



Psychoanalysis in Cleveland

Vol. 17 No. 1

The Newsletter of the Cleveland Psychoanalytic Center

January 2009

LETTER FROM THE EDITOR

Elisabetta Superchi

It is becoming increasingly difficult for many to maintain an objective point of view and to concentrate on the common tasks and daily events with the media repeatedly showing the worst of a situation. Headlines scream of disaster: the latest financial crisis; the most recent hurricane threat; a new, alarming environmental report, and health projections of a frightening disease. All this influences our perception of the future and leaves us vulnerable to experience stress and anxiety.

In everyday speech the word "stress" usually refers to a negative experience related to difficulties in responding to a life situation, while the word anxiety refers to an unpleasant emotion characterized by a general sense of danger, dread, and physiological arousal with respect to future events perceived as uncontrollable and unavoidable.

A general sense of uncertainty and unsafety can also be tied to old, unresolved, forgotten feelings, increasing the possibility of rushed panic-driven responses and/or a general sense of uneasiness and a feeling of misery.

This issue is dedicated to the psychoanalytic overview of anxiety, anxiety related symptoms and disorders, as well as current events.

ANXIETY, FEAR AND FRET

Anna Janicki M.D.

It is challenging to explain anxiety. Anxiety is an emotional apprehension of danger. It can become a medical condition under certain circumstances but, under ordinary conditions, is a healthy response to threat. Anxiety is an expectation of danger, even if its source is unknown. Fear is often confused with anxiety. Unlike anxiety, fear is a direct response to a specific external event or object.

Experiences of anxiety or fear depend on environmental and genetic factors but the content and intensity are deeply influenced by the bond between caretakers and children. Anxiety is frequently caused or influenced by unconscious internal conflict, by psychological trauma, and by transmission of affective and behavioral responses from one generation to the next.

Let's think about the anxiety of a person living with debilitating unconscious conflict. Paradoxically, they may be unaware of the source of their distress. Such an individual lives with chronic anxiety that can greatly interfere with his/her enjoying life.

Example: Norman became increasingly agitated after his health deteriorated and relationships with his wife and children were increasingly argumentative even violent. Norman's father died suddenly at the time of Norman's puberty. Norman, 11 years old at the time, was unable to face his anger with his father for abandoning him and felt abandoned by his grieving mother. He sought salvation from anxiety and sadness in a good education. He became a successful professional, driving himself hard, unaware

of his unconscious feelings of neglect and anger. Later in life, when faced by his own deteriorating health and by an empty nest he became acutely insomniac, anxious, and agitated, with no conscious sense of the connection of his distress with his conflict about feelings for his father and mother. His agitated anxious state reflected his struggle with experiencing full awareness of returning memories of his anger and guilt after his father's death as well as his contemporary anger, guilt, sadness and shame about his illness and empty nest.

One hundred years ago Freud hypothesized that early childhood memories form the unconscious. Anxiety results from an ongoing struggle to keep memories from becoming conscious. Freud's later theories of the mind explained anxiety as a result of unconscious conflict, a result of the child's struggle to contain forbidden emotions. Norman always felt anxiety when he felt threatened by a loss of love and acceptance.

Let us talk about fear. There are circumstances in life when an individual is exposed to life threatening situations of neglect or of threat of injury or death. Sometimes only the survival instinct carries a person through daily life, through repeated attacks or instances of neglect. In such circumstances, the speech centers and the verbalizing, thinking parts of the brain are not activated. Without words or thoughts to give expression to the content of the fear, becoming a victim or a perpetrator is a common means of expressing the damaging experiences.

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THE CLEVELAND PSYCHOANALYTIC CENTER ANNOUNCES:

SEPTEMBER, 2009 – MAY, 2010 A PSYCHOANALYTIC CHILD & ADOLESCENT PSYCHOTHERAPY COURSE

is in the process of being developed by two members of the subcommittee on child analysis of the CPC Ms. Joanne Naegele, M.A. and Rimvydas Augis, Ph.D.

This course will be approximately 20 sessions, one evening/week from 7:30-9PM, beginning next Fall on either Tuesday or on Thursday evenings. Location will be announced. We will end in May. We will offer a certificate of attendance.

