an empty plate. After a period of analysis, through her work with Dr. Kaufman, the patient was able to accept a different view of food and being fed. In a later session she invites her mother into the session and placing a doll in Dr. Kaufman's arms climbs into her mother's lap and instructs her mother to feed her as Dr. Kaufman is feeding the baby doll thus demonstrating her forward growth and recognition of mother's

need to be taught how to provide this function.

The middle phase of the analysis involved the playing of games involving being "all gone" and "all here" as she struggled with rapprochement and her ambivalent feelings. Later yet she works through her fear of the preoedipal witch mother who wishes to devour her. The fact that the patient is a girl has significance for the mother who was told by her mother, that she would give birth to a witch, "...because you are a witch. You will hate each other just like we hate each other. You will cause each other great pain." This intergenerational transmission from grandmother to mother to the patient of a defective, hateful feminine self was counteracted by the analyst who said in effect, "you can be like me." Thus treatment modified the patient's sense of herself through her identification with a new woman, her analyst. An interesting question was asked during the discussion of whether this analysis would have been as successful had the analyst been a man. The value of the patient's identification with her female analyst was clearly helpful.

Termination provided further challenges as the patient was again brought face to face with her belief that she was unwanted and that in growing would place herself in danger of punishment. She accomplished her termination through further identifications with her analyst, for example, wishing to dye her hair the analyst's color. Dr. Kaufman's working hypothesis was that her patient's difficulty eating was representation of her impairment with her mother that had been transmitted through sensorimotor contact with the mother during her earliest months of life, leading to an impaired sense of herself. Food became the ambivalently cathected self and object representation. What comes through in this paper is both the patient's and analyst's belief in the health of this girl and the eventual triumph of that belief. The patient's first communication, "Do you have a kitchen in this place?" was seen by her analyst as a direct communication of a wish to live.

Tom Avery



The

focus for the 2009 Annual Meeting of the Association for Child Psychoanalysis was technical challenges in contemporary child psychoanalytic practice. In a Friday workshop, Dr. Eric Millman presented *Playing is More Fun Than Talking – The Analysis of a Ten Year Old Boy*, emphasizing challenges encountered in treatment with a boy who used limited verbalization and could not tolerate conversation about his life.

The case involves a boy who, at age 10, entered a two year psychoanalysis in which the work focused on his conflicts over aggressive and angry feelings. He was depressed, lonely, and given to relying on fantasy omnipotence. His aggressive drive was inhibited and relegated to fantasy and symptoms by his excessive use of defenses including repression, denial, displacement, and projection. Aggression was also used as a defense to cope with painful affects of sadness, disappointment, longings and grief concerning his parent's separation, absence, and divorce.

Mark's mother sought treatment for him following an episode at school involving accidental injury to his teacher. Mark worried that the accident was his fault, began to dislike going to school, and withdrew from peers into fantasy expressed through violent video games and drawing pictures of weapons. Mark had asked about seeing a therapist and was eager to begin. He was an average looking boy, thin and pale. Both Mark and his older brother were born through donor artificial insemination. This was a secret that both Mark's parents wanted kept from him and which presented technical challenges in dealing with Mark and with the parents. Mark's parents were recently divorced, but had separated several years earlier. Mark lived with his mother and brother and visited his father on planned trips. Frustrations with her marriage prompted Mark's mother to move to a different part of the county and both sons moved to live with her. The marriage had been unhappy; the household had been tense with both parents self-absorbed, neglectful, and rejecting. In his early years, both parents worked long hours and did not spend much time with Mark. He was

cared for primarily by two substitute caregivers. One of these substitute caregivers eventually became Mark's step-mother adding to Mark's loyalty conflicts.

During the first year of analysis, Mark spoke little of his outside world. He continued to fall silent and withdraw in response to any direct verbalization of conflict. Dr. Millman's report traces Mark's gradual discoveries of how to play. Dr. Millman also discusses the nature of their working alliance, the transference as it develops, and shifts between new object and transference object. The presentation illustrates how Mark slowly moved to complex dramatic play, verbalization, and self-observation both within the play and in the work with the analyst. Through the case material Dr. Millman and Mark demonstrated that play, and the powerful imagination involved, is more than private make-believe. Play involves learning to use the materials of a culture to make meanings that can be understandable and shared. The case material also demonstrates progressive elaboration in Mark of the expression of the symbolic mode, from representation of experience in piece-meal fashion, fragments of experience, to increasingly more organized, consolidated, and complex representation of experiences as meaningful wholes. The work provided rich opportunities to demonstrate specific aspects of analytic play including the capacity for suspension of reality, displacement, interpretation within the metaphor, working through within the play, as well as the specific themes and defensive processes they represented.

Dr. Jill Miller's discussion focused on two specific technical challenges. The first challenge she points out is that the parents were unable to report adequate details of Mark's early years that would provide a context in which to begin to understand Mark. The meager developmental history is a metaphor for the absence of Mark's parents from his early years. It also reflects that Mark grew up in a world where secrets were valued over facts, silence trumped talking, and his parents were unpredictable and uncanny. Mark's world was sentient, sub-verbal, visceral and non-declaratory – all reasons he relied on the action of play. Mark's struggles were never in words at the time they occurred. In addition,

there was no information about his relationships with his substitute caregivers and no indication of the impact of the marital separation and relocation away from important people. We have, in this experience of the developmental history, a re-creation of the paucity of parental investment Mark experienced, both the deprivation and privation which he suffered.

As treatment progressed, the mourning process was activated. Through repeated separation expe-



riences with his analyst who at various times represented mother, father, brother, and stepmother, the repressed grief and ambivalence for his parents was recognized and a new resolution of his conflicts was gained. Mark's capacity to experience sadness, disappointment, and rage gradually increased.

