



July 2018

e-Newsletter

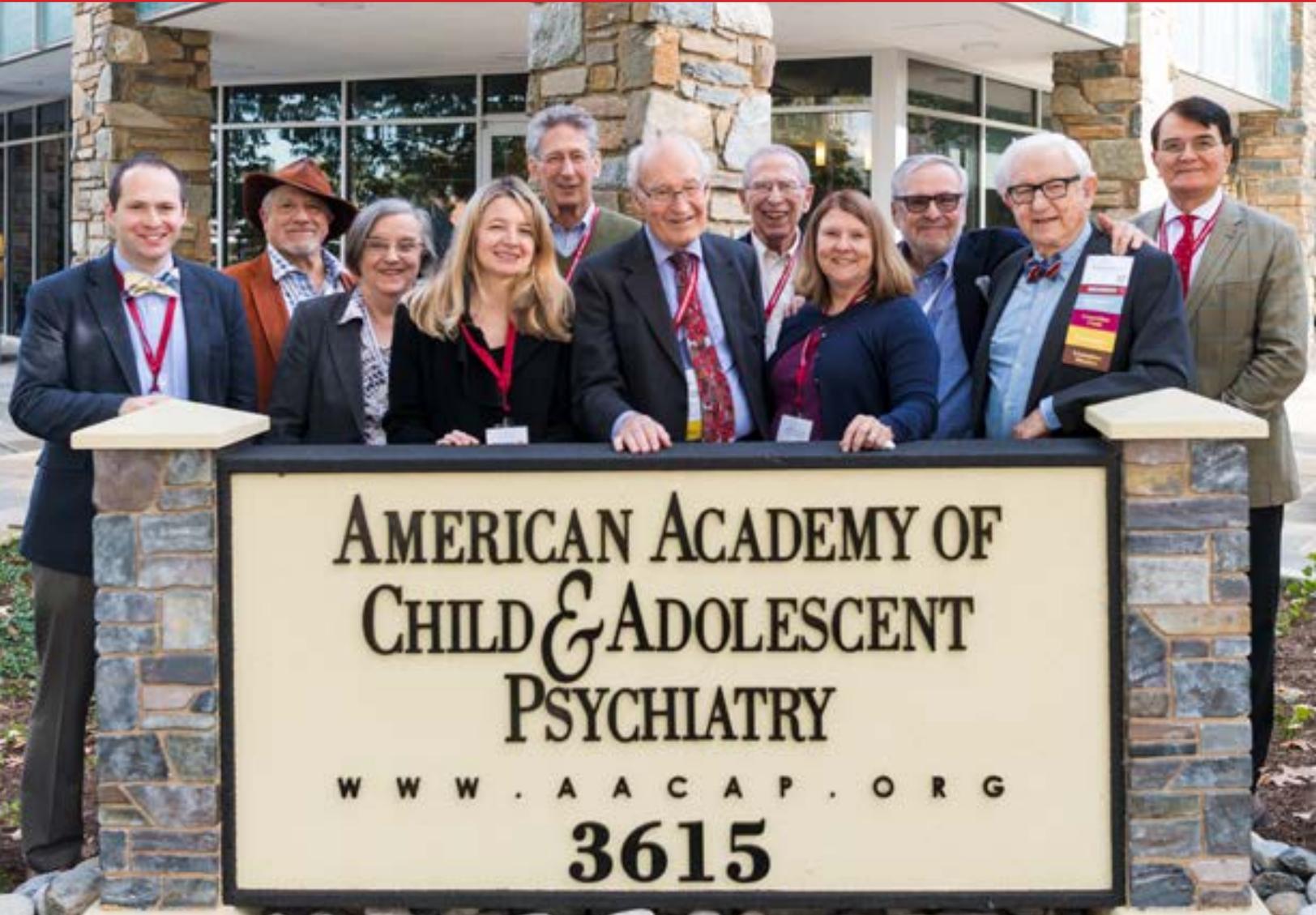


Photo by Fred Seligman, MD

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Laughing Matters in Therapy

If at first you don't succeed, skydiving is not for you.

No matter how much you push the envelope, it'll still be stationary.

I was going to wear my camouflage shirt today but couldn't find it.

Change is inevitable except from a vending machine.

Take my advice--I'm not using it.

A hermit was pulled over by the police and charged with recluse driving.

Watched an Olympic curling event yesterday - I soon got swept up in the action.

It's tough doing inventories in Afghanistan - due to the tally ban.

The Symphony Orchestra conductor threw a tempo tantrum.

I hate it when people get simple sayings wrong. I mean it's not rocket surgery.

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Get involved - submit articles for the Owl Newsletter!