The course is aimed at providing mental health professionals with tools and methods to deal with difficult emotional states of children.



Joanne Naegele, M.A.



Rimvydas Augis, Ph.D.

Course content: psychoanalytic meaning of children's behavior, problems and symptoms; use of therapist's feelings as a source of information about the child's feelings; containment and interpretation; working in the transference in psychotherapy; work with parents. Teaching will be based on discussion of clinical material.

This course of clinical seminars will be of interest to graduate students in internships and clinicians interested in a psychoanalytic point of view in psychotherapy work with children. Recent graduates in social work, clinical psychology, school psychology, psychiatry, art therapy and other interested professionals, KEEP POSTED FOR DEVELOPMENTS! If you wish to be put on a waiting list of participants, let either one of us know: Ms. Naegele, 216-791-2711, e-mail: jnaegele@aol.com or Dr. Augis, 216-929-0214, e-mail: draugis@gmail.com. We can send you a waiting list registration form.

MORE INFORMATION CAN BE FOUND ON OUR WEB SITE

ANXIETY, FEAR AND FRET *Continued from Page 1*

Shamika, a ten year old girl, was left by her mother for four days alone with her ten month old sister. In the end, there was no food, diapers, no way to survive or to comfort herself and her baby sister. Shamika developed chronic fears, night terrors, as well as terrorized behavior when food was concerned. Initially, all was explained in terms of childhood Bipolar Disorder and treated pharmaceutically. Her fears and inappropriate behaviors persisted in spite of treatment, until the therapist helped her recognize an unconscious link between her experienced neglect and her contemporary fears, night terrors and distressed behavior. She improved, her fears subsided and she was in better control of her behavior. She suffered from Post Traumatic Stress Disorder.

Shamika was the fourth generation to suffer from neglect and abuse. Grandmother told me of her helplessness and her own panic attacks at those moments and in the past. This is the fourth generation of children taken care of by panic stricken and depressed mothers and fathers, who try to cope by using or selling drugs while abandoned

by their equally desperate partners and a neglectful society.

Shame and stigma are compelling reasons why the individual needing treatment and the society in which they live selectively ignore their experiences of fear. Both the individual and society think they are evil. They will do their best to hide who they are, their personal qualities, peculiarities and limitations; by doing so they avoid confronting feelings of being lost, confused, defeated and violent. Often, an unrecognized yearning for a relationship and acceptance from another person is experienced as depression, a weakness, and humiliation. No one will easily admit that when anxiety or fear becomes conscious there is a sense of being deprived or evil. To seek out such feelings feels evil as well.

Psychoanalysts are interested in taking action to understand anxiety, fear and humiliation, and, hopefully, relate to all that is human. The analyst's intent is to prevent the most desperate and hopeless of human actions.

GLAD YOU ASKED

Ms. Joanne Naegele, M.A.

Q: At this time of economic downturn, my worries about money, my job and the whole way of life that I have worked for seems threatened. Is this the time to consult a psychoanalyst?

A: The Katan Center's phone started ringing last month, every day for awhile, when on October 1, 2008 the New York Times published a picture of Freud with the headline, "Psychoanalytic Therapy Wins Backing." It seems that researchers Falk Leichsenring of the University of Giessen and Sven Rabung of the University Medical Center Hamburg-Eppendorf, both in Germany, reviewed 23 studies involving 1,053 patients and found that intensive therapy of three times/week or more, lasting for longer than one year, was effective against some chronic mental problems, including anxiety and borderline personality disorder.

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SOME THOUGHTS ON THE ECONOMIC CRISIS

Murray Goldstone M.D.

The television ad featured an avuncular Charles Schwab speaking in the warm respectful tone of an expert. He counseled that we stay the course in these economically troubled times, and then gave a very slight, wry, appreciative smile as he added that he knew what he was advising was very hard to do. He went on to suggest that, if we felt we had to make changes, we consult with an advisor whom we can trust.

This was my association when our editor phoned to ask that I consider writing a piece on a psychoanalytic perspective on the current economic crisis. It seemed like an interesting association, so I decided to run with it.