The analyst met with each parent periodically over the course of the analysis. Both were supportive of the treatment. Dr. Millman remarked that "the mother felt that the analysis would be the treatment Mark needed. She was interested and knew that Mark was in trouble." Mark's father expressed concern that Mark refused to discuss his feeling about the divorce and didn't like to be reminded of his family situation. Over the course of the analysis, Mark's relationship with each of his parents underwent important changes. Through his identification with the analyst both as a man and an available father, Mark was helped to become more available to his own father. Mark's father shifted from having to force himself to get involved with Mark to finding real enjoyment in Mark. Mark slowly became more assertive with his mother. He began to be able to treat her as a more realistic person, not just as someone to hate and someone to fear. Much of the work in the analysis had to do with his current experiences of his father and mother, trying to figure them out, and to sort out loyalty conflicts.

The second challenge Dr. Miller discussed was the fact that Mark's primary mode of communication was nonverbal. In a brief review of the literature on play, Dr. Miller reminded the group that play holds a special place in the analytic relationship as a means for transforming fantasies into meaningful communication, but also as a context for humor and playfulness. Winnicott's view that play takes

place in a transitional space highlights that two people are playing and emphasizes both the use of displacement and that analytic work takes place in the metaphor. Dr. Miller addressed four points for the group: 1.) that analytic work with children involves us in an ongoing question of the place of play, displacement, and verbalizations in the achievement of solutions; 2.) whether it is necessary for analyst and patient to share a mutual understanding that play is communication and a vehicle for elucidation of meaning; 3.) that play can be used for repair in an ongoing construction or repetition of the past. When words alone may not be reparative our technical approach includes that it is the child's concrete experience of the analyst in the play that constitutes repair; and 4.) that one of our tasks is to distinguish between omnipotent control and the role of fantasies of potency, pride, and trust. Play offers the patient the opportunity to discover that there can be pleasure, to know that the here-and-now can be different, and to have hope. For Mark, words were downright traumatic – another reason he retreated from the analyst's verbalizations. Playing was fun and helped make the conflicts acceptable by keeping things within the pleasure principle whereas talking about conflicts risked repeating the trauma without possibility of expiation or increased self-knowledge.

The group's discussion touched on countertransference and further developed the author's discussion of working with parents. The analysis was terminated prematurely because the family moved to another city. Discussion elaborated on the importance of work with parents, issues about how to do this, and specific challenges to engaging the parents in the treatment of their children.

Donna Weston, Ph.D.

Report on 3rd Inter-Regional Conference on Child Psychoanalysis

Toronto, Canada

The Third International Inter-Regional Conference, sponsored by the International Psychoanalytic Association, on **Clinical Infant, Child and Adolescent Psychoanalysis in Our Changing World**, was held at Victoria University, University of Toronto, Toronto, Canada, from November 7 – 9, 2008. This conference was a great success and well attended by members of the mental health community from Toronto and other places.

The keynote speakers were Bjorn Salomonsson, M.D. (Stockholm, Sweden), Yvon Gauthier, M.D. (Montreal, Canada), and Nilde Jacob Parada Franch, Ph.D. (Sao Paulo, Brazil). Presentations of detailed clinical material were given by child analysts, child psychotherapists, and infant mental health specialists: Mary Brady (San Francisco), Dianne Graham (Toronto), Robin Holloway (Toronto), Diane Philipp (Toronto), Diane Robichaud (Montreal), Jean-Victor Wittenberg (Toronto), and Susan Yabsley (Toronto). There was ample time for discussion, which was very much appreciated by the participants.

The overall evaluation of the conference was outstanding! Participants appreciated the moment-to-moment clinical material and the openness of the presenters to share their transference/countertransference thinking and responses. The pleasing result was a request for quality training in infant/child/adolescent psychoanalysis in Toronto and the rest of Canada. As the organizers, we were delighted with the enthusiastic outcome.

Elizabeth Tuters

In

her presentation, *The Technical Challenges in the Termination Process of an Adolescent: Examining Detailed Process Notes*, Dr. Anita Schmukler presented lively, detailed process notes from one week of sessions during the last few months before termination of the analysis of a mid-adolescent girl. This report will focus on some themes and technical challenges encountered during termination of analysis with patients in this developmental phase—issues that were raised by the clinical material and discussed during the workshop.

As is so often the case in the analyses of adolescents during their high school years, the adolescent and the analyst meet at the intersection of the compelling aims of internal conflicts, the progressive developmental challenges of separation and individuation, and the crucial analytic work of deepening self-knowledge and insight by analysis of conflicts and defenses in the context of transference. One aspect of the analyst's task is to help the patient bear the "affects unleashed by the transference (Dahl)," particularly as they are brought into focus in the context of mourning the loss, at termination, of the analysis and the loss of the analyst as a transference figure and as a significant real person in the patient's life. Internalization of the analyst may comprise part of the developmental aspects of this process. We see in Dr. Schmukler's process notes how, after termination, her patient will be able to continue to work analytically on her own.

In her discussion of the clinical material, Dr. Kirsten Dahl noted that, paradoxically, while external events such as leaving for college may bring an analysis to termination, it is the analysis itself that may provide the developmental help necessary for the adolescent to be ready to leave home for college.

Dr. Dahl observed that a full termination phase was evident in the work with this mid-adolescent girl. Some features of this termination process included the revisiting and reworking of old themes, conflicts and defenses, the "exhilaration" of making developmental progress, and the simultaneous process of mourning losses about to occur as well as those that have already happened.

With regard to the transference, Dr. Dahl noted that both oedipal and preoedipal aspects of the transference were prominent during this week of analytic sessions. We heard, as we often do in the analyses of adolescent girls, process material that reflected the girl's experience of "a mother who envies and wants to destroy the budding sexuality and young adulthood of the girl as well as the wished for and feared preoedipal mother who soothes, comforts and loves the body of the good little girl (Dahl)."

During the termination phase, early defenses are reworked and intense affects are evoked and expressed. One aspect of this patient's defensive stance involved distancing herself from transference interpretations. She also attempted to use her identification with the analyst to ward off disturbing thoughts and feelings. With the help provided by the analyst's continuing to interpret deepening levels of both defenses and conflicts in the context of the transference, the patient became aware of her fear of the analyst's envy, competition and jealousy. One outcome in Dr. Schmukler's work with her patient was that the adolescent became more able to tolerate some of these difficult affects.

