In my first Presidential message, I would like to offer my warm and appreciative greetings to each and every ACP member. The ACP is a unique and wonderful organization. I wish it were possible to acknowledge the individual contributions that each of us makes in our organization. Our collective contributions create the life force that keeps the ACP moving forward.

I feel fortunate and want to thank you for offering me, along with my able fellow officers Sarah Knox (Secretary) and Robin Turner (Treasurer) the opportunity to serve the ACP until 2016. I am also pleased to have your newly elected ‘elect’ officers Jill Miller (President-elect), Carla Elliott-Neely (Secretary-elect) and Christian Maetzener (Treasurer-elect) working with us. Jill, Carla and Christian bring a wealth of experience with them, including aggregate prior ACP experience as officers and as councilors. We appreciate their wise counsel. During my term as ‘elect’ I had the opportunity to work closely with previous officers, Anita Schmukler (President), Helene Keable (Secretary), and Barbara Streeter (Treasurer). I witnessed firsthand their creativity and dedication, and witnessed their ability to guide us through difficult times thoughtfully, with steady hands and sound judgment. I want to offer heartfelt thanks to them, on behalf of the Association, for their efforts.

The Annual Meeting – Austin, Texas, May 1-3, 2015

I hope you are planning to attend the Annual Meeting. We will be celebrating the ACP’s
Submissions
Submissions are most welcome. They should not be longer than 1000 words and should be e-mailed to the editor (prezantphd@gmail.com) as an attached Microsoft Word file (*.doc). The deadline for submissions for the Fall edition is June 30, and for the Spring Edition the deadline is January 31.
50th anniversary. Twenty years ago Ted Jacobs wrote “It was over 30 years ago that Dr. Marianne Kris brought to fruition a dream that she had nourished for a long time: the creation of an organization that could bring together child analysts the world over for the purpose of exchanging ideas as well as developing and promoting the discipline of child analysis. Central to her vision was the belief that such an organization should welcome physicians and lay analysts alike on an equal basis and not adhere to the system of restricted membership which then prevailed in the American Psychoanalytic Association. Marianne Kris’ dream has become a reality. The ACP has become the organization that she envisioned: a place for the gathering in of those colleagues here and abroad who have been trained in child analysis and are devoted both to its practice and to its development as a discipline.” (ACP Newsletter, 1966). Those of you who come to the meeting will be reminded that Marianne Kris’s vision is still alive.

I hear that Austin is a wonderful city. We are lucky that Tricia Hall and Janet Blomquist (Our new administrator) live in Austin and appreciate their efforts on our behalf. They, along with the arrangements committee, Carla Elliott-Neely and Laurie Levinson, are planning every aspect of our stay and the meeting with great care, including the interesting tour options that the ACP will offer on the Saturday afternoon.

Grateful thanks to Denia Barrett, Sydney Anderson and the Program Committee for their tireless efforts and creativity and thanks to the presenters and all program participants for their contributions to a meeting that promises to confirm that Marianne Kris’s vision is still alive at the ACP and that we are still committed to child analysis. The clinical presentations will offer us the opportunity to think deeply with colleagues who are also working to integrate new ideas with past experiences instead of swallowing new ideas whole cloth and using them to replace older theories and techniques.

“The structure of ACP enables all of this to take place in the context of a relatively small organization, in which political struggles are kept to a minimum and the resultant energy can be used for the advancement of our field.” (Anita Schmukler, ACP Newsletter, Fall, 2012).

Transitions – Tricia Hall

I want to make sure that you are aware that Tricia Hall, our highly esteemed administrator, left the ACP after ten years on June 1 to become Executive Director of the Texas Pediatric Society. We are pleased for her good fortune and also feel very sad to see her leave. We are grateful to Tricia for all that she has done for the Association. Her own words best illustrate some of the many reasons that we will really miss her: “The decision was not an easy one for me. The
ACP has been my ‘home’ for so long, and the experience has been extremely rewarding. Please know that I am committed to working through the transition to help the ACP continue to be an exceptional organization. It has been my privilege to serve and work with you and all of the members.”

