

Association for Child Psychoanalysis NEWSLETTER

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President's Message Moisy Shopper, M.D.

Dear Fellow Members,

As our annual meeting is one of the major functions of our Association, careful thoughtful planning and preparation of the program and participants insures its success. By all measures (except for those who expected Spring weather) our Toronto meeting was a scientific, financial, and collegial success. Our program chairs, Janet Szydlo and Laurie Levinson, Elizabeth Tuter's organization of her local arrangements committee, and the excellent administrative support from our staff, Nancy Hall and Rachel May, richly deserve our thanks and appreciation.

Next year our annual meeting will be held at Chicago's well-known Drake Hotel. While refurbishing their facilities they have preserved their old-world charm and elegance. Sam Weiss, Cliff Wilkerson, and their spouses will personally attend to menu and wine selections. Their local arrangements committee will tempt us all to spend some additional time in our "Second City."

Administratively we have grown large enough to require a full-time executive secretary. We have asked Nancy Hall to assume that role. For those of you who use e-mail she can be reached at CompuServe 76422,3352 (from the Internet: 76422.3352@compuserve.com). Please notify Nancy by telephone, by e-mail, by FAX, or by post of any changes or additions in your listing for the forthcoming ACP Roster; be sure to include e-mail and FAX numbers if you have them. [A form for this purpose appears on page 35 of this issue of the *Newsletter*.]

As you may have heard, the By-Laws of the American Academy of Child and Adolescent Psychiatry have recently been changed by a vote of their executive council and "fellow" members. In the past, one was eligible for

membership in AACAP upon completion of a two-year fellowship in child psychiatry *or* upon graduation from an accredited child analytic program. The recent change eliminated the latter route to membership, even though it had been used only once in the past ten years by a graduate child analyst. Whether consciously-intended or not, this change conveys the clear message that there is neither room nor hospitality under the umbrella of the AACAP for child analysts or their contributions. Several ACP members who are also long-standing members of AACAP have written letters of protest -- both before and after the vote was taken. Since we are still in the correspondence stage with AACAP it is too soon to say what, if anything, will be changed. If any ACP members have strong feelings about the matter please address your remarks either to me or to the president of AACAP.

Several committee changes have occurred. The chairs of the Committee on Health Insurance and of the Committee for a Thirtieth Anniversary Volume have been thanked for their years of dedicated service. We received an excellent report from our *ad hoc* Committee on Scholarly and Scientific Activities, which appears as part of the committee reports of the Executive Committee in the present issue of the *Newsletter*. When Stevie Smith ended her term on the Council, I asked her to chair an *ad hoc* committee on new members. Similar to our country's general population, our own organization has become top-heavy with older members. While their experience and wisdom is invaluable, we need to make it available to our younger members and to prepare them to assume

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President's Message . . .

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responsibilities in our organization. From my standpoint, it takes experience and wisdom to prepare our own replacements and succession. Organizationally I think that the ACP needs this. I have encouraged all committee chairs to include "younger" members on their committees and to use Stevie Smith as a major resource for those who are interested in working within the ACP. Conversely, newer and younger members who would welcome appointment to ACP committees should contact Stevie and let her know of your areas of interest. At the "Open Forum" discussion group in Toronto it became apparent that the ACP needs a long-range planning committee and this suggestion will be implemented shortly.

At the invitation of S. Teuns and the University of Amsterdam, ACP Members Denia and Tom Barrett, Ted Cohen, Steve Marans, Kerry Novick, Lilo Plaschkes, and I

will be participating in their summer session courses for child analysts and child mental health workers. We all see it as an opportunity to facilitate greater contact between colleagues in North America and those in Europe and to make our organization and our contributions both more international and more personal.

Leon Hoffman has assumed the task of planning for the initiation of a special newsletter to be addressed to our adult analytic colleagues. Since the "integrated curriculum" is still in innovative feature in many Institutes of the American, and since the long-standing prejudices and oral tradition which question the validity of child analysis may still be inculcated by some faculty members, and since many analysts of adults are loathe to refer a child for analysis despite ample indications for such treatment, an informational newsletter addressed to adult analysts seems to be an appropriate starting point. Once established, we contemplate targeting pediatricians, teachers, and the general public. Speaking as an individual, Leon has published letters to the editor in both the *New York Times*

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Note to contributors: Send contributions to the Editor at the address above. Deadlines fall one month before our publication dates of March 1, June 15, and October 15. If possible, send both hard copy and word processor files on floppy disks (3.5 or 5.25 inch ). MS-DOS format files (e.g., WordPerfect, MS Word) are preferred (including those created under Windows) but Macintosh format files are also acceptable. Contributions can also be sent via E-mail.

President's Message . . .

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and the *Wall Street Journal*. Since not all of us have the skill to express ourselves clearly, succinctly, and quickly, a special note of thanks goes to Leon for increasing the visibility and credibility of child psychoanalysts.

Peter Blos, our liaison to the International Psychoanalytic Association, has arranged for two half-day sessions -- one each on child and adolescent analysis -- at the San Francisco IPA Congress. In addition, Peter has arranged for the ACP to host a reception for all child analysts and interested colleagues on Tuesday, August 1, 1995, in the Marina Room of the Marriott (the Congress headquarters hotel). The reception, which runs from 6:30 until 8:30 p.m., follows the panel on Child Analysis and will provide us with an opportunity to meet many attendees from the Pacific Rim nations. Incidentally, at Bob Tyson's

suggestion the ACP has helped to underwrite the costs of the Chief of Child Psychiatry in Beijing to attend the IPA meeting.

It is with some sadness that I report that the Executive Committee felt that now was not an opportune time for the ACP to begin its own journal. Cliff Wilkerson, I, and others were quite enthusiastic . . . but wiser counsel prevailed. A journal requires more than enthusiasm for its success. However, as baseball fans in New York used to say, "wait 'till next year." Meanwhile we as individuals should do all we can to ensure the continued publication of *Child Analysis* (published by the Cleveland Center for Research in Child Development) and of the *Bulletin of the Anna Freud Centre* -- i.e., subscribe and support.

I close with best wishes for a restful summer vacation and a chance to catch up on some of your long-desired reading.

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From the Abstracts Editor

The concept of overstimulation as an organizing theme in this year's ACP Annual Meeting gave the members of our organization an opportunity to maintain our psychoanalytic position midway between biology and environment at a time when the pendulum has swung from the extremes of total psychological explanations to the other extreme of primarily biological explanations. References to the currently-fashionable diagnosis of ADHD arose in most of the papers and discussions of our meeting. I propose that we continue the thrust of our interest in overstimulation by developing a psychoanalytic subclassification of ADHD which preserves the uniqueness of individuals, preserves the importance of the child's inner world, and accommodates

the burgeoning knowledge about neurotransmitters, psychopharmacology, and cognitive functions. It is our task, as child analysts, to integrate these new neurobiological findings into our detailed and intensive work with children and families. I believe that if we perform our task well we will give meaning and direction to our colleagues who are primarily biological in their orientation. In the end, our patients will gain, because we will have preserved the richness of our psychoanalytic understanding which has accumulated over the past century.

Kent B. Hart, M.D.
Abstracts Editor

Book Notice

This spring, International Universities Press will be publishing a new book by Mrs. Erna Furman, *Preschoolers: Questions and Answers -Psychoanalytic Consultations with Parents, Teachers, and Caregivers*. This book, a sequel to Mrs. Furman's previously published, *What Nursery School Teachers Ask Us About*, includes a selection of CCRCDC Fall Workshop presentations as well as articles that have appeared in several different journals. The book is divided into three sections:

Part I addresses aspects of personality development and the parents' and educators' role in it - the development of self-esteem, of play, of the capacity to work and to cope with stress, and the different relationships with mothers, fathers, parent - substitutes and teachers which facilitate these maturational processes. Part II takes up several specific educational tasks and masteries - toileting, learning about the life cycle and the wider community, steps toward reading and participating in group activities. Part III deals with some special concerns - children in hospitals, prevention and detection of sexual abuse, and referral for help with difficulties.

Although each topic is presented as a separate unit, there is a unifying theme: To derive practical educational measures from a thorough understanding of the young child's individual feelings and needs and from appreciating and respecting equally the task of the caring adults.

In addition to the new book, two of Mrs. Furman's previously published books are soon to be released in paperback editions. This includes *What Nursery School Teachers Ask Us About* and *Helping Young Children Grow*. The latter text is now translated into Finnish and Polish. In the English paperback edition it will be divided into three volumes: 1) Relationships in Early Childhood; 2) Self-control and Mastery in Early Childhood; and 3) Needs, Urges, and Feelings in Early Childhood.

Order forms from CCRCDC can be requested by calling 216-421-7880 or faxing a request to 216-421-8880.

Racism and Psychopathology: Cultural and Traumatic Contributions to Mis-diagnosis and Under-diagnosis

Workshop A — The Vulnerable Child Discussion Group — April 7, 1995 — Toronto, Ontario, Canada

Chair: Theodore B. Cohen, M.D.

Presenter: Dale R. Meers, D.S.W.

Discussant: Roy Aruffo, M.D.

Coordinator & Reporter: M. Hossein Etezady, M.D.

In his opening remarks, Dr. Cohen commented that this workshop first began 26 years ago at a meeting of the Association for Child Psychoanalysis. The first meeting was concerned with poor children; Eleanor Pavenstadt was the presenter. International Universities Press now has published Volumes I and II of the work which has been presented at the Vulnerable Child Discussion Group meetings (both those held at ACP meetings and those held at the meetings of the American Psychoanalytic Association). Volumes III through VI are being planned. Dr. Cohen stressed the importance of the work on normal and pathological narcissism in dealing with vulnerable children.

In his presentation titled "Racism and Psychopathy: Cultural and Traumatic Contributions to Mis-diagnosis and Under-diagnosis," Dr. Dale Meers elaborated on the explosive hazards of narcissistic decompensation, defensive passivity, and sadomasochistic pathology in our inner cities. As our inner cities struggle with what might be considered a psychiatric form of AIDS, we remain indifferent, as if the problems of our inner cities have no consequence for the country at large. The little impact we might have on racism is less clinical than educational. What we know we utterly fail to convey to mental health providers, politicians or to the inner cities. If we confine ourselves to ethnocentric, white, middle-class theories and practices and declare the rest of the world as deviant and un-analyzable, the rest of the world will pay no attention to our warning that the percentage of untreatable, damaged children and adults is increasing. We cannot be heard by our black colleagues if we continue our devotion to models of cultural psychopathy that are racist in character. Conceptualizing black culture as just a darker shade of white ignores its cultural specificity, its history of caste and racist isolation.

Dr. Meers then reported selected material from his two-year, hospital-sponsored study exploring the community's use and understanding of the psychiatric services offered by the hospital. He warned that this data might be exploited in racist rhetoric. Having systematically, historically, and ruthlessly violated black families, our bigots protest blacks' potential for violence and their rejection of middle-class family conventions.

Dr. Meers described three generations of the M. family — Mrs. M., her 23-year-old daughter Ms. M., and Ms. M.'s two preschool children. Mrs. M., who rarely left her house, confided that her daughter had attempted suicide several times over the previous three years. Mrs. M. also admitted that she isolated herself and felt depressed and humiliated because her boyfriend was cheating on her. She

clarified that this was not the hospitalized boyfriend. The latter was, in fact, her common-law husband and the father of her three adolescent children. He was dying from a head injury suffered in a drunken fight. Mrs. M. took pills for her nerves. Her bad nerves dated back to age 3 when a teenage baby-sitter repeatedly urged her to jump from a window several stories above the ground. She had flashbacks of this event when watching violence on TV or looking out the window. Mrs. M.'s father died when she was young and she grew up with her mother, an aunt and a stepfather. At age 6 she spied and, with fascination and horror, watched the stepfather slap and sexually assault Mrs. M.'s aunt, who suffered mutely. At age 8, when she could no longer bear to maintain her silence, she informed her mother. This resulted in frequent and bloody parental fights.

Different from her mother, Mrs. M.'s daughter didn't speak of suicide, but of homicidal rage. She once took a knife after her mother's common-law husband who, while drunk, punched her in the stomach despite the fact that she was pregnant. She had long suffered the stepfather's refusal to work and his living off of her mother's welfare checks. He often put his fist through walls and set fires.

Mrs. M.'s daughter-in-law was the mother of three children, all under age four. She was beautiful and elegantly dressed. She kept her maiden name and explained that her alcoholic husband was often violent and the police wouldn't intercede if they thought the couple was married. Her mother had left the home because of the father's infidelities. She was disgusted with her siblings who were addicted to heroin and exposed their children to gross neglect. Her husband conceded that he was drinking too much, but considered this a work hazard as a janitor of a building which had a number of tenant prostitutes. He filled some of the gaps in the family history. He was the second of 5 children from his parents' formal marriage. When in elementary school, his mother abandoned the family to live with her boyfriend. The father kept the kids together and the kids made a common effort to keep the household together. They engaged in delinquent behavior in order to secure food and clothing the father could not afford. During his adolescence, the mother returned pregnant and with her boyfriend. When the father died, the mother, her successive three children and her common-law husband lived off the Social Security entitlement from her legal marriage.

Mrs. M. also had two retarded children, 15 and 18, whom she had never mentioned, explaining that she never talked to them or about them since there was nothing to say.

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Racism and Psychopathology . . .

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Cultural norms are shared community values. Anthropology has challenged Western psychiatry as imperialistically imposing notions of abnormality on cultures and behaviors different from those of the diagnostician. One culture venerates what another abhors. We are in conceptual error if we consider cultural manifestation as pathological.

The corrosive ghetto effects of chronic male sexual exploitation and violence starts in childhood and contributes to profound gender conflicts. Males protect themselves from caring and personal investment by macho abuse and derogation of females they yearn for. Females of the ghetto make virtue of necessity in the urgency of their own needs for intimacy. They are at risk for serial pregnancies. Compensatory priorities prevail. Oral gratifications are not inherently symptomatic, but their availability and cultural sustenance contribute to their potentiation as compensatory displacements. Drug use is not simply an oral indulgence, it's cool and an entrepreneurial option. Physical power and aggressiveness are rewarded and idealized in athletic heroes. Psychiatric imperialism is most evident in any clinical notion that aggressive action orientation is necessarily pathological and impulsive. Sadism or pleasure in inflicting pain is not solely reserved for perversion, it is indeed an anticipated aspect of vengeance.

Another error is when we label symptoms of traumatic origins as neurotic or psychotic illness. Chronically recurring trauma produces symptomatology that is not reducible without reduction in the source of the assault. It may be an incentive for victims to create their own reality which may appear as pseudo-psychotic.

In contrast with oral permissiveness, black mothers manifest a profound intolerance for anal eroticism, genital masturbation and incestuous play. In the face of overstimulation of their children, mothers respond with powerful interdiction.

While aggression appears to be culturally sustained, passivity is not. Intimidated male children regress to early infantile identification with their mothers. Action-oriented ghetto mothers misunderstand this transient defensive posture as evidence of homosexuality and use shame or punishment to force their children into aggressive mastery of anxiety. Masochistic disorders are masked by early and serial pregnancies. Substitute mothering, early and traumatic separations, culturally rationalized as irrelevant, lead to early ego impediments and profoundly influence later self and object constancy. Explosive adult violence, in which conscious feelings of love and affection are not sufficient to inhibit extremes of rage, fits this hypothesis.

As psychoanalysts we are burdened and blessed by insight in a world of purposeful blindness. We need to remedy the conceptual over-simplification that contributes to racist notions in psychiatry. When we fail to educate the public and our leaders and when we collude in imagining

that the psychological disasters will get better, we fail our children and our nation. Our reparative efforts appear unacceptable to the kids we want most to reach, the injured, angry and violent. They view middle class black staff with suspicion and it is doubtful they will ever accept white professionals. Malcolm X and Nathan Mecca found meaning and redefinition of self-respect. These youngsters might respond to some type of combination of the paramilitary Fruit of Islam with the U.S. Marine Corps, where each organization is disciplined, imperative and rewarding in their total commitments and demands.

It is doubtful that ghetto residents would want to hear or listen to us any more than the members of the American Psychiatric Association. We are in the curious position of being privy to a public truth that few want to hear, including our own colleagues.

In his discussion of this paper, Dr. Aruffo expressed admiration for Dr. Meers' pioneering work and his heartfelt attempt to communicate his findings to the public. He echoed Dr. Meers' concern about applying theoretical concepts appropriate for one population to a group with entirely different features and characteristics. He reported on an interview in a jail with a man who, along with five peers, had murdered a woman passing by after repeatedly raping her. In this culture and world view, this was considered what men would do. This man was convinced had he refrained from participating or attempted to help the woman, he would have been murdered himself. He felt anyone in his position would have done the same. Our knowledge of cultures is insufficient for allowing meaningful diagnosis of culturally sanctioned deviations. A very complicated question is how would we go about helping Mrs. M. in her silent suffering. Perhaps what we view as a subculture within our culture is nothing more than the disintegration products of a culture that at one time was intact and cohesive. What we see in the M. family may be viewed as a broad-spectrum ego deficit, rather than merely a form of narcissistic pathology.

Dr. Daniel Freeman noted that matriarchal societies with men warriors coming and going as transient figures have existed throughout history. The question is, does a culture stabilize enough to succeed in raising children whose traumatic experience can serve as strength? In Eskimo culture, children never achieve object constancy. Without this arrest in development they would not be able to survive the Arctic. As a result of the hypertrophy of mastery in movement of masses, an ego function specific to the practicing subphase, the Eskimos find their way in the dark in a landscape void of navigational aids. The epitome of a decaying culture, as in Dr. Aruffo's example, is the lack of ability to vicariously place oneself in the place of another. Dr. Freeman elaborated on the notion of cultural revitalization through auto-emancipation. He recalled the exodus of the Jews as slaves out of Egypt emancipated by one of their own. Moses was able to revitalize the culture of the Jews out of slavery by teaching them how to parent their children empathically. He referred to Henri Parens' parent education as one such program which has the

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potential for serving such purpose.

Dr. Galenson described her ten-year study of ghetto children in a therapeutic nursery with highly dedicated and analytically-informed staff members. There was considerable optimism based on the fact that intervention was offered to these children early in an enriched environment. They had individual therapists. Mothers met in groups and were seen individually. There were home visits. Findings included the predominance of hostile aggression in the homes and in the mother-child interaction. By the end of the first year, the beginning of a teasing and sadomasochistic behavior initiated by the mother was observable. Soon the child was enjoying and at times initiating this and later generalizing it to relationships with siblings, peers and others. There was a developmental arrest in the sadomasochistic phase. The absence of a father figure, who would ordinarily aid in deflecting the anal-sadistic aggression away from the mother during the second year, was a crucial factor. These children failed to enter the oedipal phase. Dr. Galenson felt that the circumstances under which these families live are in no way conducive to healthy upbringing of children. She felt working with this population calls for a personal commitment on political, social or economic grounds since these problems entail economic, social and political

implications. Intervention has to begin very early, be intensive with long-term and include men as a crucial missing ingredient.