At the same time, however, the patient feared the anticipated loss of the analyst and—understanding the loss partly as a result of her own destructive aggression which is inevitably involved in the patient's developmental push towards separation and individuation—began to turn her anger against herself. Cancellations and similar symbolic actions represented some of the defenses encountered during the termination phase. This appeared to be related to the patient's discomfort with her intensely negative affects directed toward parents and toward analyst, in the context of transference.

Workshop participants engaged in a lively and interesting discussion of the material presented by Dr. Schmukler. They also raised a variety of issues of analytic technique in working with mid-adolescents. The presenter underscored the importance of attending to conflicts and defenses that are "experience near" in continuing to analyze transference when it is available.

Rachel Seidel, M.D.



Some Scenes from our Annual Meeting



Plenary Session

Technical Challenges in the Treatment of Traumatized Children

The panel consisted of papers presented by Drs. David Pollens and Charles Parks. Both papers described analyses of latency-aged children who had reported being sexually abused when they were much younger children and who had experienced significant distressing sequelae as a result of the reports. Dr. Jack Novick was the discussant for the panel. In his opening remarks, Dr. Novick asked the audience to think about 3 questions: What is a distinctly psychoanalytic understanding of trauma? What are the particular transformations that occur in latency and affect children's experiences of earlier distressing events? What are the special technique considerations in the analyses of latency-aged children? The two papers are summarized below.

Dr. Parks presented the case of, Jackson, an eight-year-old boy who had been sexually abused by his babysitter from age one and half to three. At the time of the referral, Jackson was "falling apart." He sexualized objects in his environment, had a "malignantly negative" sense of self, was increasingly hostile towards his mother, stuttered, had eye ticks, and was talking about killing himself.

Dr. Parks found it challenging to contain Jackson's destructiveness as he flung furniture, punched holes in the walls, and wrecked his office. He understood Jackson's pillaging of his office and mind as a recreated expression of the pillaging Jackson had repeatedly endured at the hands of his babysitter. Dr. Park s spoke indirectly to the behaviors and the feelings they expressed by making statements about how it felt "to have someone come and tear everything apart."

Dr. Parks hoped that by Jackson hearing his verbalizations of his feelings and thoughts he could develop more affect tolerance. However, instead of increasing affect tolerance it seemed to increase his destructiveness. Dr. Parks wondered if words themselves were too stimulating. He created a way to help Jackson organize his thoughts and decrease stimulation of hearing words. He used magic markers on newsprint to write about his feeling about Jackson ransacking his office and berating him. Jackson liked seeing the words written and he asked Dr. Parks to write what he dictated. This creative idea led to an alliance between Jackson and Dr. Parks. Seeing his words on paper helped Jackson organize his thoughts and use words to talk about their experiences together.

Over the next two years Dr. Parks helped Jackson observe how he used excitement and "being worked up" to avoid feeling pain and unhappiness. Over time, Jackson was able to tell Dr. Parks that he liked feeling "hyper" and

that his goal was to not think about other things. Jackson continued to externalize negative feelings onto Dr Parks with brilliant precision and creativity. As Jackson felt increasingly safe he could discuss his fears about sexuality, sexual predators, and being hurt. He used displacement, externalization, and enactments to work through his feelings of betrayal and fears of abandonment. Jackson's willingness to be vulnerable with Dr. Parks had an ebb and flow, which Dr. Parks noted and respectfully followed. This careful attention helped Jackson feel safe despite the sadistic and torturous pain, which erupted within him when he felt close to Dr. Parks. Over time, Jackson felt safe enough to remember and share the original abuse material. This trust and sharing was a testament to the fine work and patience that Dr. Parks showed in working with this traumatized child. In addition to being a transference object for Jackson, he had also become was a real object for him to use as he enters into adolescence.

Dr. Pollens described his 3-1/2 year analysis of Christie, the only child of parents in their mid-forties. Christie was 7 _ years old when the analysis began and 11 years old when it was completed. A traumatic incident was at the crux of the analytic action. When she was five years old, Christie's kindergarten teacher had asked the children to recount their most embarrassing experience. When it was her turn, Christie had described in graphic although somewhat unrealistic terms a sexual interaction with her father. The school had contacted Child Welfare services, and there was an investigation the same evening with no forewarning. The result was that Christie's father was removed from the home for a period of nine months. The charges were eventually dropped and Christie's father returned home. The impact of this trauma was complicated by the fact that the home environment was chronically overstimulating.

Christie had demonstrated attentional issues and hyperactive tendencies prior to the allegation of sexual abuse, but these worsened after the traumatic incident. She was referred to Dr. Pollens by a therapist with whom she had worked in weekly sessions for the two years following the father's removal from the home. That therapist felt that more intensive treatment was needed. When Dr. Pollens met Christie, she was having behavior problems at home and school, and her academic functioning was mediocre. Her relationships with both parents, especially her father, were stormy. Christie's mother described the relationship between Christie and her father as, "hot and cold, like lovers."

The traumatic incident at age 5 and the ongoing over-

stimulation in the home led both to a heightened action level and heightened resistances in the analysis. From the very first analytic session, Christie tried to engage the analyst in sexualized enactments that expressed both her transference fears and wishes.

Once the analytic process was underway, Christie began to view the treatment as a potential threat to the integrity of her family, fearing that her words, actions, or attachment to the analyst could result in a repetition of the earlier traumatic event. This fear was exacerbated by the overstimulation in the home. These factors evoked powerful resistances to the treatment, with Christie repeatedly trying to discontinue the analysis. Dr. Pollens steadily interpreted these resistances in light of Christie's history, in particular focusing on her need to determine if her actions could "cause" her analyst's disappearance.

Dr. Pollens also noted that Christie's resistances expressed her anger towards her father and mistrust of him. Dr. Pollens worked with Christie in order to make it possible for her to evaluate her father more objectively. These interventions promoted some of the more intensive resistances in the treatment, but Dr. Pollens saw that Christie could not have resolved the issues hampering her growth without them.

