



Photo by Fred Seligman, MD

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Harry S. Truman (1884-1972)

Jokes submitted from Martin Drell, MD

In looking through a 2006 book on Presidential humor by Liz Carpenter, I was reminded of the wit and wisdom of Harry S. Truman, who was President when I was born (1945-1953). Here are a few of his best quips:

- “If you can’t convince them, confuse them.”
- “You don’t set a fox to watching the chickens just because he has a lot of experience in the hen house.”
- “I learned that a great leader is a man who has the ability to get other people to do what they don’t want to do and like it.”
- “Polls are like sleeping pills, designed to lull the voters into sleeping on election day. You should call them ‘sleeping polls.’”
- “Whenever a man tells me he is bipartisan, I know that he is going to vote against me.”
- “A Statesman is a politician who died 10 or 15 years ago.”
- “Any man who has had the job I’ve had and didn’t have a sense of humor wouldn’t still be here.”
- “Never kick a fresh turd on a hot day.”
- “You want a friend in Washington? Get a dog.”
- “If you can’t stand the heat, get out of the kitchen.”
- “You can’t get rich in politics unless you’re a crook.”
- “When you have an efficient government, you have a dictatorship.”
- “Being President is like running a cemetery. You’ve got a lot of people under you and nobody’s listening.”
- “Imperfect action is better than perfect inaction.”
- “The reward of suffering is experience.”
- “The buck stops here.”

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Martin Drell, MD



Painful Meanderings on the Differences Between Child and General Psychiatry



Martin Drell, MD

Many years ago, someone at a meeting asked what the difference between adult and child psychiatry was. I was not sure what I thought was the correct answer, and was loathe to answer, lest it was a trick question. I prevaricated and let the questioner answer his own question, which he seemed burning to do.

“The difference,” he proclaimed, “was a belief in development.” I thought it was a very good answer! Over the past decades, I have returned every once and a while to this question. The last time I thought about this, I was absolutely sure the differences between general and child psychiatry were widening, leading to the sense of different tribes. As I approach the subject now, the question remains a valid one, but deciding what constitutes the difference seems harder for me to answer. One of the differences I had thought about in the past was the use of medications by general psychiatrists, but child psychiatry has embraced medicines so fully that we are often portrayed by the public as “pill pushers.” The news speaks daily of polypharmacy and the overmedication of children, especially young children. So I don’t think the use of medications is an adequate answer, as child psychiatrists seem, in this regard, to be more like and not less like general psychiatry.

While thinking this through, I couldn’t stop thinking of Stephen Sharfstein’s oft quoted remark that the “Biopsychosocial Model” seems to have been replaced by the “bio bio bio model.” Perhaps, the answer is that general psychiatry focuses more on biology than child psychiatry, but surely no modern child psychiatrist would disavow the importance of biology in this age of neuroscience, brain scans, medications, and genomics.

After more discussions with myself, I ended up doing an uncomfortable “flip flop” and wondered if the differences between general and child psychiatry were not widening but were actually narrowing. This led me to envisioning a time when one would ask what the difference between general and child psychiatry is, and the answer would be “none.” This did not seem right to me!

Perhaps, I have been blinded and biased by my anger at the general demise of psychotherapy training in general psychiatry, which I have written and talked about over the years. Could it be that I am a victim of “assortative mating” in that most of my professional friends are “therapy enthusiasts” who reinforce my unconscious and conscious biases towards training in psychotherapy? If I lift my blinders, isn’t it the reality that child psychiatry is following general psychiatry in its de-emphasis on training in psychotherapy and that this difference seems gone also (much to my dismay)?

I ask myself over and over - why would general or child psychiatry knowingly narrow their scope of practice?

Returning to the original question, I then wondered whether child psychiatry was also losing its traditional focus on development. My “therapy enthusiast” friends surely agree with this and frequently ask me, “Does anyone read Mahler anymore, or what happened to the psychosexual stages, you know, like oral, anal, oedipal, latency, adolescence, or the psychosocial stages of Erik Erikson?”

Have these been lost to civilization like the art of embalming that was perfected by the Egyptians? At this point, I found myself becoming anxious and then defensively flippant. I repeat, with hyperbolic disdain, a frequent remark of mine that the “newer generations” do indeed have a sense of development: iPhone 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 or *DSM I, II, III, IV, IVTR*, and 5.



In reality, few younger child psychiatrists have ever seen *DSM I, II, or III*. I appear like an ancient book seller as I share with them my dusty copies of *I, II, and III* to show what changes have occurred in our field over the past decades (“Look how skinny they are!” “Look how few diagnoses there are!”). After such “flights into flippancy,” I reestablish a serious tone and return to thinking about the “lack of a developmental perspective” in general and child psychiatry. In my experience, when I discuss development with people, the conversation invariably leads to whether there are any recent “good” textbooks on development. Does this mean that they have not been keeping up with this area which they say is so important? At this point, it is amazing how often my contemporaries lovingly harken back to Mel Lewis’ venerable developmental book. They seldom get the title correct (*Clinical Aspects of Child Development*), but usually are able to describe the colors on the cover (depending on their age - orange and blue, which is the 1981 second edition, or orange and white, which is the original 1971 paperback edition). My personal 1971 copy got waterlogged when my ice cooler leaked into a box of books in my car while I moved from my residency in Boston to my first job at Baylor in 1979.

I personally cannot fathom the world of child and adolescent psychiatry or general psychiatry without some sort of developmental perspective to help understand the vast differences between infants, preschoolers, middle childhood, adolescents (younger and older), transition age youth, and adults (younger and older).

To check my bearings, I recently asked a general psychiatrist who works at a mental health center what development theories he uses.

He paused for a very long time before responding, “I’m not sure... perhaps Erikson?”