In his closing remarks, Dr. Meers emphasized the importance of addressing the notion of covert racism in our own terminology and concepts. We are facing an epidemic and our jails are full. Narcissistic rage, humiliation, and continuous traumatization in individuals with ego defects and an environment inundated with violence and chaos can only result in explosion, hatred, and destruction — directed internally or externally. Our contributions and knowledge are badly needed, but no one is listening to us. They might, if we repair the problems with our metapsychology.

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Medical Procedures as Sources of Trauma / Overstimulation President's Workshop

Workshop B — April 7, 1995 — Toronto, Ontario, Canada

Presenter: Moisy Shopper, M.D.

Reporter: Aimee Nover, D.S.W.

At the President's Workshop, entitled "Medical Procedures as a Source of Trauma,"¹ Dr. Moisy Shopper presented a paper whose main thesis was that children's necessary medical procedures are experienced as traumatic. Even if a child appears to cope with the procedure and there are no ostensible negative effects, many children experience significant psychological sequelae and long-term adverse effects on development and functioning. Citing several clinical examples, Dr. Shopper demonstrated that the child analyst is in a unique position to recognize the multiple aspects, however subtle and latent, of the traumatic impact on the child.

There are commonly held misperceptions by both parents and physicians that often result in a failure to recognize adverse consequences:

- 1) young children, especially infants, have a very high pain threshold, i.e., do not experience pain;
- 2) if they do experience pain, it is quickly forgotten;
- 3) since a procedure is necessary, or even life-saving, the child will come to understand its benefit and thus

minimize any negative effect.

Dr. Shopper emphasized that for children "there is no such thing as minor surgery." Young children don't have the cognitive ability to recognize pain as a means to an end. Even older children, faced with certain medical procedures, can regress so that their appreciation of the beneficial motives of parents and doctors becomes obscured by anxiety. Parents, not wanting to see themselves as active agents in causing their child's pain, may also collude with physicians in denying or minimizing any detrimental psychological effect. In Freud's analysis of Little Hans, Freud did not appreciate the psychological meaning for Hans of his tonsillectomy.

After reviewing the "scant" literature pertaining to medical procedures as a source of trauma, Dr. Shopper presented five case examples. They emphasized the massive impact of medical intrusion at particular developmental stages and demonstrated how the sequelae became interwoven in mental structure at subsequent stages of development.

Medical Procedures as Sources of Trauma . . .

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Case #1 showed that even something as apparently innocuous (i.e., no pain, anesthesia, or bodily invasion) as eye-patching can impinge negatively on development. At the insistence of their ophthalmologist, the parents of a 2 1/2 year old child with strabismus forced him to wear an eye patch, when developmentally he was engaged in age appropriate striving for autonomy. He presented for treatment at age 8 with encopresis. Dr. Shopper "reconstruct [ed] that the combined parental and medical intrusion into his budding autonomy . . . increased his sensitivity to autonomy issues and increased his determination to protect and control the autonomy of his body" during the time of his toilet training. The lengthy patching experience also resulted in a sadomasochistic relationship with his parents.

Case #2 presented an adult analytic patient's speculation that her husband's selective withdrawal from her via T.V. and avoidance of physical activity was related to his early trauma of wearing a body cast for 12 months in infancy and being placed in front of the T.V. set for the time of casting.

Case #3 described a married woman who came for treatment at her husband's insistence because she always "faked orgasm." She was virtually unaware of her own emotions or feeling states. For example, early in her treatment she had not noticed an illness which turned out to be an advanced case of hepatitis, because she hadn't felt any discomfort. A lengthy analysis revealed that this woman had experienced cumulative trauma resulting from multiple repeated invasive medical procedures in her early childhood. The impact of this trauma was only uncovered in the analysis, another "treatment" which the patient experienced as a recreation of the childhood intrusions. For example, repeated interpretation of her defenses against the anxiety generated by fear of penetration by the analyst's interpretive remarks was a key element in her being gradually able to recover a rich inner life.

Case #4 described a beautiful young married woman who felt severely conflicted about her sexual promiscuity. Medical history revealed that from ages 14-16 years she wore a Milwaukee brace for 23 hours/day to correct scoliosis. Psychotherapy revealed that she had incorporated the "ugly" brace into her body image so that she became ugly and grotesque. The promiscuity was an attempt to obtain confirmation that she was attractive and desirable.

Case #5 provided a detailed analytic example of how a depressed and suicidal 18 year old girl's development had been compromised by initially unexpected and unexplained repeated pelvic exams and colposcopy starting at age 14. She came to regard her analyst as the mother/"rapist" who not only failed to protect her from intrusion [of the gynecologist] but colluded with the enemy. Dr. Shopper detailed how, in the emerging transference, her disabling symptoms (e.g., inhibition of sensation, curiosity, learning, and excitement, and her defense against overwhelming anxiety) related to her fear of being "examined" or

penetrated. For example, she had a dread of "taking in" anything from the analyst, intellectually or emotionally.

Dr. Shopper's examples illustrated his thesis that medical procedures can have adverse or traumatic impact on development.

Psychoanalysis, which allows for careful systematic intrapsychic exploration, can uncover just how the event is experienced by the child, i.e., how it impinges on phase-specific developmental tasks and intrapsychic structure, and thus colors subsequent development.

Our discussion emphasized Dr. Shopper's paper as an excellent example of applied psychoanalysis; his psychoanalytically informed presentation of the adverse impact of medical procedures on children makes a compelling case for preventive intervention.

In considering the effect of these medical interventions on children, an aspect that Dr. Shopper did not emphasize was the "pre-procedure" psychological status of the child. For example did the girls in Cases #4 and #5, each of whom who each submitted to repeated procedures that other teenagers often refuse or at least actively protest, have a relatively greater degree of passivity?

We also discussed the analyst's counter-transference potential in treating patients who have been medically traumatized. Based on his/her own experience with early medical treatment, an analyst could be solicitous, inattentive, intrusive, withdrawn, etc. In this regard, Dr. van Dam speculated that Freud's relative neglect of Little Hans' tonsillectomy might be connected to his own experience of an injury at age 2 which required stitches and/or to the premature death of his little brother.

We noted that in three of Dr. Shopper's cases the use of special equipment (i.e., patch, cast, brace) seemed to create particular psychological problems. For example, an apparatus may be experienced as an alien appendage, an actual body part, a badge of defect or a license for entitlement.

The group considered Dr. Shopper's paper an impetus for action. The current competitive climate among individual and institutional health care providers hopefully may work in the interest of greater receptivity to empathic and sensitive care. In practical terms, psychoanalytically informed child oriented care is more "user friendly" and ultimately more cost effective.

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¹ In Press, *The Bulletin of the Menninger Clinic*.

Infant-Parent Therapy -- Early Intervention A Video Presentation of an Infant and her Family (with Follow Up)

Workshop C — April 7, 1995 — Toronto, Ontario, Canada

Chair: Lilka Croydon, M.Ed.

Presenter: Elizabeth Tuters, C.S.W.

Discussant: Margaret Huntley, M.B.

Reporter: Sally Doulis, M.S.W.

Ms. Tuters presented a case utilizing video clips to illustrate a successful early intervention. She reported a series of four brief interventions involving approximately forty-eight sessions over a five-year period. She used the development of a therapeutic relationship, introspection, empathy and interpretation to effect changes in the infant-parent relationships.

The 14-month old infant was said to suffer from what the mother called "extreme separation anxiety," crying inconsolably when the mother left the room since the age of 5 months. The mother was also concerned that her infant had an "up-down confusion," she never called her "mommy" yet she called her father "Da-doo" (Greek for Daddy), and she banged her head on the floor or against the wall. The infant's mother was a 32-year old classical singer who had become pregnant as an alternative to pursuing her career following a devastating experience of losing her voice in an international voice competition. Historically, the mother's own mother had hoped to have a career as a concert pianist, but married and became a mother and a housewife instead. When the infant was 5 months old, mother decided to return to her career. This is when she began to experience the problems of leaving her infant. The father was a man 10 years older than his wife and a recent immigrant from Greece. He worked long hours which kept him away from home for extended periods. Both parents experienced abandonment and loss of an attachment figure in their young lives. At the time of the referral, father was concerned that he had relatively no relationship with his infant and he felt excluded from the mother/infant dyad.

To assess the attachment relationships, The Strange Situation Procedure developed by Ainsworth (1978) and the Adult Attachment Interview developed by Main, George and Kaplan (1985) were administered. In addition, an unstructured initial information-gathering assessment and a home visit were conducted which revealed an infant who clung to her mother, had flat affect and no eye contact, and stumbled when she walked. And, a free play session was held with each parent and the infant. A good relationship development was observed between father and daughter, whereas the mother turned the child away and introduced objects or toys and, in turn, the child turned her back on the mother.

The Adult Attachment Interview (AAI) with the mother revealed a dismissing-preoccupied adult attachment classification which corresponded to the infant's classification. It was not possible to score the father's AAI because his accent was too difficult to be transcribed. The Strange Situation Procedure found the infant to have an

insecure/resistant classification, specifically, disorganized/disoriented. The videos were utilized by Ms. Tuters to illustrate the mother/infant responses.

The infant's problems were formulated in relationship terms - that the infant and mother had an insecure attachment pattern which was dependent on the mother's representational world and the inter-generational transmissions of the mother's attachment style with her own mother. It was believed that the mother had conflicts around dependency and that she was carrying these into the relationship with her infant. The father was viewed as having provided a containing environment for his wife, but he had remained outside the mother-infant dyad, feeling it was not necessary that he be present. This was also culturally determined. Treatment goals were 1) to help the father establish a relationship with his infant and 2) to help the mother become aware of her mothering style in order to make changes which could allow her infant to establish a secure relationship with her.

The treatment process incorporated the use of video-viewing with the family (at the parent's request). Ms. Tuters utilized this as a rich opportunity to produce change, provided that a therapeutic alliance with the parents could be developed. Aware of (especially) the mother's vulnerability, Ms. Tuters focused only on the positive interactions between mother and infant, wondering along with the parents what the infant's nonverbal relatedness was communicating through the behavioural interactions with her mother. There was a gradual shift in the mother-infant relationship as the infant began to establish her mother as a secure base while playing out conflictual themes with play materials. As well, the mother reported on a significant shift within herself in terms of her own self-esteem and her singing voice. The first termination occurred at this point.

When the child was 2 years 8 months, the mother was pregnant again and she telephoned asking for help with the "inside baby," and her daughter's and husband's reactions to the birth of another child. Following the birth of the baby, the father and daughter sought therapeutic help to reestablish a relationship together, both feeling left out of the new mother-infant dyad, and, when the first child was 6 years old and the baby was 3 years old, the family returned again, this time, although pleased with the development of the children, both parents were concerned about aspects of their family and the marital relationship.

The treatment interventions focused on the therapeutic use of empathy to enhance (primarily) the mother's capacity to know her own affects and subsequently to develop the

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Infant-Parent Therapy . . .

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capacity to be attuned to the affective states of her daughter. The relationship with the therapist as a new developmental object for each parent was the impetus for change. Transference interpretations were not used. The parents were helped to understand their present relationship difficulties in terms of their past unresolved conflicts and identifications. The process was one of making the unconscious as the therapist observed the issues through the use of empathy and understanding.

Results of the interventions indicated that both partners were becoming aware of their relational patterns from their past, and the first child was back on the track of normal development. There was observable evidence that mother's attachment patterns with respect to her parenting capacities were significantly altered through the early intervention, as seen through the development of both children. The ongoing current work is to alter the attachment patterns that affect the partners' satisfaction.

In her presentation, Ms. Tutters drew on 1) Attachment Theory, 2) the use of Play to enable the child to experience her inner feelings and to work-through her relationship with her parents, and 3) psychoanalytic concepts from the Drive/Ego, Object Relations and Self psychological models.

The Discussant, Dr. Margaret Huntley, emphasized the importance of identification in this case. The infant, she said, instead of a true object tie with mother, identified with her... "Normally identification matures to a differentiation of self and other and a true object tie. When this does not happen, then symbolization also fails to develop." The infant in this case, "at first demonstrated disorganized fragmented play with no evidence of symbolization, but with the therapeutic intervention, symbolization in her play was evident and incipient object ties were in the making." Dr. Huntley continued, "severe separation anxiety is always accompanied by a weakness of identity of the self and a weakness of the awareness of the other's identity. This then extends to the child's relationships with those other than parents." The last play session, she said, suggested that the infant was on the brink of establishing a firmer sense of identity.

Dr. Huntley suggested that the work presented by Ms. Tutters could well be expanded to include work with older children where the development of more secure patterns of attachment between parents and children may facilitate a more rapid resolution of psychological conflict in children. Dr. Huntley did some work in this regard some 20 years ago with specific latency-aged children with successful outcomes.

In the discussion from the audience, Dr. Sylvia Brody commented that it might be a mistake to refer to the baby's acting like the mother as "identification"; identification is a defense mechanism which occurs later. The baby's behavior is something closer to "perception"; to use "identification" with a child suggests that behaviour is more irreversible. We, as analysts, might use object

cathexis instead of separation anxiety; the former is more optimistic than the latter. Attachment is a behavioural word and separation anxiety should not be. The mother leaves the child and feels separation anxiety. She knows she is going to see the baby but the baby does not know this; what the baby feels is object loss.

Another participant asked Ms. Tutters to be more specific about what she said to the mother to help her to recognize the shortcomings in her parenting and how she might change. Ms. Tutters commented that one thing she learned from the literature, especially Daniel Stern and from a daycare project where Ms. Tutters used observation, was that when working with high risk families, the parents know what they do wrong, but not what they do that is right. Therefore, the therapist must be careful to look for the positive interactions, and not in any way criticize the mother. Also, the therapist must believe that she does not know from outside the system what the child is trying to communicate, and so identifies with the parent and from the mother/parent perspective, that is, from inside the system, wonders with the parent what the child is communicating, thereby using the metaphors of the mother/parent to understand the interactions between parent and child. In other words, to hold the analytic position for the parent enables the parent to understand from within their inner world what the child is communicating. Once the parent gets in touch with his/her own feeling state, and conversely, the child's feeling state, the child feels understood and the child's development within the dyadic system takes off. Parents report, upon review, that the significant changes come when the therapist does not intrude but contains the parent's anxiety by holding the analytic position in order that the parent gets in touch with his/her own inner feeling state.

This was a wonderfully rich presentation of an early intervention with an infant and her parents with meaningful results.

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On Working With and Through the Parents in Child Therapy

Workshop D — April 7, 1995 — Toronto, Ontario, Canada

Presenter: Erna Furman

Reporter: Purnima Mehta, M.D.

At the ACP meetings in Toronto, on Friday, April 7, 1995, Mrs. Erna Furman began her presentation by noting that she was continuing with last year's theme: Working with families in child therapy.

Mrs. Furman felt that there was a wide divergence of opinions regarding the participation of parents in the child's treatment. She indicated that getting to know the child through the parents has a particular advantage. While she felt that most analysts and therapists do see parents, parents are seen, but not seen. By this she meant that, while parents are seen for continuity and allaying resistances to treatment, they are not respected as part of the work. This then brought her to her central focus regarding Winnicott's (1949) statement that there is no such thing as a baby - only a mother and baby. She stated,

The child's dependence on his parents for bodily and emotional survival and growth is not only a fact, it is also a factor in our every contact with a child and/or his family, be it a consultation, evaluation, short- or long-term therapeutic intervention, once-weekly psychotherapy or five-times-weekly analysis. It is the factor that is unique to working with, or on behalf of, *children* and it distinguishes our work as child therapists and child analysts from that of our colleagues who work with adults. We do not always live comfortably with this unique factor and do not always take it into account judiciously in our thinking and practical handling.

Mrs. Furman stressed that analytic intervention can create new conflicts between parent and child or exacerbate existing conflicts. While it is our job to help the child's development become phase-appropriate, it is also important to help the parent-child relationship become phase-appropriate and growth-adaptive. Hence, the issue is not how often the child or parents are seen, but that an attempt is made to understand and work with the relationship.

Mrs. Furman then proceeded to elaborate on aspects of the parent-child relationships. Parents invest emotions in their child, both as a loved person and as part of themselves. The object investment is normally the same for both parents, and while the narcissistic investment is mental for the father, it is both mental and bodily for the mother. Both parents age-appropriately complement a child's functioning, but this can extend also to complementing a young neurotic child's defense. She gave an example of the use of the mother for externalization of an inner conflict of a child. Interpretation of this externalization released the relationship of considerable tension.

It is this parental narcissistic investment that causes parental guilt and hurt when their child needs emotional help. Mrs. Furman stated very clearly that guilt and hurt are hallmarks of parenthood and prompt parents to get help for

their child; but, when left unaddressed, they can cause difficulties in the acceptance of a recommendation for treatment or in its continuation. Often the parents hand over the child "to be fixed" and distance themselves, making us feel the hurt, guilt and anguish that were theirs. She stressed that the ongoing mutual narcissistic investments between parent and child matter not only at the beginning of therapy, but also have to be taken into account throughout the course of treatment.

Mrs. Furman then went on to discuss the importance of an assessment of parental functioning as an aspect of the adult personality separate from other parts; parental functioning has to be evaluated in conjunction with the evaluation of the child. She felt that data-gathering during evaluation needs to be process-oriented rather than a chronological history-taking in order to allow for a more meaningful history to emerge. She then gave an example of a mother-child pair where the mother's attempt to cathect and care for her child like a much younger child were an attempt to ward off her hurt and distress at his illness.

She ended by emphasizing the need for the therapist to work on a continuous basis by focusing on phase-appropriate communication between parent and child and to attempt to communicate respectfully, neither isolated by barriers nor invading each other's boundaries.

A lively discussion ensued around issues of two parents having separate or contradictory agendas. The need to recognize ambivalences in both was highlighted. Further thoughts were voiced on whether exploration of parents' relationships to their parents is useful. Mrs. Furman felt that exploring this would serve as a defense against assessing current functioning aspects, both surface and hidden parental functioning which can then be more useful to the child.

A final point was raised about which transferences of parents onto the analyst are useful and essential to address. Mrs. Furman described all parents as being in a developmental phase. Hence child analysts get a developmental transference in terms of their parental functioning. This needs to be identified and recognized with the parent — i.e., the parents wish to be and to feel effective with their growing child, phase appropriately. Additionally, the analyst not only needs to explore but to respect the meaning that a child has for his parents.

The workshop ended on a salient note: A crucial goal of child therapy is that parents and child develop a mutual enjoyment of one another.

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Unbearable States: An Atypical Child's Response to Overstimulation

Workshop E — April 7, 1995 — Toronto, Ontario, Canada

Chair: Thomas Barrett, Ph.D.