I'll start with the smile, because that's what intrigued me the most. Mr. Schwab was saying that he could empathize with us and didn't want to belittle our plight. I felt that the analyst in me would add that we all find his advice very hard to follow in our own individual ways, and that that's where analytic work begins. The reasonable course is clear, yet so many of us find ourselves not following it. It's in our personality or character structure – powerfully operating against ourselves in unique ways. Analytically, we can place the variations of the sabotaging actions in particular categories – denial, manicdefense, narcissistic maneuvers of rage or omnipotence or humiliation, assumptions of guilt and depression often covering fantasies of power and surprising readiness to destroy, flights to passivity with yearnings for parental succor, creations of alternate excitements to avoid the situation, etc. – but the truly interesting

and amazing part lies in the very particular, individual ways we find to bring on Schwab's smile.

On the one hand I was identifying with Mr. Schwab, the analyst; on the other I was reacting as his analysand – oh, yeah, you try staying the course when you're losing half your worth and your livelihood is threatened! These are very traumatic times, many of us are suffering from our own traumatic stress syndrome. What we learn from our analytic work is that each episode of traumatic stress syndrome is patterned by earlier traumatic experiences; and, as there is no one who hasn't had those, we will all find ourselves managing this crisis with some disadvantageous peculiarities. What we can hope is that analysis will have given us more of a perspective – a metaview – on ourselves that will have taken an edge off our personal trauma, helped us gain some knowledge of our peculiar foibles, and aid us in making our way through with minimal self-sabotage.

Oh, but it would be so nice to have a strong benign Mr. Schwab to help us! And here is the other thought that came to the analyst in me – he's in the same boat as we are and brings his own personality to the crisis situation. There isn't anyone who isn't managing his or her netherworld as best s/he can. If we seek aid from either him or our analyst, we'd do well to remember that the expert needs a degree of humility and honesty for us to be comfortable with the consultation. It's most unfortunate that so many of us ignored that fact in the past few years leading up to our current problem.

GLAD YOU ASKED

Continued from Page 2

The steady, frequent, close attention that psychoanalysts provided seemed to be what made the difference. It is something that psychoanalysts know, but now research has confirmed it! Dr. Andrew J. Gerber, a psychiatrist at Columbia University, commented, "This paper suggests that you've got to get into longer-term therapy to make improvements last."

In answer to the question above, "At this time of economic downturn...should I consult a psychoanalyst?" our answer is, "What better time is there to consult a psychoanalyst?" When a person is emotionally churned up and a way of life seems threatened, it is a good time to consult with someone who can listen, who can contain those feelings and help you sort them out. Improvement in anxiety-related symptoms can free a person up to better evaluate the "whole picture" and to take advantage of job opportunities. It is also a good time to get your children some emotional help because they may have their own, often difficult responses to hard times.

The Katan Consultation and Referral Service, 216-721-2777, can be reached seven days a week, 365 days a year. A psychoanalyst will return your call. Should you be referred to someone for ongoing work, know that all fees are set on an individual basis, between the therapist and the patient.

"DR-769-08" DISASTER RELIEF-IOWA TORNADOS & FLOODS

Date: Friday Evening, January 30, 2009

Time: 7:30—9:00PM

Location: Cleveland Psychoanalytic Center, 2460 Fairmount Boulevard, Suite 312, Cleveland Heights, Ohio

Jose Camerino, M.S.W. & Kay Levine, Ph.D., Disaster Mental Health Team Supervisors of the American Red Cross, will be giving this Discussion and Slide show. They will discuss their experiences as

mental health practitioners participating in disaster relief to the Iowa flood areas, from June 25—July 9, 2008.

Learning objectives:

- 1) To inform mental health professionals about the tasks performed during disaster relief.
- 2) To discuss the challenges of disaster relief for mental health professionals — what works, what doesn't.
- 3) Ethical and personal dilemmas.

Registration: This meeting is free and open to the public. The cost for continuing education credits is \$22.50 (1.5 credit hours) for persons who are neither Active, Affiliate nor Candidate members of the Center and \$15.00 for Center members. A faxable pre-registration form is available at the Events page of the Center's website or by calling (216) 299-5959.