Transitions – Janet Blomquist

True to form, Tricia found someone for us before she left. Janet Blomquist, Tricia’s long-time friend and colleague from Austin, Texas. Janet has been working for us since July 1, 2014. She was ready for a change after over 30 years with her association. When Tricia approached her about the ACP position, she thought working for a non-profit devoted to children and adolescents would be a “perfect fit.” She comes to us with superlative recommendations and considerable expertise in working with associations and meeting planning, areas that will indeed be a “perfect fit” with the ACP. She has been a pleasure to work with and I am eager to have you meet her. Feel free to contact Janet and please find her and introduce yourself when you are in Austin.

Our New Home: Austin, Texas

The ACP has a new home, Austin, Texas. We moved “our whole operation” this summer: files, procedures, finances, etc. from Tricia’s home in New Mexico to Janet’s home in Austin. The challenges inherent in this transition turned out to be an opportunity. We are looking carefully at our association in many areas. Your Executive Committee is dedicated to looking for ways to identify the future of the ACP. We want to identify our members’ needs, increase resources, and provide opportunities for our members to become more involved in the ACP.

Everyone is working hard and we are moving forward. More details later – In my second message.

I look forward to seeing you in Austin – Imagine – 50 Years!
Kirsten Dahl presented her paper *The analysis of a 15-year-old girl with severe depression*, which was discussed by Jill M. Miller. Thomas Barrett served as the moderator.

Dr. Dahl’s presentation focused on clinical material from the 3½ year analysis of an adolescent girl referred after an unsuccessful hospitalization due to severe depression with suicidal ideation. The intent of Dr. Dahl’s presentation was to illustrate the internal conflicts of mid-adolescence concerning aggression and separation, in addition to the struggle to develop a cohesive identity. This she beautifully did as her 15-year-old patient was transformed during her analysis into a radiantly beautiful, gifted and talented young woman who was a beloved and devoted friend, and made a successful move into university life away from home.

Dr. Dahl posed some interesting questions regarding technique and working in the transference with adolescents. The transference she was referring to was the soothing and caretaking mother of childhood the adolescent longs for that is now erotized with the upsurge of drives that accompanies puberty. The regressive pull to this mother in the transference can be experienced as dangerous, especially when both analyst and patient are female. The expression of the transference to this archaic mother, Dr. Dahl speculated, was known only through her patient’s resistance to it. The panel wondered how the analyst interprets such transference, or alternately, does one?

The patient’s mode of operating was to hide and wear a mask so no one really knew her, her real self or her feelings. In addition, she defined herself in opposition to her mother. The problem, as patient and analyst discussed, was that the patient’s mother was dangerous because of her persistent intrusiveness, which the patient fended off, but she was then left with an unmet longing. In the analysis the implications in the transference came alive, the expectation that the patient reveal herself to Dr. Dahl and the development of an attachment which brought unmet longings into the analytic relationship. In parallel to her longing was the patient’s rage as closeness meant the loss of herself, requiring her

Continued on Page 6 . . .
need to fight off the object and her need for it.

Through her presentation Dr. Dahl described the ways in which the transference made its appearance, the patient’s expression of her resistance and what potentially lay behind it, the times she revealed herself to her analyst and the times she hid for fear of being intruded upon, and her technique in approaching these issues.

The patient’s resistance to the negative transference was strong. While the angry, hating side of the patient’s ambivalence was kept out of the relationship with her analyst, instead making its appearance in an extra-transference relationship, the positive, loving side blossomed. Eventually it became a new source of anxiety and resistance, as the patient feared she would choose to stay with her analyst forever and never grow up or be an autonomous young woman.

The patient struggled with a mother she experienced as intrusive and wanting to take over and control her. This was not only only an internal mother, but also a mother in reality whose influence was current and ongoing. One question raised was whether, with such a fight in reality, is it possible to go deeper inside the mind of the adolescent to the relationship with the internal mother; or is that only possible once steps toward a more autonomous position are made? Until then, does an adolescent need to use the analyst as a new object who will help her make important developmental steps; or, can the analytic pair also address the patient’s internal relationship with self and mother in order to gain insight into the patient’s own contribution and projections, which in turn helps with the relinquishment of infantile ties and developmental progression?

Through the analysis the patient’s progressive developmental pathway was cleared enough for her to leave home and try life on. Was this a defensive leaving of the analysis or an appropriate adolescent one? As the patient said, she wanted to be free to live her own life, even if that meant making mistakes.

