



Photo featuring James C. Harris, MD & Fred Seligman, MD

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Erik Erikson: The Ultimate Stage Coach



Martin Drell, MD

In preparation for my first editor's column entitled: "If All the World's A Stage, How Did I End up in Erikson's Last Stage?" I reviewed the Eriksonian Stages. I learned that there were originally only 7 stages.

The Eriksons (Erik and Joan) noted that to have 7 stages, put them in the company of Shakespeare, who described the 7 stages of man in *As You Like It*. They noted that, to their surprise, Shakespeare had gone straight from the infant "mewling and puking in the nurse's" arms to the "whining school-boy with his satchel...creeping unwillingly to school," thus leaving out the in-between stage of play, which was part of their Stage 2 (author only vs shame and doubt) and Stage 3 (n.b., Initiative vs. Guilt) of their "more inclusive model." They reported that as part of their preparation for a White House conference, they reviewed their 7 stages and realized that they too had left out a stage. Their version at the time went from the Intimacy Stage (Stage 6) to Old Age (their then Stage 7). They ended up creating a new 7th Stage of adulthood entitled: Generation vs. Stagnation, which spanned ages 40-65. They mused that they had left out the stage that they were at the time and noted "how difficult it is to recognize and have perspective for just where one is presently in one's own life cycle." Their admission to having missed an entire

stage made me feel better at having not realized that I had quietly slipped into Erikson's last stage.

They gave me an alibi for what was probably just massive denial on my part, rationalized by the fact that I had been just too busy to realize that I had drifted unknowingly into Stage 8; or even better, that with "my generation," Stage 8 is really the new Stage 7. Surely the age ranges would need to be shifted to later for me as a baby boomer, the generation that was rewriting "all the rules" and would "live forever" (n.b., more denial).

I had heard that as a young man, Erik Erikson had renamed himself after himself and that he had written books about all the stages of identity as he lived through them. I wondered if he lived the stage first and came to understand it before writing about it, or whether he wrote books to better understand what he was experiencing.

As I was preparing for this column, I read the obituary on Joan Erikson that was in the *New York Times* (August 8, 1997). In it, I was amazed to find that in 1997 she had written a book entitled *The Life Cycle Completed* that outlined an extended version of Erik Erikson's stages, adding a 9th Stage that dealt with the challenges faced by the old in their 80s, 90s, and 100s. She wrote that the book is based on concepts that she and Erik were working on at the time of his death in 1994.



Erik Erikson: The Ultimate Stage Coach

I will talk about the 9th Stage in my next column and will now turn to the present issue of the Owl Newsletter, which includes interesting feature articles by:

-Jack Westman, MD, who writes about the tensions between the social values of America that express lower brain center impulses and emotions vs. the cultural values of higher centers in the cortex and the problems this presents child psychiatrists

-James Harris, MD, who writes about his 12 years writing art commentaries about the cover art in the Archives (later called JAMA Psychiatry)

I thank Jack and James for their submissions and want to reiterate that this newsletter depends on contributions from the Owls. Please submit articles that you feel other members would like to hear about. Note also that embedded in my editor's columns will be suggestions for shorter contributions such as, 'What was the best thing a mentor ever told you?'

Martin Drell, MD

References:

Erikson, JM. (1997). *The Life Cycle Completed*, NY: W.W. Norton & Co.

*Get involved -
submit articles for
the Owl Newsletter!*

We would love to receive your input on:

1. The best advice your mentor/supervisor ever gave you about being a child and adolescent psychiatrist
2. The best joke(s) a child/adolescent in therapy ever told you
3. Any questions about the history of AACAP that you'd like the answer to

Please send to
mdrell@lsuhsc.edu.

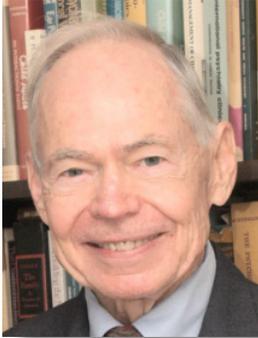
Example:

Q: How many tickles does it take to make an octopus laugh?