2009 VISITING SCHOLAR

Sara S. Tucker M.D

Dominique Scarfone, M.D., will be the 2009 June Isquick Visiting Scholar. Dr. Scarfone is an internationally acclaimed psychoanalyst, teacher, and author. He will deliver a Public Lecture on Saturday, March 28 from 2:00 to 4:00 in the Rainbow Babies and Children's Hospital auditorium. He will speak about the work of French psychoanalyst Jean Laplanche. The lecture is open to the general public and will be of special interest to mental health professionals, academics, and students. There is no charge for this Cleveland Psychoanalytic Center event.

A Full Professor in the Department of Psychology, University of Montreal, Dr. Scarfone is also a Training and Supervising analyst, Institute Psychoanalytic de Montreal (French branch of the Canadian Psychoanalytic Institute). He is the Associate Editor for "The Analyst at Work" in The International Journal of Psychoanalysis. He is a member of the Scientific Program Committee, American Psychoanalytic Association; member of the Editorial Board, *Concise Encyclopedia of Psychoanalysis* (Yale University Press); Founder and director of the journal TRANS, Revue de Psychoanalysis, Montreal, to name a few of his editorial functions.

Dr. Scarfone has authored books and book chapters in French, English, and Italian and several of these have been translated into Hebrew, Spanish, and Portuguese.

A busy lecturer, Dr. Scarfone has appeared at the 45th Congress of the IPA in Berlin, where he delivered a major lecture on "Repetition: Between Presence and Meaning" and chaired the Meet the Analyst event. He has been guest speaker in Denver, Paris, and Val David in Canada.

For more details about the Public Lecture, please call Debbie Morse at 216-229-5959.

SCIENTIFIC MEETINGS: "Ethical and Professional Concerns in Child and Adult Analysis"

Date: Feb. 20, 2009

Time: 8:15PM – 10:15PM

Location: Rainbow Babies & Children's Hospital Auditorium



Sam Rubin, M.D.

Birmingham, Alabama. We hope for a lively interaction with the audience following the presentation.

Learning objectives:

- 1) To become aware of ethical and professional dilemmas confronting

Sam Rubin, M.D., long time Training and Supervising Analyst, will present this paper which he co-authored with Lee Ascherman, M.D. Training and Supervising Analyst,

- 2) To heighten awareness of the challenges of psychoanalytic and psychotherapeutic work with children and their parents in terms of the ethical dilemmas that are part of the work.
- 3) To be aware of transference and countertransference communications as well as uninterpreted transference that can signal brewing ethical dilemmas which are in need of attention in the work.

Registration: This meeting is free and open to the public. CEU and CME credits will be available for a modest fee through the Cleveland Psychoanalytic Center. Please call Debbie Morse at (216) 229 5959 for more information.

WORKSHOP: The Nature of Therapeutic Action in Child Analysis

Date: Saturday, Feb. 21, 2009

Time: Noon—2:30PM

Location: Cleveland Psychoanalytic Center 2460 Fairmount Boulevard Suite 312, Cleveland Heights



Lee Ascherman, M.D.

an analysis of a child. Because of the confidential nature of the work, the paper will not be available.

Lee Ascherman, M.D., (Training and Supervising Analyst, Birmingham, Alabama) will lead this workshop which will be a chance for clinicians interested in psychotherapeutic

Learning objectives:

The focus of the workshop is on the therapeutic action in the work, how it develops, transference and countertransference feelings. Links will be made to the importance of a child psychoanalytic point of view in work with adolescents and adults.

Registration: The workshop is free and open to mental health students and clinicians. Registration is necessary. Please call Debbie Morse at the Cleveland Psychoanalytic Center, 216-229-5959 to reserve a place. The cost for continuing education credits is \$30.00 (2 credit hours) for persons who are neither Active, Affiliate nor Candidate Members of the Center and \$20.00 for Center members.

MANY THANKS

We are grateful for the donations of Dr. Marvin and Mrs. Micki Brook and Mrs. Jean Kushleika to the Cleveland Psychoanalytic Center Program Committee in 2007 to support Scientific meetings of the Program Committee. We are using those funds to sponsor this weekend and to bring Drs. Ascherman and Rubin to Cleveland to present their papers. Many thanks to Marv, Micki and Jean!