Jill M. Miller

Ruth Karush, Anita Schmukler and Charlie Parks at the ACP 2014 Annual Meeting in Washington, D.C.

Leon Hoffman and Carrie Catapano accepting the 2014 ACP Award for Excellence on behalf of the West End Day School from Anita Schmukler
Psychoanalysis As The Treatment Of Choice For An Adolescent Consumed By Obsessional Thoughts

With material from an ongoing psychoanalysis over the past four years, we discussed techniques that addressed this older adolescent’s suffering from his symptoms and the gradual shifting of the balance between self-destructive preoccupation with obsessional thoughts and his growing capacity to live in the real world of his present life.

Since early in high school, the patient had been completely preoccupied with playing out mental scenarios of mistakes, omissions, or faults, all eventuating in dramatic consequences. Unlike many young people struggling with OCD, he was totally identified with these thoughts; they were ego-syntonic and he felt compelled to continue pursuing these irresolvable dilemmas to the point of exhaustion. His OCD thoughts became preoccupations that filled every single hour. Along with these daily interferences there were vicious internal attacks on himself, where he doubted his capacities, for instance, convincing himself that he should withdraw from school and become a bus driver.

Despite the fact that obsessional neurosis was one of the earliest arenas for psychoanalytic treatment and understanding, it is currently quite rare for obsessional patients to be referred for analysis. This seems especially true for adolescents. This treatment offers an opportunity to think about what techniques make sense now for addressing obsessive-compulsive disorder in the psychoanalytic context and what we can learn about psychoanalysis of adolescents.

The treatment included work with the patient’s parents, by phone since they lived at a distance, and in person when they visited him at college. Each parent struggled with intense psychological issues of their own; one of the themes of this presentation was the interaction between parental and child pathology and the interacting changes in the patient and his parents. These provided technical challenges.

In the third year, when the patient had made substantial gains, his mother successfully pressured him and her own doctor to have a consultation and he was started on medication. This gave us an opportunity to assess the relative impact of the analytic work and the medication. The alliance was tested during this phase; we discussed the techniques utilized with all parties.

In line with our understanding of the dynamics of OCD, omnipotent aggression was prominent in the patient’s functioning and in the work. Equally important, however, was work on his masochistic masturbation fantasies, and the reconstruction of his early relationships. We think that the successful analytic work with this patient illustrated the importance of applying a two-systems approach, with its capacity to include a broad range of psychoanalytic techniques.

Jack Novick, PhD and Kerry Kelly Novick
ACP, May 2014
The paper was based on a clinical case presentation, with detailed process material, of the three-year analysis of a 4 1/2 year old girl who could not play. Focus was on analytic process, technique and development. Ways in which changes in technique occurred over time as the child's development proceeded were discussed. The work was described in terms of the development of the relationship, developmental steps within the analytic relationship, and the development of self-understanding with the experience of feeling accepted and understood.

At the outset, this child was unable to play. The interferences in her capacity to enjoy play or playful interaction were from both internal and external sources and required adaptations in technique. Because any play activity, or response from the analyst within the play metaphor, quickly led to disregulation, chaotic, and physically aggressive behavior, requiring both physical and emotional containment, Mrs. Kaufman had to continuously search for other ways of responding. There was focus on transference-countertransference with discussion of Mrs. Kaufman's search for ways of intervening and her way of being over time. As this mistrustful child began to trust Mrs. Kaufman, she brought the terrifying fantasies and theories about herself into the analysis where she and her analyst could work on them together both in play and verbalization. She began to change from a rageful, controlling, demanding, physically aggressive child and to develop affect tolerance, self-regulation, impulse control and changes in her sense of self.

At the outset, the parents were unable to face that their daughter's problems were closely connected with their problems. After what was remembered as a perfect first year, when their daughter became an active and assertive toddler, things changed abruptly. Nurturing was withdrawn, rejection and a pattern of chronic mishandling of her activity and assertiveness developed. By the time Mrs. Kaufman was consulted, the parents had developed a fantasy and belief system that their child was born bad. This split in her early life had a profound effect on the child's development. She had developed a rigid defensive organization and an internalized sense of self as bad that was supported by her parents' beliefs and behavior. Over time, Mrs. Kaufman was able to help the parents develop some understanding of their contributions, to modify their views of their daughter and of themselves as parents, and to see their daughter more for who she really was as a person.