The treatment ended somewhat prematurely after 3 years, as a result of resistances on the part of both Christie and her parents. However, at the conclusion of this treatment, Christie's development was back on track in ways that would have not been possible without the analytic work. The treatment had made it possible for her to enter into latency. Christie had become a very good student, and had worked through the defensive nature of hyperactivity so that her behavior at home and school was calmer and modulated. Her relationships with both parents were more settled, and she was developing close friendships with girls for the first time.

This case demonstrated the challenges and importance of analytic work with children whose reactions to distressing and overwhelming external realities prohibit the developmental prerequisites to latency. She came into the treatment with a propensity for action and a fear that thoughts, fantasies, and words can result in devastating consequences. Dr. Pollens' tolerance and analysis of the negative transferences was a central vehicle that allowed Christie to understand the impact of her upsetting history and ongoing chaotic family life and to resume her development.

Following the presentation of the papers, Dr. Novick led off the discussion by referring to the section of Anna Freud's metapsychological profile that refers to significant external events that impact development. He noted that both Christine and Jackson had experienced a number of significant events that likely impacted their development, e.g., upheaval and loss. In other words, the alleged sexual incidents, even if they had occurred, took place in a certain

environmental context that would have inevitably colored the children's reactions to them.

Dr. Novick went on to talk about the evolution in Sigmund Freud's thinking about trauma, going from the external to the internal. He pointed out that saying, "I am traumatized," is in itself a reaction to a distressing and perhaps ego-overwhelming event. Dr. Novick was pointing out that the need to understand the individual's internal psychological response to any event is essential to a psychoanalytic formulation of the individual's psychological struggles. He also referred to the notion of "deferred action," meaning that an event which was not traumatic at the time may become distressing or traumatic, e.g., ego-overwhelming, at a later developmental stage. For Jackson and Christine, he noted that the earlier events probably became more problematic for them at a time that they were struggling with superego development and guilt. Dr. Novick emphasized the idea that development occurs not only preoedipally, but continues through latency and beyond.

In terms of technique, Dr. Novick noted that although both Dr. Pollens and Dr. Parks were both thinking from an ego psychological perspective, their techniques were quite different. He noted that technique is the result not only of theory but also of training, personality, and other factors. He also noted the importance of Dr. Pollens and Parks as real objects and objects of identification for Christie and Jackson, in addition to their significance as transference objects.

Finally, Dr. Novick noted that technique with latency-aged children, as seen in both of these cases, often involves analysis of externalizations. Both children accused their analysts of thinking and feeling the thoughts and feelings in themselves that they found unacceptable, and both cases involved the analyses of these externalizations.

There was a lively discussion period. Members of the audience raised thoughts about the nature of the treatment "contract"—both implicit and explicit—that each analyst had had with his patient, the nature of the two children's relationships with their mothers and the contributions of these relationships to their presenting problems, and societal reactions to cases of reported sexual abuse.

Both of these papers demonstrated the technical challenges of working with children for whom the combination of internal and external realities led to significant inhibitions and obstacles to ego and superego development. Both papers powerfully demonstrated the need for and benefits of psychoanalysis for very troubled children whose lives would have remained off track without these interventions.

*Sydney Anderson, Ph.D.
Joanna Goodman, Ph.D.*

The Marianne Kris Memorial Lecture - 2009

Building on the riches of an inviting and intellectually stimulating weekend, with the opportunity to renew old friendships and develop new ones, the Sunday morning Marianne Kris Memorial Lecture delivered by Mrs. Denia Barrett provided the genteel capping of a weekend of renewal with the punch of an early morning revival service. In her quiet, elegant and eloquent way, Mrs. Barrett punctuated the weekend with a provocative and inspiring lecture entitled *Mum's the Word: Are We Becoming Silent on Masturbation?* where she reminded us of the significant changes over the years in the psychoanalytic attitude toward the body, resulting in transformations in the evolving landscape of clinical thought and practice that emphasizes the mind/brain over the body, where "the body in its role as sexual organizer has lost ground." She challenged us to reclaim the role and importance of the body in our clinical practices, and to preserve masturbation as an important sexual organizer. She exhorted us to a renewed openness to "discussing, writing, and talking about masturbation" and to remove it from the dusty realm of "something we used to do".

Children bring their masturbatory concerns and its equivalents to treatment in the hopes of mastering their libidinal impulses. In the 1940's and 50's, Berta Bornstein described her work with masturbatory material in several well known cases (Frankie, Sherry, Ruth) which she wrote about. She described the many ways masturbatory material is revealed from excessive nagging, quarreling, excessive talking, to excessive excitement about events. Yet, there is an absence of discussion of masturbation in contemporary clinical writing and presentations. Does this relate to and correspond with the shift in contemporary work emphasizing the "we", and treating clinical material in the hour as a transference manifestation, when it may in fact be an expression of bodily and masturbatory activity? With the emphasis on the "we", open discussion of the body, bodily pleasures and anxieties can be overlooked; thus overlooking a child's independent pursuit of bodily pleasure, and independence from the analyst. She wondered if, perhaps, an analyst's ambivalence toward oneness and separateness might have contributed to this phenomenon. She traced the pleasure in being alone with solitary activity and the significant role masturbation plays along the developmental path toward adult sexual

functioning with non-incestuous objects.

Mrs. Barrett's paper was replete with many rich case descriptions of well structured, latency-aged children to younger, more disturbed children, but in each case the material supported the idea that each child was relieved to talk about his/her body parts, genital feelings and anxieties and to speak openly about their own experience of masturbatory anxieties and pleasure. Mrs. Barrett advocates talking directly with children about their masturbatory practices and the fantasies related to them. Many of these children spoke of the inability to control their hands, to having a "bad secret", to having excited, guilty feelings with an anxiety that injury and punishment might occur. In the younger children, or in children with a severe and early disturbance, the masturbatory material manifested in a more direct behavioral form, as Mrs. Erna Furman has written about.