Presenter: Lorraine Hoffinan Weisman, L.P.C.C.

Reporter: Janet Morrison, M.A., M.C.A.P.C.T.

Lorraine Weisman presented Max, an atypical child who “experienced overstimulation at every developmental level” with the result that there were “profound interferences in his drive development, ego functions, and relationships.” Ms. Weisman described her work with Max over a four-year period when he was between the ages of five and nine.

Max's mother had been bedridden during most of her pregnancy due to severe bleeding and pain. She had miscarried a short time before her pregnancy with Max. As an infant, Max had constant intestinal pain as the result of an undetected allergy to cow's milk. Max's mother was deeply disturbed, having a chaotic inner world and being subject to annihilation anxiety, somaticization of affect, and primitive aggression. She had no boundaries and was entirely unable to contain her son or to impose any consistent rules even with regard to safety. She was intrusive with regard to the care of her son's body and also with respect to his learning.

Max's father was exposed to considerable aggression and physical abuse as a child and he had a terrible temper and many violent outbursts. Both father and mother spanked Max regularly from the time he was one year. The relationship between the parents was highly conflictual and there was constant tension and frequent fighting. The possibility of divorce was always entertained. Often the entire family was engaged in a violent altercation. Max functioned as a “lightning rod for aggression” at home. At a very young age (he was still in a crib) Max observed a primal scene at least once and possibly several times because his room was directly across from his parents' and they did not close their door.

Max had a fear of toilets, vacuums, fires, and firetrucks — “things that devour and burn.” He had very poor language development and often reverted to idiosyncratic speech. He felt himself to be omnipotent and was violent, inflexible, and hypervigilant. He lacked boundaries and was incapable of understanding the feelings of others. Ms. Weisman determined that Max's mother required external chaos to stave off anxiety with regard to her own internal chaos. When Max functioned well, his mother “pulled away” and experienced increased somatic symptoms. Max came to state his problem this way: “If I want to keep my mother, I have to be crazy.”

Thomas Barrett began the discussion period by commenting on the absence of boundaries in Max's experience — boundaries between self/others, inside/outside, past/present, animate/inanimate, male/female. He suggested, and Ms. Weisman agreed, that a large part of the therapy involved being a “boundary builder.” Ms. Weisman said that Max's experience of being parented was devoid of containment, integration, or soothing and that she had had to supply these. Ms. Weisman said that she could not hold Max

when he was violent. She relied on her voice to calm and control him. She said that Max had no defenses and no repression at the time his analysis began and also little language. It was her task to help Max build “self protectiveness” as well as “processing capacities.” She considered herself not merely a transference object but a developmental object in that she was “building something new.”

There was a general discussion about the task of introducing affect in therapy and how this can be accomplished. There was general agreement that the therapist must attempt to correctly identify and to label affects for the child; over time the child will bring the feelings and the labels together. This is what occurs between caregiver and child in the normal course of development. Nathaniel Donson commented that sadness is the most difficult affect for children to acknowledge because it is the most painful affect — bringing a sense of aloneness, isolation, and helplessness.

The discussion turned to a consideration of Max as an “atypical” child who is overstimulated as opposed to a “typical” child who is overstimulated. Robert Furman suggested that the use of the designation “atypical” was diagnostic and as such, Max was severely “atypical.” Several discussants remarked on the importance — when working with very atypical and eccentric children — of realizing and accepting that these children will never be typical or “mainstream” and that the task is to help them be better individuals than they are but not essentially different individuals than they are. Ms. Weisman reported that Max is still very disruptive at home but that he functions well at school and is an above-average student. He is no longer violent or omnipotent and he has achieved phase dominance (latency). Everyone agreed that this was a remarkable accomplishment.

Martin Silverman asked Ms. Weisman how Max described the primal scene to her and how his experience was different than it might be for other children. She said that Max described the primal scene first as “car crashes” and then with words as a “fight at night,” a “terrible fight.” Ms. Weisman said that the experience for Max was different in that intercourse was seen, not just as a fight but as an “annihilating fight.” It was also different in that Max was confused about excitement and aggression and that seeing intercourse had created great confusion in him. It was further suggested that, because Max had an omnipotent fantasy of being in charge of the household, in causing the aggression and the fights which transpired, he felt more excluded, injured and helpless than a typical child would feel.

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Unbearable States . . .

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Finally there were several questions regarding Max's mother and her functioning. Ms. Weisman said that Max's mother had refused treatment for herself and that this was respected despite the severity of her difficulties. She was faithful in bringing Max to the therapeutic nursery and to his

analytic sessions, probably because she felt nurtured and "mothered" by the therapist. She developed more serious somatic complaints as Max improved and she says she intends to call the therapist every day when Max no longer attends therapy.

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The Opening Phase in the Analysis of an Adopted Four-Year-Old Girl

Workshop F — April 7, 1995 — Toronto, Ontario, Canada

Chair: Laurie Levinson, Ph.D.

Presenter: Sylvia Welsh, Ph.D.

Reporter: Ilene T. Young, Ed.D.

As a contribution to our discussion and understanding of the impact of over-stimulation, Dr. Welsh presented material taken from the first year of the analysis of a four-year old girl, Janey.

Referral: Janey's parents, Mr. and Mrs. C., had been referred by Mrs. C.'s therapist. Both parents found Janey to be precocious in all ways, but there were a number of difficulties. Janey's frustration tolerance was very low. She had compulsive habits: nail-biting, nose-picking and masturbation; occasional bed-wetting; and great difficulty at transition times. Janey was obsessed with death and seemed anxious about her safety. Bad dreams disturbed her at night. Mr. and Mrs. C. finally sought help when Janey's nursery school informed them that they were having difficulty controlling her inappropriate behavior, her "wild" play, and her physically aggressive treatment of other children.

Development: Janey's sister was adopted when Janey was two. At this time, her mother left home for ten days. The C's then moved to another apartment. Janey's probably-abusive baby-sitter was fired. Janey's loved cats were given away. At around age three, Mr. and Mrs. C. told Janey that she was adopted (had come from another mommy's tummy). Janey responded in a way that was characteristic of her defensive style: she simply seemed not to hear. Recently, however, Janey had begun to actively deny the adoption.

Mrs. C. revealed that, for the first two and a half years of Janey's life, Mrs. C. had had as little as possible to do with her. Janey's father had provided most of the mothering. With Mrs. C., loving physical contact was simply absent.

An important experience in Janey's life concerned medical treatments for a facial hemangioma. From six months to perhaps fourteen months, Janey underwent painful laser treatments every three to four weeks. Janey was hysterical during these times and had to be physically restrained by her father. Janey's extreme anxiety finally caused her parents to discontinue the treatments.

Analysis: From the beginning of the first session of her analysis, Janey "took over." She began to play and

instructed the analyst what to say and do. Janey's fears, her denial of those fears, her intense need to control, were all evident.

Dr. Welsh outlined her impressions of Janey in the first few sessions. Janey was determined to get what she needed from the analyst. The analyst conjectured that Mr. C. provided enough love in Janey's infancy to enable Janey to maintain a basically positive orientation toward the object world. From the beginning, Janey seemed overexcited, probably by an onslaught of conflicting feelings. Her psychological state of excitement was felt by her as bodily excitement, and she seemed to need release through physical activity. Through displacement onto the toys, Janey could most often maintain some equilibrium.

Loss and separation most clearly challenged Janey's usual defenses. Dr. Welsh described some sessions in vivid detail. This brief summary can only hint at the richness of the clinical material.

In the first months of the analysis, the need to find a way to master an overwhelming sense of helplessness, probably connected with traumatic and over-stimulating experiences, was central to Janey's play. Janey's fears of death were also clearly evident. In the third month of treatment Janey talked about masturbation and about the "little round green things" which moved on the walls and into her bed and scared her (perhaps a reference to the green light of the laser machine in her early medical treatments). Aggressive themes involving parental figures intensified as Janey kept killing and eating her objects. The analyst interpreted Janey's wish to kill her parents along with her dependency on them and her love for them. Janey's aggression, greed and excitement filled the sessions in displaced form, and Janey improved at home. She expressed her fears in a great variety of ways and she continued to talk about her fears of dying and of being alone. Dr. Welsh interpreted to Janey that she was afraid that she would die because she did "bad" things, like masturbate ("rub").

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Analysis of an Adopted Four-Year-Old Girl . . .

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Leaving the sessions became very difficult for Janey and she was feeling "angrier and angrier." It was clear that when something scared Janey or made her sad, she needed to become strong and powerful in her play.

Similarly, Janey turned passive into active in regard to her adoption, illustrating in her play her need to be the one who leaves, not the one who was given up. Janey's fantasy that her birth-mother was dead, an angel in heaven, clarified the wish behind her fear of death — to be reunited with her birth-mother.

In her play Janey attempted to communicate her desperate feelings about the loss of her mother when her sister was adopted, her adoption, and the analyst's vacation. Cannibalistic impulses and fantasies took center stage and gradually yielded to a period of intense phallic wishes and conflicts.

Eight months into the analysis, Janey made clear reference to the laser treatments in her play. Although she continued to struggle with her wish to be a boy, Janey began to value her feminine characteristics. She began to enjoy friendships with other girls.

In the last session reported, the analyst confronted Janey's denial that she was adopted. Janey cried and then attempted to "kick her feelings out" by singing and dancing. Janey was later able to admit that she was adopted, but that it had hurt too much to remember it. Now she felt she had two mommies.

The presentation concluded with the analyst's belief that overstimulation may serve as a defense against painful affects, thoughts and fantasies.

Discussion: In the lively discussion that followed, workshop participants raised a number of issues: First, in regard to the issue of adoption, many questions were raised — i.e. when and how a child should be told of her adoption and the importance of the adoptive parents' resolution of their own feelings about adopting this child. It was noted that as an adopted child, Janey had a very early anlage for overstimulation.

Janey's fear of death seemed to contain a wish to be reunited with her biological mother as well as a representation of her intense separation anxiety.

Janey poignantly addressed this issue when, in reply to the question about why she had been acting as such a terror to the adults in her life, she replied, "Because I don't see my mother enough."

There were many comments and questions about Janey's problematic relationship with her mother and the ways in which Janey's high activity level might be a defensive response to an unsatisfactory relationship with her mother. The group discussed Janey's defensive use of overstimulation. A child who uses this kind of defense, it was pointed out, can look like an ADD child. Janey may have used sexual stimulation, for instance, as a diversion, one of the ways she "kicked her feelings out." Janey's high activity level may have been either in identification with

her mother, who also had a high activity level, or in disidentification with the mother, who, in terms of empathetic mothering, was passive and unavailable. It was clarified by the analyst that Janey was overstimulated in some ways and understimulated in others, which is very much what Janey does to her mother. The question was raised as to whether Janey and her mother were a bad match. It seemed that Janey's mom wanted the "ballet" kind of girl, whereas Janey was more the "sports" kind of kid. Janey's mom had also received no responsive mothering, and this made it very difficult for her to give to Janey what she herself was deprived of.

The group was reminded that Janey had many positive characteristics. In the first session she trusted the analyst almost completely. There seemed to be something grounded about this child. She had an exceptionally good ego, and never really lost control. She knew how to make use of the analyst. One could sense that Janey was trying to master her aggression. In this way she was very unlike another adopted child in treatment with one of the participants, whose sadism was profound.

Dr. Welsh raised the question whether Janey was developing a sado-masochistic character. Janey often bruised herself, and may think of herself as "the bruise that her mother adopted." In talking about the painful, repeated laser treatments Janey had to undergo, participants wondered if it was possible that the small green light of the laser machine was represented in the "small green things" that Janey fears, and therefore existed as a preverbal memory for Janey. Should the analyst make a reconstruction when the child doesn't have a verbal memory?

Discussion concluded with compliments to Dr. Welsh for her skilled and stimulating contribution to the ongoing exploration of the topic of overstimulation.



Correction

The following candidate members were listed as from the Baltimore-Washington Institute for Psychoanalysis in the March, 1995 issue of the *Newsletter*. They are, in fact, from the Washington Psychoanalytic Institute.

Tarpley Long, M.S.W.
 Randi Finger, Ph.D.
 Alicia Guttman, M.D.
 Denise Fort, Ph.D.
 Charles Ragan, M.D.
 Beatrice Smirnow, Ph.D.

The Analysis of an Overstimulated Girl in the Phallic Phase: Reconsideration of Jones' (1933) "The Phallic Phase"

Workshop G — April 7, 1995 — Toronto, Ontario, Canada

Chair: Donald Cohen, M.D.

Presenter: Leon Hoffman, M.D.

Reporter: Karen Chapin, Ph.D.

Dr. Hoffman presented the case of Dana, a four-and-a-half-year-old girl, who had a history of wetting and soiling. Dana had a brother, six months of age. Both her parents were in treatment. Analysis was recommended for Dana.

Dana's early toilet-training experiences were replete with fighting with her mother, to the point where her mother did not change her sheets for several days. Despite behavioral interventions, sphincter control was not promoted. When her brother was born, Dana's symptoms increased. In addition to soiling, she bit her nails, developed phobic symptoms, and had nightmares. Dana displayed aggression during her sessions, at times becoming so angry that she screamed and tried to hit the analyst or to destroy objects. Sometimes the analyst had to hold her in order to contain her. On occasion she expressed the desire to see the analyst's penis and to watch him peepee. After suggesting that she wanted to examine his penis, she would then proceed to decapitate and delimb all the dolls with which she was playing.

Dr. Hoffman suggested that Dana had been an "overstimulated child" by virtue of her difficulty with separation from her mother and her intense aggression toward her brother. Dr. Hoffman felt that she had experienced both her separation from mother and the birth of her brother as "traumatic." In support of this, he cited Esman's concept of the "stimulus screen," rather than "stimulus barrier." Esman suggests that

infants from birth will seek out and respond to those stimuli which they can assimilate and to which they can accommodate.

Dr. Hoffman maintained that the construct of the "overstimulated child" was of a child "whose capacities to master stimuli are inadequate and who is thus overwhelmed by longings, deprivations, erotic stimulations, or other internal or external stimuli."

During the course of her analysis Dana vacillated among her fear of abandonment, concern about separations and attachments, and her preoccupations with penises (her brother's, as well as that of the analyst). She also exhibited herself by dancing and "ice skating" in Dr. Hoffman's office. Dana's preoedipal trauma was so great and occupied such a place in her analysis that Dr. Hoffman wondered whether the phallic phase that she was currently experiencing was the result of a "usual 'normal' progressive forward developmental movement" or was, in fact, a compromise formation where the phallus served as a substitute for an object that was not available (Jones, 1933).

Dr. Hoffman demonstrated that both separation themes and phallic themes were present in Dana's analysis. The strength of her preoedipal striving, as well as the

overstimulation, indicated to him that she had suffered trauma. As a result, Dr. Hoffman felt that her material indicated that she had a preoccupation with phallic-castration themes but that this was a compromise formation triggered by the unavailability of her pre-oedipal mother.

Dr. Hoffman's presentation was followed with a stimulating discussion by Dr. Cohen. He discussed the case, first describing the mother's pregnancy and the birth of Dana's brother as overstimulating to Dana. He saw the mother as being very ambivalent toward Dana. He then discussed Jones' position as postulating no phallic phase but rather primary femininity, with the belief that girls are driven to maintain the female. If this is postulated, then phallic striving in girls will be seen as regressive and defensive.

Dr. Cohen pointed out that Dana displayed both phallic and oedipal striving. She was envious and also competitive. He saw her behaviors as expressing sado-masochistic striving. He saw Dana as envious and jealous of her mother for having a baby. Dana then felt the fear of the loss of her mother's love, which would be a punishment for her oedipal striving. Dr. Cohen saw her conflicts at more of a phallic level in the transference. He saw Dana's conflicts as a young girl who had difficulty achieving triadic relationships and thus regressed to dyadic.

In the discussion that followed, an interest in the overstimulating event was of concern to those in the audience. It was felt that the fighting of her parents, the birth of her brother, and bathing with her brother were all overstimulating. It was suggested that perhaps the most difficult for Dana were the true battles between her parents. What constitutes overstimulation did not achieve a consensus.

Further discussion concerned whether the phallic phase was even helpful as a concept. Since clinically, people handle castration from a reparative position, it could be seen as defensive against a sense of genital damage. It was stated that Freud started with the oral, anal, and genital stages and only later, in an attempt to understand girls, was the phallic added. It was further stated that even Anna Freud did not disconfirm Jones.

It was also suggested that this amount of concern about a penis may not have been related to the present time in Dana's analysis but rather it may have been due to early trauma. Questions were asked about possible sexual abuse and issues related to the primal scene. Dr. Hoffman did not feel that sexual abuse had occurred and could not be sure about primal scene observations.

There followed a discussion about the relationship

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Overstimulated Girl in the Phallic Phase . . .

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between Dana and her mother. It was felt that Dana had experienced maternal deprivation. Dr. Hoffman believed that there was an insecure attachment between Dana and her mother and that perhaps father was more of a maternal figure to Dana than mother.

This presentation was very thought-provoking. It brought the issues of overstimulation, threat of loss of love, and the issues of the phallic phase to a place where they could be discussed and delineated. It was most helpful, and all who attended were well informed.

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Early Female Masturbation: The Analysis of Pregenital Masturbatory Fantasies in a Pre-latency Girl

Workshop H — April 7, 1995 — Toronto, Ontario, Canada

Chair: Phyllis Tyson, Ph.D.

Presenter: Jack Pelaccio, M.D.

Reporter: Robin Holloway, Ph.D.

Dr. Pelaccio's fascinating paper is a contribution to our understanding of female psychology through the examination of some of the sexual fantasies of a young girl, Sarah. The paper attempts to articulate in an experience-near manner Sarah's version of what it meant to her to be a girl. Sarah's fantasies as they came into view during her analysis were understood as deriving primarily from her "girl's body matrix," that is, from her own erotic bodily sensations. The paper examines how Sarah attempted to come to terms with her body and her erotic bodily feelings. In Sarah's analysis, such erotic bodily feelings derived primarily from urethral and peri-urethral uro-genital sensations.

Dr. Pelaccio differentiates between fantasies/theories a girl may construct to explain why her body differs from that of a boy (the focus of classical analytic theorizing) and fantasies/theories driven by the girl's body and erotic sensations from her body. It is the latter and not the former which, for Dr. Pelaccio, have the primary influence on a girl's developing psychology.

In her discussion, Dr. Tyson underlined this difference. We may try to understand the "dark continent" of female psychology using the old maps which are rooted in male psychology. Alternatively, we may construct new maps based on theories little girls construct in their efforts to form a female sense of self based on a female-body matrix. Sarah is consumed by attempts to make sense of her body. Sarah's theories about her body matrix are organized in terms of her preoccupations with urethral and anal functions. The "old maps" do not enable us to understand Sarah's urethral eroticism and withholding of urination. The "new map" which Sarah's analysis has begun to sketch may help us to understand something about female masturbation based on the common enervation of urethra and vagina, and about the urethral mode as a source of sexual stimulation in girls.