PSYCHOANALYTIC INSIGHTS INTO THE DOCTOR PATIENT RELATIONSHIP

Richard Grossberg M.D.

As both a psychoanalyst in training and the Medical Director of a residential facility for children and young adults with severe disabilities, I have found psychoanalysis to aid in my understanding of the doctor/patient relationship and to influence my "bedside manner". Following several grand rounds both locally and nationally discussing this topic, I was asked by our own Norman Clemens, MD, psychotherapy column editor of the *Journal of Psychiatric Practice*, to submit my presentation as an essay for his column. This culminated in a recent publication in September, 2008.

Due to its hierarchical nature and setting in the face of illness or crisis, the doctor/patient relationship is fraught with complexities and inherently demanding. The psychoanalytic framework offers a unique perspective in which to appreciate the nuances of this relationship and can

greatly assist the physician in establishing a working liaison with the family and better serve the patient. In the article, I discuss defense mechanisms such as denial, externalization, intellectualization and splitting as intrapsychic conflicts generated in the context of parenting a child with severe disabilities. *Medicalization*, a form of intellectualization, is offered as a means by which the parent and doctor together avoid some painful reality by embarking on a path of medical treatments and procedures, often not in the best interest of the child. The complex ways in which these enactments occur, further elaborated by the concepts of transference and counter transference, are also explored.

Like Selma Freiberg's *The Magic Years*, the article attempts to see the meanings in behavior rather than offer detailed solutions or techniques. The intention is to give the physician a new lens in which to

view the doctor/patient relationship and argue for a more reflective, non-reactive stance to understand what is being communicated. As a result, a more mutually beneficial relationship develops and care is not distorted by painful realities.

Richard I. Grossberg, MD, FAAP, FAACPDM is the Medical Director at the Hattie Larlham Center for Children with Disabilities, Mantua, OH. He is also a fourth year candidate in adult psychoanalytic training at the CPC. He has a private practice in psychotherapy and psychoanalysis in Beachwood, Ohio.

His article, "Psychoanalytic Contributions to the Care of Medically Fragile Children" is in the September 2008 volume of the *Journal of Psychiatric Practice*.

ROUND TABLE DISCUSSION ABOUT JUNGIAN CONCEPTS

Sara S. Tucker M.D.

Dianne Braden, M.A., LICDC, a Jungian analyst in private practice, led a roundtable discussion about Jungian concepts- Bridges to Freudian Concepts - with an enthusiastic audience of two dozen participants at the Cleveland Psychoanalytic Center (CPC) on November 5, 2008.

Ms. Braden began with a thumbnail sketch of Jung's life and integrated that with the evolution and development of his theories. At the time of Jung's birth in a small Swiss town in 1875, Freud was 19, Janet was 16, and Adler was 5 years old. After Jung's graduation from medical school he studied with Mesmer and then worked with Bleuler treating schizophrenics. By 1905 he shifted his interest from hypnotism to psychoanalysis. Jung and Freud met in 1907 and in 1909 they both traveled together to lecture in Massachusetts.

Jung admired Freud, seeing him as a father figure. Freud was looking for an heir to succeed him and was drawn to Jung. However, Freud insisted his successor had to fol-

low him without question. As Jung began to develop his own ideas, Freud disapproved and initiated a split that was traumatic for both.

By 1913 Jung was presenting his theory of the Archetypes of the Collective Unconscious. He resigned from the psychoanalytic association and as editor of the journal and broke with Freud.

In dialogue with the audience Ms. Braden compared and contrasted Jung's theories with those of Sigmund Freud. The Archetypes did not evolve from childhood development. Rather, Jung postulated a world of archetypes connecting all people and expressed in myths, symbols, stories and nature. For Freud, there was only one myth, that of Oedipus. Jung delved into his dreams in a focused way, with amplification as the goal. For Freud, free association was his way of using dreams in psychoanalysis.

Ms. Braden described Jung's way of studying his dreams. Every morning he would record his dreams and draw the imagery in order to expand his understanding.