By the end of the analysis, when the child was almost 8, she was able to work through the transference based feelings that she was unwanted and unloved. The leaving was sad and painful yet the child knew that she was not rejected and there was evidence of internalization of the analyst and the analytic experience.

An excellent discussion by Ed Kohn followed the paper.

Adele Kaufman
An Adolescent Struggle With Gender Identity

Analytic case material was presented which sought to add to the understanding of phenomena manifested from early childhood to adolescence in which a variety of symptoms coalesce around gender confusion. The hope was expressed that by understanding uniquely individual courses of development, unconscious fantasies, defenses and the meanings given to symptoms, the various pathways producing gender confusion would be better understood and lead to better assessment and treatment.

The particular adolescent tasks of consolidating identity, establishing intimate, reciprocal relationships, and relinquishing of the infantile object ties seemed to be burdened in the material presented. It was postulated that early trauma, neglect and overstimulation led to feelings of not being lovable and the use of gender to protect against painful, intolerable feelings. Gender conflicts in parental figures may have been a factor in the use of gender as a defense as well as in the gender chosen. Gender identity could then function as a compromise formation to core conflicts. Puberty further complicated the early conflicts focused on the body and gender. In today’s social climate gender confusion may also provide a ready-made peer group partially compensating for adolescent struggles.

Christie Huddleston, MD

The purpose of this workshop is to draw the participants’ attention to the analyst/writer’s strategies for conveying the process of the work. The many factors contributing to the process, such as supervision, work with parents, concerns about self revelation, must be described in enough detail so that a reader may gain a sense of how the analyst thinks and arrives at interventions. A child analyst writer must certainly, in addition to the interaction between analyst and child, detail the interaction with parents.

Process is defined as the way one thing follows another and leads to the next. The elements of the process are the analyst’s interactions. The report conveying the process contains examples that describe the interaction. Patterned after discussion groups at each meeting of the American Psychoanalytic Association, this workshop at the ACP Annual Meeting follows the well attended debut in San Diego in 2013. Based on the idea that one possible reason among many for the decline in child analysis practice is our failure to make clear to the general public how such a treatment is conducted: the importance of writing about our work cannot be overstated.

Interested members participated in a lively discussion of a treatment report read aloud by the volunteer author, Dr. Anna Janicki. As she read aloud, attendees followed along with the cookies provided. The workshop leader interrupted the reading at intervals to allow comments and questions by attendees. In this way, the writer was able to judge the effectiveness of her writing and attendees could focus on the writer’s method of revealing her work in a written treatment report.

Arthur Rosenbaum
Dr. Sugarman described material from a sado-masochistic adolescent girl analyzed early in his career to consider how much our contemporary understanding of development and child analytic technique have evolved over the past 30 years. The patient was a 17-year-old college sophomore when she sought analysis for vaguely described “problems” involving longstanding feelings of loneliness, being unloved and self-doubts. These problems were consciously blamed on her mother’s mistreatment of her following the parent’s divorce when she was a pre-adolescent. Dr. Sugarman described how his use of standard for the times “blank-screen” technique, refusal to meet or talk with the parents, and rigid adherence to interpretations that emphasized psychosexual conflicts causing her masochistic character traits and behavior led to an analysis that was unusually painful for the patient. He believed that his current adherence to the Novick’s approach to working with parents of late adolescents would have been more sensitive to her developmental needs and could have made her feel more supported by him. Likewise, he thought that his preoccupancy with interpreting psychosexual conflicts exacerbated her proclivity to feel misunderstood and criticized. Today, his sensitivity to the relational issues and defensive omnipotence contributing to masochism would have helped her to feel less rejected by him. He also thought that his contemporary awareness of the importance of being a developmental object would have changed his insistence on anonymity in ways that would have helped her to relax her rigidly held masochistic transference. But he also acknowledged that these technical differences might have interfered with her developing the full-blown sado-masochistic transference neurosis that her clinical material revealed.