Although Sarah may well have had erotic overstimulation from outside sources (primal scene observations), Dr. Pelaccio notes that Sarah's masturbatory excitement, as shown in her masturbatory play, was driven

primarily by erotic sensations from within her body. As noted, her masturbatory play focused on fantasies of a pre-genital nature in which the urethral and anal sphincters were predominant. Specifically, Sarah would masturbate by pressing her hands against her genitals while fantasizing she was holding back a powerful urge to urinate, what she called "holding it in." Holding back a full bladder was always the central aspect of Sarah's masturbatory fantasies. These fantasies involved sensations which from Sarah's point of view originated from the urethral sphincter and peri-urethral musculature.

For Dr. Pelaccio, one question raised by Sarah's material is whether in adult females, conflicts involving the urethral and anal sphincters might not have a central role in their conflicts around genital pleasure and orgasm.

Another aspect of Sarah's material was her guilt and fear of punishment by means of genital injury for her experience of these pleasurable uro-genital erotic sensations. The worry about genital injury as punishment for her pleasurable genital sensations was a central aspect of her analysis.

In the discussion, it was clarified that Sarah had slept in the same bed with her parents for some time, and that the likelihood of primal scene observations was thus very high. Sarah's description of the parental intercourse was one of the parents "hugging and peeing and pooping" on each other. Dr. Pelaccio suggests that this description of the primal scene was significantly colored by Sarah's pre-genital bodily sensations, and her erotic urethral sensations in particular.

Dr. Pelaccio comments that Sarah's bodily sensations and their centrality in her masturbation fantasies is evidence for a particularly female matrix of bodily sensations which is crucial for female psychological development. Sarah responded to her father's penis as a stimulating erotic object, and she responded to it with specifically uro-genital sensations of pleasure. Castration anxiety was not a central theme for Sarah. Her anxiety derived primarily from guilt

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Early Female Masturbation . . .

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over her erotic uro-genital sensations.

Dr. Pelaccio's paper sparked a lively series of comments from the audience. Dr. Chused felt that Sarah's problems were not primarily oedipal in nature, that Sarah had no solid self-representation nor had she internalized sufficient controls to make her comfortable with her impulses. This led to the intense feelings of guilt and shame which she expressed.

In her commentary, Dr. Tyson noted that the "old maps" avail us little in understanding Sarah. Theories of genital inadequacy and castration do not help us to understand Sarah's fantasies or her urethral eroticism. It was also noted how Sarah's attempts to understand her female body were applied by her in her attempts to understand the male body, an ironic reversal of the classical psychoanalytic approach.

Several commentators raised the issue of whether Sarah suffered from significant ego defects. Sarah's difficulties in tension regulation may have implications for the intactness of her ego and for how she perceived the primal scene. In response, it was noted that Sarah had slept in the same bed as her parents for some time. The intensity of the stimulation to which she was subjected was likely so great that any possible ego defect would be secondary to this level of environmental overstimulation.

It was noted that a sibling was born when Sarah was

two years of age, at a time when she was likely being toilet trained and when she was thus struggling with urethral and anal issues. One commentator wondered whether Sarah would have been enraged at her mother for bringing in a new infant at this time. Dr. Pelaccio commented that Sarah was enraged with everyone, including her sister and her mother. Another commentator speculated that Sarah's focus on the urethra could have been a by-product of her development in which many experiences may have been organized around urethral issues. Sarah may have had struggles around toilet training and related urethral and anal issues, and likely had the experience of her new sibling in diapers.

Another commentator linked Sarah's fears around "holding it in" to her not being able to "hold it in" in terms of her anger and affect displays. A possible connection was also suggested between Sarah's "holding it in" fantasies and fantasies about pregnancy.

Dr. Pelaccio's paper was well received. The audience concurred in reacting to the paper as contributing one piece to a new map of the "dark continent" of female psychology.

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Plenary Session on Overstimulation

April 8, 1995 — Toronto, Ontario, Canada

Chair: Jack Novick, Ph.D.

Presenters: Audrey Gavshon, M.S.W. and Claudia Lament, C.S.W.

Discussant: Donald Rosenblitt, M.D.

Reporter: Steven Shulruff, M.D.

Jack Novick, Ph.D. convened the Plenary Session of the Association's 30th Annual Meeting held in Toronto in which Donald Rosenblitt, M.D. discussed case presentations by Audrey Gavshon, M.S.W. and Claudia Lament, C.S.W.

As Dr. Novick introduced the session on "Overstimulation," he reminded the audience that we are all practitioners of an art that facilitates the unfolding of the child's unique story . . . in a culture in which the essential uniqueness of each individual has been lost.

After reminding the group of other times when "small bands" guarded and preserved their culture's "ancient stories," Dr. Novick suggested that child psychoanalysts also need to band together to "preserve and pass on the tradition that children have an inner world." He decried the current phenomenological emphasis on describing and categorizing disorders — rather than listening and understanding each child — which has led to an

increasingly high rate of diagnosis of AD/HD treated with medication only.

Dr. Novick introduced the two presenters as "superb listeners and tellers of psychoanalytic stories" and then both Ms. Gavshon and Ms. Lament shared not only the tales of the children they treated but their own stories of the analysts' experience of working with overstimulated and overstimulating children.

Ms. Gavshon's paper, "**The Analysis of a Child Overstimulated by Environmental and Medical Factors**," described the treatment of a girl whose overstimulation in all developmental phases had led to severe impairment in object-relatedness. Suzie was eight years old when she began her three-and-a-half-year analysis which had been precipitated by overly-sexualized behavior at age six. In addition she struggled with long-standing eating problems, battles over toileting, no friends, and

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Plenary Session on Overstimulation . . .

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school failure (although her full scale I.Q. was 120). She was extremely demanding of others and irritatingly slow at performing any independent tasks.

Suzie's mother was an overweight and overpowering woman who would break down into incoherence when she became anxious or excited. She described Suzie's early history in only glowing terms. Suzie's development had been "terrific" until age fifteen months when her father suddenly left after revealing a long-standing, secret affair with a beautiful, famous actress. Father had little further contact with Suzie. The mother, whose intense involvement in rearing Suzie had made her unaware of the father's growing alienation, was shattered. From that time on, the mother's relationship to Suzie changed. The mother now related to Suzie with desperate and ambivalent attachment. She became unable to set limits and began engulfing Suzie in excessive embraces. Suzie began eating less and, while her play and sleep were "wonderful," she became "very nervy" and cried a lot.

At age four Suzie developed irritation and bleeding around her vagina that, after many medical investigations, was eventually diagnosed as a benign but painful skin condition. Although toilet training originally had been easily accomplished at thirty months with a nanny, Suzie and her mother became entrenched in toileting battles as Suzie increasingly refused to urinate, defecate, or wipe herself because of vaginal pain exacerbated by her scratching, poor hygiene, and secondary infections. In addition, mother had to apply medicine to Suzie's vulva. However, between the ages of four and six, whenever she was on holiday alone with her maternal grandparents, Suzie would gain weight, have regular and painless bowel movements, and her vaginal infection would resolve.

At age six the father, a brash and overconfident man, abruptly contacted Suzie, invited her to live with him, quickly became disappointed in her, and then rarely saw her again. When Suzie began analysis she looked underweight, pale, and gaunt; she smelled of urine. Ms. Gavshon quickly realized that the immediate analytic task was to bring the infantile messiness that tied Suzie and her mother into the analytic realm where it could become conflictual, available to analysis, and allow some relief to her body from the painful and socially-debilitating symptoms. Many of her symptoms disappeared quickly as the analytic process evolved.

This successful analysis was especially intense because Suzie challenged the relationship so often and in so many ways. Ms. Gavshon told the story of how Suzie attempted to turn her own experience of being attacked, flooded with excitement, abandoned, denigrated, despised, and loved (sometimes all at the same time) upon Ms. Gavshon in the analysis; the tale was told with admirable honesty and compassion for her young, suffering patient. Ms. Gavshon's ability to tolerate, metabolize, and integrate this overstimulating array of affects and ego states served

as the experiential foundation from which Suzie could begin to use interpretations. Ms. Gavshon's interpretations at first focused on "baby Suzie" feelings to help Suzie develop the link between behavior, affects, and ego states. From there the analysis addressed Suzie's intrapsychic conflicts, especially as they evolved in the transference.

Ms. Lament's paper, "**What David Knew**," told the fascinating story of an eight-year treatment process for a boy for whom psychoanalysis itself could at times be the medium for overstimulation. Ms. Lament first met David when he was ten years old. He presented at that time as unfocused, disorganized, thirty pounds overweight, and with an uncontrollable temper. At the same time, he conveyed a loneliness and vulnerability which he tried to soothe with a fantasy world filled with super-heroes.

David had been born in the midst of the disintegration of his parents' marriage which ended when he was three after the father left the home because of an affair. Both parents reported that his early developmental milestones were normal but they had little awareness of the effects of their relationship upon David. The parents viciously attacked each other in front of David and used custody of him as a weapon in their frequent, bitter battles.

Treatment, too, became a focus for the parents' intense conflict. The father had become a zealous and pseudo-expert proponent of psychoanalysis. He and his two older sons were already in the midst of lengthy psychoanalyses. David's mother however, had become antagonistic towards psychoanalysis. Prior to the divorce David's father had convinced her to begin an analysis which she had only endured and then broke off.

David's treatment began at once a week and gradually evolved over the next five years to three times a week as the mother became more comfortable. When David was fifteen and a half, he himself initiated psychoanalysis at four times a week which continued until he left for college two years later.

As Ms. Lament detailed the beginning years of David's treatment, she also told the story of an analyst's sensitive and empathic therapeutic interventions based on the poignant realization that her own psychoanalytic talents were actually fueling a treatment impasse.

Although David's play was rich with fantasy material, he had not improved after several years of treatment. In addition, he reacted to the analyst's interpretations of his play by becoming blank and distant. When Ms. Lament talked with him about this process, he revealed, for the first time, that "my Dad analyzes me all the time." David explained that he felt his father knew his thoughts and feelings better than he did himself. His father freely and frequently "interpreted" the most intimate heterosexual and homosexual themes. In fact, his brothers did this to him too. Ms. Lament realized that this family "psychoanalysis" had become an overstimulating, intrusive and "bizarre rite of passage for the male members of the family tribe" that was being replicated in David's experience with her.

David responded well to Ms. Lament's capacity to become attuned to his needs as she addressed the process

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Plenary Session on Overstimulation . . .

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with him directly. Over a period of time he realized that he had no awareness of his own, true feelings. The treatment then changed. He went from passively submitting to psychotherapy to actively initiating psychoanalysis at four times a week. That phase of treatment was marked by David's attempts to pull together an identity for himself out of the confusion and rage of his past so he could successfully proceed on with his adolescence.

Dr. Rosenblitt discussed these cases in the context of his work with disturbed children at the therapeutic nursery of the Lucy Daniels Center for Early Childhood in Cary, North Carolina. He began by articulating a clear picture of the child's state of overstimulation when the

capacity to engage in current tasks and maintain a progressive developmental momentum is compromised by the child's need to devote ego resources to the management of internal and external excitation Overstimulation may be manifested by experiences of flooding and disorganization in the psyche, or through characterological rigidities, ego deformations or object-relational impairments.

Dr. Rosenblitt defined four areas of developmental interference caused by overstimulation. These children seek excitement as a way to provide internal organization rather than through object relations. They show difficulties in the developmental line of affect, such as inability to experience, process, integrate, and verbalize affect. These children have no organized phase dominance which underlies their frequent, unstable shifts between developmental levels. And they have profound disturbance in the capacity to play which compromises the use of play for mastery and adaptation.

Dr. Rosenblitt then carefully and thoughtfully dissected the clinical material to show how Suzie's disturbance fit the picture of a child with interference in her structural development caused by overstimulation while David's troubles were a function of neurotic intrapsychic conflict. In addition, Dr. Rosenblitt pointed out that — from the phenomenological point of view — both children would be described with ADD-like symptomatology. Dr. Rosenblitt also outlined the analysts' successful treatment approaches to these two different problems and thanked Ms. Gavshon and Ms. Lament for “two such sensitively and intelligently conducted and conveyed analyses.”

The audience quickly joined in with a lively discussion of the many issues stimulated by the panel. Erna Furman shared her view that a child who acts in an overstimulating way often suffers from a developmental arrest at the beginning of the second year when the mother's task is to help the child shift from motoric discharge to affective inner experience. She explained that mothers who experience the child as a narcissistic extension of themselves have difficulty helping the child make this shift. Ms. Furman also raised the important and confusing issue

of distinguishing between overstimulation and trauma.

Robert A. Furman, M.D. added that David seemed an example of a parent's attempt at “soul murder.” He pointed out that termination is a significant struggle for these children. He underlined and supported these analysts' decisions to allow their patients' contact after the termination.

Martin Silverman, M.D. then pointed out that many children suffer from a terrible combination of trauma, overstimulation, understimulation, and attentional difficulties. He reminded the audience that stimulant medication has been over-prescribed for some children but under-prescribed for others. He shared his experiences using medication to help these troubled children.

Judith Chused, M.D. added her experience in which stimulant medication also made it easier for some children to successfully make use of psychoanalysis. Dr. Novick then closed the meeting by thanking the panelists and the audience for such an outstanding session.

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Congratulations

to

Otto Kernberg, M.D.

president-elect of the

International Psychoanalytic Association

and to his secretary-designate

Robert L. Tyson, M.D.

We are especially pleased to see Dr. Tyson, a former president of the ACP (1986-1988), taking on such a visible role in the governance of the IPA. We wish both Dr. Kernberg and Dr. Tyson good fortune as they take on these roles of international leadership.

To See or Not to See: Movies that Overstimulate Children

April 7, 1995 — Toronto, Ontario, Canada

Presenters: Drs. Joseph Bierman, Alan Gold, Robert Lessey, and William Wimmer.

Reporter: Lilka Croydon, M.Ed.

Dr. Bierman started the presentation by defining overstimulation in children as formulated by Dr. Donald Rosenblitt in "States of Overstimulation in Early Childhood":

There is a state of overstimulation when there are not sufficient ego and superego resources available to the child to be able to manage internal or external sources of excitation while simultaneously being able to engage optimally in current tasks and maintain a progressive developmental momentum.

Dr. Bierman went on to elucidate why the traditional role of the parents, as the source of protection and barrier against overstimulation of their child, is becoming increasingly difficult due to many dilemmas regarding the suitability of movies and TV programs for children of different ages and lack of adequate guidelines. Dr. Lessey, at this point, introduced a film clip from "Home Alone" to illustrate, graphically, some of the issues and dilemmas.

Following this, Dr. Gold reviewed Dr. Barbara Wilson's paper about the movie rating system. According to Dr. Wilson, prior to 1984 the rating system was mainly influenced by the economic interests of the film industry. In 1984 the release of "Gremlins" and "Indiana Jones and the Temple of Doom" ignited a series of complaints from experts and parents; this led to the creation of the PG-13 category. Prior to this, children under 17 were not differentiated. Dr. Gold showed clips from these two films.

Dr. Wilson proposed a system with three age groupings — 3-7, 8-12, and 13-17 — and four content areas — graphic horror, violence, sex, and sex and violence. Research shows some important patterns: younger children react more to the visual threat, whereas older children react to hidden threat. Younger children are less able to use narrative content to modulate a visual scene and they react more to concrete threats evocative of early fears such as dismemberment, small pets in jeopardy, and separations, whereas older children appreciate more abstract threats, i.e., a nuclear holocaust.

Regarding violence, the harm of film-watching in terms of the child's identifying with the violent behaviour, is greater when violence is unpunished or even rewarded, when it is realistic, and when the perpetrator is attractive or justified. There is evidence that certain individuals, in certain circumstances, are more susceptible. This would include children who fantasize about aggression, who are unpopular with peers, or who do poorly at school. Also those who experience parental rejection, punishment and unsupervised exposure to mass media. Repeated exposure to violent media can cause physiological desensitization, callousness, and fear reactions. There is definite evidence that films which combine sex and violence (so-called 'slasher' films) induce prolonged periods of increased

callousness to rape or other violence toward women.

Next, Dr. Bierman referred to some observations and findings regarding themes in children's literature as described by Lili Peller. Peller wrote that

the story gives greater emotional courage to the child's own daydream While the tale may frighten the child it may give relief, too. He discovers that he is not the only one who harbors fears or hatred or spite, emotions that are socially unacceptable.

Dr. Bierman drew a parallel between what Lili Peller said about books and what might be said about movies regarding their suitability for each developmental period. He came to a conclusion that the potential impact of movies could be greater and more immediate than that of books, as what is seen in the movies is in pictorial form already and does not provide the viewer with a shield or filter through the process of translation from the symbolism of words to a mental picture. To illustrate this point a clip from the Disney film version of Felix Salten's "Bambi" was shown and compared to the book version.

Next, Dr. Lessey presented some analytic material as part of his later discussion of some of the classical ways and means by which children try to handle anxiety and trauma in response to the film "Jurassic Park." A clip from this film was shown. After showing footage from "Nightmare on Elm Street," Dr. Wimmer presented some analytic material about the overstimulating effects of movies on children.

Dr. Bierman summarized some significant points in judging whether a film can be overstimulating to a child. Showing a clip from "The Lion King," he pointed out the importance of the developmental level with its average expectable ego and superego strengths. Four- and five-year olds cry on seeing the scene in which Scar murders his own brother, the father of Simba, while the scene is less upsetting to an older child who has already internalized his multifaceted image of father and has stronger controls over his competitive and parricidal feelings, i.e., has already formed a superego.

And finally, Dr. Bierman demonstrated how an ego vulnerability in a fourteen-year-old boy, with a left-sided cerebral palsy, made him scared when he saw the film, "The Three Faces of Eve." Eve's sudden personality changes were stimulating and threatening to his own prominent defense which was the use of his illness to counteract his aggressive and competitive feelings.

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Marianne Kris Memorial Lecture The Childhood of Anne Frank and its Relationship to her Diary

April 9, 1995 — Toronto, Ontario, Canada
Heiman van Dam, M.D.

The discovery, at the Anne Frank Archives in Amsterdam, of the baby books which Mrs. Frank had kept on her two children, makes it possible to obtain a sense of the infancy and early childhood of Anne. Additional written material and direct interviews with a few of Anne's surviving peers make it possible to attempt a reconstruction of the later years of Anne's childhood, i.e., the years just prior to the writing of the adolescent diaries which have made her famous. This attempt at reconstruction is a contribution to our understanding of the place of diary-writing in Anne Frank's life . . . but also to our understanding of the role that diary-writing may play in the lives of adolescents in general.