He used deep introspection to probe his unconscious. At times he feared his unconscious would overwhelm him so he was careful to keep a firm grip on reality; his Swiss connection to family, genealogy, his canton, and his military duties kept him grounded.

In response to the participants' interest in understanding more about Jungian theory and practice, Ms. Braden said that the treatment takes place once or twice a week and is organized around dreams. The Jungian analyst waits to be "invited" before going into larger and more universal Archetypes with the patient. The psyche is a self-regulating body: Neurotic disturbances are caused by one-sidedness. The goal of treatment is to develop a conscious relationship to both sides, to accept all of what we are. In general, Jung understood the psyche in terms of the persona (what we show people) and the shadow (what we hide). Further, an Archetype has a plus and a minus valence. For example, there is the positive nurturing Mother as well as the

2008 ELEANOR HOSLEY AWARD HONORS LAW FIRM

Karen Goulandris

In late June 2008, Mrs. Karen Goulandris, director of The Reinberger Parent/Child Resource Center at Hanna Perkins, received a phone call letting her know that the Resource Center would be a recipient of a generous award; however, the amount could not be disclosed until an upcoming Cy Pres Award Luncheon. Mr. Patrick Perotti, a lawyer and partner at the law firm of Dworken and Bernstein, uses an ancient doctrine called "Cy Pres" to distribute unclaimed class action funds to nonprofits and charities. He has used this method to distribute unclaimed funds in the past but on July 18, 2008, Mr. Perotti and Dworken and Bernstein would distribute the largest award of this kind in history. \$14 million dollars was distributed among 34 charities and nonprofits, many serving families and children.

Mr. Perotti became aware of the Reinberger Parent/Child Resource Center in 2007, when he attended the "Week of the Young Child" celebration with his daughter. At the Cy Pres luncheon, Mrs. Perotti spoke

of his personal experience having attended the event, the fun his daughter had, and how engaged all of the children were with the activities that were offered.



When the numbers were finalized following the Cy Pres Awards luncheon, the total gift to the Reinberger Parent/Child Resource Center was \$225,184.04. The Resource Center will use the funds to expand programming. Upcoming ideas include a new mothers group to provide an opportunity for new mothers to discuss parenting

issues/concerns; a youth leadership program for children ages 13-18; scholarship programs for summer camps; a Spanish language enrichment program; and a mom & tot dance class.

This fall, Hanna Perkins Center for Child Development honored Mr. Perotti and Dworken and Bernstein with the Eleanor Hosley award. The Eleanor Hosley award honors a selected person or persons for their "kind, effective consideration of the needs, feelings and rights of children." The award is typically given to someone whose work may not be adequately recognized or appreciated by others. Hanna Perkins Center for Child Development recognizes that Patrick Perotti and the Dworken & Bernstein law firm have reached out to nonprofits, including many that are not well known but do significant work on behalf of young children and families.

To learn more about the Cy Pres award and other agencies that have benefited from Mr. Perotti's generosity, visit www.ohiolawyersgiveback.org.

INNOVATIVE WORK WITH INFANT & TODDLER CHILDCARE PROGRAMS

Thomas F. Barrett Ph.D.

Each year a lecture is held at Hanna Perkins in memory of Dr. John Hadden, an analyst of both children and adults, original member of the board of trustees and, with his wife Lainie, among HPC's staunchest supporters. Over the years this lecture has provided a podium for psychoanalytic colleagues and those from related professions to bring papers focusing on clinical, theoretical, or applied aspects of psychoanalytically informed work with children and parents.

The Friday evening program of this year's Hanna Perkins Symposium/Forum featured the 12th John A. Hadden, Jr., M.D. Memorial Lecture. The presentation featured Martha Moore and Jennifer Perez, Hanna Perkins-trained consultants, and focused on their work in the development, implementation, and expansion of an intervention-based research project involving infant and toddler programs in child care centers in Fresno, California (previously described in *Psychoanalysis in Cleveland*, April 2008).

Both Dr. Moore and Ms. Perez were assigned to the infant and toddler programs of

four child care centers where they began to visit each week for three hours, meeting with the center director, members of her staff, and observing in the care rooms. On a weekly basis each also kept journals of

their experiences and spoke by phone in consultation with senior Hanna Perkins staff to describe and critique their observations and discussions.