I am not a purest who demands faithful allegiance to the psychosexual stages. In fact, I never felt that they were enough to fully explain the cases I was seeing and don’t directly use them as much these days. They were, however, an academic starting point for me, especially after David Freeman, MD, a psychoanalyst and general psychiatrist at Baylor in the 80s, informed me that Freud’s theories were imperfect, but the most comprehensive models concerning normal development, the development of psychopathology, and therapy available.

He fascinated me by pointing out that these Freudian developmental insights were constantly being interpreted and re-interpreted and that even the most eloquent of formulations did not guarantee that Freudian therapy would “cure” the problems identified, or even be the treatment of choice. These were important distinctions for me at the time and remain so today. My work with infants validated my problems with the psychosexual stages. Calling an infant “oral” doesn’t help very much.

To help with this population, I needed the assistance of latter developmental theorists, most of them psychoanalysts, such as Piaget, Spitz, Emde, Sanders, Sameroff, Mahler, Klein, Winnicott, and the object relation theorists. Each of these theorists added differing perspectives on development, some of which were more useful and understandable than others.

I sadly admit to still struggling with the Ruth and Pre-Ruth stages of Winnicott. At around the same time, in the early 80s, I took an ongoing interest in George Engel.



Engel’s “developmentally influenced and system’s informed biopsychosocial model” has an overarching model which seemed to inclusively accommodate all the theories that I read about and juggled in my mind. Over time, I have continued to add new developmental theories to Engel’s model to better explain differing time periods of the lifespan.

To me, these theories are like looking at the same microscope slide with differing powered lens. Mahler certainly helped me focus more in-depth and to better figure out the toddler period of the “anal phase.” Similarly, there are times when a “wider angle” lens has proven helpful, like the addition of the psychosocial foci of Erik Erikson, family-systems theory, and the family life cycle that are so helpful in couples, parenting, and family work.

In keeping with the best of Engel’s model, you should not be surprised that I have been an advocate for the addition of brain development and the neurosciences to the child training curricula.

Information on these topics are developing apace and will be more and more necessary for future child psychiatrists. Unfortunately, I have to learn the subject matter before I can teach it. Towards that end, I have gone to several American Association of Directors of Psychiatry Residency Training (AADPRT) Brain Institutes that try and show how one can teach the neurosciences.

I find it daunting! At these institutes, I find that I am not alone in my feelings. My favorite “honest” presenter on the subject of teaching the neurosciences, at a recent institute, said that he wasn’t quite sure how to teach this material in an acceptable and digestible manner, but that we all needed to attempt it to do so. His advice was to “just do it.”

I suspect many training programs are doing too little with regards to the neurosciences and brain development, and some are doing too much. I think often of the Three Little Bears and Goldilocks story. What is the “baby bear” approach that is “just right?” I find the neuroscience literature interesting. I especially love the anecdotes that condense years and years of painstaking research into useable sound bites of information. Despite my love, I have trouble finding how it can be helpful with the patients I see other than adding immeasurably to my abilities to provide fancier and more cogent scientific psychoeducational explanations to the people I see in my clinical work.

Many patients and their parents especially enjoy and can relate to my seemingly scientific explanations, especially when I use “top down” and “bottoms up” metaphors, although my “inner” flippant, defensive self can’t help but note that the bottom up seems awfully like the id, while the top down is not unlike the ego/superego. Am I missing something when it seems to me that all the brain scans always point to the “top down” frontal lobe?

I suspect Jonathan Cole, an early psychopharmacologist, thought similarly when years ago, he humorously and perhaps flippantly chastised psychopharmacologists for chastising psychoanalysts for explaining “everything” with the trilogy of the id, ego, and super ego. “After all,” said Cole, “don’t you pharmacologists explain everything with the trilogy of serotonin, norepinephrine, and dopamine!”

We all start with the models we are taught and do the best we can with them. Hopefully, we add to them or replace them with newer models that we determine more helpful in our overall clinical work. I suspect that some feel that I do not practice what I preach. I know that I have been accused by being “reactionary” due to my love of therapy.



Indeed, I have been told more than once to my face that I do not prescribe meds. This is simply not true! In my defensiveness, I usually direct my accusers to read my “Clinical Vignettes” column which often mention that my patients are prescribed medications by me. I then add proudly that I am a state consultant to foster care for polypharmacy and boast of being an “early adoptor” of SSRIs. In truth, the latter act was mostly due to my anxiety concerning the lethality of the tricyclic antidepressants that I used before SSRIs came out.

I love avoiding anxiety of that sort almost as much as I love being able to help my patients. If my accusers persist, I then mention that I was orchestrating chloripramine treatment for an adolescent patient of mine with severe OCD in the early 80s.

At that time, the meds were secured from Canada by the family, as they were not as yet approved or distributed in the United States. Why do my accusers think I can’t walk and chew gum at the same time and force me to say which of the two practices (psychotherapy or pharmacology) I prefer? Can’t I prefer “both” even if, in reality, I prefer one treatment modality (psychotherapy) more than the other? Is this more tribe like behavior?

As the Decade of the Brain in the 90s was initiated 29 years ago, I know we are in a long and slow launch sequence that will definitely lead to the neurosciences being more and more helpful to our patients. As this eventuates, I know that whatever discoveries are made will fit nicely into Engel’s overarching systems model, which incorporates a developmental biopsychosocial perspective.

I sincerely hope that the answer to the question of the difference between adult and child psychiatry will end up being answered as “none,” as they both encompass all the best system’s informed, developmental, and biopsychosocial information and skills we have and will, in the future, have available to us in pursuit of quality patient care. The acquisition of new information and skills should be a “this and” and not an “either or” proposal that favors inclusiveness vs. exclusiveness.