The baby books, additional written material, and interviews together reveal that Anne's father's family had a strong interest in literature which went back several generations on his mother's side. The strength of Anne's father's literary interests led him to take his library with him when the family fled to Amsterdam. And when the family went into hiding, part of the library went with them. According to Anne in her diary, father encouraged her reading of a number of German books.

From the baby books we learn that Anne's mother had a need to share her infant daughters with her own mother, who lived about 150 miles away. Mrs. Frank left her daughters for about three weeks at a time, beginning when her first infant, Margot, was only six months old. These separations from the parents -- and their effects upon the infants -- were well-described in the baby books. Anne's own baby book, which covers only the first month of her life, does not detail separations. However, a former neighbor and baby-sitter has reported that Anne also went on these trips from a very early age. One such separation is documented in Anne's diary; this occurred when father left his wife and daughters with his wife's mother in the summer of 1933, at the time of his emigration to Holland. Mother soon joined father, and Margot followed in the Fall. However, four-year-old Anne did not rejoin the family until her sister's birthday in February, 1934.

If we assume that these early separations affected Anne as they had affected Margot, we begin to see ways in which certain aspects of Anne's development might have been affected by these traumatic events. It appears likely that these separations resulted in a disturbance in the mother-infant relationship and left Anne with a general sense of loss, a tendency toward splitting of the ego, persistent magical thinking and omnipotence. These experiences also may have given a special valence to Anne's use of transitional objects and imaginary companions.

Anne's diary-writing can be seen as an attempt to make up for this sense of loss. To Anne, her diary became the intimate friend whom she never felt she had. Anne

recognized, insightfully, that her difficulty with intimacy might lie within herself. In her diary, however, she had available a world of fantasy; there she could be part of a club of non-Jewish girls who were free to laugh and to flirt. At the same time, Anne's use of denial in fantasy did not stop her from appreciating reality: She clearly described the danger of being gassed in a concentration camp.

Anne's use of magical thinking appears in her diary: She believed that her deceased grandmother had become her guardian angel. This fantasy must have helped her maintain some sense of safety. It was, in any case, important enough that she wrote a short story about a guardian angel.

In her diary Anne looks back upon her childhood. She describes what appears to be a "family romance," as well as an on-going dialogue with the family cat (a dialogue which persisted through latency and which seems to have fulfilled some of the same functions which Anne's diary later served). Anne appeared to have a very active day-time fantasy life and, although her childhood object ties may have remained shallow, her dialogue -- first with the cat and later with her diary -- provided her with an ongoing object relationship.

Anne herself recognized that her diary became, for her, both trial action and a mode of discharge. She described how, under ordinary circumstances, stamping her foot or slamming a door would have sufficed when she quarreled with her mother. Such actions might have been suicidal in hiding. So she turned to her diary. There she found an opportunity to escape her confinement with her family, an opportunity to gain some distance from them, and an opportunity to discharge some of her internal tensions. Without her diary, she said, she would have gone crazy.

Anne's tendency toward splitting of the ego facilitated her escape into her diary; Anne's writing gave her an instantaneous intimate friend and let her escape (in fantasy) from the extreme peril of the real world in which she lived. At the same time, Anne's writing also appears to have contributed to the growth of her ego, particularly in the area of identity development. Anne became a writer and she produced a book of short stories for children. In this activity she identified herself both with Margot (who also wrote a diary) and with mother (whose baby books had themselves evolved into diaries). Father's fondness for story-telling may also have played a part in Anne's development in this direction.

As we would expect, Anne's adolescent objects of imitation and identification tended to be people outside her own family. Authors became special objects of admiration and many of Anne's favorite authors were women -- for example, Cissy van Marxveldt, who wrote books for pre-adolescent girls. It was from van Marxveldt's series of books

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Anne Frank's Childhood and her Diary . . .

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that Anne borrowed the idea of her "girls' club." While at first this "club" included a variety of girls, later -- when Anne re-wrote her diaries for publication -- she addressed herself to a main character, "Kitty." [Anne's choice of this name may have been influenced by its similarity to Kati, the name of Anne's favorite nanny during the first four years of her life.]

The authors with whom Anne identified served as further spurs to Anne's own reading, story-telling, and writing. In this way Anne helped herself move away from the more conflict-laden, incestuous ties to her parents and sister towards identifications which were more neutralized and productive. It is truly remarkable to see how Anne's adolescent development proceeded despite the "crazy circumstances" under which she was forced to live.

Diary-writing is often secretive. This was certainly an important element of the activity for Anne, since secretiveness was all around her. First and foremost, her very existence was a secret once she and her family went into hiding. But there were many other earlier and more personal secrets. Anne writes in her diary about how she and her father had secret meetings together in which they discussed Anne's misbehavior at home during latency. Somewhere she learned about one of her father's old girlfriends; this woman became the main character in one of Anne's short stories. Anne's grandmother was supposed to have a "terrible secret." Anne kept secrets from her closest girlfriend and she refused to share the contents of her diary with curious peers. Anne's mother made the topic of sex a secret that she could not discuss with her daughters. It appears that, in writing her secret diary, Anne managed to turn passive into active: the secrets became hers to keep. In addition, this secrecy allowed Anne to declare her independence and to voice her anger: Anne compared her diary-writing to making a face behind her mother's back.

Diary-writing provided opportunities to Anne to re-work past conflicts and traumata. Her diary bears witness to some of the positive developments which ensued. Anne's relationships with both of her parents matured and she managed the tasks of object removal *vis-a-vis* both of them. She no longer enjoyed her father's anal jokes; her dependency upon her mother diminished. She saw herself as skipping "by myself" -- mother was no longer the model she once had been. There is evidence in Anne's diary-writing of a gradual fusion of the drives, an internalization of new objects who contributed to both ego and superego development, and of increased clarity in the differentiation between inner and outer reality.

Anne's interest in literature and films was receptive as well as expressive; she used these materials to work through pre-oedipal and oedipal conflicts -- the same conflicts which were appearing in her own diary. Marianne Kris (1932) has written about how listening to fairy tales has an impact upon unconscious fantasies. Kris described a latency-aged girl who developed an hysterical paralysis after listening to a

fairly tale; the symptom disappeared after various aspects of the fairy tale were analyzed. Anne Frank did not have an analyst but she did accomplish a kind of self-analysis. An excellent example of this work has to do with the film "First Love" which Anne had seen before going into hiding. In Anne's diary one finds all the ingredients of the film: An orphan girl, a mean mother-figure, a first kiss, and a Prince Charming who comes to the rescue. Anne's diary reflects each of these elements; her description of her own "first kiss" with Peter van Pels -- which she herself had set up -- is one of the highlights of the diary. It is in such working-through of fantasies that one can see how Anne's diary contributed to her ability to shift her libidinal ties from mother and father outwards.

Many factors appear to have played their parts in fueling Anne's diary-writing. While it is doubtful that more than a few of these factors would be present in any one adolescent diarist, it nonetheless remains true that diary-writing serves the adolescent's maturational need to complete development. Anne Frank left us a record of such a development, accomplished under extraordinary and tragic circumstances which throw into high relief the ordinary yet always-daunting challenges of adolescence.

Reference

Kris, M. (1932). Märchenstoff in einer Kinderanalyse [Fairy tales in a child analysis]. *Zeitschrift für Psychanalytische Pädagogik*, 6, 437-441.



The Literature Prize Committee
of the
Margaret S. Mahler
Psychiatric Research Foundation

is accepting papers to be considered for the 1995 annual prize of \$750.00. Papers should deal with clinical, theoretical, or research issues related to Dr. Mahler's concepts of separation-individuation in child development. Pre-published papers may be submitted, provided that they have been published within the year of the prize. Three copies of the paper should be submitted no later than July 31, 1995, to:

Dr. Harold Blum, Chair
Margaret S. Mahler Literature Prize Committee
23 The Hemlocks
Roslyn Estates, New York 11576 USA

The Literature Prize of \$300.00 will also be awarded to candidates and recent graduates (up to three years).

Understanding Trauma in Childhood and Adolescence: What Do We Mean When We Say that a Child has been Traumatized?

July 28, 1994 -- San Francisco, California

A symposium held at the biennial meeting of the International Association for Child and Adolescent Psychiatry and Allied Professions and co-sponsored by the Association for Child Analysis.

Chairperson: Stephanie Smith, L.I.C.S.W. (USA) and H. C. Halberstadt-Freud, Ph.D. (The Netherlands)

Presenters: Pat Radford (UK) and Nathan Szajnberg, M.D. (USA)

Discussants: Steven Marans, Ph.D. (USA) and Robert Pynoos, M.D. (USA)

Reporter: Shahla Chehrazi, M.D. (USA)

[This article reports on one of the many occasions each year when ACP members collaborate with other organizations — in this case IACAPAP — in addressing issues of relevance to the mental health of children and adolescents. In this particular instance a child analytic perspective sheds special light on the impact of trauma upon the internal, psychic lives of children. We hope that the coming years will see more of such co-sponsored programs and we also hope that our members will take the opportunity presented by the Newsletter to make sure that we are all informed about their contributions. PMB]

In the midst of violent and traumatic events, it is often difficult to focus on the actual effects on the child or adolescent. This symposium discussed contemporary psychoanalytic views on trauma, addressed the ways in which particular experiences may or may not become traumatic and explored the implications for treatment. Ms. Pat Radford and Dr. Nathan Szajnberg presented the analyses of, respectively, a young child and an adolescent. Dr. Steven Marans and Dr. Robert S. Pynoos were the discussants.

Ms. Radford, the first presenter, began the symposium with a brief review of the concept of trauma. Referring to Anna Freud, she described trauma as the massive and sudden influx of excitation, either external or internal, that overwhelms the ego. The essence of trauma is the experience of helplessness by the ego, whether internal or external; often they converge.

Ms. Radford emphasized the complexity of evaluating the impact of trauma on children's development because different children respond differently to the same event. For some an event may be overwhelming while for others it may have little impact upon their internal worlds. Ms. Radford then offered some guidelines for evaluating the impact of trauma upon children:

1. The child's developmental stage.
2. The quality of the child's object relationships -- particularly the stability of objects (internal or external).
3. The child's prior experience of trauma.
4. The response of the environment.

Ms. Radford then presented the case of Abel, a three and a half year old boy who was referred for vicious attacks on other children and unmanageable violent behavior. Abel

was subjected to interpersonal violence between his parents which culminated in the father knocking down the mother while she was holding her 3 1/2 year old son. The mother had to be hospitalized and the child was removed to the safety of his grandparents. Following this traumatic incident, the marital relationship deteriorated and additionally, the father lost his job. Because of renewed violent behavior, mother and child moved to the maternal grandparent's home. A legal injunction was obtained to prevent the father from forcing mother and child back to his house. The mother, a young, depressed and despondent woman was quite unable to control Abel's aggressive behavior toward other children or herself. Father was a diagnosed narcissistic personality disorder and Abel had become the object of his grandiose fantasies.

The process of analytic treatment was a challenging one. Ms. Radford commented on the counter-transference issue in Abel's over-aggressive behavior and the technical management of his violent behavior. The day after Abel started treatment, his father kidnapped him to take him along to his own country of origin. The maternal grandfather, however, acted quickly and made Abel a ward of the court, therefore rescuing him from his father. On his return, Abel directed his panicked rage toward his mother who had not protected him. He subsequently displaced his rage onto the analyst and attacked the analyst with bites, kicking, spitting, throwing furniture and punching her. Needless to say, during these violent outbursts Abel was not accessible to words. No clarification of his behavior nor of his projections seemed to help him gain control over his behavior. However, the analyst removed all the objects in the office which could be used as weapons and sat quietly on the couch attempting to make the office a safe place for Abel.

Gradually, as the analytic relationship survived Abel's violence, he was able to hear the analyst's interpretation of his feelings of internal terror and his fear of external danger. Furthermore, as Abel's aggression was displaced onto the analyst and contained in his treatment, the Anna Freud Nursery School agreed to give him a trial period. The nursery school environment helped Abel develop more symbolized play and some capacity to delay his need for action. It is remarkable that at the beginning of treatment he was unable to use any age appropriate play material other

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than Plasticene which demonstrated his tooth marks. While Abel ordinarily had no concern regarding his aggressive attacks on his objects, he began to show some evidence of guilt in his nightmares. Gradually with the analyst's help he seemed able to begin the difficult process of untangling internal and external reality. However, as is common to cases similar to Abel's, the external objects are often too unreliable for internalization of any safe object. For example, Abel's father continued to be very frightening and his mother was too inconsistent. Abel moved into the phallic phase, still dominated by oral and anal wishes. His castration fears and oedipal conflict compounded his psychic struggles. He was aware of danger from all directions. The analytic process was helping him patiently to sort out internal versus external dangers. At six years of age Abel continued to be an action dominated boy, however, he was using symbolic play in the sessions. He played card games while talking. Playing cards was condemned by his father. One day he asked his mother why she didn't marry someone like his grandpa? Abel's cognitive development, his intelligence and beginning sublimation seemed to support his development. He continued to expect the analyst to balance his safety; however, he was sure he did not want to be like his father or his mother. He hated being fat like his mother and a violent introject of his father appeared to be rejected as a model for identification.

The analytic treatment helped Abel survive a traumatic environment. He feels safe inside and has survived the external danger; however, the impaired internalization process makes his further development a bumpy road. This case illustrates an example of a child who is consistently traumatized; extra-analytic interventions to reduce the external trauma as well as specialized schooling seemed to be necessary additional interventions. Abel, a terrifying, attacking child in the beginning of treatment, has made giant improvement; his behavior is manageable, he is learning at school, and he wants to come to analysis until he is 10 years old. Without analysis, his development was heading toward his becoming a delinquent.

Dr. Steven Marans was the first discussant. He described Abel's dilemma as his difficulty in seeing himself as separate from his parents. In Abel's case, the internal conflict appeared to be between ego and id. The ego was ill-prepared to mediate id impulses; internal and external boundaries become enmeshed. In normal development, the ego tries to modulate between the superego and reality. Abel's case reflects a failure of modulation of aggression and absence of external and internal distinction.

Dr. Marans emphasized that in traumatic cases like Abel's, reality does not offer the distinction between fantasy and reality; on the contrary, it feeds into id impulses. Additionally, Abel's aspiration to become a separate self was not supported by his parental objects. In conclusion, Dr. Marans raised the following questions:

1. A technical issue is, "Which external controls are essential? How should the analyst handle multiple attacks by a child?"

2. How early in the treatment and how often should the analyst make a link between violent reality and the child's psyche. How actively should the analyst help the child differentiate between internal versus external reality?

3. How does the analyst address the reality of the abusive father in this case. The distinction between the real father versus the internal representation of the father which often reflects the longing for the kind of father the child wishes to have is important.

Dr. R. S. Pynoos was the second discussant and he pointed out the theme of captivity in Abel's environment. In other words, Abel was a captive to his father's violence and a captive to his mother's need to keep him close. Dr. Pynoos emphasized the traumatic experience of Abel's kidnapping his father. He referred to Abel asking the therapist if she was going to be a kidnapper; an agent of his father. Referring to his research at UCLA on children who have been subjected to traumatic experiences, he felt a traumatic expectation develops at the physiological level. This physiological level becomes an internal state and any external danger can easily trigger the internal physiological traumatic state in the child. He suggested that the two real traumatic experiences--the father beating the mother and the kidnapping required detailed exploration in the analysis to clarify how they were perceived by the child. It is very important to help the child gain a clear understanding of the trauma and the interaction between developmental level and the external trauma needs to be kept in mind.

The discussion was followed by the presentation of the second case by Dr. Nathan Szajnberg. He presented the case of Richard, an 11-year-old boy who came into analysis for compulsive symptoms. An example of Richard's compulsive symptoms was his touching a pencil by its point 29 times before he could write. He could pitch a baseball competently, but he had to incise certain numbers on the mound before pitching a ball. Richard was the third of four children. His parents separated for about 6 months when he was 6 or 7 years old.

A year into analysis, Richard's obsessive-compulsive symptoms were somewhat improved. He brought a great deal of dream and fantasy material containing violent or sado-masochistic themes to his hours. The central wish seemed to be to redo the past and resolve and uncover the traumatic memories. The analyst's vacation provoked Richard's anger at him for leaving him. He "can only count on people who are physically there." In playing the Hangman game, he reported his fantasy of murdering the analyst. Anxiety over his aggressive impulses was expressed in counter-phobic behavior and his numerous accidents.

As Richard had become more involved with the analyst, he was able to express intimate feelings. In one session he asked the analyst to touch the lump on his knee. Subsequent to this session, he asked his mother, driving him back home from the analytic session, if she ever tried

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to strangle him. She said, "Yes, I did." Richard's mother didn't remember clearly how old Richard was during this traumatic experience, but they went back home and looked at family albums trying to clarify Richard's age at the time of the "strangulation." The mother told him that the parents were separated when Richard was about 7 years old. On one occasion during this period the mother lost control when Richard kept screaming. She put her hand on Richard's mouth and then she put her arm around his neck to stop him. Richard freed himself and told his mother he would call 911 (the telephone number for emergency help). Mother suggested that he call his father. Richard called his father who talked to both mother and Richard and helped them to calm down.

During the second year of analysis, the negative oedipal phase became more manifest. Richard played a man blinded in the Vietnam war and wanted the analyst to help him walk through the office without touching him, using only words. Richard seemed to use the analyst for projective identification of his sexual aggressive impulses. He perceived these impulses as external and not as internal. His anxiety interfered with his attending this session. For six weeks he would refuse to come to the office and talked to the analyst via the intercom at the entrance of the analyst's building.

During the end phase of the analysis, there appeared a shift in the hours, Richard's verbal narratives were more age appropriate. He wrote messages to the analyst, tore them up, and expected the analyst to put them back together. The analyst interpreted this as his wish for him to reconstruct memories of his past and to put it together for him. When he was 14, Richard wanted to terminate. A plan for his termination was set on the basis of the resolution of symptoms, structural change, and developmental gains which prepared him for adolescence.

The first formal discussant, Dr. Robert Pynoos, commented on the common occurrence of violence during divorce and separation, either between the parents or toward the child. He stated that more attention is now paid to these traumatic events. The strangulation experience was indeed traumatic to Richard because mother was transformed into an aggressor. While a 3-year-old cannot defend himself, a 7-year-old can free himself. An adolescent, however, will often attack the offender. He again referred to traumatic expectation as becoming an internal physiologic state following trauma. Play therapy is often an attempt for resolution of trauma. One important aspect of repetition in play is the wish for a revision of the wish for intervention. Richard's repression was a protective measure to facilitate his further development. This relates to the commingling of external and internal danger and the complexity of sorting them out.