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ROUND TABLE DISCUSSION ABOUT JUNGIAN CONCEPTS

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devouring bad Mother. The concept of inherited Archetypes and Universal Unconscious led to questioning whether or not there is a genetic expression for this. Some thought this would someday be demonstrated.

In summary, Jung was comfortable with the paranormal, the mystical and losing boundaries. His metaphors connected to alchemy, Eastern religions, and Nature. Jung founded his Institute of Psychoanalysis in Zurich in 1948. It is still training analysts today. He wrote 18 volumes expounding his theory as well as more personal reflective ideas.

In addition to her private practice, Ms. Braden is on the faculty of the C G Jung Analysts Training Program of Pittsburgh and is treasurer of the Pittsburgh Society of Jungian Analysts. She is a Diplomate of the Inter-Regional Society of Jungian Analysts. She is also a Licensed Chemical Dependency Counselor, State of Ohio.

Ms. Braden spoke on "Pathways Into the Irresistible: Thoughts on Compulsion" on Friday evening, December 5, 2008 in the RB&C auditorium. This was under the auspices of the Cleveland Psychoanalytic Center.

HELPING CHILDREN WITH FEARS AND ANXIETIES

Lorraine Weisman M.A.

Childhood is remembered by many people as an idyllic time. However, the reality of normal developmental challenges that every child encounters before the age of five may be long forgotten by the adult. Thus many parents are confounded by the feelings they encounter in their young children.

From the earliest days of life children encounter normal challenges to feeling good. Young infants have daily adjustments to their growing bodies. They encounter the need to suck, digestive upsets, fatigue, and hunger. If these disturbing bodily sensations are met with gentle timely ministrations by a consistent parent, the baby learns to trust in a soothing outside source of safety and comfort.

These daily ministrations provide the base for the next phase of development in which the toddler will want to take over some of the self-care tasks so empathically provided by the parent. Suddenly, being separate from this parent who provides a world of comfort becomes a very stressful situa-

tion. Wanting to be independent is countered by the fear of being too far from all of that loving comfort infancy provided. Parents can help the young toddler by preparation for separations, keeping in close contact during the day, and talking about the hard feelings the child has during absences. Parents can begin to provide more companionship and admiration and less doing for the child during daily self-care tasks such as eating, dressing, or washing.

The normal increase in negative or angry feelings experienced by the toddler may also engender new fears. Loud noisy objects such as vacuum cleaners, garbage trucks, or toilets may suddenly frighten the child who perceives the loud noise as angry. Parents can help by saying the machines are making only working noises and helping the child use all of that love they have accumulated from the parent to tolerate and tame the newly emerging feelings. Mastering these affects supports the beginnings of growing into

the next phase of development.

The self-confidence this engenders in the toddler carries forward into the preschool phase in which the child becomes aware of himself in a new way. Having to measure up in preschool comes from an inside awareness of the smallness of being three compared to the very large and fancy adults. Parents can help with this worry by being aware that many of the demands for the biggest toys, desserts, and comparisons between the child and his/her peers are related to a normal bodily concern about being just right for a three-year-old. Talking to the child about being a fine girl or boy and explaining in a simple way that there are two kinds of bodies, girls and boys, can be surprisingly helpful to the child's age-adequate worries about being intact and growing up. Encouragement about growing up to be like mother or father and empathy about how hard it is to wait so long to do so, can also alleviate some worries at this stage.

INNOVATIVE WORK WITH INFANT & TODDLER CHILDCARE PROGRAMS

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Those in attendance at the Hadden Lecture were deeply moved by their account of their work as it poignantly revealed the depth of relationship that each had developed with the care providers they had come to know and respect. When they told these women that they had been invited to present at the lecture, they were encouraged by them to tell their stories in order to shed light on challenges of this work.