We want to hear from you! Let us know what you are up to, how you're doing, and more! Please send materials to mdrell@lsuhsc.edu. The deadline for the next issue is September 15.

Martin Drell, MD



Change and Resiliency



Martin Drell, MD

"The trouble with the future is that it usually arrives before we're ready for it." -Arnold Glasow

"You can never plan for future by the past." -Edmund Burke

"The real difficulty in changing the course of an enterprise lies not in developing new ideas but in escaping old ones." -John Maynard Keynes

I had the pleasure of filling in as a discussion leader for the Lifer's Workshop at the 2018 American Association of Directors of Psychiatry Residency Training (AADRPT) Annual Meeting in New Orleans. It turned out that two of the four leaders could not come - one due to a death in his family and the other partly due to health reasons. The experiential workshop was titled: "Lifer's Workshop: Ch-Ch-Ch-Changes: Coping with Change, Serving as Agents of Change." Its goals were to create a "safe space" to discuss change and the skills needed to deal with change in a graceful, resilient manner. The abstract for the workshop divided potential stressors into two groupings of personal changes (managing losses, illness, finances, family issues, empty nest, divorce, death of significant others) and professional changes [job changes, Relative Value Unit (RVU), electronic medical records, new demands at work, etc.].

The group was challenged to talk about how we envision our futures and how we plan on dealing with whatever comes our way. A

question was asked as to whether our knowledge of the past and our experiences will allow us to flourish by providing guidance to the next generation. Can we be of assistance in being effective and sensitive "agents" of change?

The discussion among friends and kindred spirits rapidly filled the hour and a half allotted time. I took notes as I rapidly knew they would make for a "dandy" Owl Newsletter Column.

"I don't want to achieve immortality through my work... I want to achieve it through not dying." -Woody Allen

We began on a positive note. It was clear that there was a wish to leave a legacy, as well as leaving on good terms (passing the baton). The group elaborated on this topic of succession planning. It was considered good forum to tell one's boss well ahead of time. One discussant said that he tried but indicated that his boss was in denial and didn't really want to hear of his departure.

"There are two signs of aging. The first, you forget things. I can never remember the second."

The conversation changed rapidly when someone brought up whether one would know when they were "slipping." "What happens if you overstay your welcome, lose track, and don't change with the times?" It was the consensus that it was a bad sign if one stops innovating and growing their programs. After all, we owe this to our trainees.

And what if one (n.b., always someone else, of course) has troubles giving up their



Change and Resiliency

position? There was a brief reference to Axis II (note: *DSM-5* has no Axis II. I apparently am not keeping up!) about narcissism. Narcissists, it appears, will feel no one is good enough to replace them or specifically choose an inferior to show how good they were. That remark was felt to need a specific rebuttal - that being that it is not a sign of good leadership if your organization falls apart the minute or shortly after you leave it.

On a more practical note, it was suggested that there might be a scenario when there realistically is no logical person to replace you. One person said he mindfully chose and groomed a protégé who unfortunately chose to leave for another job.

All this practicality caused a sudden shift to nostalgia in which the Lifers were described as a special group with unique histories and friendships. "In the old days, it was more a calling. Things are different now. Our profession has changed." Again, there was a felt consensus that things were better in the old days when things were smaller, less regulated, and bureaucratized. It was noted that things used to be more individualized with more room for mentoring. It was mentioned that there is (and always has been) a bimodal distribution of training directors with a group lasting only a few years and a smaller group lasting for many years - hence the term "Lifers."

"Do not go gentle into that good night, Old age should burn and rave at close of day; Rage, rage against the dying of the light."
-Dylan Thomas

Nostalgia went on awhile but gave way again

to the reality of talking about retirement. What will I do? "I really like teaching and being with younger people. They stimulate me." What if continuing to work is on your bucket list?

As a hedge against the abyss of no job came the wish to "slow down" and work less. "Can't we just strategically get rid of the parts of our jobs that we don't like and keep the good stuff?" That was challenged immediately by someone saying there might not be a choice in these days of state and insurance cuts, RVUs, and the responsibility of covering one's salary. I noted to myself that we were avoiding the potentially anxiety-provoking discussion of whether one had saved enough to not need to make money in the first place, which is different than the wish to be paid for what one does, regardless of what money one has in the bank. My remarks seemed to break down the denial so much that the conversation shifted to persons who went on to more prestigious jobs or really cool jobs that uniquely tapped the distinctive skill set of psychiatrists, such as consultations to not for profits or teaching in foreign countries, especially those with warm climates and palm trees during the winter months.