Dr. Hoffman’s discussion highlighted that Dr. Sugarman’s approach to more classical Freudian technique in the analysis had been problematic for its minimization of the need to interpret her defenses against feeling her affects fully, not because of its psychosexual focus. He questioned whether there was a difference between being a developmental object and just practicing the sort of defense analysis
recommended by Berta Bornstein. Audience members thought that Dr. Sugarman had used his theoretical understanding and interpretive emphasis to remain emotionally distant from a volatile patient so that his thinking was not disrupted by her emotional storms. They also wondered if the plethora of sexual material that she introduced was an attempt to keep him emotionally involved. Most agreed that despite his technical imperfections, he had been a better object than the patient’s parents.

Dr. Hoffman found it difficult to believe that a different approach could have caused a better result given the successfulness of the analysis. He questioned whether psychoanalysts truly understand mutative action. It seemed that a plausible explanation of her difficulties had been co-constructed by the analyst and patient; a different explanation might have arisen with a different analyst. But he was not convinced the ultimate results would have been different.

Alan Sugarman, PhD.

Discussant: Leon Hoffman, MD.

**Biological Variables and Development in the Early Years of Life**

Dr. Rosenblitt presented a paper that considered the various biological substrates that contribute to the transformational and integrative processes that occur in the early childhood years. Biological factors exert primary influences and are a lens through which experience is shaped. They are also aspects of ourselves that we note and incorporate into the internal fantasies or narratives that we develop. Clinical examples of children from the Lucy Daniels School whose development has been impacted by particular biological configurations were presented and discussed, and perspectives on how to understand the integration of biological and psychological factors were offered.

Don Rosenblitt
Mark your calendars for May 1-3, 2015 and join the Association for Child Psychoanalysis, Inc. as it hosts its 2015 Annual Meeting at the J.W. Marriott in Austin, Texas.

The 50th scientific meeting will bring the opportunity to consider varying perspectives on child analytic work.

The host hotel, the J.W. Marriott, is scheduled to open early 2015 and is located downtown on Congress Avenue just blocks from the State Capitol and Lady Bird Lake.

Austin, the state capitol of Texas, is known for its vibrant community culture, thriving business climate and creativity. It is home of the LBJ Library, the University of Texas, the Blanton Museum, the Harry Ransom Center, and the Lady Bird Johnson Wildflower Center. Named the “Live Music Capital of the World” there are over 200 live music venues in the city. Downtown restaurants are walking distance from the hotel and provide a wide array of traditional Texas fare, upscale bistros, trendy “street eats food trailers” and amazing fine dining. The exciting revitalization of downtown living...
The ACP Liaison Committee

We would like to find out more about our members’ involvements in child and adolescent analysis related professional and community services. Such activities, voluntary or paid, could include consultations to schools, colleges and preschools; supervision or consultations with non-analysts (medical students, psychologists, social workers, psychiatrists, other mental health or medical colleagues, etc.), talks on child development: articles and interviews in local media, or any other community services in which you present yourselves as a child and adolescent psychoanalyst.

The ACP would like to support and publicize this work, and perhaps begin discussions about it at our meetings. I am particularly interested in hearing from any member who is supervising (or has supervised) a non-analyst’s therapeutic work – which could be an appropriate presentation at one of our future Extension Division Programs. Please let me know via phone (201 568-5217) or email MNDonson@aol.com.

Nat Donson
ACP Elections

The following biographical sketches are provided with your ballot to assist with your decision for the 2015 Election. All biographies were submitted by the candidates.

Candidates for Councilors (3 positions open)


Only three of the following candidates will be elected to the positions of Councilors:

Roderick “Rick” Hall, PhD

Roderick “Rick” Hall is a child, adolescent and adult Psychoanalyst and Clinical Psychologist in private practice in Coronado, California. He received his graduate training in Clinical Psychology at George Washington University and completed training in child, adolescent and adult psychoanalysis at the San Diego Psychoanalytic Center. Dr. Hall is the Director of the training program in child and adolescent psychoanalysis at the San Diego Psychoanalytic Center and one of the organizers of the on-line classes in child and adolescent psychoanalysis recently begun as a collaboration of the Western Institutes affiliated with APsaA. Dr. Hall also serves on the Board of Directors and the Education Committee of the San Diego Psychoanalytic Center.

Penelope J. Hooks, MD

Penelope J. Hooks, M.D. is a child and adolescent psychoanalyst in private practice in Houston, Texas. She holds dear the belief that helping children and their parents is one of the keys to preventing the transmission of trauma through the generations. She has been a member of the Association for Child Psychoanalysis since her Candidacy in 1991 and feels that its meeting program remains one of the strongest of any organization she belongs to—for children and otherwise.