The second formal discussant, Dr. Marans, challenged the notion of Richard's "strangulation" as a traumatic experience. He agreed with the definition of trauma as the

ego becoming overwhelmed by danger, either internal or external. However, during the analysis, early memories are recovered for the purpose of reconstruction and memories assume different meaning at different stages of development. While Abel's terrifying internal world and repeated exposure to the father's violence seemed clearly traumatic, Dr. Marans was not sure that the one experience of violent behavior with the mother could be labeled traumatic in a similar fashion. During the analytic process, recall of memories needs to be considered in the context of transference. Another possible interpretation for the strangulation recalled in the analysis is as an expression of feelings of intimacy in the context of an erotized transference.

Dr. Marans concluded by stating that both cases had in common the patient's greater degree of organization and reintegration as the result of the analytic treatment.

The remainder of the symposium was set aside for questions and answers from the floor or between the discussants. Ms. Radford was asked how she technically handled Abel's violent behavior in the sessions. She stated that it was a technical problem since Abel was a very powerful 3-½-year-old and that in his panic state his biting and kicking were, at times, uncontrollable. She coped with the child's behavior by removing from the office all the objects he could use as weapons. Additionally, Ms. Radford felt that the analyst's fantasy of omnipotence can be helpful in coping with the child's violence. In his rageful state, Abel could not hear the words and would perceive them as provocation. She therefore sat on the couch quietly and attempted to give Abel a feeling of safety by reassuring him that he could not hurt himself or the analyst. In further discussion of this issue, the importance of setting limits for children was emphasized. The child's weak ego cannot cope with the external or the internal danger and the therapist needs to be perceived as a protector by his/her limit-setting.

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News from Boston

Judith A. Yanof, M.D.

Dr. Steve Ablon has become Chairman of the Child Analysis Program after the sudden and tragic death of Dr. Joseph Nemetz. The loss was particularly significant for Boston child analysts because Dr. Nemetz had, almost single-handedly, kept the program alive during the many "lean years" in Boston two decades ago when there were few candidates and almost no supervising child analysts. The Boston Child Analysis Program is a combined program of the Boston Psychoanalytic Society and Institute (BPSI) and the Psychoanalytic Institute of New England East (PINE). Presently we have eight child analytic candidates taking classes and six active child supervisors.

We have three ongoing child analysis study groups that meet monthly to talk about cases and topics of interest in child analysis. Traditionally, as each child analytic class has graduated, the members have chosen to continue together and have formed a new study group. We hope this continues with our present class of candidates. This is totally voluntary, but we have found it to be a very effective way to help us develop a child analytic identity and a sense of community within the larger institute. My own study group has now been together for twenty years. The three study groups also combine for several events during the year, both intellectual and social.

In 1994 we began a Visiting Child Analyst Program, financed by the study groups. Twice a year we invite a senior child analyst from another part of the country (occasionally from another country) to present a case to our child analytic group - candidates, faculty, and graduates. This Saturday morning event brings us together without some of the hierarchical constraints of other settings. It widens our appreciation and perspective of the practices of child analysts in different places.

I have recently made a survey of our child analytic practices which I can share with you. Among the eight candidates, three have two cases, four have one case each, and one candidate does not yet have a case. The majority of these cases are full-fee cases. Among fifteen other child analysts in Boston, two have three or more cases, four have two cases, six have one case, and three have no cases. Of these ongoing twenty cases, six are reduced-fee cases, while the rest pay a full fee. Some of the most senior child analysts were not part of this survey; they no longer see children.

This was the first year that our new combined and integrated child/adult curriculum was put into place at the Boston Psychoanalytic Institute. This integrated curriculum emphasizes child analytic courses that are taught early and throughout the curriculum. We hope that this effort will attract candidates to child analytic training earlier in their careers and will shorten the duration of their training. We also hope that it will help adult analysts have a clearer developmental perspective in treating their adult patients and will help them to make appropriate (and more) child

analytic referrals. We also hope for a greater intellectual exchange between child and adult analysts. We had much support from COCAA (the American Psychoanalytic Association's Committee on Child and Adolescent Analysis) and from our own faculty executive committee which was eager to try the new integrated curriculum. To implement the program, our task force consulted with other institutes that have an integrated or partially-integrated curriculum (Baltimore-Washington, New York, Michigan and Denver.) A true evaluation of the effectiveness of this program will have to wait for the future, but so far our candidates seem to be enjoying their child courses.

We at BPSI will hold our Third Annual Child Care Symposium on Friday, May 5, 1995. The name of the program is "Pokes and Fights; Pushes and Bites: An Exploration of Aggression in the Child Care Setting." This program is offered for a \$10.00 admission fee to child care teachers and directors and is accredited for CEUs in early childhood education. Our morning panel includes two analysts, a daycare consultant, a daycare teacher, and an educator with inner city teaching experience. The program has been sold out for five weeks before the due date!

This year has also seen the initiation of our first childcare consultation program. This program pairs child analysts or child psychiatrists with daycare centers to offer pro bono mental health consultation on an ongoing basis. At present we are consulting to five centers and hoping to grow. We have had our greatest support and advice from other ACP members. Thank you, Aimee Nover, Nat Donson, Robert and Poppy Furman, Don Rosenblitt, Roy Aruffo, Art Farley, Tom Barrett, Barbara Streeter, and Kerry Novick.

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Child Preservation

Albert J. Solnit, M.D.

Sterling Professor Emeritus, Pediatrics and Psychiatry
Yale University Child Study Center, New Haven, CT
and

Commissioner, Connecticut Department of Mental Health, Hartford, CT

Federal Adoption Policy Hearing
Testimony before the Sub-committee on Human Resources
of the Committee on Ways and Means
Washington, DC

[This article was kindly sent to us by Al Solnit who, as Commissioner of the Connecticut Department of Mental Health, serves in what is probably the most visible "public service" position currently occupied by any member of the ACP. That position provides Professor Solnit with a special opportunity to influence public policy. His testimony is an example of how insights gleaned from child analysis, pediatric practice, social work, and law can be translated into clear language which, we hope, will be used by our legislators as they wrestle with the difficult problems presented by child abuse and neglect. It has become fashionable to endorse "family preservation;" Solnit reminds us that the needs of children sometimes cannot wait for wishes — the (re)creation of a family — to come true. To "preserve" a family without attending to the preservation of a child makes no more sense than trying to "preserve" a child without providing him or her with a family. As Solnit says, "Family preservation should be viewed as child and family preservation." This implies that we must be prepared to recognize when child preservation takes priority over attempts to rehabilitate the child's family. PMB]

Introduction

At the outset, it is my assumption that, "so long as the child is part of a viable family, his or her own interests are merged with those of the other members. Only after the family fails in its function should the child's interests become a matter for state intrusion." (Goldstein, 1979b) At such times the child's interests are paramount in comparison with the interests of the contending adults or agencies.

In giving meaning to the traditional goal of serving the best interests of the child "decision-makers in law have recognized the necessity of protecting a child's physical well-being as a guide to placement. But they have been slow to understand and to acknowledge the necessity of safeguarding a child's psychological well-being. While they make the interests of a child paramount over all other claims when his physical well-being is in jeopardy, they subordinate, often intentionally, his psychological well-being to, for example, an adult's right to assert a biological tie. Yet both well-beings are equally important, and any sharp distinction between them is artificial." (Goldstein, 1979a, p. 4)

Historically, it is important to understand that

adoption, the "kindness of strangers," is indeed a relatively recent effort on the part of law-makers to give weight to the best interests of children when their biological parents are unable to care for them, prefer not to keep them, or in some way (e.g., through violence or abandonment) do not provide the standards of care for the child that our society requires. It is important to realize that the following criteria are what assure the child of the best opportunity to realize his or her potential for a full healthy and productive development: (1) to feel wanted; (2) to be provided with continuous affection and safe care on a permanent basis; and (3) to have at least one adult who insulates the child from the law and all that it represents.

Therefore, although there is an advantage to the biological parents of preparing biologically and psychologically to receive their child when he or she is born, that advantage ceases to be useful to the child and such parents are disqualified if the child is not wanted, is abandoned, or is severely abused to the point where the child's life is endangered or the child may be permanently injured. Then, other adults who want the child and who can provide affectionate, safe, nurturing care on a permanent basis can achieve the same degree of importance to that child as the biological parents could have achieved had they been able to function adequately. The great advantage of being cared for by one or more adults who want that child and who will provide affectionate care on a permanent basis far outweighs for the child the disadvantage of wondering who were his original parents and why they didn't or couldn't keep him or her with a continuity of affectionate care, uplifting expectation, and useful, safe guidance.

The following testimony was submitted in response to questions prepared by the Subcommittee on Human Resources regarding Federal Adoption Policy Hearings.

1. Does research and clinical experience support the claim that adoptive parents and children can form the type of intimate and trusting relationship usually formed between biological parents and their children?

A parent who can provide day-to-day attention to a child's needs for physical care, nourishment, comfort, affection and stimulation will form an attachment with and

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"build a psychological relationship to the child . . . and will become his (or her) 'psychological parent' in whose care the child can feel valued and 'wanted.' An absent biological parent will remain, or tend to become, a stranger." (Goldstein, 1979a, p. 17) The role of psychological parent "can be fulfilled either by a biological parent or by an adoptive parent or by any other caring adult -- but never by an absent, inactive adult, whatever his biological or legal relationship to the child may be." (Goldstein, 1979a, p. 19) A psychological parent fulfills the child's psychological needs for a parent, as well as the child's physical needs, on a continuing, day-to-day basis, through interaction, companionship, interplay, and mutuality. The psychological parent, as mentioned previously, may be biological or adoptive, or may be a foster, or common-law parent, or any other person (who fulfills the criteria of what the child needs.) There is no presumption in favor of any of these after the initial assignment at birth. (Goldstein, 1979a, p. 98) Recently, in a contested child placement conflict, a decision was rendered where the judge, in referring to the conflict between long-term care-giving foster parents and absent biological parents, said: "to leave undisturbed the relationship of the child to his common-law parents protects the well-being of the child To favor the biological parents would impose an intolerable hardship on both the child and the psychological parents. To favor the child would be to favor as well his psychological parents. If each human being's interest is entitled to equal weight, more interests will tilt the scale toward leaving well enough alone than toward allowing the biological parents to prevail." (Goldstein, 1979a, p. 110) However, the state's preference for serving the child's best interests refers to the child's interests being paramount when there is a conflict between two sets of contesting adults.

2. Is it correct to claim, as have several witnesses who have appeared before the Subcommittee, that the social work and legal professionals favor the rights of biological parents and thereby slight the needs of children in the handling of abuse or neglect cases?

Most adults, professionals (social workers, legal professionals, *et al.*) and non-professionals have a tendency to favor biological parents because they find it difficult to place themselves in the child's place and they are more comfortable embracing the mystique of the blood tie and in searching for what is most fair for the contending adults or agencies as compared with what is the least detrimental alternative for the child. Clearly, in such situations, taking into account the child's needs and tolerances, including the child's sense of time, the available choices are far from ideal -- they are choices between what is most harmful and disadvantageous and what is least detrimental.

3. Does the family preservation movement represent a further elaboration of the view that the rights of biological parents should in practice supersede those of children?

Similarly, is it possible that states could create programs in which parents who abuse or neglect their children receive brief but intense services and then, if the services fail, in which the court moves expeditiously to terminate parental rights and make the children available for adoption?

Family preservation should be viewed as child and family preservation, a viable alternative when the risk factors can be transformed by at-home and in-community services that are child-centered and family-oriented. But when the child has already been repeatedly injured by parents or abandoned or severely neglected to the degree that is life-threatening or leads to serious physical impairment, then it is too late for family preservation; but it is never too late for child preservation if society will provide laws and resources that will lead to termination of parental rights and, within the child's time tolerance, to adoption or permanent foster care, that is foster care with tenure.

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MINUTES of the EXECUTIVE COMMITTEE MEETING

Friday, April 7, 1995 ❖ Four Seasons Hotel, Yorkville ❖ Toronto, Ontario, Canada

Present:

Moisy Shopper, MD., President; D. Clifton Wilkerson, MD., Secretary; Samuel Weiss, MD., Treasurer; Theodore Jacobs, MD., President Elect; Judith Chused, MD.

Roy Aruffo, MD; Thomas Barrett, PhD; Antoine Hani, MD; Leon Hoffman, MD; Eva Landauer; Julio Morales, MD; Stephanie Smith, LCSW; Kent Hart, MD; Lilo Plaschkes, MSW; Kerry Kelly Novick; Robert Furman, MD; Paul Brinich, PhD; Jules Glenn, MD; Laurie Levinson, PhD; Janet Shein Szydlo; Robert D. Gillman, MD; Elizabeth Tutters, CSW; Rachel May, Administrator; Nancy Hall, Asst. Admin.

President Moisy Shopper, MD welcomed everyone and expressed appreciation to everyone for their attendance and work during the year. President Shopper offered congratulations to the three new councilors elected to the Executive Committee. He thanked the outgoing councilors for the work they had done during their time on the Executive Committee. Dr. Shopper expressed the need for younger people to become involved as 26% of the members are over 70 years of age. He urged committee chairs to include these newer members on their committee. President Shopper invited members of the Executive Council to give suggestions of ways to have the younger members feel more a part of the Association.

Minutes:

It was moved and seconded to accept the minutes from the previous Executive Committee Meeting held December 16, 1994, in New York City at the Waldorf Astoria Hotel.

REPORT OF THE SECRETARY:

D. Clifton Wilkerson, MD, Secretary

Dr. Wilkerson thanked his committee for their cooperation and effort the past year.

Current Status of Membership

579	Total membership
497	Voting members (409 US & 88 International)
82	Candidate members (79 US & 3 International)

Interesting to note: 26% of total membership is 70+ years and are exempt from paying dues (148 total — 128 US/70+ and 20 International/70+)

As of January 1995 (senior) members 70 to 75 years are asked to pay 50% of annual dues; and members (emeritus) over 75 years are exempt from paying dues. There will be statistics at the next annual meeting regarding these membership categories.

Congratulations to the newly elected Councilors: Judith Yanof, MD, Alan R. Gurwitt, MD, Anita G. Schmukler, DO.

Thank you to Jill Miller, PhD and Carla Elliott-Neely, PhD for participating in the election.

Thank you to outgoing Councilors whose terms expire March 1995: Stephanie Smith, MA, LCSW, Thomas F. Barrett, PhD and Julio Morales, MD.

MEMBERSHIP CHANGES

(since the last report at the Executive Committee Meeting of 12/94 at the Waldorf Astoria Hotel in New York City)

3 Resignations:

Gerald Olch
Gregory Rochlin
Marion Burgner

3 New Members:

Michael Colman, MD (Bloomfield Township, MI)
Stanley Leiken, MD (Encino, CA)
Marlene Robinson (London, England)

4 New Candidate Members:

Laura Kleinerman (New York)
Roda Neugebauer (New York)
Andrea Weiss (Beverly Hills, CA)
Jack Pelaccio, MD (Scarsdale, NY)

REPORT OF THE ADMINISTRATIVE OFFICE

Submitted by Nancy Hall

The Association for Child Psychoanalysis, Inc. has expanded, reached out, and grown this past year. With that growth came the expanded duties of the central office to keep abreast of the changing membership. The officers employed Nancy Hall in September to assist in the administrative obligations with Rachel May. Since Rachel was employed eight years ago on a part-time basis, the size of her family also grew to three children in five years. The plan was to transfer the clerical and daily duties to Nancy Hall with Rachel acting as supervisor and consultant. The last six months has been a transition period as this plan was carried out. Because Rachel had a dedication to the Association and a strong feeling for its members obtained through the years of her employment, every effort was made to make this transition a smooth one. Close personal ties (mother and daughter), and a mutual respect for the professional qualities of each, Nancy and Rachel have worked to maintain the goals of the Association.

The Association has moved to equip the office with state of the art technology. This included the purchase of a computer, software, and a copier. The fax and e-mail are an integral part of the communication network. This technology allows an international Association with an off-site office to feel linked with each other.

In working with Jules Glenn, M.D., chair of the Nominating Committee, the Councilor Election Ballot was mailed. The votes were tabulated and will be announced at the Annual Meeting. Names of proposed members and candidates were mailed to the membership.

We worked closely with Laurie Levinson, chair of the Program Committee and Elizabeth Tutters, chair of Local Arrangements to make this Annual Meeting the best it could be. Lilo Plaschkes supplied the office with information of interested people in Eastern Europe. The Administrative office worked with Lilo to keep these ones informed and provided with information of the ACP activities. Work was done with Julio Morales, M.D. in accreditation of members with continuing educational certificates.

The major share of the work in February and March is concentrated on the Annual Meeting. Registration packets were mailed to all members, candidates, and interested people. Reports and presentation papers were collected and distributed to the discussion leaders. It has been exciting to work on my first Annual Meeting and to have that meeting held in Canada. The support offered by the officers and members has made a challenging job easier. I look forward to the coming year.

REPORT OF THE TREASURER

Submitted by Samuel Weiss, M.D.

Financial Assets

Although our income for 1994 was better than the previous year, primarily due to a profit of approximately \$8,000 realized from a most successful Washington Annual Meeting, our expenses exceeded our income and we sustained a loss of \$2634, a relatively modest amount. This was accounted for by a continuing increase in our secretarial

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costs. Because we had to hire an additional secretary, we also had to purchase a new computer and assorted other office equipment for her, which further inflated our costs. All other costs were very much in line with expectations, as you can see from a perusal of the tables. Our officers' expenses are now a separate line item, but they had been there before. Our printing and postage were up a little, but substantially below our previous costs in these areas. Our total assets at the end of 1994 were \$127,979, a decrease of \$4467. Our Operating Funds stood at \$31,057.

Endowment Fund

One of our major accomplishments in 1994 was setting up an Endowment Fund, sequestered off from our Operating Fund. With the help of Joel Mangham, our financial advisor (\$1 per year fee) we put \$30,000 into three Mutual Funds with the Vanguard Group, a company known for its low expenses. Although 1994 was a bad year generally in the investment area, we managed a modest gain of 3.5% to \$31,057. We hope to add money to these funds and eventually be able to use our income and investment gain to fund many of our charitable and educational projects, like helping to support our training grants and help support our needy colleagues in Eastern Europe among possible projects.

Grants Program

Our membership has generously continued to provide us with contributions to help fund our grants program currently so that we will not have to dip into our Endowment Fund reserves prematurely. At year end we had over \$3000 in contributions. This included the return of a partial grant because of the interruption of a funded case. Since year end, we have had over \$2000 additional contributions made towards this program. We currently have four applications for grants, to be acted on during this Annual Meeting, and we will be able to offer each of them \$1000, if they are all approved. For the first time, we have applications from outside the U.S. Two applications from the Anna Freud Centre, in addition to an application from Cleveland and from the New York Freudian Society.

New York Executive Committee Meetings

In 1993, in an attempt to economize after two years of financial losses, we instituted a \$20 charge for each attending member. That year everyone paid. In 1994, only \$100 was collected. Our costs are about \$1400 for the luncheon meeting, which constitutes less than 2% of our total expenses. Rather than pursue our errant colleagues, it is suggested that we simply drop the assessment now and for the foreseeable future, and that the Association underwrite the luncheon and associated costs of our December meeting.