We then talked about the stigma, both external and internal, concerning the concept of retiring and what that means to the world that we are all part of. It was remarked that ageism is alive and well (see my column on the subject in the January 2018 Owl Newsletter titled: "A New Owl Talks about Ageism: Now Is The Age Of My Discontent") and that we "old folks" are taking up jobs that the younger generation wishes to fill with their energy and new ideas.



Change and Resiliency

"Man and woman proposes and God disposes." Another version ends "and God laughs."

On a somber note of reality, one person asked if any of us can really create a five year plan with impunity. Can one really plan with the ever-present reality of sickness, family issues, and the state of the world?

To prevent ending on such a really pessimistic note, one member reminded us of the Buddhist sense of destroying identity and that our discussion is very much a product of the society we live in, which denies that we are all "just passing through."

"I call it Nirvana, the complete destruction of old age and dying." -Gautama Buddha

"Change is never painful, on the resistance to change is painful."

"Living in the past is only a memory. Love in the future is only a fantasy. True love lives in the here and now."

On that religious note, we ended with plans for next year's Lifer's Workshop including talking about ideas on how we can use our unique skills to compassionately mentor and nurture both ourselves and others. It was an admirable end to an admirable workshop that was experienced in the here and now.





Make Your Mark



Cynthia Pfeffer, MD

I recently returned from a vacation in Amsterdam, Netherlands, and was amazed by the beauty of this city with houses built in the 15th century onward aligning the city's canals and bridges, the friendliness of the residents, and the important history

documenting major epics of western civilization. Multicolored and varied shaped tulips began to bloom and scenes of farms cultivating these lovely plants were amazing. Adjusting to the traffic of cars, buses, and hundreds of bikes whizzing through the streets was challenging. People often said "beware of the killer bikes" because Amsterdam is designed with distinct bike paths throughout the city. In comparison, the bike lanes designed in New York City do not have the predominance of travelers as does Amsterdam. I stayed in the Museum Quarter where The Rijksmuseum, Van Gogh Museum, and Stedelijk Museum (Contemporary Art) were located. I learned that Vincent Van Gogh was so inspired by Japanese printmaking of the late 1800s that he purchased over 600 Japanese prints and studied the unique Japanese techniques using lines, blocks of color, and simple perspectives. Van Gogh realized that the bright light in the town of Arles in southern France simulated the brilliant light and colors of the Japanese prints. He produced many of his iconic landscapes of Arles and other paintings under the influence of the Japanese artistic fashion. In a letter in September 1888 to his brother, Theo, Vincent Van Gogh wrote, "I

envy the Japanese; the extreme clarity that everything in their work has." Certainly, the accomplishments and techniques of Japanese artists left "their mark" on the development of the artistic creations of one of the most revered artistic painters of the western world, Vincent Van Gogh. The exhibit, "The Portrait Gallery of the Golden Age (17th Century)" at the Hermitage Amsterdam Museum (a branch of the St. Petersburg's State Hermitage Museum in Russia) included works by Rembrandt van Rijn illustrating large group portraits of the Dutch civic guards and other people of the "collective citizenship" at a time of great industriousness, peace, and prosperity with flourishing businesses and trade - a process that continues similarly in modern times in that country. Rembrandt "left his mark" as a genius painter but also as an artistic scribe of the legacy to modern Dutch civic life. Among techniques of some contemporary artists whose works are in the collections of other museums worldwide, the "markings" of Dutch Master Artists are observable in expressed themes and techniques.

The Golden Age in Amsterdam was also noted for its tolerance and freedom for immigrants. Jews, who were descendants of those who immigrated in the 15th and 16th centuries to this city to escape the Spanish and Portuguese inquisitions, are clear examples. These residents, although initially not given citizenship, contributed extensively to the cultural and financial structure of Amsterdam and other cities in the Netherlands for centuries thereafter. Today, the Portuguese Synagogue, built in 1675, continues as a remnant and renewal with its small active Jewish congregation that carries



Make Your Mark

the legacy of the Jewish contributions to the civic life in Amsterdam prior to World War II.

The Holocaust ravaged approximately 75% of the 134,717 Jewish population in the Netherlands. Anne Frank, a 13 year old Jewish girl who aspired to be a journalist and author, "Made Her Mark" by writing a detailed diary of her life with her family and two other Jewish people while they were hidden in Amsterdam by her father's friends during the Nazi German occupation of that city during World War II. However, after two years in hiding, they were discovered and all except Anne's father perished in concentration camps. While I toured the "Anne Frank House," now a museum in the house in which Anne lived in hiding, I read some of her original beautifully hand scribed diary notes about her aspirations to be a published author of books and poetry when she grew up. She had a remarkable sense of bravery and intelligence. Her diary, initially published in 1947 in the Netherlands, was among the first books highlighting the tragedies that occurred during the Holocaust. Notably, this teenager left "her mark" through her narration of her story of suffering while having a strong sense of courage and a remarkable ability to hope for her survival.