It will hopefully include diagnosis and formulation, as well as psychopharmacology and biological treatments, plus a range of therapies in its training curricula. Meanwhile, I will continue my learning, questioning, and thinking, exciting and painful as these meanderings may be.



Cynthia Pfeffer, MD

Recently when visiting friends, their son asked if I have a Samsung Galaxy Note 9 smart phone. He told me that he plays Fortnite, a popular video game, and that he wanted to get a “skin”.

He knew that he could get it by ordering with a Samsung Galaxy Note 9. He was very happy when I told him that I have this phone. Soon, he returned and was overjoyed to show me the “Fortnite skin” that he ordered.

His younger sister was watching a very popular children’s animated movie, Frozen. Sitting beside her was an American Girl Doll dressed in a beautiful winter outfit.

Having visited the American Doll Store in New York City and seeing the large number of girls and their mothers at the store, I realized how these dolls have become among the most popular possessions of today’s young girls. In fact, the American Girl dolls may replace the iconic Barbie Doll in popularity.

Recently, I watched a CNN TV documentary called “American Style” about trends in woman’s fashions from the 1930s to the present.

This program highlighted changes in fashion styles resulting from interrelated sociocultural, current events, financial, and global trends. These examples illustrate pop culture, the expressions of societal creations resulting from periodic changes in world events, human interactions, creativity, and materialistic endeavors.

These trends are changing markers of human existence that are reactions to the past and need for change.

I wrote this column especially for AACAP Life Members to recall historic events of past decades and to understand the emergence of congruent pop culture. It may serve as a reminiscence, education, and aide for use in applying knowledge of pop culture to work as child and adolescent psychiatrists in mentoring, teaching, and helping patients.

Pop culture is not static and is important to our knowledge for helping youth, especially those who suffer from trauma, anxiety, sadness, and developmental problems.

It is a reminder to be knowledgeable about historical and daily events as well as pop culture trends and to be able to apply such knowledge in psychotherapeutic work with youth. A teenage patient recently said to me, “I like my history teacher because when she teaches she makes it enjoyable to learn because she knows what kids like.”

Pop culture changes over time. During the 1930s and early 1940s, women took care of their families at home.

Once World War II commenced and tragic deaths at Pearl Harbor occurred, large numbers of women entered the workforce to help the war effort. They took work roles of men and were considered “tough” as characterized by the pop cartoon figure, Rosie the Riveter. Popular toys included doctor and nurse kits, which were often sold with the advertising statement, “Every Little Boy Can Play a Doctor and Every Little Girl Can Play a Nurse.”



The pop icon poster of Rosie the Riveter, however, changed children's views of gender roles. In the 1950s, families moved to the suburbs and had stability, prosperity, and the appearance of mass conformity. The 1950s ushered in the era of TV entertainment; children enjoyed watching the Mickey Mouse Club, adventures of Superman, and other shows. Iconic children's toys were Mr. Potato Head (1952), Legos (1958), Hula Hoops (1958), and Barbie Dolls (1959).

The Cold War with the Soviet Union produced repression, the threat of communism, and an increase in conformity. Women increasingly stayed home to care for their children. Youth rebelled against their parent's roles and conformity by expressing this in music with the advent of rock and roll and their rebellious behavior. They clung to different role models, such as Elvis Presley (You Ain't Nothin' But A Hound Dog, 1935-1997) and James Dean (Rebel Without A Cause, 1931-1997). They experienced personal vulnerabilities and isolation.

The 1960s was an era of youth cultural revolution. Youth embraced a hippie culture of being wild, using drugs, and wearing long hair and unique clothing.

The election of John F. Kennedy (1961), the youngest President of the United States, was the embodiment of optimism. The popular movie West Side Story (1961), with music by Leonard Bernstein, depicted intense ethnic rivalry among gangs in New York City.

It was an era of extensive and revolutionizing pop music creativity, epitomized with the counterculture music of The Beatles (Sargent Pepper's Lonely Hearts Club Band), Bob Dylan (A Hard Rain's A Gonna Fall), Mamas and Papas (If You Can Believe Your Eyes And Ears), and The Rolling Stones (Paint It Black). President Kennedy's assassination (1963) produced national demoralization.

The launching by US President Lyndon B. Johnson of "Operation Rolling Thunder" (1965), began a three-year campaign of sustained bombing in North Vietnam. This stimulated Vietnam War protests lead by youth movements in Washington, DC, New York City, and Los Angeles (1967). A popular anti-war song was "Day Is Done" sung by Peter, Paul, and Mary (1968). Its meaning was that "Children will lead us to a better world." Youth unrest was depicted in a popular movie The Graduate which represented the confusion of a male college graduate rebelling against his parents' world by having an affair with the wife of his father's business partner.

This era involved the counterculture music of James Brown, Stevie Wonder, and The Rolling Stones. Cinema was groundbreaking with its expansion into animation techniques and color TV programs (1967). Fashions in the early 1960s were conservative with classic styles. In contrast, Twiggy, a 17-year-old English trendsetting woman, became a fashion model phenomenon, who revolutionized the fashion world by creating the "youth look" (1967). Women wore short skirts and bright colors while men wore long hair, beards, tunics, and capes.

Social unrest was stimulated by the killing of four Ohio Kent State University students, who were in opposition to the continued Vietnam War, by the National Guard (1970). Relief occurred when President Richard Nixon ordered withdrawal of US military troops from Vietnam (1973), and the war ended (1975). By the mid-1970s, hippie culture waned. Social and political progressive values increased, and the iconic peace symbol continued to be worn by social activists.

Personal liberation and rebellion against authority became issues for sexuality, politics, and pop culture.



Public awareness and support for the Gay Rights Movement was promoted by the first Gay Pride Parade in New York City (1970), which helped liberate inhibitions about expressing one's gender identity.