Penny is Training and Supervising Analyst, as well as a Child and Adolescent Supervising Analyst, at the Center for Psychoanalytic Studies, Houston. She is a former chairman of the Child Analysis Committee, during which time the institute began its child-focused pilot training program that is now standard curriculum. She saw the Institute through the founding of two therapeutic schools both of which are independent, and previously she participated in the outreach to pre-schools program that was precursor to the brick and mortar school. She received the Candidates Prize Paper Award for her work with At Risk Children in Pre-Schools.

Other administrative positions held include: President Houston Psychiatric Society, President Houston-Galveston Psychoanalytic Institute, President Houston Psychoanalytic Society, task force to re-organize the Center for Psychoanalytic Studies, editorial reviewer Bulletin of the Menninger Clinic, Chair Ethics Committee for CFPS, and BOPS and Council representative to APsaA.

Continued on Page 15 . . .
Christi Huddleston, MD

Christie Huddleston is a psychiatrist and psychoanalyst in private practice in Philadelphia. In 2009 she was certified in adult analysis. She completed her child analytic training with the Psychoanalytic Center of Philadelphia and the Southeastern Consortium in 2013. In addition to her practice Dr. Huddleston teaches child and adult analytic candidates at the Psychoanalytic Center of Philadelphia, as well as teaching and supervising psychiatric residents at The Hospital of the University of Pennsylvania, and Einstein Medical Center. At Children’s Hospital of Philadelphia she is the coordinator of the course “Psychoanalytic Perspective on Child Development” -a lecture series which is a part of the Applied Psychoanalytic Curriculum for child psychiatric fellows, psychologists, and medical students. Dr. Huddleston presented “Who am I? An Adolescent Struggle with Gender Identity” May 2014 at the ACP meetings in Washington D.C.

Rex McGehee, MD

Rex McGehee is training and supervising analyst in adult and child analysis at the Denver Institute for Psychoanalysis. He is geographic supervising analyst at the Minneapolis and San Diego Institutes. He is past director of the child analysis program in Denver and current director of the Institute. Dr. McGehee is Associate Clinical Professor of Psychiatry at the University of Colorado where he is active in teaching development in the adult residency program and child psychotherapy in the child psychiatry fellowship. He has been actively involved in helping to organize the Western Training Consortium for Child Analysis. Locally, he is involved in the preschool consultation program and a speaker to parent groups. Most recently, he has been interested in the effects of marijuana use on adolescent personality development.
**Justine Kalas Reeves, PsyD**

Justine Kalas Reeves worked in residential treatment with children and adolescents after graduating from the University of Chicago. Following upon her MSW from Hunter, she completed the child/adolescent psychoanalytic training and doctorate at the Anna Freud Centre/University College London. After returning home to DC in 2003, she first worked at the Lourie Center and later was Director of the Jenny Waelder Hall Center for Children—a psychoanalytic school. She recently completed adult psychoanalytic training at Contemporary Freudian Society. She works in private practice with children, adolescents and adults in DC. She has taught at UCL/AFC, GWU, WSP and CAPA and is working on bringing an integrated child/adult curriculum to CFS-DC.

**Ivan Sherick, PhD**

Dr. Sherick has resided in Ann Arbor since 1971 moving here after completing his child/adolescent psychoanalytic training at the Hampstead Clinic in London under the leadership of Miss Anna Freud. He then completed training in adult psychoanalysis at the Michigan Psychoanalytic Institute, where he is a Supervising Child/Adolescent Analyst. He is certified by the APsaA in child/adolescent and adult psychoanalysis. He received his Ph.D. in clinical psychology from Washington University in St. Louis. He has practiced psychoanalysis and psychotherapy in Ann Arbor since 1971. He has an affiliation with the Department of Psychiatry at the University of Michigan (UM), supervising Residents in dynamic psychotherapy with adults and has had a past affiliation with the Department of Psychology at UM supervising post-docs at the Psychological Clinic. Dr. Sherick is a founding member of Allen Creek Preschool in Ann Arbor. He has published articles on child development and psychopathology in psychoanalytic journals and annuals. In 2012, Dr. Sherick published Introduction to Child, Adolescent, and Adult Development, A Psychoanalytic Perspective for Students and Professionals.
Welcome New Members