One case was a treatment of an early latency boy with a severe obsessional neurosis whose struggle with internalized conflicts was complicated by the births, in rapid succession, of two younger siblings. His treatment moved from oedipal fantasies and masturbatory material to struggling with more primitive, unmastered, preoedipal aggressive and libidinal impulses. He brought candy to

one session, ate it in front of her, said it was bad for him, and bargained that he would allow himself to suck on the candy for 10 seconds every five minutes. He would penalize himself if he went over time. His candy struggles came to represent masturbatory excitements and his inability and wish to master these excitements.

Another case of a four year old with intense annihilation anxiety, warded it off by dangerous, unsafe behavior where he discharged feelings and impulses through his body. Mrs. Barrett described the goal of treatment to "integrate his penis as a pleasurable part of his body and mind, not just an out-of-control appendage."

In all of the evocative case material, Mrs. Barrett conveyed beautifully the challenges she faced in making difficult clinical decisions, but what stood out was her respect for each child's experience and her wish to help them feel in charge of their body's "fun and unruly" impulses.



*Sydney Anderson, Ph.D.
Joanna Goodman, Ph.D.*

EXTENSION DIVISION PROGRAM

The Psychoanalytic Influence on Infant Mental Health

Catherine Henderson, PhD gave the opening remarks and introduced each speaker. She became interested in Infant Mental Health ideas through her work as a public health nurse before she began training as an analyst, a path which took her to the Anna Freud Centre and back again. Dr. Henderson noted that one way to recruit child analytic candidates is to capture a person's interest early on through an infant mental health course or infant observation. In Seattle, an infant observation is a requirement for child and adult candidates. Additionally, in Seattle, an infant observation is a requirement for the University of Washington Graduate Certificate Program in Infant Mental Health.

The first presenter was Susan Spieker, Ph.D., Director of the Center on Infant Mental Health and Professor in the Family/Child Nursing School at the University of Washington. Dr. Spieker gave an overview of the Graduate Certificate Program in Infant Mental Health at the University of Washington in Seattle. It is one of 17 programs funded by the Harris Foundation and the program is unique as it is centered in a university.

Initially the program began in 2002 as a different, more intensive training. After a run of four years, that portion of the program ended and a period of evaluation began. The program has now been revised and is currently enrolling for a beginning class in fall of 2009 marking phase two. The core of the program is relationship-based and encourages a reflective practice overall and leadership in the field.

Dr. Spieker did a brief review of the two year curriculum in four quarters. She encouraged the audience to visit the website at cimhd.org or send email to cimhd@u.washington.edu.

A participant in the audience recommended two books, one by Sylvia Brody called The Evolution of Character, Birth to 18 Years; and, Psychoanalytic Theories of Infant Development, published in 1982.

The next speaker was Keith Myers, LICSW. He is the Vice President of Clinical Services at Family Services in Seattle. He spoke about Family Services' long term focus on getting at the "root cause." As an example he said that in the early days of the agency's 118 year history, the agency literally would give out a chicken, not eggs or a cow, not just milk, to a family in need. Family Services has a long association with psychoanalytic thought and in 1949 used as consultants Charles Mangum, Mike Allison and Frank Bobbitt. They were the first child analysts trained in Seattle under Edith Buxbaum. Edith Buxbaum's husband worked

with Family Services as a consultant when the Buxbaum's arrived in town; her husband had been an attorney but became a social worker.

Beginning in the late 1980s and continuing today, Family Services has "been pushing back the point of intervention" from young children to infancy. Keith noted that more children are getting kicked out of child care than out of high school right now. They have developed partnerships with the University of Washington and Children's Psychological Health Center to broadly address mental health of young children and infants in a "psychoanalytically-tinged" way.

Following that, Judy Burr-Chelin gave more specifics about programs in which Family Services is engaged. Listening Mothers is a small group setting for moms with babies under 6 months; it is not a clinical program, per se. Beyond the Baby Blues is also a small group setting geared toward moms with a diagnosis of Post Partum Mood Disorder. That program has an affiliation with a local hospital, if more resources are needed. They also have Father's First Steps and a Reflective Parenting course for parents with toddlers. Family Services is also engaged in implementing a Promoting First Relationships to infant mental health for homeless families and beginning to provide a portion of the Cornerstone Therapy program at Morningsong Early Learning Center. The agency is involved in providing Infant Observation courses as well as developing collaboration with the University of Washington Center on Infant Mental Health as well as childcare consultation that is still in development.

The next speaker, Gilbert Kliman, M.D. is a Distinguished Life Fellow and Diplomate, American Psychiatric Association and Life Fellow and Diplomate, American Academy of Child and Adolescent Psychiatry. He began by talking with the audience about his work with Marianne Kris, one of the founders of the Association for Child Psychoanalysis, and Dr. Kliman's supervisor. He began the Cornerstone Nursery as part of a school for orphaned children in White Plains, NY. He realized he was enjoying the work with the children at the school as well as seeing the same psychoanalytic phenomena he saw in his private practice. He continued to work with children in this way in the school. He got encouragement to continue from Marianne Kris and learned a great deal from the teachers in the setting as well. He shared some DVD footage of the way he worked with a preschool child here in Seattle in the setting. Dr. Kliman noted that earlier in the day there was an excellent presentation about masturbation. They have documented

Masturbation Observed and Interpreted. They have quite a bit of data on over 1000 children treated indicating good results at the website childrenspsychological.org.

B. Kay Campbell, Ph.D. spoke next about the Use of the Massie-Campbell Scale in intervention with parents. She and Dr. Massie published the scale in 1977. It is also known as the Attachment During Stress (ADS) scale. Dr. Campbell said that the scale grew out of videotape footage provided by 20 families of their developing babies. The footage of children who did develop mental illness was compared with footage of those who did not. A tremendous amount of time was taken by independent raters in frame-by-frame assessment of mother/baby interactions. Behaviors were operationally defined, but this method was tedious. It was found that trouble in infant/parent dyads was signaled by an interactive failure. In response to the need for a system of observation that could be used by busy primary care physicians, the scale was developed. It is analytically informed and simple. When used over time, the scale provides a quick screener for the developing relationship between parents and child. It does not reduce to a single score on purpose. The scale is being used all around the U.S. and in many countries around the world in a variety of settings.