European Dues

We have finally established a liaison with someone at the Anna Freud Centre, who will act to collect dues from our European members and then send the moneys to our treasury. Dues are owed for two years. At this writing, it is uncertain how much money has been collected. And none of it has been transmitted to us. Dues collections from members who do not live in the United States or Canada pose a problem. Unless the moneys are sent in dollars, there is a very hefty bank charge per check, as much as \$45. to convert to American currency. We have instituted the European collections so that we can avoid that problem. Only one or two checks would be sent to us per year, which would keep the charge minimal. We have not worked out the particulars re our Mexican colleagues.

Delinquent Dues

About six of our colleagues have been dropped from our roster and our mailings because they have not paid dues for over three years.

They had many notices sent without any response. We will once again have to review current delinquencies and attempt to elicit monetary responses from them.

Honoraria

Last December we were confronted with a problem of financing invited speakers at our annual meeting. It was apparent that no clear policy had been set in the past. With some speakers, we paid for their transportation, if from abroad, and for their registration. Often they did not bother to reimburse us for housing and food and the banquet. Our current speaker invitee is a member of our organization. We are paying for her travel to the meeting and we will try to make personal arrangements on our own, without cost to the Association, for her housing. She will not have to pay a registration fee, but she will be asked to pay for the banquet and her assorted other food requirements. She had raised the question of an honorarium as well. It seemed to be the consensus of our Executive Committee that such honoraria would be offered only to presenters who are not members of the Association. We need to establish some policy with regard to these matters. Any proposed speaker guests should preferably be run by the President and Treasurer in terms of our financial commitment before such an obligation is undertaken by the Program Committee in the name of the Association.

REPORT OF THE GRANT COMMITTEE

submitted by Samuel Weiss, M.D., Chair

The Committee is evaluating four applications. The recommendations will be presented at the Executive Committee Meeting in April. Besides offering our recommendations, we have some issues that might be worth further discussion.

Charley Mangham had raised the question of what role we should play in approving or disapproving grant applications. "Are we an organization which establishes standards, or is this a forum for a scientific discussion of child psychoanalysis? Should the Grants Committee reflect the stated purpose of our organization?"

We accept members on the basis of sponsorship by one of our members. We are not a certifying body. Should an adequate write-up for a grant application, with sponsorship by an accepted training institution and often by support of one of our members as the supervisor, be adequate, provided financial need is demonstrated and the sponsor will match funds? Should competence or level of excellence therefore not be a criterion?

Our four applications are as follows: one from Cleveland (Lorraine Weisman, who has had support from us for the past two years), two from the Anna Freud Centre (Gedulter Trieman, from Israel, and Donnette Neill, from Jamaica; supervisors are Clifford Yorke and Hansi Kennedy), and one from the New York Freudian Society (Laura Kleinerman; supervisor, Lilo Plaschkes). It is a first for the Anna Freud Centre and an exciting development to become international in this sense.

We have allotted \$4000 for the current enterprise, so that we could offer \$1000 to each applicant. If we had more applications, we might have to address the issue of repeaters, like Lorraine Weisman, and how often we should continue to fund a particular case. This might be another point worth discussing.

Discussion

In keeping with the committee's decision to tailor the Marianne Kris Award to the recipient, Samuel Weiss, M.D., chair, displayed the award to be presented to Heiman van Dam, M.D., presenter of the Marianne Kris Lecture. The gift is four tiles in Dutch woodcut of 1793 depicting Jewish holidays.

REPORT OF THE ARRANGEMENTS

submitted by Rachel May, Administrator

In making a transition from Herman Staples, the "Lone Ranger"

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as he liked to call himself, I think the ACP should make a major shift. The responsibilities of the Arrangements Chairperson need to be redefined. The ACP also needs to look towards a destination where it will have a strong local committee. In the past, Herman and Mary Staples would make a "site visit" to the selected city to choose a suitable hotel, negotiate a contract, make important personal contacts, research and plan for entertaining social activities. How will ACP handle this in the future? Our Annual Meetings and members have very unique needs that must be met in order to have a successful meeting. Herman made it all look so easy, but there was much thought and action behind the scenes.

In an article entitled, "Wanting it all: 2nd Annual Survey of Factors and Preferences in CME Attendance" (Medical Meetings, Jan/Feb 1995), there was some interesting information that is pertinent to the ACP and the issue of where to hold future annual meetings. In looking at what influences a physician's decision to attend a CME activity, the main factors (in order) are presenter reputation, geographic location, costs, meeting dates, credentials, consult with peers, and non-CME activities. When it comes to an Annual Scientific Meeting I'm sure that the ACP members are no different in that they want it all, too. They desire reputable speakers and great family-oriented destinations that won't break their budget.

In looking at geographic location, the survey revealed that 95% of folks are willing to travel anywhere in the US, and 85% are especially partial to attending a conference in their home state or region. The preferred US destination was Calif., closely followed by Florida. Next were New York, Arizona, Texas, Illinois, Mass, Washington, and Georgia. Outside the US, the survey showed that 45% are willing to travel to Canada, 40% to the Caribbean, 33% to Europe, and 25% to Mexico. The article also noted that as the distance from home grows, women become less inclined to travel.

It is curious that Herman Staples intuitively knew all this, and yet it is reassuring to see it printed in a survey. This was why he often talked about the appeal of the west coast of Florida, or if the ACP were to venture out of the US borders, that Toronto was a terrific place to start. He also envisioned the ACP holding its annual meeting in the Bahamas and Bermuda as a way of being close to European members (especially the English) without the extraordinary expense of holding it in London.

In Toronto the ACP was very very lucky to have had Elizabeth Tutters as the Local Arrangements Chair. She (and her husband) have a great deal of experience organizing conferences. She put together a good committee; was able to confirm the choice of hotel; met with the hotel several times; had the local knowledge of who should be invited as "special guests," etc. I do not have the confidence that the ACP has this talent in Mexico right now.

In looking to the 1996 Annual Meeting, I know there has been talk of holding it in Mexico. I contacted Valerie Jensen of the Krisam Group (her son is in my Michael's special education preschool class). This company provides services including researching prospective meeting sights, negotiating rates and preliminary proposals. They assist in negotiating the best possible contract and package for the members (i.e. dates, upgrades, comps, favorable cutoffs, favorable cancellation clauses and safe contract wording which protects our organization). There are no fees or commissions for Krisam Group's services, because the hotels pay them an annual membership fee up front to be represented by this company. I asked her to research Mexican destinations by the ACP. Krisam Group represents 25 different properties throughout Mexico. Taking my criteria into mind, she narrowed it down to 2 suggestions.

The Continental Plaza, Cancun. Located on the Yucatan Peninsula, it is an easy access property on the ocean. They offer 495 tower rooms and 143 suites in Shoreside Villa, complexes. Nearby are the Mayan ruins, Pyramids of Chichen Itza, and the Temple of El

Castillo at Tulum. She contacted the hotel, confirmed that the dates we want for 1996 are available. She then had the Continental Plaza sales office send me some material about this particular hotel property and the services it offers.

Another suggestion was the Crowne Plaza, Guadalajara, located just on the edge of town, which avoids the hectic feel and yet is easily accessible to museums and nearby artisan towns. It's a 300-room hotel with enough meeting space for our needs.

I have also received information about Oaxaca from Helen Perez-Carreno. (I met her through Herman at the 1994 Annual Meeting.) Oaxaca, a quaint city, is located in south central Mexico. Helen suggested the Hotel Victoria. It looks lovely (great for a family vacation), but I'm not sure if it has the meeting space we need. Krisam Group said that Oaxaca is very remote for our group, and too complicated to travel to. Another idea of meeting in Monterey Mexico was nice, but again has the additional 1-hour flight out of Mexico City and then a 30-minute drive to hotels. Puerto Vallarta is too commercial like Acapulco and Mexico City. Mexico City is not a good choice because of its high elevation and severe smog.

In conclusion, I lobby that the ACP hold its 1996 Annual Meeting in the US. Attached is a list of the history of the geographic location of ACP's Annual Meeting sites. With this information in mind, I suggest (in no particular order) New Haven, CT, Seattle, WA, Cleveland, OH, Ann Arbor, MI. But, I most strongly suggest that San Diego be the destination.

Discussion

After eight years as Executive Secretary, Rachel May offered her resignation. Due to the increased needs of her growing family and the enlarged scope of ACP, Rachel will be resigning as of July 1, 1995. She gave a brief history of her involvement since 1989 and expressed appreciation to the officers and entire membership for their personal support and friendship.

President Shopper expressed his thanks to Rachel and the gratitude of the entire Association for the work she has done for ACP. The Executive Committee expressed their appreciation with a spontaneous burst of applause.

Nancy Hall was appointed as the Executive Secretary.

In an open exchange of ideas, several sites were mentioned as possible locations for the Annual Meeting. It was decided that the 1996 Meeting will be held in Chicago. The Executive Committee will continue to explore other sites, including Mexico, for later dates.

REPORT OF THE MEMBERSHIP COMMITTEE

Robert Furman, M.D., Chair

Dr. Furman emphasized the need for members to be aware of the Guidelines for Sponsors in nominating new members or candidates. Copies of these "Guidelines are available at the Annual Meeting and can always be obtained from the central office. A meeting of the Membership Committee will be held Sunday, April 8, at 7:30 a.m. He thanked his committee for their efforts the past year.

REPORT OF THE PROGRAM COMMITTEE

Laurie Levinson, Ph.D., Janet Shein Szydlo, Co-Chairs

The theme for the Annual Meeting of 1995 is "Overstimulation." That theme will be carried out in eight workshops and the movie presentation at the Friday night dinner. The committee met in October, 1994 to develop this theme and has done extensive work to make this Annual Meeting interesting and productive. A committee meeting will be held Sunday, April 19, at 7:30 a.m. to evaluate the 1995 Annual Meeting and to begin discussion on the 1996 Annual Meeting. The theme for 1996 will be "What Goes on in the Mind of the Analyst." Laurie Levinson, Ph.D., co-chair, asked for input on format and ideas.

REPORT OF THE NOMINATING COMMITTEE

submitted by Jules Glenn, M.D., Chair

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Chairman Jules Glen, M.D. thanked his committee members Morris L. Peltz, M.D., Marion Gedney, PhD, Lilo Plaschkes, M.S.W., Robert Gluckman, M.D. He welcomed the new councilors Anita Schmukler, D.O., Judith Yanof, M.D., and Alan Gurwitt, M.D.

REPORT OF THE CME/CE STUDY GROUP COMMITTEE

submitted by Julio Morales, M.D., Chair.

The CE/CME Credits are in place for the current meeting in Toronto. A report on the advisability to continue or discontinue offering CE Credit from the American Psychological Association for the Annual Meeting will be presented to the next meeting of the Executive Committee. The question arose at the Executive Meeting in New York City, December 16, 1995 considering the advisability to continue the CE credits. In 1994 there were 31 members who applied for CE credits so the program will definitely continue. This is the year for the five year renewal of the accreditation from the AMA .

REPORT OF THE COMMITTEE TO COORDINATE ASSISTANCE TO EASTERN EUROPEAN COUNTRIES

submitted by Lilo Plaschkes, M.S.W., Chair

My major information in this report relates to some ripple effect of the past work.

Dr. Esman had inquired about sending some books as did Dr. Paul Kay and Dr. Bob Tyson. It came to my attention that the Soros Foundation has offices in different countries that provide some funding for book transportation. Enclosed is a list of these addresses that I received from my correspondence with Selisa Hageman in Hungary. I gave this list to all my committee members and also to Dr. Esman, Dr. Kay and Dr. Tyson. Dr. Bob Tyson sent six copies of the following book (see list enclosed) to the addresses that I had in Prague, Lithuania to Dr. Augis and to Dr. Fitz in Ukraine. A letter was received from Marjorie McDonald, M.D. from Massachusetts inquiring about sending books to Russia; 35 volumes of the Psychoanalytic Study of the Child. Nina Asanova invited me to come to Moscow in May. In my reply to her I enclosed a letter of Dr. Marjorie McDonald. I am not able to go to the Infant Mental Health Meetings and if anyone is interested, please let me know and we can give that information to Dr. Asanova. Helge Staby Deaton is looking into funding for sending books and travel funds. The enclosed information sheet is now in the Newsletter; so we can collect the appropriate information. Lydia Tischler has put the enclosed information in the British ACP Newsletter and we have in ours. This should facilitate sharing information and activities. In December I went to a meeting of the NY Freudian Society and there met two people who had been in my workshop in Vilnius. Dr. Goubar from Ukraine and Dr. Jurate Zieukiene from Vilnius, both studying at the postgraduate center for Mental Health in NY. I invited them for coffee and we had a very lively afternoon. They are eager for further contacts. Hopefully they will be at our meeting in Toronto and many of you can meet them also. They are full of enthusiasm, energy, and impressions. Dr. Maurice Apprey is active in teaching and working in Estonia. I was able to tell him of our connections with Kas and Elizabeth Tutters and their work in Riga, in Latvia. Also to inform him of Lydia Tischler's proposed work in the Czech Republic and the model she was proposing to implement there. Dr. Peter Blos, Jr. and I have been keeping in touch regarding the work of the IPA. The Committee has expanded so our work can expand also.

REPORT OF THE NEWSLETTER

submitted by Paul Brinich, Ph.D., Editor

Three issues of the *Newsletter* (totaling 74 pages) have gone out this past year; with approximately 1200 copies printed and distributed per issue. The June 1994 issue was our first attempt at publishing an "Abstracts Issue." The cost of each issue varies between approximately \$700 - \$900 for printing and \$800 - \$950 for mailing. There is a need for adding a 600-dpi laser printer in the office of the *Newsletter*.

We continue to evaluate the *Newsletter* as to style and content. We welcome comments on the quality and newsworthiness of specific items. We also remind members that their contributions are essential to the success of the *Newsletter*.

REPORT OF THE CASE REGISTRY COMMITTEE

submitted by Robert M. Galatzer-Levy, M.D., Chair

The first task is to outline the functions of such a committee.

In this letter, I want to make recommendations for the initial membership of the Committee and provide a beginning outline of its charge, which we will fill out and modify and present to the Executive Committee in detail at the December meeting.

The group I propose as initial members are Paul Brinich, Robert Tyson, Jack Novick, and myself as Chair. Paulina Kernberg may join us. We would like to identify a Candidate Member to join the Committee. All of these people are respected child psychoanalysts with substantial training and/or experience in research and scholarship.

My preliminary thoughts about the Committee's function are based in part on my seven years of experience on the Committee on Scientific Activities of the American Psychoanalytic Association which I currently chair. Although there is widespread consensus that research and scholarship are of great importance to the future of child and adolescent psychoanalysis, many of us lack the tools or background to contribute to and fully appreciate these important aspects of the field. The route from clinical experience to well conceptualized research problem, and finally to research conclusion, is unclear to many of us. Few of us try to traverse it. Only a few more of us feel confident to rationally assess the research claims of others. In addition, there is little by way assistance available to those who want to either begin doing research or learn to become intelligent consumers of research. In this context, it is not surprising that the Association, itself, despite good intentions, has thus far only supported research and scholarly activities when enthusiastic individuals took up a topic. In a sense we need to build an infrastructure research and scholarship in child psychoanalysis, as well as supporting

2. The Committee will support and provide a home for the registry of child cases. The data collected by the registry provides an opportunity for analysts to find cases of certain types, to be included in research efforts. It also will provide data about the course of child analyses, the diagnoses of children seen in analysis, and the nature of child analytic practice among our diverse membership.

3. The Committee will assist members of the Association in finding research mentors, experienced investigators willing to help less experienced colleagues learn how to take interesting problems and turn them into researchable and researched questions.

4. The Committee may undertake or sponsor particular investigations of its own that are of central importance to child and adolescent psychoanalysis. The current multi-site study of psychoanalytic process led by Robert Wallerstein, the survey of findings and research methods of psychoanalytic efficacy led by myself, and the study of effective means for the presentation of clinical data, led by George Klumper and Alvin Frank among many others, originated the American's Committee on Scientific Activities.

5. The Committee can serve as a clearinghouse for information about teaching scholarship and research in child and adolescent psychoanalysis. Currently a small, but increasing number of institutes are offering systematic courses on research to their candidates. None of these are integrated with the child and adolescent analysis curricula. Providing information to teachers and institutes interested in such training will be of considerable value in helping to develop appropriate training programs.

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6. In collaboration with the Program Committee, the Committee on Scholarship and Research could provide segments of the program for national meetings designed to educate and bring the membership up to date on these increasingly important aspects of child and adolescent psychoanalysis.

7. Electronic communications provide an extraordinary means for discussions between analysts at geographically distant locations. Currently structures exist that allow mail to go back and forth between several groups of analysts in a virtual instantaneous way which leads to dialogue and discussion among them. Recently more powerful communication tools via the Worldwide Web will support availability of information such as course curricula, library holdings and the instantaneous electronic publication of papers. None of these projects have so far directly involved child and adolescent psychoanalysis except in a passing fashion. The Committee can support such development. We have suggested the name, The Committee on Research and Scholarship, rather than Scientific Activities, because we believe significant investigation in child and adolescent analysis often takes different forms from research in the hard sciences. From its very beginning useful psychoanalytic investigation has followed other routes than traditional quantitative empirical research.

Unfortunately, the terms "science" and "scientific" tend to suggest that the latter sort of research is inherently more valuable and more important than the type of investigation traditionally associated with psychoanalysis. This results in an unfortunate split in thinking about research methods in which the issues of rigor in traditional psychoanalytic investigation remains either unaddressed or addressed in terms of a methodology inappropriate to most psychoanalytic studies. The broader term, "research and scholarship," is designed to introduce a terminology that neither valorizes or depreciates quantitative empirical investigation in relationship to other modes of psychoanalytic research.

Discussion

Discussion ensued on the viability of the Registry Committee.

A report will be given at the Exec Meeting in December, 1995 on the way this registry committee will be structured.

REPORT OF THE LIAISON TO IPA

submitted by Peter Blos, Jr., M.D.

Co-sponsored Child and Adolescent Psycho-analysis Panels for the 39th IPA Congress in San Francisco, July 30-August 4, 1995.

On Tuesday, August 1, the Special Half-Day Program, **Psychoanalysis of the Child: Psychic Reality of the Patient and the Analyst**, will take place from 2:00 - 5:30 p.m. The two clinical papers and two formal discussions are well developed with several already completed.

On Thursday, August 3, the Special Half-Day Program, **Psychic Reality and the Psychoanalysis of the Adolescent**, will take place from 2:00 - 5:30 p.m. The two clinical papers are complete and the formal discussions are well under way. Rena Moses-Hrushovski has withdrawn as a discussant since she is unable to attend the Congress. Dr. Werner Schimmelbusch (Seattle) will take on the discussant task.