Many child and adolescent psychiatrists have confronted challenging life situations during their pre-professional years. Beatrix (Betty) Hamburg, MD, an esteemed child and adolescent psychiatrist, who died on April 15, 2018, at the age of 94 years, was characterized in her obituary in the New York Times as "Barrier-Breaking." She was the first Black student admitted to Vassar College and Yale University Medical School. Dr. Hamburg

said in an interview, "It wasn't a very big deal to be an African American at Yale, but it was much more of a challenge to be a woman there." Certainly, many other life course and professional experiences of those in our profession can be highlighted.

Child and adolescent psychiatrists confront the obstacles that children experience and attempt to improve the wellbeing of their young patients; in this way, they "Make Their Mark." At AACAP's 65th Annual Meeting in Seattle, Washington, the Life Members Clinical Perspectives Symposium, titled "Off the Beaten Path of Child Psychiatry: Interesting People, Interesting Careers, and Interesting Lives," chaired by Douglas A. Kramer, MD, MS, will offer renditions from several child and adolescent psychiatrists about their unique work in our field. Dr. Kramer begins by pondering an important question: "Where in our current health care system is the spark that kindles medical students' and residents' compassion and devotion to children and adolescents who need psychiatric care and can benefit from the findings of new medical research?" Answers are offered by the speakers who chronicle their unique work as child and adolescent psychiatrists. William J. Swift, MD, will describe his work in the US Foreign Service, Department of State as a Regional Medical Officer/Psychiatrist, where he was responsible for psychiatric care of area diplomats' children and other staff in Africa. He carried out this work after many years as a Child and Adolescent Psychiatry Division Director at the University of Wisconsin. Carol M. Larroque, MD, will speak about her experience as a Fulbright Scholar working with children living in war ravaged northern



Make Your Mark

Uganda. Douglas K. Novins, MD, will detail his experiences as a mentee and subsequent mentor that involved facilitation of quality systems of care for the American Indian Population and the Alaska Native Population; these are some of the neediest people in the United States. Lynn E. Ponton, MD, reports “one woman’s path” as she discovered that gender discrimination existed in medical academia and how she coped and helped to diminish aspects of this far reaching problem. Thomas Anders, MD, will discuss his perceptions of the professional trails that each of these presenters traversed to “Make their Mark” and highlight his own views of how many people in his early professional career “Made their Mark” on his career evolution. All of these speakers have “Made their Mark” on our field.

We present “The Medical Students, Residents, and Fellows-Meet Life Members at the 2018 AACAP Annual Meeting,” chaired by Life Members Joseph Jankowski, MD, and Ellen Sholevar, MD, and Child and Adolescent Psychiatry Residents Cordelia Ross, MD, and Krysti Vo, MD. This session has been presented yearly with an expanding group of mentors who aim to “Make Their Mark” on medical students and residents who were awarded travel grants from the Life Members Fund to attend the Annual Meeting. Comments of mentees who attended prior Annual Meetings highlighted this session as seminal in enhancing their motivations to become child and adolescent psychiatrists.

The 2018 Life Members dinner will be at “The Garden” in the Fairmont Hotel in Seattle. Life members, medical students, and residents utilize this excellent opportunity to mingle and

dine together, exchange experiences, and learn from each other about our field. This informal channel of interacting is an excellent feature of the Life Members programming at the Annual Meeting.

I was stimulated to expound on the theme of “Make your Mark” when I read the comments of Dean Coddington, MD, in the “Reflections from a Life Member” piece in the January 2018 Owl Newsletter. He “Made his Mark” by developing a research scale used in numerous studies to understand relationships between stressful experiences and childhood psychopathology. I encourage others to write statements about themselves in the Owl Newsletter and to continue to **make your mark by donating to the Life Members Fund**. This is the composite way that the Life Members can promote progress in recruiting medical students and residents to become child and adolescent psychiatrists and Make Our Mark of social responsibility to children and adolescents.

“How wonderful it is that nobody need wait a single moment before starting to improve the world.” -Anne Frank, *The Diary of a Young Girl*

Cordially,



On Being Known



Marilyn Benoit, MD

I have been a practicing psychiatrist for the past 39 years. It has been an honor and privilege for me that my patients, who number in the hundreds, have allowed me into their lives in the most intimate manner. They have taught me incredibly about the indomitable human spirit

that, like phoenix, rises again and again to overcome challenging adversities. I am humbled by this experience. What I have come to realize in this fourth decade of my practice is a profound need of each human being to be known. While this epiphany came to me from work with my patients, I have now become aware of this need in all relationships and, of course, within myself. Once made aware, this existential “fact” has haunted me, so much so, that I decided that I needed to write down my thoughts about it. I no longer belong to a psychiatric study group where we could discuss such ideas.