The ability of teenagers to make meaningful choices in politics occurred when the US voting age was lowered to age 18 years from 21 years (1971). The Supreme Court decision for the Roe v Wade case (1973) produced a significant benefit for women's reproductive rights.

Movie depictions previously kept hidden included brutality (A Clockwork Orange, 1971), corruption (The Godfather I and II, 1972, 1974), mental illness (One Flew Over the Cuckoo's Nest, 1975), survival (Jaws, 1975), governmental failure of the Watergate Scandal (All the President's Men, 1976), science fiction (Star Wars, 1977), teenage stressful family life, unfulfilling work, and complex friendships (Saturday Night Fever, 1977), parental divorce and child custody (Kramer vs Kramer, 1979), and the Vietnam war (Apocalypse Now, 1979). TV had bold programming of ethnic humor and taboo "adult themes" illustrated by the situation comedy show All in the Family, expressing themes of bigotry (1971).

Pop music expanded concepts of how people faced adversary or gained satisfaction with their lives. The emergence of hip hop in the Bronx, New York, highlighted, through dance and music, the disconnect of Black youth in city settings (1973). Their music became mainstream culture and gave birth to popular urban music.

Other popular musicians were Aretha Franklin, known as "The Queen of Soul" (pop, R&B, soul), ABBA and the BeeGees (pop, disco), Bruce Springsteen (folk, rock), and James Brown (Urban).

Such musicians had large youth followings, who identified emotions and themes in their own lives. Technology blossomed with the development of the first microprocessor, The Intel 4004 (1971), and stimulated the "electronics and digital revolution," illustrated by the first video game (Pong, 1971), creation of Microsoft (1975), and Apple Computer Company (1976) which changed people's lifestyles. Children's electronic toys with LEDs were popular.

Ronald Regan's election (1980) stimulated an era of glamor and extravagance. Standing before the Berlin Wall, President Regan challenged Soviet leader, Mikhail Gorbachev, by saying, "Mr. Gorbachev, tear down this wall" (1987), and the Berlin Wall came down (1989). There was a vitalization of the English Monarchy when Prince Charles married Lady Diana (1981), and Prince William was born (1982). Lady Diana, although from royal lineage, was considered a school teacher when she married.

The world watched her with amazement as she revised the activities of royalty with her interests in social justice and charity. She was internationally admired for her kindness, efforts to make connections with people, and ease with children; her visits with AIDS patients, holding their hands and encouraging them, were unique. She modernized the monarchy and brought royalty to the people! She was "The People's Princess." The world mourned when she was fatally injured in a car accident (1997).

Her children carry on her legacy with acts of kindness and charity. High suicide rates throughout this decade occurred among US 15 to 24-year-olds and alarmed communities to seek ways of identifying youth at risk for such death and self-injury. Additionally, crack cocaine was used widely in the United States (1985). Parents, especially those who lost a child to these problems, formed volunteer programs and charities to increase awareness of youth suicide and drug deaths.



These movements stimulated the National Institute of Health and private charity organizations to provide funding for research and prevention programs against these mental health problems.

The importance of suicide risk reduction was recognized when Prozac was marketed to treat depression (1987); extensive discussion in the media and at social gatherings propelled national mental health awareness.

Medical advances included identification of the AIDS virus by the Centers for Disease Control (1981) and the development of an AIDS test by the Pasteur Institute (1986). Fears were strong about contagion among same sex couples and about lack of treatment for this illness. Bereavement among friends and relatives of those who died from AIDS was profound, and hopelessness about surviving AIDS contagion was extensive. Technological developments created by Apple, Microsoft, IBM, and Intel produced cheaper, smaller computers used for business and at home. The computer was named Time Magazine's "Man of the Year" (1982).

The Macintosh computer was released for sale (1984), and Microsoft released Windows (1985). Sony developed the Camcorder used for news stories (1983), and Motorola presented the first mobile phone (1983). These commodities were widely sought after and enthusiastically used.

Communication became fast and easily accessible. The U.S. stock market plunged 22.6% on October 19, Black Monday (1987), as part of a worldwide stock market crash. The cause was debated, but one potential cause was "program trading" with newly developed computers. Contagious fears and discussion occurred about coping with significant financial losses.

Enthusiasm developed for movies relevant to advances in technology and mental health problems.

This stimulated fantasy about future space exploration and communities on other planets in the universe. Popular movies illustrating these concepts were: Star Wars: The Empire Strikes Back (1980), ET (1982), The Right Stuff (1983), Return of the Jedi (1983). Mental health issues were represented as well (Rain Man, 1988). The creation of cable TV networks, such as Cable Network News (CNN, 1980), Music Television (MTV, 1981) and The Weather Channel (1982) increased accessibility to programming at home.

Excessive fashion styles were bright colored sunglasses and teased and other unusual hairstyles. The music and dance of Michael Jackson, known as "The King of Pop", and Prince stimulated focus on race and gender and that of Madonna transformed concepts of femininity and sexuality. The death by shooting of musical icon John Lennon (1980) was mourned worldwide.

Sally Ride, first American woman in space (1983), stimulated women to recognize their potential to achieve roles in scientific investigation typically assigned to men and to make courageous intellectual contributions. Children's toys derived from technological achievements produced an "age of video games," such as Space Invaders and Pac Man (1980) and Nintendo Game Boy and teenage Mutant Ninja Turtles (1989).

Less formality and more lifestyle freedom emerged in the 1990s. The glorification of heroin and other addictive drugs and the freedom of sexual expression among women occurred.



Bill Clinton was elected US President (1992) because he was perceived as being connected to the people. He remained in office after his impeachment proceedings (1999).