A: Tentacles!



An Anomalous Psychiatrist Who Focused on People's Lives Rather Than Their Brains



Jack C. Westman, MD,
MS

home in Kurt Lewin's writings about our life spaces. This led me to work with families, schools, communities, the state of Wisconsin, and ultimately, national and international organizations devoted to the common good.

In the 1970s, I developed the Child Advocacy Team, which led to Coordinated Services Teams in Wisconsin and Wraparound Teams nationally. The authority of the legal system and its power to ascertain facts, the access of the social service system to comprehensive information about families and its authority to carry out investigations, the healing and conflict-resolving influences of the mental health system, and the monitoring of behavior and skills of children by the educational system were integrated in child advocacy teams to provide a basis for effective and timely interventions in child custody and visitation contests and in child abuse and neglect matters. Unless these systems are integrated, fragmentation and lack of continuity of services result in repeated and ineffective interventions that are costly in

At the age of 14, I was excited by Sigmund Freud's Introductory Lectures and set my sights on becoming a psychiatrist. My enduring curiosity about why we act the way we do and why so many things go wrong in human relationships found its

human and financial terms.

More broadly, I always have been intrigued by the last phrase of the Declaration of Independence, "the pursuit of happiness." It sounds like hedonism was set as the goal of life in our great nation. In fact, this did become the dominant theme in our society. A 2010 World Values Survey described the United States as high in "Self-Expression Values" and low in "Rational-Secular Values" and concluded that Americans are devoted more to getting what they want than to cultivating virtues.

There is a crucial difference between American enduring cultural and trendy social values. Our cultural values are expressed through Judeo-Christian traditions that inspired the Declaration of Independence and Constitution and are encoded in our laws. Actually, "the pursuit of happiness" means flourishing, not pursuing, pleasure. Our social values express lower brain center impulses and emotions. They reflect what is important in the present, such as personal comfort and the freedom to do as we wish. They apply to the here and now and, for this reason, usually overshadow our cultural values.

Our society reflects our social values and thereby can be characterized as dehumanizing, materialistic, individualistic, erogenous, and fascinated by violence. Conscientious parents know this and must contend daily with these powerful influences on their children.



An Anomalous Psychiatrist Who Focused on People's Lives Rather Than Their Brains

-Our society dehumanizes homeless adults and children who live on the streets like wild animals. Dehumanization also is seen in the shift from face-to-face to one-way communication to scores, even hundreds, of "friends."

-Materialism is evident in the way we admire the wealthy and celebrities more than dedicated volunteers and professionals who serve the public.

-Individualism is apparent in the self-centered way in which many of us live our lives without planning ahead and considering the impact of our behavior on others.

-Erogenous behavior is evident in the erotic behavior and language in public entertainment. Modesty no longer is seen as a desirable quality.

-We are fascinated by violent videos, games, and movies—the louder the explosions the better.

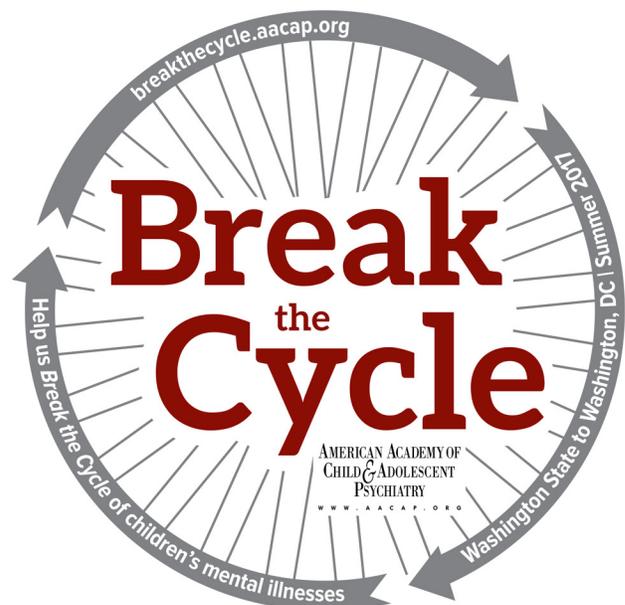
No wonder fear, anger, envy, and greed are prevalent emotions in our society that can be exploited by predatory politicians.