**Candidate Members**
- Susan Baxt, PhD
- Chris Brubaker, MD
- Callie Emery, MD
- Carla Hershman, LICSW
- Malen Slavtchov Malenow, MA
- Suzanne Rodgers, LMSW
- Julie Wood, LICSM

**Sponsors**
- Jack Novick, PhD and Kerry Kelly Novick
- Catherine Henderson, PhD and Kenneth King, MD, PS
- Janet Schwind, Phd and Jim Bennett, MD
- Catherine Henderson, PhD and Kenneth King, MD, PS
- Tom Barrett, PhD and Denia Barrett, MSW
- Mary Adams, LMSW and B. Kay Campbell, PhD
- Catherine Henderson, PhD and Kenneth King, MD, PS

**Regular Members**
- Geoffrey Goodman, PhD*
- Christie Huddleston, MD*
- Kim Kleinman, LCSW
- Rona Knight, PhD*
- Susan Siegeltuch, LCSW, FIPA

**Sponsors**
- Delia Battin, LCSW and Thomas Lopez, PhD
- Jill Miller, PhD; Charles Parks, PhD
- Jack Novick, PhD and Kerry Kelly Novick
- Stephanie Smith, MA, MSW and Jill Miller, PhD
- Jack Novick, PhD and Kerry Kelly Novick

* Elevation to Regular Member

Please note: These members were invited to join the ACP after the conclusion of the previous six-week Summer Comment period, June 9, 2014 – July 21, 2014 and the 2014 Winter Comment Period, December 5 – January 16, 2015.

In Memoriam

We are very sad to announce the following ACP members have passed away:

- James Anthony, MD
- Chevy Chase, MD
- Randi Markowitz, M.Sc.
- Los Angeles, CA
- Barbara Carr, MD
- Los Angeles, CA
- Herbert Weider, MD
- St. Mary, Jamaica

* This updated list is based on notifications received since the last ACP Newsletter (Spring 2014).
Teaching Effective Supervision of Child and Adolescent Analysis: Enriching the Candidate’s Clinical Experience

By Anita Schmukler and Paula Atkeson

Teaching Effective Supervision of Child and Adolescent Analysis: Enriching the Candidate’s Clinical Experience is intended to help the supervisor of child and adolescent analysis. In presenting the supervisory experiences of their volume contributors, Anita G. Schmukler and Paula G. Atkeson offer a diverse guidebook that assists both the supervising analysts and their candidates in their respective work with children. Focusing on assessment, working with parents, transference and countertransference, ethical dilemmas, play therapy, and fantasies and dreams, this volume ultimately assists the candidate in making careful assessments to determine optimal treatment.

Editorial Reviews

Drs. Atkeson and Schmukler have collected papers that not only summarize the available literature on supervision of child and adolescent analysis but provide substantive ideas for conceptualizing the very complex processes involved in such an endeavor. This book offers both the conceptual and the practical, so that both the ‘why’ and the ‘how to’ of making supervision a helpful undertaking are closely linked in the reader’s mind.

(Theodore J. Jacobs, MD, New York Psychoanalytic Society & Institute)

This book examines the work of supervision throughout the various phases of a child and adolescent psychoanalytic treatment, with specific focus on the tasks pertinent to each phase. This specificity, combined with wonderful clinical examples, makes the study essential reading for both seasoned supervisors and for those just starting out. With this study, Schmukler and Atkeson make a contribution that is invaluable in itself, and in expanding and deepening the scholarly literature on this often neglected topic—a topic crucial for its clinical and conceptual implications. (Laurie Levinson, PhD)

“Teaching Effective Supervision of Child and Adolescent Analysis” is a timely, masterful, and comprehensive contribution to the sparse literature on supervision of child and adolescent treatment. The detailed rich examples from clinical experience will be of value to all who supervise and treat children psychologically. A must for child analysts who wish to become effective supervisors. (Wendy Olesker, PhD, New York Psychoanalytic Review)

About the Authors

Anita G. Schmukler, DO, is a training and supervising analyst as well as supervisor in child analysis at the Philadelphia Center for Psychoanalysis. She is clinical associate professor at the University of Pennsylvania.