Oprah Winfrey was viewed as a self-made person and able to comfort others; she was thought of as a "spiritual guru." Nelson Mandela, released from a South Africa prison (1991), was elected President of South Africa (1994), and became a beloved leader who liberated Africa from apartheid and enhanced civil rights. Harry Potter and the Philosopher's Stone (1998) became the most popular book among children and adolescents. Parents read it and shared in their children's interests.

Women were leaders, exemplified by Madeleine Albright, who became the first woman Secretary of State (1997) and broke barriers inherent in government bureaucracy. The era of the "digital revolution" emerged significantly with the introduction of Microsoft Windows 3 (1990), World Wide Web (1991), first internet browser Netscape (1994), Windows 95 (1995), first Apple iMac computer (1998), search engines Yahoo (1998) and Google (1998), and creation of a file-sharing service, Napster (1999). The "Internet Meme" was developed as media transmitted through the internet as a catchphrase, drawing, or picture to indicate concepts (1993).

Meme is an exceptionally popular way among teenagers to communicate. Mobile phones were owned by significant numbers of people of all ages (1990). These advances facilitated ease and rapidity of communication to bring people together and have exposure to knowledge far greater than previously. Seinfeld was rated as one of the best shows (1989-1998) in TV history because its mild humor epitomized audience yearning for personal quietude.

The Real World (1995-2007), a reality show, was favored by TV viewers as a way to think about one's potential to reach goals and interact with others.

Children and adults enjoyed animated programs such as Tiny Toons Adventures (1990-1992) because it enabled parent and young children to spend time together. A favorite movie was Star Wars Episode I: The Phantom Menace (1999), which aimed to tell about the early years of the characters.

Many new rap music genres were produced including Gangsta, Fusion, Alternative, and Country that utilized electronic music and included young musicians from the Generation X.

Such music influenced people's personal expression in fashion in the early 1990s, which was colorful, loose fitting, including turtle neck sweaters, tapered pants, and grunge style of wearing old clothes and flannel shirts. In the mid-1990s, under the influence of hip hop, urban styles were popular, while in the late-1990s, glamorous fashion emerged with a rich look.

Children's toy development produced computer gaming systems with improved graphics, such as Super Nintendo and Sega Genesis. Popular video games were Super Mario Brothers, Gran Turismo, and Tetris, and first-person shooter platforms included such games as Goldeneye 007, Doom, and Quake. Fighter games were Tekken 3 and Street Fighter. Sega developed a rating system for their games (1993), and parents could call a toll-free hotline to learn about the contents of a Sega game.

The 21st Century began with intense turbulent events and fears.



Just before the year 2000, people worried that technological advancements in computers and networks would crash with the advent of Y2K; this did not happen. The most infamous terror attacks on US soil simultaneously occurred at the World Trade Center, Shanksville Pennsylvania, and the Pentagon on 9/11/01.

Significantly, eighty-four acts of terrorism occurred in the United States from 2000 thru 2019. As a result of the shooting at Marjory Stoneman Douglas High School in Parkland, Florida (2018), surviving students at that school became activists to promote strong gun control laws.

Social media, primarily Twitter and Instagram, connected these students with other youth throughout the United States to help promote their important cause. President Bush ordered the invasion of Afghanistan which began the US War on Terror (2001) and the Iraq War (2002-2017).

Fears were stimulated by environmental disasters and financial crises. Technology expanded its innovations and influences with development of smartphones as well as more sophisticated computers and gaming systems.

These increased opportunities for self-expression and communication through social media, blogs, and texting.

Sony released the PlayStation 2 gaming console (2000-2013), which was the best-selling gaming console in history until replaced by PlayStation 4. Social media changed the way people communicated due to founding of Facebook by Mark Zuckerberg (2004), launch of YouTube (2005), release of Apple iPhone (2007), and development of Twitter (2009).

The "Civil Partnership Act" announced that same-sex couples have equal rights as heterosexual married couples (2005). Election and reelection of Barak Obama (2008, 2012) as US President was considered "a triumph of change" which suggested that "America can be open-minded and that all things are possible."

Harry Potter and the Goblet of Fire, written by J.K. Rowling, became the fastest selling published book (2000); the final of this series was Harry Potter and the Deadly Hallows (2007).

Ethnic diversity in the movie industry was recognized when Halle Berry became the first black female to win a Best Actress Oscar for her performance in Monster's Ball (2002).

Similarly, Slumdog Millionaire (2008) was considered the "world's first globalized popular movie masterpiece" because it included an international cast and crew. Reality TV shows with large numbers of viewers included American Idol (2002), Survivor (2000-present), Amazing Race (2001-present), and The Apprentice (2004-2017). Popular musicians who embodied ethnic diversity were Beyoncé, Jay-Z, Lady Gaga, Madonna, Britney Spears, and Kanye West.

Problems related to race and focus on diversity were increasingly apparent (2010 to 2019).

President Obama continued in office until ending his second term (2017). Donald J. Trump was elected President of the United States, beating Hillary Clinton (2016). He recognized that connections made with the US populous are best done using social media, such as Twitter. Two billion people logged onto Facebook to connect to others worldwide (2017).



Environmental and manmade ecological problems occurred, natural disasters abounded, and terrorist attacks continued. The Boston Marathon terror attack (2013) was the first in this decade; thereby continuing the anxiety about terror.

Women's efforts in human rights and the workforce were strong. This may be the Decade of Women.

The Presidential Medal of Freedom was awarded to poet-author Maya Angelou (2011). Malala Yousafzai was awarded The Nobel Peace Prize at age 17 years (2014). Prince Harry, son of Princess Diana, wed a biracial, divorced, African American woman, Meghan Markle (2018).

This promoted a continued modernization of the British Monarchy. Like Princess Diana, Meghan Markle desires to accomplish benevolent works worldwide and is admired by people internationally. Actress Alyssa Milano tweeted, "If you've been sexually harassed or assaulted write "me too." subsequently, the "#MeToo" movement began and focused on awareness and means to decrease sexual harassment and abuse of women.