Until we face these inconvenient truths, our society will not reflect our underlying cultural values based on the common good. I believe that mental health professionals have a role to play in creating a society that promotes our cultural values and thus the well-being of our

young citizens and their families.

To illustrate how far a psychiatrist can stray from the clinic by becoming involved in attending to all of the factors that influence our patients' and our own lives, the book I am writing now is titled *East Asian and American Cultural Values Promote Global Harmony*. It is a current expression of what I learned by participating in Physicians for the Prevention of Nuclear War's efforts to end the Cold War in the late 1980s.

Jack C. Westman, MD, MS





The Art and Images Series in the *Archives of General Psychiatry/JAMA Psychiatry*



James C. Harris, MD

The Art and Images covers and commentaries were initiated in the November 2002 issue of the *Archives of General Psychiatry* and commentaries continued through December 2012 when Joe Coyle stepped down as editor. It was a grand ride for more than a decade, and I am indebted to Joe for asking me to begin the series.

This is how it all began. For many years, art had been featured on the cover of *JAMA* with a commentary inside each issue of the journal under the guidance of Terry Southgate. When Cathy DeAngelis became editor in 2000, she decided to include images pertinent to each medical specialty on the cover of all the nine *Archives* family of journals. For example, Dermatology chose photographs of skin diseases, and Neurology often chose brain images. To Cathy's surprise, Joe Coyle, knowing my interest in the use of images in therapy (Jungian dream interpretation, Winnicott's squiggle game), asked me to choose the covers and write the commentaries each month. *JAMA Psychiatry* was alone among all the archives that chose art for the cover each month. Over the ensuing 12 years, I prepared 146 art commentaries for the *Archives* (and later *JAMA Psychiatry* when the name changed) and two for *JAMA* (a Van Gogh for a special issue of *JAMA* on mental illness

and the final *JAMA* cover of a red rose and hummingbird, favorites of Cathy's, as tribute when she stepped down as editor-in-chief). Overall, counting these last two, there are 147, with 146 of them readily available in the art and images collection on the *JAMA Psychiatry* website. The June 2013 issue was the last issue with art cover art. That July, with my *Parsifal* art choice, the art went inside. The series ended; Joseph Coyle stepped down as editor in December 2012. I would have been pleased to continue, but the new editor had decided against it. All commentaries are available as a topic collection on the *JAMA Psychiatry* website (<http://archpsyc.jamanetwork.com.proxy1.library.jhu.edu/collection.aspx?categoryID=6261&page=1>).

Both Joe and I were psychiatry residents together at Hopkins, imbued with Adolf Meyer's psychobiology that, like George Engel's biopsychosocial approach, places the emphasis in psychiatry on the person and not his or her diagnosis. Thus, cover art about a person or personal theme was conceived of as a Meyerian portal to each issue of the journal. Meyer's psychobiology emphasizes that the person is the main subject of study in psychiatry, and so, each cover introduced an artist as the personal exemplar for a similar psychiatry theme including a case history so the person would never be left out of the journal. The journal contents that followed examined the underlying levels of psychobiological organization and experiences that influence the person, among them:



The Art and Images Series in the *Archives of General Psychiatry/JAMA Psychiatry*

molecular, genetic, neural circuitry, diagnostic, environment, and interpersonal.

The first cover art was Vincent Van Gogh's *Starry Night*, and the issue was the role of art in his recovery following, what I believed to be, a substance-related psychosis. Over the next 12 years, commentaries coalesced into 17 categories that can be divided into the following themes. Some commentaries appear in more than one category, thus the total is greater than 146.