Adriana Lis, Ph.D. presented next with her use of the Massie-Campbell scale in Infant Observation. She described how Infant Observation is carried out as described by Esther Bick at Tavistock. The purpose is to observe the development of the child-parent relationship in the natural environment weekly at the same time over the course of a year. The role of the observer is to be like a "butterfly on the wall." There are no restrictions on who can be in the home at the time of observation or what is to be happening with the baby during the observation. Each observation is written up by the observer with an eye to three parts, "facts", "feelings" and "reactions of the observer." Class discussion of each observation provides more opportunity for reflection on the transference and countertransference. Dr. Lis gave a vignette highlighting the powerful feelings stirred both in the family and in the observer. In her classes, each hour is rated using the Massie-Campbell scale, the Fonagy Self-Reflective Function and the Global Assessment Scale.

The next and final speaker for the session was Patrick Meurs, Ph.D., Professor of Psychology, University of Leuven and University of Brussels, Belgium. In Belgium they have developed a long-term prevention program to address

learning, social-emotional and behavioral difficulties found in 3rd generation Mediterranean immigrant children. This program, First Steps, serves hard-to-reach children and families living in unsafe and violent areas. Their program is composed of mostly young mothers who know there are risks to their children but who are also living very isolated lives. This setting is a weekly meeting among the parents (mostly mothers) and also attended by "developmental guiders" who are staff or come from among the mothers themselves. Topics are chosen mostly by the mothers around several family issues like raising children, education, choice of language, parenthood and development. They are carrying out this work at 4 sites in Belgium and one site in Amsterdam so far. Due to collection of 8 years of empirical research, the Belgian government has now funded this work and parents can attend the group for as long as six years.

Dr. Meurs spoke about the careful thought required when considering adapting the setting to non-westerners; he and his colleagues work to convey a feeling of being welcomed into the setting. Intergenerational struggles and cultural meanings inherent in most things are considered and spoken to. The children are present during the meetings as well which allows immediate observations of interactions that can be considered in the group. Even though language is a challenge, Dr. Meurs spoke about his attentive empathic stance which gave the participants the felt sense that he understood. He feels changed by the experience of working with these groups as well.

In closing, Dr. Meurs conveyed a bit of the history of migration to Belgium. Initially, men mostly came with an eye to returning home. This left them with a sense of one foot in either country or "two chairs to sit on." Migration patterns have changed over the past years, and currently many immigrants are illegal where they currently live and possibly prevented or not welcomed back to their home country, leaving them with no chair at all. Dr. Meurs has documented an increase in disorganized attachment patterns in these families along with the increase in ambivalence. This third wave must live constantly in an "and/or" world and don't even have the advantage of an "either/or" level of ambivalence. Through their research, Dr. Meurs and his colleagues have found longstanding changes in the inner representation of the relationship between minority and majority assumptions about the other.

Catherine Henderson, Ph.D.

Psychoanalytic Preschool Services of the Children's Psychological Health Center, Inc. of San Francisco (www.childrenspsychological.org)

MISSION: Headed by ACP member Gilbert Kliman, M.D., and with two psychoanalysts on its board, the Childrens Psychological Health Center has as its mission to advance the work of applying psychoanalytic techniques to disturbed or developmentally disordered children served within therapeutic preschools. These in-classroom techniques are called The Cornerstone Method of Reflective Network Therapy.

TRAINING and RESEARCH: CPHC provides training and research leadership for psychoanalysts and therapists who are working in therapeutic preschools with children designated as mental health patients. For more information see the agency's website or email: gilbertkliman2008@gmail.com

HISTORY: Psychoanalysis as a therapeutic technique has been applied since 1965 to over 1,000 individual children within preschool classrooms at licensed nonpublic preschools, public preschool and kindergarten special education classes, day care centers, shelters for homeless families, head starts, and in mental health clinic preschool groups. (Kliman, 2009 Early Childhood Psychotherapy in the Classroom, in press) The effects of this technical application of child analysis, and the richly informative and complex scope of literally working as a psychoanalyst within a preschool classroom was first described in 1968, 1970 and 1975 by Kliman and Lopez and Kliman. Marianne Kris, M.D. was Kliman's supervisor in the project. She, Mary O'Neill Hawkins, M.D. and Peter Neubauer, M.D. formed a trust fund (The Foundation for Research in Preventive Psychiatry) which supported Kliman's in-classroom application of psychoanalysis in White Plains, New York.

CURRENT PRACTICE: The method involves deliberate communicative synergy between teachers, therapist, and child patient right in the real life space of the classroom. A briefing among the teachers and child patient precedes and a debriefing follows each playing and talking session conducted by an analyst or psychodynamic therapist in the classroom space. Sessions are generally a quarter hour a day, several hundred times per school year. Over 20 psychoanalysts and psychodynamic therapists have used the Cornerstone Method.

CURRENT PRACTITIONERS: Sites include Cornerstone Argentina (Alicia Asman Mallo, M.D., Buenos Aires Psychoanalytic Institute), Ann Martin Cornerstone Service (Linda Hirshfeld, Ph.D., Piedmont, CA) and Seattle (Judy Burr-Chellin, M.A.). Alexandra Harrison, M.D. is practicing this application of child psychoanalysis

within private preschool classrooms in the Cambridge, MA area. Preschool-based psychoanalytic therapeutic activities conducted within licensed preschool classrooms in Seattle started in late 2007 and an additional class is planned for 2009. Host for this licensed preschool-based service is the Morning Song Preschool of King County Family Services, Seattle, where Dr. Kliman is supervising several staff members. ACP member Catherine Henderson, Ph.D. has been of great help in facilitating the development of this service, with the Center's Executive Director Keith Myers and in-classroom psychodynamic therapist Judy Burr-Chellin, M.A. Recently plans were made for an in-classroom therapeutic service at University Child Care Center, St. Louis.