Ms. Perez told of K., a two-year-old with minimal language, whose care providers had become concerned that he might be autistic. He seemed preoccupied with the door knob of his care room, constantly going to it and fingering it. Ms. Perez observed and noticed how he studied the comings and goings of the mothers of the children. She'd asked if it had made him think of his own mother. He led her to his lunch box to find his mother's picture, which she had taped there for him. Through discussions that followed with the care providers, Ms. Perez helped them get in tune with K's missing feelings and she described how on a subsequent visit she was touched to observe his

primary caregiver holding him at the door window where they looked together at the passing cars and she talked to him of how his mother would be coming for him later in the day.

Dr. Moore told of the development of her relationships with care providers, their initial defensiveness and their gradual willingness to acknowledge feelings about the children in their care. She told of one center where she witnessed the distress of a young toddler who was not allowed access to her comforting blanket. She noted both the distress of the little girl and the apparent rigid position of her care provider, who felt she had to uphold what she thought was a center policy that the blanket remain in the child's cubby. Supported by the trust she had established with the care provider, Dr. Moore described how she sat with her and conveyed her understanding of the conflict she was really feeling. Supported in this way by Dr. Moore, she determined to give the child her "blankie." They then watched together as the child, comforted by this support, became more confident, engaging, and independent.

Eventually, no longer needing the blanket, she deposited it on Dr. Moore's lap and went on with her play.

The presentation concluded with a report that the Hanna Perkins consultation project in Fresno has added three new consultants and has been re-funded for two years (with the likelihood of five years of funding) and expanded to 13 child care centers and seven family childcare homes. In the fall of 2009, through collaboration with the Department of Child Development at Fresno State University, it will be possible for master's students to pursue a degree with a specialized focus on this model of early childhood consultation. The importance of this work was underscored by the observation that it is now variously reported that between 65 and 80 per cent of all preschool age children spend at least part of each day in substitute care. It remains the goal of Hanna Perkins to, wherever possible, help care providers in their work and support their essential relationships with the parents of the children in their care.

FROM THE LIBRARY

Josh Friedman M.D.

Andrew S. Watson, M.D., was a pioneer in bringing together the fields of psychiatry and law, helping to establish an interdisciplinary approach. Watson's published works include *Psychiatry for Lawyers*, *The Lawyer in the Interviewing and Counseling Process*, chapters in books, and numerous articles in scholarly journals. He received his undergraduate degree in zoology from the University of Michigan, served as captain in the U.S. Army Medical Administrative Corps, obtained his medical degree from Temple University and completed postgraduate training at the University of Pennsylvania and Temple University. He subsequently graduated from the Philadelphia Psychoanalytic Institute. In 1966, Watson became a full professor in both law and psychiatry

at the University of Michigan. He spent much of his career at the university, retiring in 1990 with Emeritus status. Watson served as consultant for the Michigan Department of Corrections, consultant for the Veterans Administration Hospital in Ann Arbor and the Washtenaw County Juvenile Court and Department of Public Welfare. He also served as a witness in a number of high profile criminal cases throughout the country, including Jack Ruby, Twiggs Lyndon and John Norman Collins. In 1967, Watson was honored as the Robert S. Marx Lecturer by the University of Cincinnati's College of Law. He received the Isaac Ray Award from the American Psychiatry Association in 1978, and later received the Association's Sey-

mour Pollack Distinguished Achievement Award in 1989. Andy left much of his psychiatry book collection to Joshua and Susan Friedman as gifts as Susan was pursuing her psychiatry residency at University Hospitals of Cleveland. His approach of melding disciplines and carving out new niches of expertise has been transmitted to many who knew him and Susan now works in forensic and perinatal psychiatry and Joshua in child abuse pediatrics.

With the gift of his copy of the Complete Psychological Works of Sigmund Freud we hope to provide an additional resource to the Cleveland Psychoanalytic Center and share the story of this great man.

FROM THE CPC LIBRARY:

Mary Ellen Kollar

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Dewald, Paul A. and Rita W. Clark, *Ethics casebook of the American Psychoanalytic Association, 2nd ed.*, 2008 (5 copies)

Jurist, Elliot L. and Arietta Slade, *Mind to mind: Infant research, neuroscience & psychoanalysis*, 2008

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*Wiger, Donald E., *The well-managed mental health practice: Your guide to building and managing a successful practice, group or clinic*. John Wiley & Sons, 2007

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