These are the 17 themes with the number of commentaries under each one placed in parenthesis:

1. ASYLUMS (5): These commentaries describe the transition from inhumane to humane treatment of those hospitalized for mental illnesses, with the introduction of Pinel's moral treatment. The series ranges from Philippe Pinel freeing the insane from their chains to life in the asylum: Bedlam, Saragossa, and St Remy.

2. BEREAVEMENT: COPING WITH LOSS (18): These commentaries illustrate resilience and vulnerability in the face of illness, loss, and adversity and the uses of art in coping with loss.

3. DEPRESSION AND BIPOLAR DISORDER (6): These commentaries illustrate depression and bipolar disorder. They include depictions of depressive symptoms in artists,

their response to depression in others, and how art assists in coping with depressive symptoms.

4. SUICIDE (14): Suicide commentaries inform readers about artists who committed suicide and beliefs about suicide. They illustrate attitudes toward suicide (as heroic, as a crime, as apotheosis), document suicide in classic literature (*Divine Comedy, Hamlet, Story of Lucretia*), and realistically in everyday life. They depict its impact on survivors and on the community where the victim lived.

5. ANXIETY DISORDERS (3): This series deals with acute anxiety attacks, anxiety linked to relationships, and psychosomatic disorders.

6. SCHIZOPHRENIA AND PSYCHOSIS (6): These commentaries depict an asylum, psychotic terror, delusional beliefs, and recovery from a psychotic episode.

7. SUBSTANCE ABUSE (9): These commentaries illustrate alcohol use and abuse, medical addiction and overdose, and family response to alcohol abuse.

8. TRAUMATIC LIFE EVENTS (19): This series of commentaries describes the effects of traumatic life events on a person and on society—war, plague, Spanish Flu, tidal wave, and abandonment at sea.

9. SEXUAL ISSUES AND RAPE (6): This series discusses unwanted sexual attention, prostitution, rape, and murder.



The Art and Images Series in the *Archives of General Psychiatry/JAMA Psychiatry*

10. EUGENICS AND INVOLUNTARY EUTHANASIA (7): Hitler and Goebbels appropriated the arts in Nazi Germany to advance the ideology of a master race, leading to eugenic sterilization and condemnation of modern art as degenerate. Involuntary euthanasia was the result.

11. DEPTH PSYCHOLOGY—FREUD AND JUNG (11): The awarding of degrees and accompanying lectures by Freud, Jung, Adolf Meyer, and others at the 20th anniversary of Clark University in 1909 was a pivotal event in introducing depth psychology to an American audience. This series of commentaries follows those developments as the century progressed.

12. MARRIAGE AND FAMILY LIFE (15): This series of commentaries examines relationships between artists and their families and illustrates common interpersonal themes in psychiatry.

13. AGING (7): These commentaries examine aging in literature and art and trace self-portraiture in well-known artists.

14. FINDING MEANING—BELIEFS, SPIRITUALITY, AND ART (32): This series of commentaries examines belief systems in artists and their expressions of spirituality in their work. It begins in the Paleolithic era where one can only conjecture about meanings and progresses to myths, specific religious beliefs, and psychological interpretations of them.

15. FORENSIC PSYCHIATRY (6): This series

explores the beginnings of forensic psychiatry with the McNaughton Rule, Esquirol's monomanias, and legal aspects of art legacy in one's will.

16. ART AS A WINDOW INTO BRAIN FUNCTIONING (5): This series addresses the ancient practice of trephining to release evil spirits, paradoxical functional facilitation in frontotemporal dementia, color theory and its organization in the brain, and synesthesia.