Looking over the clinical presentations, I believe we will have excellent material. Initiated by stimulating formal commentary by the discussants, exciting discussion on psychic reality will, I believe, follow. Of the eleven participants, six are ACP members.

Discussion

Robert Tyson, M.D., requested that the ACP provide assistance in transportation to San Francisco for the Chief of Child Psychology in Beijing. He will participate in the 39th IPA Congress in San Francisco July 30 - August 4, 1995.

Peter Blos, Jr., M.D., requested reimbursement of \$150 in administrative costs associated with the 39th Congress of the IPA.

Proposal

The sum of \$200 be given to the Chief of Child Psychology in Beijing for assistance in transportation to the IPA Congress to be held in San Francisco July 30-August 4, 1995..

Motion made and seconded in favor of the proposal. Motion carried.

The sum of \$150 be given Peter Blos, Jr., M.D., Liaison Coordinator to IPA Congress to offset administrative costs..

Motion made and seconded. Motion carried.

REPORT OF AD HOC COMMITTEE ON GOVERNMENT AFFAIRS

submitted by Peter Blos, Jr., M.D., Chair

Ad Hoc Committee on Government Affairs has the following members: Tom Barrett, Jim Hutchinson, Michael Jasnow, Lynne Moritz, Kerry Kelly Novick, Ava Bry Penman, Alan Zients, Moisy Shopper (ex-officio) and Mr. Buzz Bailey (ex-officio pro bono legal and legislative consultant).

I wrote memos to members of the Committee in late October, 1994 and late January, 1995, requesting input concerning the functions, operations and tasks of this Committee. Unfortunately the response has been poor. Therefore, I scheduled a breakfast meeting of the Committee for the Toronto meetings for Saturday morning, with the hope that face to face discussion would be more fruitful. As of March 3rd, 3 members of the Committee have indicated they will attend. Since this will unfortunately occur after the Executive Committee meeting, a report will have to be prepared and sent out later.

I attended part of the Joint Meeting of Government Relations (Art Farley is the new chair) and Insurance Network and Public Information of the American in December, 1994. I identified myself as a liaison with the ACP Government Affairs Committee. I asked if I, or someone from our Committee, could become a regular liaison member. The result has been that I have been appointed to the Government Relations Committee. The idea of official liaison seems to have become lost, but I will continue to try to act in that manner even if I cannot officially convert it to this designation.

My efforts to have ACP representation on the Consortium for Psychoanalysis is presently awaiting development of bylaws and procedures for representations of other than founder organizations. Representation by someone who reflects the needs of children, adolescents and their parents continue to be supported by Judy Schachter, president, Marvin Margolis, president-elect and Art Farley of the American.

NEW BUSINESS

Leon Hoffman, M.D. introduced the proposal of a national newsletter as a way to disseminate principles and improve the visibility of child psychoanalysts. The idea had been discussed with Sam Rubin, chair of COCAA, and Judy Schachter, President of the American, to jointly sponsor the newsletter. The American felt it would be difficult to undertake a project of this sort at this time. Leon Hoffman proposed that the ACP sponsor a newsletter.

The initial plan would be to

- 1) create a small committee,
- 2) discuss possible formats and layouts,
- 3) investigate costs,
- 4) investigate funding sources,
- 5) plan for a one year start-up period for a quarterly newsletter, distributed free.

The proposal initiated discussion as to costs, methods of distributions and sources of funding. After exploring the idea, the consensus was not to do it at this time.

Martin Silverman, M.D., heading a task force on Child Analysis,

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outlined the lack of recognition by the American of the Association for Child Psychoanalysis. It is felt that the ACP has contributed enormously to the American but has not found that reciprocal. The formal report is still in draft form.

Discussion

This centered on the need for ACP to broaden rather than narrow the scope of its membership. The plan of mentorship for new and younger members was suggested. A committee will be appointed by President Shopper to do long range planning for the future of ACP. This committee will explore the points mentioned in this discussion, including the plan of mentorship.

Lucy Daniels Inman will be given an award at the Friday night

MINUTES of the ANNUAL BUSINESS MEETING

Sunday, April 9, 1995 ❖ Four Seasons Hotel, Yorkville ❖ Toronto, Ontario, Canada

MINUTES of the ANNUAL BUSINESS MEETING

Sunday, April 9, 1995—Four Seasons Hotel, Toronto

Presiding: Moisy Shopper, M.D., President; D. Clifton Wilkerson, M. D., Secretary; Samuel Weiss, M.D., Treasurer.

President Shopper opened the meeting with a welcome to those in attendance. He expressed the appreciation of all the members to the Local Arrangements Committee and special thanks to the Chair Elizabeth Tutters. The cocktail party on Saturday evening hosted by the Local Arrangements Committee was a special event, enjoyed by everyone.

President Shopper announced the resignation of Executive Secretary, Rachel May. He spoke of the many ways Rachel had guided the central office, what she had done for the association and what she meant to the members. He then introduced Nancy Hall as the new Executive Secretary. He also announced the appointment of Kerry Kelly Novick as the Chair of the Membership Committee.

MINUTES

It was moved and seconded to accept the minutes as presented at the last Annual Business Meeting held March 20, 1994 at the ANA Hotel in Washington, D.C. Motion passed.

SECRETARY'S REPORT

D. Clifton Wilkerson, M.D. thanked the outgoing councilors and welcomed the new ones. A moment of silence was observed for those deceased the past year.

ACP MEMBERSHIP: CURRENT STATUS

(See Report of the Secretary in the Minutes of the Executive Committee Meeting April 7, 1995)

MEMBERSHIP CHANGES

(since the last report at the Annual Business Meeting March 20, 1994, ANA Hotel, Washington, D.C.)

6 MEMBERS DECEASED

Marie H. Briehl, M.D. (Mamaroneck, NY)
John A. Hadden, Jr., M.D. (Cleveland, OH)
Joseph S. Nemetz, M.D. (Brookline, MA)
Herman Staples, M.D. (Wallingford, PA)
Annemarie P. Weil, M.D. (New York, NY)
Muriel Winestine, Ph.D. (New York, NY)

3 MEMBERS RESIGNED

Marion Burgner (London, England)
Gerald Olch, M.D. (Seattle, WA)
Gregory Rochlin, M.D. (Cambridge, MA)

15 NEW MEMBERS

David M. Abrams, Ph.D. (New Rochelle, NY)

Christal Airas-Ehnröth (Helsinki, Finland)
Kaarina Brummer (Helsinki, Finland)
Matti Brummer, M.D. (Helsinki, Finland)
Michael Colman, M.D. (Bloomfield Township, MI)
E. Kirsten Dahl, Ph.D. (New Haven, CT)
Arthur J. Farley, M.D. (Bellaire, TX)
Vilma Korkee (Helsinki, Finland)
Riitta Lahtinen (Helsinki, Finland)
Stanley Leiken, M.D. (Encino, CA)
Robert Muellner, M.D. (Boston, MA)
Helena Parland (Helsinki, Finland)
Marlene Robinson (London, England)
Heli Stewen (Helsinki, Finland)
Elizabeth Hofmann Stocker (Kreuzlingen, Switzerland)

22 NEW CANDIDATE MEMBERS

Silvia M. Bell, Ph.D. (Baltimore-Wash Inst. for Psa.)
Bryan Bruns, M.D. (San Diego Psychoanalytic Society & Inst.)
Randi Finger, Ph.D. (Washington Psychoanalytic Institute)
Denise Fort, Ph.D. (Washington Psychoanalytic Institute)
Ruth Garfield, M.D. (Bala Cynwyd, PA)
Alicia Guttman, M.D. (Washington Psychoanalytic Institute)
Adele Kaufman, M.S.W. (Chicago Institute for Psychoanalysis)
Laura Kleinerman (New York Freudian Society)
Tarpley Long, M.S.W. (Washington Psychoanalytic Institute)
Michael Navas, M.S.W. (New York Freudian Society)
Roda Neugebauer (New York Freudian Society)
Jack Pelaccio, M.D. (New York Freudian Society)
Charles L. Ragan II, M.D. (Washington Psychoanalytic Institute)
John Rosegrant, Ph.D. (New York Freudian Society)
Barbara Rothbart, M.S.W. (New York Freudian Society)
Beatrice Smirnov, Ph.D. (Washington Psychoanalytic Institute)
Barbara Sonlo, C.S.W. (New York Freudian Society)
Colin Weber, M.S.W. (Chicago Inst. for Psa.)
Karen Weise (Anna Freud Centre)
Sylvia Welsh, Ph.D. (Inst. of NYU Medical Center)
Andrea Weiss (San Diego Psychoanalytic Society and Inst.)
Julia J. Zawatsky, M.D. (Washington Psychoanalytic Inst.)

Interesting statistics regarding international membership. Currently there are members from 17 foreign countries.

Argentina	1	Australia	1
Austria	3	Canada	4
Denmark	1	England	32
Finland	12	France	3
Germany	8	Italy	3
Israel	1	Mexico	3
Norway	1	Sweden	1
Switzerland	5	Netherlands	13
West Indies	1		

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REPORT OF THE ADMINISTRATIVE OFFICE

Submitted by Nancy Hall, administrative assistant
(See Report in Minutes of the Executive Committee Meeting, April 7, 1995)

REPORT OF THE TREASURER

Submitted by Samuel Weiss, M.D.
(See Treasurer's Report in the Minutes of the Executive Committee Meeting, April 7, 1995)

REPORT OF THE GRANT COMMITTEE

Submitted by Samuel Weiss, M.D., Chair
Dr. Weiss reported that the Executive Committee has approved four grants of \$1,000 each.

- 1 Cleveland Center for Research in Child Development
- 2 Anna Freud Centre
- 1 New York Freudian Society

(See detailed Report of the Grant Committee in Minutes of the Executive Committee, April 7, 1995)

REPORT OF THE MEMBERSHIP COMMITTEE

Submitted by Robert Furman, M.D., Chair

Dr. Furman reported the Bylaws revision has worked well. A category entitled Member was established. This replaces the category of Friend. He thanked his committee for all their efforts the past year and offered his support to the new Chair, Kerry Kelly Novick.

REPORT OF THE ARRANGEMENTS COMMITTEE

Rachel May, Administrator
(See Report in the Minutes of the Executive Committee 4/7/95)

REPORT OF THE PROGRAM COMMITTEE

Laurie Levinson, Ph.D.; Janet S. Szydlo, Co-Chairs

The theme of the Program for the 1996 Annual Meeting will be: "Before and After Microanalysis: Clinical Process in the Analytical Mind." The Program Committee met earlier in order to evaluate the Program for the 1995 Meeting as well as to make initial plans for the 1996 Meeting.

REPORT OF THE NOMINATING COMMITTEE

Chair, Jules Glenn, M.D.
(See Report in Minutes of the Executive Committee Meeting April 7, 1995)

REPORT OF THE NEWSLETTER EDITOR

Paul Brinich, Ph.D., Editor

Dr. Brinich spoke of the widespread areas from which he has received material for the *Newsletter*. He talked of the need to expand and invited members to contribute to the *Newsletter*.
Many compliments were paid to Dr. Brinich for his work on the Newsletter. The group expressed their appreciation with applause.

REPORT OF COMMITTEE ON CME/CE STUDY GROUPS

Julio Morales, M.D., Chair
(See Report in Minutes of Executive Committee Meeting, April 7, 1995.)

REPORT OF COMMITTEE TO COORDINATE ASSISTANCE TO CHILD ANALYSIS IN EUROPE

Lilo Plaschkes, M.S.W., Chair
(See Report in Minutes of Executive Committee Meeting, April

7, 1995)

REPORT OF THE CASE REGISTRY

Robert Galatzer-Levy, M.D., Chair. [President Shopper gave the report since Dr. Galatzer-Levy could not attend.]
(See Report in Minutes of Executive Committee Meeting, April 7, 1995)

REPORT OF LIAISON TO IPA PROGRAM COMMITTEE

Peter Blos, Jr., M.D.
(See Report in Minutes of Executive Committee Meeting, April 7, 1995)

REPORT OF AD HOC COMMITTEE ON GOVERNMENT AND LEGISLATIVE AFFAIRS

Peter Blos, Jr., M.D., Chair

Dr. Blos addressed the problems confronting this organization as it pertains to legislative affairs. The size of ACP, which is small compared to many organizations, has limited financial resources to use in the study of Healthcare. He spoke of the need for members to make themselves available for insurance companies when a case is before them. Urge these companies to consider using a child analyst.

OLD BUSINESS

There was no old business to come before the meeting.

NEW BUSINESS

All attempts to create a 30th Anniversary Volume were not successful and will not be pursued further. The idea of ACP publishing an informational newsletter telling targeted professional groups about child analysis was introduced by Leon Hoffman, M.D. The Executive Committee had discussed it earlier. President Shopper will appoint a committee to explore the feasibility of this venture.

The question was raised as to what this organization can do to attract new members. The Secretary's Report notes the aging of the membership. A free form discussion followed with many ideas offered. An effort will be made to involve younger professionals. Stephanie Smith, LICSW will chair an ad hoc committee to explore ways to accomplish this.

President Shopper introduced Heiman van Dam, M.D. as the lecturer for the Marianne Kris Award. His subject was "The Childhood of Anne Frank and its Relationship to her Diary Writing".

Meeting adjourned at 10:00 a.m.

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216-421-7880

Calendar of Events

June 30 - July 1, 1995

Anna Freud Centre/Psychoanalysis Unit,
University College London

**Clinical Implications of Attachment
Theory: The Work of Mary Main**
London, UK

For further information contact

Conference Secretary, Psychoanalysis Unit
Psychology Department, UCL
Gower Street
London WC1 6BT UK
☎/FAX 011-44-71 289-4800
e-mail: Internet - j.sandler@ucl.ac.uk
CompuServe - 100450,1357

July 5-8, 1995

Fourth Congress, International Society for
Adolescent Psychiatry

Trauma in Adolescence

Athens, GREECE

For further information contact

Mary Staples, Executive Secretary
ISAP
610 Timber Lane
Nashville, Tennessee 37215 USA
☎ (615) 297-7738
FAX (615) 385-2069

July 22-27, 1995

The Amsterdam Summer University

**Child Psychoanalysis and the Sociology of
the Child**

Amsterdam, The Netherlands

For further information contact

The Amsterdam Summer University
P.O. Box 53066
1007 RB Amsterdam, THE
NETHERLANDS
☎ 011 31 20 6200225
FAX 011 31 20 6249368

E-mail asu@gn.apc.org

July 28-29, 1995

Seattle Institute for Psychoanalysis

**Infant Psychotherapy: An Overview and a
Unifying View**, with Daniel Stern, M.D.

Seattle, Washington, USA

For further information contact

Seattle Institute for Psychoanalysis
4020 East Madison Street
Seattle, Washington 98112 USA
☎ (206) 328-5315

July 30 - August 4, 1995

39th International Psychoanalytical Congress

**Psychic Reality: Its Impact on the Patient
and the Analyst Today**

San Francisco, California, USA

For further information contact

International Psychoanalytical Association
"Broomhills"
Woodside Lane
London N12 8UD UK
☎ 011-44-81 446-8324
FAX 011-44-81 445-4729

August 30 - September 1, 1995

International Conference

**Understanding Youth Suicide: A Meeting
of Different Perspectives**

Tel Aviv, Israel

For further information contact

ISAS International Seminars
P.O. Box 574
Jerusalem 91004 ISRAEL
☎ 011-972-2-661356
FAX 011-972-2-666154

November 30, 1995

Anna Freud Centenary Lecture

The Role of Parents in Early Childhood

Lecture by Penelope Leach

Edward Lewis Theatre, Middlesex Hospital
Medical School, Windeyer Building

46 Cleveland Street

London W1 UK

For further information contact

Janice Lucraft
The Anna Freud Centre
21 Maresfield Gardens
London NW3 5SH UK
☎ 011-44-71 794-2313
FAX 011-44-71 794-6506

March 29-31, 1996

Association for Child Psychoanalysis

Annual Meeting

Chicago, Illinois, USA

For further information contact

Mrs. Nancy Hall, Administrative Assistant
P.O. Box 253
Ramsey, New Jersey 07446 USA
☎/FAX (201) 825-3138

July 25-28, 1996

Sixth World Congress, World Association
for Infant Mental Health

**Early Intervention and Infant Research:
Evaluating Outcomes**

Lahti, FINLAND

For further information contact

Helsinki University Development Services,
Ltd.

WAIMH Congress 1996

Hollolankatu 2

SF-15110 Lahti FINLAND

☎ 011-358-18 892-514

FAX 011-358-18 892-524

Roster Update Form

Please complete this form (or a copy) and send it to our administrator, Mrs. Nancy Hall,
P.O. Box 253, Ramsey, New Jersey 07446 USA ☎/FAX (201) 825-3138 CompuServe: 76422,3352
so that we can be sure that your information is up-to-date and accurate in the ACP Roster which is currently in preparation.

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**THE ANNA FREUD CENTRE
and
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**MASTER OF SCIENCE (M.Sc.)
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Applications are invited from individuals interested in psychoanalysis and developmental psychology for a Master's degree based jointly at University College London and The Anna Freud Centre. The course aims to acquaint individuals with psychoanalytic theories of child development, as well as developing observational and research skills.

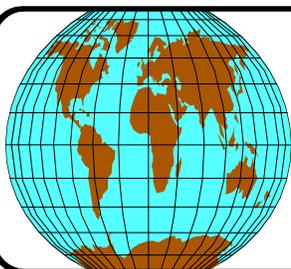
The Master's degree constitutes the extension and accreditation of the first part of a well-established teaching programme at The Anna Freud Centre (formerly the Hampstead Clinic) which is an educational, research and clinical institution specialising in the psychological treatment of children and young people. The M.Sc. course has three components:
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The M.Sc. course will extend over one calendar year of full-time study. Applications will be considered from those with an Honours degree in Psychology or related subjects.

For further details and application forms contact:
The M.Sc. Secretary, The Anna Freud Centre, 21 Maresfield Gardens, London NW3 5SH UK
☎ 011-44-171 794-2313 Fax: 011-44-171 794-6506 E-mail: ucjtsjs@ucl.ac.uk

**Query Regarding CME Credits
From the Committee on Study Groups & Continuing Medical Education**

If the ACP wishes to continue its practice of offering Continuing Medical Education credits to physicians attending its meetings, we are faced with a substantial renewal fee (\$1750 for 5 years) and quite a lot of book-keeping. Individual members should please advise the CME Committee: (1) Do you use the ACP-provided CME credits? (2) Would you pay a nominal administrative fee (\$10-\$20 per meeting) for this service? Replies should be directed to Julio Morales, M.D., Chair, Committee on Study Groups & CME, 141 N. Meramec Avenue, St. Louis, Missouri 63105 USA ☎ (314) 725-



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