It is unfortunate that the younger psychiatrists would rather meet to discuss psychopharmacology to decide what potent drugs to prescribe for people’s brains. Too often, I am troubled by the new psychiatry that focuses on manipulating neurotransmitters, rather than knowing the person whose brain they are treating. While I do believe that psychotropic medications can indeed be very critical in the treatment of psychiatric illnesses, and I do use them, they should not remain the only, or primary, focus of such treatment. When I attend case reviews presented by resident psychiatry

trainees, the presentation fails to instruct me about the person being treated. I get a laundry list of drugs and doses that the patient has been given over time, with very little success, and the goal is to try to come up with yet a new cocktail of psychotropic medications to change thinking, emotions, and behaviors. I ask for a pre-natal and early developmental history, which is often not known. I ask about the parents’ histories... also often not known. A frequent answer when I ask about fathers is “the father is not in the picture.” I ask, “Whose picture?” It has been my experience that no parent is ever “out of the picture.” While adults around the child may wish that to be the case (for their own reasons), children will carry around some representation of their parents forever in their minds. And that picture has the power to affect children’s thinking, emotions, behaviors, and relationships. This brings me back to my title, “On Being Known.”

What exactly does it mean to “be known?” While it is a simple question, the answer is tremendously complex. In Oliver Sacks’ autobiography, *On The Move*, he writes poignantly about his Aunt Lennie, “I felt very loved by her, and I loved her intensely too, and this was a love without ambivalence, without conditionality. Nothing I could say could repel or shock her; there seemed no limit to her powers of sympathy and understanding, the generosity and spaciousness of her heart (p.160).” He felt “known” by his aunt in a way that he did not experience with his parents, and it meant the world to him. The emotional support and the sense of being known provided to him by Aunt Lennie sustained him throughout his tumultuous life. The British pediatrician and



On Being Known

psychoanalyst, Winnicott, viewed the role of the psychotherapist as one in which a secure, safe space, “the holding environment,” was provided to allow the patient to go to places in his/her mind that were quite frightening and have the psychotherapist share that journey, while providing support and encouragement.

The other sentiment that patients experience all too often is that of shame. So many people live in private shame... shame that quietly and invisibly compromises their functioning. Being able to expose that shame and its genesis, and have someone provide a non-judgmental holding space for one’s shame, is emotionally liberating, and ultimately frees one up to proceed with one’s development. Such an experience provides a deep sense of “being known.” Such a space is provided within any trusting relationship, be it friendship or a romantic relationship. As one ages within a sustained, good-enough marriage, one experiences a profound sense of “being known.” Actually, one depends upon it as the world changes, societal norms evolve, technology advances, family and friends die or move away, chronic illness sets in, and one confronts one’s own mortality. The loneliness and isolation of old people in nursing homes has to be emotionally terrifying. Who really knows them - a shift worker who is paid minimum wage in an industry that has some of the highest turnover of any workforce? I shudder just thinking of it.

Another aspect of being known is when someone knows your potential, when you yourself have no clue or even doubts about it yourself. I recently shared an experience with my granddaughter, who had failed to practice for a solo speech competition and requested

that she be allowed to drop out. Her coach refused to allow her to do so and had her take some time the day of the competition to practice. She ended up securing first place! When I heard this, I shared with her that as a young doctor I had done some research with a senior faculty member. Not only did it get published in a peer reviewed scientific journal, but it was accepted for presentation at a major national and international conference. The night prior to the presentation, I called my faculty mentor and told her that I was too anxious to do it. Actually, I was terrified! She simply told me that she expected me to show up and make the presentation. Show up I did, and I got through the presentation. It was my first, and I have been making such presentations regularly for the past four decades! She knew my potential and pushed me over my anxious threshold to a higher level of successful functioning. I am delighted that my granddaughter, at age 13, has already had a similar experience!