VIDEO ARCHIVE: Upon signing confidentiality agreements, administrators and therapists may study actual examples of in-classroom applications of psychoanalysis. Over 200 hours are now archived. Research concerning videodocumented psychoanalytic preschool work within classrooms is being conducted by Celeste Schneider, Ph.D., Geoffrey Goodman, Ph.D., Gilbert Kliman, M.D. and Elissa Burian, M.A. Schneider is applying a Q sort method.

OUTCOME RESEARCH ARCHIVE: Children's Global Assessment Scale and I.Q. tests are being used to supplement clinical data concerning treated, comparison treated and control children. One of the first children treated suffered from severe autism and is now over age 40, with a very good outcome. An interview with her at age 37 is on a publicly permitted DVD.

UNEXPECTED REFLECTIVE NETWORK DERIVATIVES: Psychoanalytic experience impacts disaster relief mental health efforts. As structured derivatives of the in-classroom psychoanalytic work experience with reflective networks of children and adult helpers, Kliman, Wolfe, Oklan and others have constructed brief reflective psychotherapies for use in disaster response. These techniques are contained in guided activity workbooks which utilize some of the reflective network aspects of in-classroom psychotherapy. Teachers, peers and parents work with an individual child to help him or her to cope with the disaster. Over 60,000 guided activity workbooks have been used in earthquakes, tsunamis, floods, fires, hurricanes and wars. Many have been distributed and training provided by Mercy Corps, a nonprofit disaster relief agency. The largest joint projects of CPHC and Mercy Corps have been in Hurricane Katrina, the Sichuan Earthquake, and a guided activity workbook is being completed regarding the War in Gaza.

COST-EFFECTIVENESS: Online charts show the costs of in-classroom therapy are one-sixth those of applied behavioral analysis aides and regular special education when serving children on the autism spectrum. For neurotic chil-

dren, costs of combined schooling and treatment are lower than individual psychoanalyses.

Gilbert Kliman, M.D.

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CALL FOR PAPERS

CONFERENCE ON CHILDREN'S LITERATURE AND PSYCHOANALYSIS

OCTOBER 2, 2010

PSYCHOANALYTIC CENTER OF PHILADELPHIA

Featured Author: Lois Lowry, Newbery Award winner, author of numerous books for young adolescents

The Wise Child in Literature and Psychoanalysis

It was Sandor Ferenczi who first wrote about the dream of the "clever baby" and related it to a number of typical analytic concerns: the anxiety of unmastered early trauma; the wish to "reverse or overcome the situation of the child" in relation to its smart and powerful elders; and the universal fact of the repression of infantile sexuality, making infancy a time when the baby was wise or clever in ways it later needed to forget. The subject is rich in as yet unexplored psychoanalytic possibilities. However, in children's literature we find wise, sensible and good children everywhere, often in conflict with stupid, silly and bad adults as well as formidable environmental crises.

This conference will provide a meeting place for explorations of this theme in children's literature generally, in Lowry's books in particular, and in both the theoretical and clinical aspects of psychoanalysis. It will also provide a forum for papers by graduate students and analytic candidates.

Please submit completed papers of 8-10 pages with names on cover letters only, to:

Elaine Zickler, Ph.D., at mezickler@aol.com by January 31, 2010.

Anne Malone, MSS, LCSW

NYFS Seeking Chair for Child/Adolescent Psychoanalytic Training Program

The Training Institute of the New York Freudian Society is seeking a new Chair for its Child and Adolescent Psychoanalytic Training Program. We are looking for a child and adolescent analyst who is a skilled clinician, supervisor and administrator and someone with enthusiasm who can recognize the strengths of our program and invigorate our vision with energy and organization. He/she needs to have the ability to work cooperatively with faculty, candidates and members, with our adult psychoanalytic training program and with other child and adolescent training institutes.

NYFS is a full member of the IPA and shares the Anni Bergman Parent-Infant Training Program with IPTAR. Our child and adolescent program has a history of over 30 years, an outstanding faculty and a good working relationship with the adult program. Many of its faculty and members have good relationships with courts, schools, pediatricians, hospitals, etc. Because we are located in NYC, there is opportunity to work with many other programs and institutions. If the candidate comes from out of town, he/she can expect that members of both the child and adolescent and adult programs will provide collegial and professional support in helping them establish themselves here.

Applicants should send their resume to Jane Buckwalter, LCSW, at JBuckwalter1@verizon.net If you do not receive acknowledgment of the receipt of your resume, please call her at 718-783-1826.

Save the Date!

On April 30 – May 2, 2010 please join the Association for Child Psychoanalysis, Inc. as it hosts its 2010 Annual Meeting at the Intercontinental Hotel Inner Harbor in Baltimore, Maryland.

The city is known for its beautiful harbor, quaint neighborhoods, and unique museums. The Intercontinental Hotel is Baltimore's finest – located directly across the street from the famous waterfront, walking distance from a variety of shops, dining venues, cultural experiences and exciting nightlife. Watch your mail and email later this year for new information.



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 of joining us soon.

Candidate Members Sponsors

Eileen Becker-Dunn, MSW	Robert King, M.D. and Wayne Downey, M.D.
Kim Foehl, M.D.	Judith Yanof, M.D. and Stephanie Smith, M.A.
Jill McElligott	Ruth Fischer, M.D. and Dewitt Montgomery Jr., M.D.
Barbara Sabbeth, Ph.D.	Karen Gilmore, M.D. and Lawrence Shaderowfsky, M.D.
Erika Schmidt, LCSW	Cliff Wilkerson, M.D. and Barrie Richmond, M.D.
Celeste Schneider, Ph.D.	Janis Baeuerlen, M.D. and Christina Lapidès, Ph.D.