The US Supreme Court ruled same sex marriage is a legal right in all US states (2015). In this decade, theater, movies, and TV received exceptionally high ratings in press reviews and by audiences for productions about historical renderings, fantasy, and perspectives on youth.

There were box office sellouts, appreciation for diverse casting and themes, large audience attendance, and favored long performance runs. The Tony Award winning Broadway play Hamilton (2016) was exceptionally popular for its important theme, talented ethnically diverse cast, unique hip hop choreography, and rap music.

It was a favorite for all audience age groups.

Diversity was present among movie themes, actors, and Tony (2018), Oscar (2019), and music Awards.

TV programing presented drama, comedy, reality, history, and commentary. Oprah Winfrey's show ended after 25 years of broadcasting (2011).

Songwriter Bob Dylan was awarded the Nobel Prize for Literature (2014). Jay-Z was the first rapper inducted into the Songwriters Hall of Fame (2017), and Kendrick Lamar won a Pulitzer Prize for his song "Damm" (2017). The most notable pop culture song was Despacito by Luis Fonsi, a Puerto Rican songwriter; it was the most streamed song played (4.6 billion times, 2017).

Popularity of sports increased due to greater audience access to viewing competitions in real time formats; fan gatherings created communal enjoyment and discussion. Sports milestones were notable and promoted increased fan attention. Jessica Watson, age 16 years, was the youngest person to sail solo nonstop unassisted around the world (2010).

Globalization, good will, and high fan viewing occurred for the Rio de Janeiro Olympics (2016) where Usain Bolt won the 100-meter Olympic Gold Medal, and Michael Phelps won his 19th swimming Olympic medal.

Promotion of social justice was evident when Colin Kaepernick, quarterback of the San Francisco 49ers Football Team, kneeled during the pregame US national anthem to object to US racial injustice and police brutality. Fans supported him for his silent demonstration.



Pop Culture: An Integral Element in Molding Children's Development

Popular children's toys had computerized mechanisms enabling movement, talking, and complex interactions with a playing child.

Examples are BB-8 (Star Wars remote control droid, 2015), Hatchimals (interactive egg needing love to hatch and grow, 2016), and Fingerlings (interactive baby monkeys, 2017).

Child and adolescent psychiatrists must focus on new issues.

Attention to the professional development of women to foster their aspirations and contributions is mandatory. Means to enable boys and young men to feel strong of character, successful, and limit sexual transgressions are needed. It is essential to enhance youth's creativity, technical abilities, and realize that work opportunities are precious to help an individual put a positive footprint on the community and our American legacy.

Be aware and teach that diversity is a cherished aspect of the modern American spirit, and everyone is entitled to improve our civilization.

Social media and the internet are beneficial for people to communicate, learn, and observe what others are doing.

Unfortunately, such activities may damage the mental and social condition of youth. Social media communication limits direct interactions and full use of language skills. The internet and social media may expose youth to problematic images, such as bullying, private body parts, brutality, or sexual acts. Parents often do not know what their children are exposed to when using social media or the internet.

Child and adolescent Psychiatrists must know about social media and the internet, explore their patients' knowledge and experiences with social media and the internet, and guide parents about how to protect their children from misuse of these means of social communication.

Notably, child and adolescent psychiatrists must be knowledgeable about pop culture and able to interact with their patients in discussing this topic.

It is vital to know what children like and encourage them towards wholesome endeavors for a better life on earth and possibly beyond, sometime in this 21st century.

"Hakuna Matata" (The Lion King).

Most Cordially,



An Owl in Myanmar



George Stewart, MD

After a five-year career as a board-certified family physician, I retrained in psychiatry, child psychiatry, and, eventually, psychoanalysis. All of this training has meant that I needed to live a long time to warrant the effort put out by my numerous wonderful teachers.

So when I got lung cancer in 2008, and when it metastasized to the other lung in 2010, I feared not (a whopper!), knowing I'd not finished up here. I closed my private practice after the return of my cancer but continued working half-time at Seneca Center for Families and Children as their medical director and as a consultant.

A divorce after 43 years and two grown children (no grandchildren) left me free to pursue another path. I'd flirted with working in developing countries earlier, teaching short courses in Vietnam, the Philippines, and Saipan, and in 2016, freed from responsibilities, I joined the Peace Corps (GHSP) with my partner, a nurse midwife. We moved to Malawi in southern Africa for two years.

There I taught in the six-week course for fourth year medical students, supervised our fledgling psychiatry residents, and performed a mountain of clinical service. My real interest, as the only child psychiatrist (and only child mental health clinician) in a country of 18 million people, of whom 50% are 16 years old or under, was to try to make a dent in that vacuum (block that metaphor!).

I started a pediatric mental health clinic in response to a 12-year-old boy at a local international secondary school hanging himself.

His death triggered many other unhappy kids to begin to express themselves, and the school desperately called for help from the College of Medicine Department of Mental Health, of which I was one of the three members. After six months of getting my feet wet, I opened a second room in the clinic through which the psychiatry residents rotated under my supervision.

I also included the mental health nurses who, all having children, took to it like butter to croissants. In addition, I started the rather grandly named Blantyre Child Study Group which met every other week for 1.5 hours. It was composed of teachers, social workers in orphanages, the other members of our department, an acupuncturist, and various primary care physicians with a bent toward children's mental health. We discussed papers, child development, and, mostly, the cases or dilemmas that one or another of us would present. Both the clinic and study group are still going at this time, but I fear they will not continue robustly without another infusion of child psychiatry expertise.