What Oliver Sacks describes in his relationship with his aunt is the feeling that my patients report that they have experienced through their relationship with me. In the hours we have spent together, my patients have shared all aspects of their lives with me... their relationships, their strengths, their failings, their fears, their successes, their anxieties, their forays into new experiences, their motivations. I have often been told by my patients, “You know me.” I have been involved with several families and gotten to know each member as a separate individual and as a member of the family and the dynamic interplay within the family functioning. To be known allows for a feeling of total acceptance that decreases anxiety. This



On Being Known

mirrors what the relationship dynamic ought to be between parent and child at the very beginning of the child’s entry into the world. An attuned parent of a child, not yet verbal, has to “learn” that child and “read” the child’s communications... crying, cooing, bodily gyrations, etc. and respond accordingly so that the infant does not become overwhelmed with distress. A hungry, cold, wet, or uncomfortable child will communicate through crying and body signals and the vigilant parent will soon learn the meaning of the nuances of the baby’s sounds and be appropriately responsive to the baby. That baby begins to develop that secure feeling of “being known.” The “known” child then thrives and moves through its developmental milestones, the parents modifying their responses in a knowing way as they assist the child in negotiating his way with a sense of mastery into sequential developmental stages. The child feels understood. Such understanding, however, requires constant communication... most of it being non-verbal. The child communicates its needs and wants. Parents respond accordingly, not always satisfying these desires. The child communicates its feeling states, not always understanding the felt emotion. Parents fill in that knowledge gap by labeling the emotion, by soothing the child in distress, and over time, teaching the child some self-soothing skills. Understanding that the child is capable of developing such skills and allowing the development of frustration tolerance demonstrates a belief in the child’s capacity to grow. Providing a safe place during the experience of distress tolerance affords the child the opportunity to develop emotional regulation, a major developmental achievement on the way to adulthood.

Meanwhile, the parents “study” the maturing child and stay attuned, gathering more information about the child’s beliefs, thinking, feelings, perceptions, behaviors, and very important, social relationships.

Life’s inevitable experiences of triumphs, failures, losses, love affairs, joys, and sorrows will add its complexity and “knowing” becomes more challenging. Think of the adolescent passage, a time of identity seeking, significant separation, individuation, and existential angst, so well demonstrated in the book *Siddhata* by Herman Hesse. It is interesting to note that both parents and children report that they tend to not really “know” each other at this time, but adolescents seek out close relationships with their peers by whom they feel more “known” and understood. Socially isolated adolescents are especially at risk of emotional distress and depression because they are “known” by no one. My adolescent patients are especially dear to me. I love their self-awareness, their delight in their expanding intellect, their angst, and their comfort with the psychotherapeutic process, as they feel “known” and understood. They can tell me anything in the non-judgmental confidentiality of my consulting room, and know that it is a safe place to reveal all aspects of themselves. They trust me to keep it that way. I listen to their dreams and even remind them weeks or months later about themes and topics we had discussed. I am struck by the comments of amazement from many of my patients when I spontaneously recall something they have shared with me. They are surprised that I have remembered their story, when I see other patients. I carry their information in my head. I know them! The comments, “you know

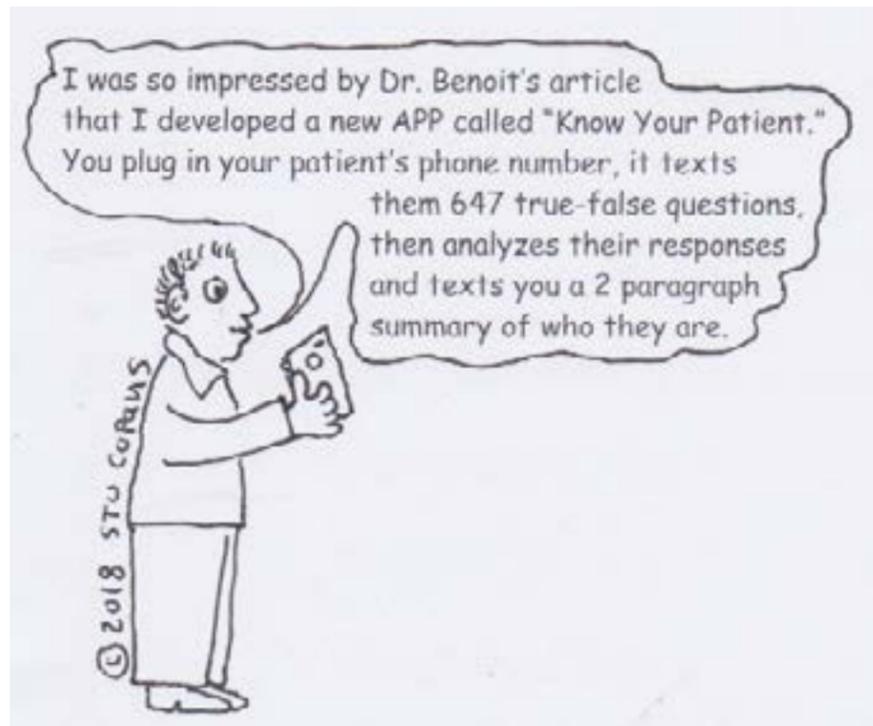


On Being Known

me,” or “you know our family,” are frequent. As I get closer to retirement from practice, I am afraid to say goodbye to my patients whom I have “known,” and I must “transfer” to another psychiatrist who will have to spend time getting to know them. I feel guilty about leaving them and taking all that knowledge with me. It is not the kind of knowledge that can be transferred in medical documents. The record holds the highlights - the medical stuff, medications, laboratory results, and some psychological themes. But, it does not convey the “knowing” that I have mastered.