Regular Members Sponsors

Van deGolia, M.D.	Ben Kohn, M.D. and Stanley Leiken, M.D.
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Katherine Hott, M.D.	Edward Kohn, M.D. and Barbara Novak, M.D.
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Eric Millman, M.D.	Kirsten Dahl, Ph.D. and Wayne Downey, M.D.
Joan Poll, M.D.	Samuel Ritvo, M.D. and Kirsten Dahl, Ph.D.
Victoria Schreiber, M.A.	Thomas Barrett, Ph.D. and Carl Tuss, LISW
Elisabeth von Salis	James Herzog, M.D. and Sjef Teuns, M.D.

Please note: These members were invited to join the ACP after the conclusion of the last six-week comment period which ended December 8, 2008. The next comment period is scheduled for October 2009.



In Memoriam (As of June 2, 2009)

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

Elizabeth Gero-Heymann, New York, NY

Louis Gottschalk, M.D., Ph.D., Irvine, CA

Nancy Hall, Former ACP Administrator, Ruston, LA

George C. Kaplan, M.D., Berkeley, CA

Stephen K. Kwass, M.D., Washington, D.C.

Fifi Piene, Ph.D., Norway

Samuel Ritvo, M.D., New Haven, CT

Following is a poem by Sheri Hunt, M.D.

Monopoly

Go to jail
 Go directly to jail.
 Do not pass Go! Do not collect \$200.00
 Do not! Do not! Do not!
 You know the drill,
 That guy in the blue uniform,
 Who says go or go to the corner.
 How many children have wailed
 Wailed bitter as a mouthful of baker's chocolate
 "I don't wanna go to jail! I didn't do anything!"
 Or, with eyes as big as dinner plates serving up fear,
 "What do they *do* to you in jail?"
 Tear stained wanting eyes
 Straining towards your face.
 They are pleading eyes.
 Pleading with their past in you.
 This is no time for coaching.
 This is no time for behavioral acrobatics.
 When you hear a cry
 Straight from the developmental heart,
 Why not answer?
 "Going to jail is too hard.
 Let's see what we think about jail
 And Go! And really complicated things
 Like Chance
 (Doctor, what is a community chest?)
 And who lives in those houses
 And why can't you have a nice, big, red hotel right now?
 How does your waterworks work
 And how much you want to run
 The whole electric company
 (have all the power for a change.)
 Let's find out about all these things
 And more,
 When we go around the board together."

Sheri Butler Hunt, MD

Dr. Hunt is an adult and child psychiatrist in private practice in Seattle, WA. She is a graduate analyst in adult and child psychoanalysis at the Seattle Psychoanalytic Society and Institute. She is also on the editorial board of *The American Psychoanalyst* and has been editor of TAP's poetry column for ten years.

Candidates' Discussion at the ACP Meeting

On Sunday, May 3rd, 2009, three senior child psychoanalysts (Drs. Laurie Levinson, Jack Novick and Tom Barrett) facilitated an informal discussion with child analytic candidates at a special breakfast meeting. The focus was on issues involved in finding and developing child analytic cases.

The discussion was lively, and there were many interesting questions and discussion points. The participants were interested in continuing the discussion using an online forum format. As follow up to that meeting, we have set up a listserve for the child candidate members of ACP, with the potential for inviting senior faculty input and advice. We hope that this will be helpful to candidates as they work through the barriers to child analytic case finding in these challenging times. Candidates who wish to be added to the list should send a message to sydneyanderson@comcast.net

*Mali Mann, MD
 Sydney Anderson, PhD
 Candidate Counselors*

ACP Nominating Committee News

At the next election, the Nominating Committee will be proposing a president-elect, a secretary-elect, a treasurer-elect, three councilors, and two candidate councilors. The Committee encourages the suggestion of names of members to be considered for inclusion on the slate for all available positions. Members are welcome to suggest themselves for a position. Any person suggesting a member besides themselves should ensure that said member is willing to run if selected for inclusion. The proposed slate will be presented

to the Executive Committee at its meeting on January 15, 2010.

The nine members of the ACP Nominating Committee are: Susan Sherkow, Sydney Anderson, Laurie Levinson, Joanne Naegele, Kerry Kelly Novick, Mali Mann, Randi Markowitz, Moisy Shopper and Andrea Weiss. Please submit all proposals to the Nominating Committee Chair, Susan Sherkow, either by email at spsherkow@aol.com or by phone at 212-717-0099.

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Rieger Psychodynamic Psychotherapy Award Submissions are Invited

Are you interested in submitting a paper for the Rieger Psychodynamic Psychotherapy Award? This award recognizes the best published or unpublished paper, written by a member of the American Academy of Child and Adolescent Psychiatry (AACAP) that uses a psychodynamic framework and presents clinical material 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.

We are interested in papers from members at all levels of experience (senior, mid-career and trainees) and all areas of practice (private practice, clinical faculty, full-time academics and researchers). Unpublished papers and papers

published within the last three years may be submitted by their authors. Papers published within the last three years may be nominated by any member of the AACAP. We recommend a length of 15 to 30 pages. The recipient will receive a \$ 4,500 honorarium, be recognized at a Distinguished Awards event, and give a one-hour Honors Presentation about his or her work during the AACAP's Annual Meeting.

More details are available on www.aacap.org. Should you wish to discuss a paper or an idea for a paper, please contact either Tim Dugan, M.D. (TimothyDugan@hms.harvard.edu), or Efrain Bleiberg, M.D. (ebleiberg@menninger.edu). Nathaniel Donson and Stan Leiken, members of the ACP, are available to consult with authors prior to submission, and are not on the judging subcommittee that awards the prizes.

Nathaniel Donson, MD

About This Newsletter

This Newsletter was produced using a program called Adobe In-Design. It does take some getting used to, which is partly the explanation for the delay in production. However, it is a highly versatile program which is widely adaptable.

As Editor, I do take full responsibility for the arrangement of the content and production. Comments, inquiries and critiques are all welcome, and can be addressed to me at the following E-mail address: mcolman@comcast.net

Michael Colman, MD