Paula Atkeson, PhD, is a training and supervising analyst as well as child supervisor at the Baltimore Washington Institute for Psychoanalysis. She is a faculty member of the Baltimore Washington Institute.
Almost Perfect
By Diane Manning

Diane Manning, Ph.D., Co-Founder (with Arthur J. Farley, MD) and Executive Director of The New School in the Heights, has recently published a novel entitled Almost Perfect on Amazon’s White Glove Service for agented books. Dr. Manning hopes the novel will be an effective “soft marketing” approach to promoting a favorable impression of child psychoanalysis among the general public.

The hero of the book, a troubled 13 year-old with ADHD and mild autism, attends a psychoanalytic school inspired by Dr. Manning’s experiences at the New School in the Heights. Scenes from his meetings with a child psychoanalyst are included. The appeal of the book lies in the unlikely pairing of Benny, a boy who believes in the impossible, and Bess, an old woman who has given up hope. The two are brought together by their mutual love of an aging champion dog and their own separate reasons for believing a Best in Show win at Westminster would make life almost perfect.

Copies are available at Amazon. Profits are being donated to children and animal charities.

“A charming novel about a troubled young dog owner that will appeal to readers of all

ON HUMAN GOODNESS:
Developmental, Clinical and Cultural Perspectives
A summary of the 45th Annual Margaret Mahler Symposium
April 26, 2014

Thomas Jefferson University, Philadelphia
Featuring the presentations of:
Elio Frattaroli, MD, Beth Selig, MD, Shahrzad Siassi, PhD

In his presentation Dr. Frattaroli wondered why analysts cannot agree about what is good, for the field, for our Institutes and for patients. The implication of good is not always one of morality. What is good or moral for us may be evil for those in conflict with us. We dehumanize and demonize “them” in order to shore up our deluded sense of an innocent and righteous “us.” “They” notice this fear, distrust and moral outrage and instinctively react to “us” with the same emotions, which creates a vicious cycle. The darkness we project into “them” is the desire to do evil, to kill the goodness in them in pursuit of what is good for us. This destructiveness is the Oedipal desire to kill the goodness in them or subjugate the otherwise good person whom we would recognize as family if they were not standing in the way of what we want.

We need to distinguish between the superego’s fear-based identification with the aggressor type of morality and the authentic morality of loving reciprocity based on the identification with the nurturer. We are constantly in a condition of inner conflict between Eros and death instinct, love and lust. In psychoanalysis resolution of the Oedipal conflict is the achievement of human goodness. Genitality implies loving reciprocity as opposed to pregenitality that implies narcissistic lust. Path to goodness is wired into our genome as in Erikson’s account of life cycle as a series of archetypal conflicts

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with resolution of each bringing its own virtue towards the loving reciprocity of the Golden Rule.

Dr. Seelig’s presentation was titled Maternal Altruism. She noted a paucity of attention in the literature regarding efforts to understand good enough mothering while maternal pathology has received considerable scrutiny. She suggested this dichotomy is rooted in an idealized image of a grandiosely good altruistic mother. Being an altruistic helper can be an important content of a therapist’s ego ideal. However a grandiose need for being appreciated for being helpful can burden and distort the treatment.

The normal altruistic person can set limits. Limitless giving in pathological altruism is narcissistic and guilt inducing. Such an individual has internalized the idealized all-giving masochistic mother for whom setting limits is shameful and impossible. There is an unconscious demand on the child not to see the shortcomings of the mother. Healthy maternal altruism includes the ability to tolerate the aggression generated by limit setting. Dr. Seelig then used clinical content in the form of supervision, consultation and finally analytic treatment with a psychotherapist in a compromised position.

Dr. Siassi’s paper was titled “Kindness, Altruism and Forgiveness; three facets of healthy human relatedness.” She noted that psychoanalytic literature designates punitive inhibition and exacting moral demands as the task of the superego and the higher aspirations and admirable deeds of positive value to the ego ideal. She also noted the predominant focus of clinical work on pathology to the near exclusion of values and tendencies that lie outside the sphere of conflict but serve as important tools of survival and socialization. She pointed out how Winnicott sees love and creativity as primary and not dependent on guilt, anxiety or conflict as expounded in the theories of Freud and Klein.

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