This “knowing” also extends into friendships and other relationships - spouses, partners, even some close work relationships. Those are the relationships that seem to work as well-oiled systems. The people within such

relationships function with a great deal of non-verbal communication... words are not as necessary, and when spoken, they can finish each other’s sentences! They may have the same idea at the same time. There is “flow” in the relationship... each party feels “known.”



“The Owl & The Pussy-Cat Went to Sea”: Childhood Reflections & Book Review



John McCarthy, MD

When I was a youngster growing up in the Bronx, my parents escaped for the weekend to Upstate New York and returned with a fledgling Screech Owl in tow. He had fallen out of his nest and my mom retrieved it from certain death. We three boys (aka “Irish Triplets”) were full-fledged nature lovers with a menagerie of toads, frogs, turtles, and parakeets in our house and backyard to prove it. Upon seeing this cute fur ball, we sprang into action to make our Owlet comfortable in his new digs. We built him a large, screened, nearly walk-in cage in our basement. We reasoned it would suit him fine as it provided both darkness and safety from other critters like our cat, Aimee. We did, however, take him out on excursions to see the rest of our home once we learned how to hold him and not be scared off by his snapping beak and tufted ears. He showed great curiosity especially when he encountered Aimee. After they got “used” to each other, we once set up a mini-stage on our living room couch that featured The Owl (no name), The Pussy-Cat (“Aimee”), and a tiled sail boat. We recited Edward Lear’s witty poem, “The Owl & The Pussy-Cat Went to Sea” which almost had our actor pets swooning. What fun! Sadly, our Owl lasted about 18 months. We found him curled up on the bottom of his cage - a sad moment for all of us surrogate parents. Aimee lived to a ripe old age, when we found her lying peacefully in our pantry, no doubt dreaming of her “friend,” the Owl.

For me, my careers in Peds, Submarine “Bubblehead” Medicine, Developmental Peds, and Child and Adolescent Psychiatry sailed by and I found myself an elder in retirement. Recently, while at a local library book sale, I bumped into a book I wish I had written: *Owl* by William Service. What a lucky coincidence! As a Senior Member of AACAP, I had recently been elevated to “Owlhood.” When I arrived home, I curled up on a comfortable couch and slowly devoured this wonderful 93-page biography of a Screech Owl. The author, his wife, and three children in effect had adopted “Owl” (no other name) when their Retriever puppy, Jason, found him in the nearby woods. He carefully brought this critter to the author’s children who happily carried the “Beer Can” sized Owlet home. Thus began the nearly two-year odyssey of Owl chronicled poetically by William Service. Unlike our Owl, their Owl had almost free reign in the Service Household and quickly established his perches and routine. The author writes, “somewhere in this house, on top of a cornice or on a high bookshelf, there lies heaped a fortune in guano.” Owl learned quickly to develop peaceful coexistence with Jason the dog, Claggart the cat, and even their mostly caged but taunting parakeet, Grant. The author writes:

Owl knows about the bars of his prison, but his longing for that bird forces him to believe that one day the parakeet is going to give. He swoops down to the side of the cage, clamps a grim array of talons around the wires, spreads his wings like Dracula’s cape. Seen from over the parakeet’s shoulder, Owl is death’s dark angel. The parakeet squawking, sidles over to where those hooked toes are curved around the bars, pecks at them until



“The Owl & The Pussy-Cat Went to Sea”: Childhood Reflections and Book Review

Owl flies away. Owl turns around to glare.

So it goes in this unique animal sanctuary. Service further writes:

Several times a week, it is the parakeet’s turn to fly free. He takes salad from a spider plant growing on a window shelf. Having nibbled awhile at that, he decides to visit his old friend, Owl. He clings to the bars of Owl’s cage, gibbering and peeping. (Title of the picture: ‘The Convict’s Lawyer Comes to Visit Him after the Trial.’) Owl swivels his head - he must have once heard the phrase, ‘shriveled him with a glance.’ He tries it on the parakeet, who yet again fails to shrivel, and soon Owl, full stoic, faces front, looks out at nothing.