We traveled extensively throughout Malawi and Southern Africa during our time there, camping a lot, occasionally staying at amazingly posh resorts, and having a broad exposure to the beauty and struggles of those regions. Just to dispel any concerns, in two years we never were threatened by a person, a venomous snake, a hippo, or a large feline. We never had malaria.

I'm currently in Myanmar on a Fulbright for a year. As soon as my curriculum clears the appropriate government academic screening process, I'll begin to teach nine psychiatry faculty from the various (there are six total) universities of medicine in Myanmar.



An Owl in Myanmar

They'll move to Yangon for seven months for a full-time immersion in child and adolescent psychiatry, with supervised clinic and consultation/liaison experience. Until then I am busying myself with activities of daily living and teaching Masters in mental health nursing students a 12-hour crash course in child and adolescent psychiatry. Access to JAACAP and the affiliated journals have been so helpful in assembling the curriculum, as well as the free online child and adolescent psychiatry textbook from IACAPAP. Jim Harris, MD, an Owl like me, has spent time here over several years and has been of great help orienting me.

I rent a two-bedroom penthouse in the middle of Yangon's Chinatown and have had a birds-eye view of the large, loud, and extensive Chinese New Year celebrations, as my block (Upper Block) on my street (Sint O Tan Lan) turns out to be the center of it all! While the two-person dragon dancers/acrobats are amazing, spinning and jumping about on the four to eight foot high pedestals, the rock bands and crashing cymbals have gotten a bit old. The celebration draws huge crowds who all appear to enjoy it immensely. It ends this weekend, I hope!

I am writing this to encourage others, who may wish for a more adventuresome, exotic, or needful context for their work. Their experience would be highly valued in the developing world. In sub-Saharan Africa, for example, there are no child psychiatrists in most countries; only S. Africa and Nigeria, I believe, have child and adolescent psychiatry training fellowships. I suspect SE Asia is similar. I am 78 years old, so age isn't really a determinant.

I miss my children, my good friends in the United States, and my partner, who at the moment is in Malawi for a few weeks working on a midwifery ward start-up at the teaching hospital.

We talk daily, and she'll visit at some point so we can travel together.

I have learned to seek the beneficial facets of difficult life experiences. I like Mark Twain's epigram, "Life isn't about holding good cards but playing a poor hand well." I think of George Vaillant's longitudinal study of Harvard undergraduates and how unhappy and isolated some of his subjects were toward the end. Perhaps an early hard start accustomed me to seek the best wherever I find myself at the moment.

In any case, I'm learning Burmese, eating great food, enjoying novelty, and meeting new colleagues and friends. Today I await the daughter, with her chum, of Malawi friends. They'll stay with me for two days before setting out for points East. This evening I'll have dinner at a Myanmar-French Restaurant, Le Bis Tro Ke, with an acquaintance of a good friend in Berkeley.

I bought an ostrich-skin belt in the Indian Spice Market in Durban two years ago. I asked the woman selling it how long it would last. She said her grandfather was still using his after 40 years. A quick calculation put me at 116 years old minimum, so I instantly bought it, a most sensible life insurance policy!

I feel blessed to have found and created such a fulfilling life. When interviewing for my psychiatry residency, the Chief of Department asked how long I thought I might want to work in the field, referring to my leaving family medicine so quickly. I never imagined anything could continue to hold my interest this long. Lucky man!



Vital Involvement in Old Age: A Group Process



Nathaniel Donson, MD

The famed general Douglas MacArthur was alleged to have said, "Old soldiers never die. They just fade away."

So what happens to aging child and adolescent psychiatrists?

Our lives have been rigorous, and most of us, despite our belief that we will last forever, will either slow down or simply leave the field for greener pastures. Peter Blos Jr. once told me the five ways that most professionals end their work: (1) You die in your chair; (2) You or your partner needs medical attention; (3) Your closest colleagues take you aside and tell you, "Enough!" (4) You decide to end practice on a reasonable future date; or (5) You take no new patients, hoping that attrition will take care of winding up - but one patient hangs on and hangs on until you finally are the one to say, "Enough!"

What then? How do we even begin to sustain a "Vital Involvement in Old Age," the title of Joan and Eric Erickson's book (with Helen Kivnick - Norton, 1986). Their narrative consists of the authors' joint reflections on old age, derived from interviews with twenty-nine octogenarians who had been followed since childhood via the 1928 "Guidance Study" of the University of California's Institute of Human Development.

Their chapter headings follow Erickson's well-known sequences contrasting life's virtues and failures, beginning with Wisdom - the most desired outcome in our last decade's struggle with "Integrity vs. Despair."

Drawing on the story of Dr. Borg's memories and dreams from Ingmar Bergman's "Wild Strawberries," they consider ways in which America's elders today might improve their lives.

My wife and I often joke that an implanted memory chip could greatly simplify the writing of an after-we-die narrative to our survivors. A post-mortem re-implantation in a chosen beneficiary could then pass on our life-long accumulations of hopes, purposes, competencies, knowledge, love and caring - all that we want to leave to our children and to theirs. In the meantime, however, how can we remain generative (vs. stagnation) in ways which matter?

I have always liked starting and joining groups. Long ago I put together a group of early education and mental health professionals for a series of meetings which we called "Intervention with Under Fives." That group topped 24 members and included directors and teachers from private preschools, head start centers, therapeutic nurseries, and day care centers. We met monthly in a member's home.

Our discussions energized all of us to learn about and better understand the minds and feelings of very young children - mostly because we were able to listen carefully to the people who actually spent time with them day after day.

For seven years we had case presentations, invited guests, and reviewed both lay and professional literature; minutes were distributed.



Vital Involvement in Old Age: A Group Process

As our interest in preschoolers became known in the community, practice referrals poured in; colleagues became friends.