Owl possessed a seemingly insatiable appetite for exploring every nook and cranny of his human sanctuary and learned to adapt. Regarding Owl having great wisdom, the author wrote, “I, more careful, attribute to him the keenest appetite to find things out.” OR “Perhaps he is more content to appear wise.”

Service’s wonderful book is replete with such detailed, humorous descriptions of Owl’s life in his sanctuary home and seems to know

what Owl is thinking. He charms the pants off any human he encounters in the Service home. Only the brief appearance of a garter snake in a bottled cage really gets him riled up. Owl tries desperately and in vain to somehow get through the glass as the asp taunts him safely within. In the wild, mice and snakes would have undoubtedly been his usual prey, and he would have had much more success in nabbing them in a dark quiet nanosecond.

I highly recommend this nifty *Owl* bio by William Service, not only for his great prosaic writing but also for his keen, detailed descriptions of animal behavior and his great sense of humor. Let each paragraph and page wash over you like a soothing massage. No need to rush. It’s not a whodunit. After absorbing this brief tome, you will really be proud to have the Owl as our “mascot.”

References

1. The Owl & The Pussy-Cat by Edward Lear, Random House Book of Poetry for Children, 1983.
2. Owl by William Service, Alfred A. Knopf, New York, 1969.



Owl and Aimee, who (pun intended) Dr. McCarthy had as pets



Donors to AACAP’s Life Members Fund

Owls Make a Difference!

We are deeply grateful to our Owls for giving their time and treasure to AACAP. In the month of May alone, our Owls raised over \$5,000 to support the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. With the funds raised by Owls, AACAP is able to offer 17 Educational Outreach Program for child and adolescent psychiatry resident awards and 13 Life Members Mentorship Grants for Medical Students awards. We hope you can meet some of our awardees at AACAP’s Annual Meeting, October 22-27, 2018, in Seattle, WA. AACAP is thankful to the following Life Members for their generous donations. As part of their commitment to AACAP, over 65 donors raised over \$11,400 between April 1 and June 15 to AACAP’s Life Members Fund.

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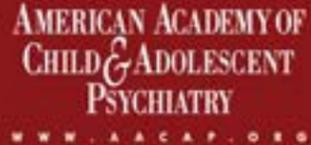
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In Memoriam

Beatrix Hamburg, MD
April 1, 2018 to June 15, 2018



Dr. Hamburg was president of the William T. Grant Foundation, a philanthropy dedicated to research on children issues. She did research on early adolescence, peer counseling, violence prevention, and biobehavioral aspects of diabetes in children and adolescents. She was a member of the National Academy of Medicine. Author of many publications, Dr. Hamburg received numerous honors for her work, including the Foremother Award for her lifetime of accomplishments from the National Research Center for Women & Families in 2012.

Dr. Hamburg was married to David A. Hamburg, a distinguished academic psychiatrist and policy leader. Together they received the 2007 Rhoda and Bernard Sarnat International Award in Mental Health from the Institute of Medicine for their long careers in medicine and public service. In 2015, they received the Pardes Humanitarian Prize in Mental Health.

Their daughter, Margaret Hamburg, is also a physician, who is internationally recognized for her contributions in medicine and public health. Most recently, she served for six years as the Commissioner of the United States Food and Drug Administration (FDA) during the Obama administration.

Beatrix Hamburg, MD (born Beatrix McCleary on October 19, 1923), was an American psychiatrist whose long career in academic medicine advanced the field of child and adolescent psychiatry. A pioneer in many ways, she was the first African-American admitted to attend Vassar College, and was also the first African-American woman to attend Yale Medical School. Dr. Hamburg held professorships at Stanford, Harvard, Mt. Sinai and—most recently—at Weill Cornell Medical College. She served in government at the National Institutes of Health and as the Executive Director of the President's Commission on Mental Health under President Jimmy Carter. Later in her career,



Throughout the Years...



Registration for AACAP's Annual Meeting opens August 1. When you register, don't forget to purchase your ticket for the Life Members Reception and Dinner at the historic Fairmont Olympic Hotel, on Thursday, October 25 at 6:30 pm. We look forward to seeing you there!



Donate \$450 (the amount of your excused dues) or more to AACAP's Life Members Fund between now and October 1, 2018, to receive a limited edition 65th Anniversary Owl Pin as a symbol of AACAP's gratitude for your generosity and support! You can also receive an Owl Pin when you become an AACAP Hope Maker with a recurring monthly donation of \$37.50 or more. Contact development@aacap.org for more information.

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