We learned about the early life origins of many of the diagnostic categories used in middle childhood and with older children, and we even got to know what very young children are really like - which rarely happens during child and adolescent psychiatry training. Our discussions certainly made clear why most mental health professionals were so afraid of treating preschool children. We knew so little about them!

Most of all, we provided support for each other's work, and paid careful attention to the immense stresses which dysfunctional families and their children impose on center directors and staffs. And we began to appreciate that early child care centers are usually the first places in a community where children and families appear who will eventually need our help.

This first group eventually evolved into three separate working groups specifically intended as outreach projects to aid center directors in the community (which I reported on at AACAP's 2018 Annual Meeting). Several mental health professionals from the first group - all recently trained and just beginning their careers - were interested in onsite consulting in early child care centers.

Each working group was composed of four to eight center directors who were teamed up with a mental health professional who would spend weekly time at their center. Each therapist/director consultation relationship - as well as each group - lasted for many years.

At monthly meetings, the director acted as host in her center and invited her staff. Our discussions were similar to those in the "Intervention with Under Fives" project. We paid close attention to the concerns of the directors, as well as provided them with onsite support for difficulties which often seemed so insoluble.

So what about old age?

When we opened a child psychiatry practice in 1971, my office partner and I began a weekly jog and chat (subsequently a walk; now just lunch). In addition, several years later we began a monthly lunch meeting which included an adult psychiatrist/psychoanalyst, another child psychiatrist, and a family therapist who had at times helped each of us out. We talked about our struggles with psychotherapeutic work, and - in the 90s "decade of the brain" - mostly about medication usage. Forty years later we continue to share diagnostic and therapeutic muddles and often support each other through our puzzling counter-transference reactions with difficult patients. Two patient suicides and several attempts have kept us on our toes caring about our colleagues.

We continue to rely on our intimate knowledge of each other and have come to care for each other with the sort of love that only an ongoing peer supervision experience can bring. Despite feeling grateful for my other loving life relationships, these gatherings have become bedrock, contributing a powerful sense of who I am both personally and professionally. Our group has been a source of friendships, as well as cross referrals, and is something I strongly recommend to all of my students starting out in their mental health careers.



Vital Involvement in Old Age: A Group Process

In recent years I joined another group, of men only, who call themselves the "Old Boys" - a monthly lunch group in upstate New York with a total email send out of about 70, an average age over 80, and a usual attendance of 15-20.

Some are retired; most are still sharp; all are vigorously in touch with our complex political and social world. All have led or continue to lead interesting lives in a variety of professional roles ranging from medicine, law, academics, journalism, etc.

Whatever sexism this group's composition implies, I have always supported the idea that there are emotional issues common to each of us which are enhanced by same sex relationships in our lives. For me, a few close male friends will do, and so I found myself among the minority who voted to include women in the group.

We meet in a local restaurant and talk about everything. Members take turns presenting favorite topics. We often invite guests who sometimes become members themselves; and we occasionally yell at each other over political matters.

When one of our speakers informed us about substantial studies showing an increase in area voting percentages following face to face canvassing, many of us, before the last election, joined organizations which had organized such efforts. I was pleased that some useful action could emerge from all that talk!

Eventually I understood that I had become their designated house psychiatrist/psychoanalyst when I was asked to speak (in these troubled times) about diagnosing various political figures.

Instead, I gave a very well received talk about how trauma in infancy may burn out caring for oneself and others, speaking about what I theorized had led to the lack of compassion in our current political climate; and I spoke as well about several high yield early intervention programs based on principles of infant developmental research. I also gave a discussion of ADHD and about "Being and Becoming a Grandfather." For those meetings, wives and partners were invited.

A friend who died recently had been a member of still another group called ROMEOS = Retired Old Men Eating Out. I liked the name, so currently I am inviting a group of local male friends, some widowed, some retired, others still hard at work, some just beginning to slow down, to begin a series of lunches together. It remains unclear as yet what we will do during our time together, and how and in what ways we might include our partners. We are all curious to see what may evolve.

In Bergman's "Wild Strawberries," Dr. Borg says, "At the age of seventy-six I am much too old to lie to myself." Indeed, although Dr. Borg's life had been one of isolation, pedantry, and loneliness, Bergman implies that our aging should allow us to become more acutely curious and far less recondite about the themes in one's life - our earlier experiences of autonomy, doubt, intimacies, betrayals, initiatives, failures, fidelities, confusions; of honor and of shame; which choices led to happiness; which led to emptiness, sadness, and despair; what was fulfilling; what was disappointing. And certainly at least some of those conflicted memories may be contemplated far more easily within the company of loving and trusted friends and colleagues.

So where does that leave us as retiring and aging child and adolescent psychiatrists?



Vital Involvement in Old Age: A Group Process

Perhaps we need each other's presence and support to remain integrated and generative in our lives (vs. despair and stagnation) - until we can't any more. As with Dr. Borg, all of us have plenty to reflect on since the time of our search for, and choice of, a professional identity as a doctor, and potentially have lots to share with each other about the many different directions which our personal lives and professions have taken us.

Perhaps too, we can still do some things within our local communities to be, and to feel, industrious.

One could begin by gathering older child and adolescent psychiatrists within our local communities for regular meetings, lunches, schmoozes.

Another tack could be to seek out younger members of our own and affiliated mental health communities so as to mix newness and wisdom in discussing ongoing professional matters.

Perhaps we not only need each other's collegial support during our transition into old age, but can discover as well that we may feel generative by giving back to our younger colleagues some of the good care we once received from older professionals in our long and productive work lives.

A great example would be our Owl membership, which skillfully blends support of our members and mentorship of AACAP's newer members. Given the luck of good health, some of my more "local" suggestions may be fulfilling ways to age well.



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The Owls continue to demonstrate their long-term commitment to AACAP and to supporting the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. AACAP is thankful to the following Life Members for their generous donations.

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