17. THREE MAJOR COLLECTIONS OF ART BY PEOPLE WITH MENTAL ILLNESSES: These are:

a) Bethlem South London and Maudsley Collection in the United Kingdom—an example is Kurelek's *The Maze*, October 2004 (Depression).

b) The Prinzhorn Collection in Heidelberg, Germany—an example is Hans Bühler's *The Würgengel*, October 2006 (Schizophrenia). This is the oldest major collection of art by patients with mental illnesses. It was begun by Kraepelin and expanded by Prinzhorn.

c) Cunningham Dax Collection in Melbourne, Australia—examples from the December 2014 issue are the two paintings featured by living Australian artists who dealt with their experiences of schizophrenia and major depression respectively; the permissions were given by the patients and copyright fees with them. Eric Cunningham Dax was the first to introduce psychiatric art into mainstream 20th



The Art and Images Series in the *Archives of General Psychiatry/JAMA Psychiatry*

century psychiatry, initially in the United Kingdom and later in Australia.

In my final commentary, I wrote that I hope this topic collection on the *JAMA Psychiatry* website will “continue to serve as an education resource for the humanities in psychiatry. I hope these commentaries will be a continuing reminder of the importance of creative expression in our patients’ lives.”

James C. Harris, MD

References:

1. <http://archpsyc.jamanetowrk.com.proxy1.library.jhu.edu/collection.aspx?categoryID=6261&page=1>

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A Question of History

"History gives answers only to those who know how to ask questions." -Hajo Holborn

"The past is never dead. It's not even past." -William Faulkner, Requiem for a Nun

I would like to have the Owl News be a venue for answering questions concerning the history of child and adolescent psychiatry and AACAP. Past issues have addressed issues of history, and I would like this to continue.

In the meantime, Douglas Kramer, MD, MS, asked how it was that the Academy is a subspecialty of general psychiatry rather than pediatrics. This question seems a logical one due to the Affordable Care Act and its emphasis on child and adolescent psychiatrists working more with primary care and the concept of pediatric homes, which is part of the Presidential Initiative of Gregory K. Fritz, MD.

I remember being told that there was a vote that determined our linkage to general psychiatry. I assumed it was a vote of the early leaders in the development of our field. I had never thought to find out more details until Doug asked me. Triggered by his question, I asked several of my usual sources of historical information and found no clear answer. I then thought to do some research and came across what appears to be the answer in an unofficial and unpublished monograph concerning the history of AACAP by Robin Cautin, PhD (2014). Its sources are attributed to articles by Helen Beiser, MD, and Frank Curran, MD. I have taken the liberty to include pertinent footnotes in brackets for easier reading:

"In 1958, Francis J. Gerty, then-president of the ABPN and a former president of the APA, invited six child psychiatrists. [These six child psychiatrists were Drs. Frederick H. Allen, Frank J. Curran, Othilda M. Krug, William Langford, Hyman Lippman, and J. Franklin

Robinson] (Beiser, 1991) and David A. Boyd, Jr., the executive director of the ABPN, to flesh out the details for certification and resolve several points of conflict. One of the most pressing controversies pertained to the idea that child psychiatry most appropriately belonged to pediatrics (as opposed to general psychiatry), and thus should be part of the American Board of Pediatrics (ABP).

In response, Frank Curran, who was the first secretary of the AACP and also was one of the six invited members to meet with Francis Gerty and David Boyd, sent out a questionnaire to the AACP membership and to all directors of the AAPCC-approved clinics, asking 'whether they agreed with the standards of two years of general psychiatry followed by two years of child psychiatry, or whether they saw pediatrics as the more logical base for child psychiatry' (Beiser, 1991, p. 82). A compelling majority (at least 80-90%; Curran, 1961, p. 286) agreed with the former (i.e., to be linked to general psychiatry)."

Martin Drell, MD

References:

Beiser, H.R. (1991). Certification in child and adolescent psychiatry. In March H. Hollender (Ed.), *The American Board of Psychiatry and Neurology: The first fifty years*. Deerfield, IL: American Board of Psychiatry and Neurology, Inc.

Curran, F.J. (1961). Progress in certification of child psychiatrists. *Southern Medical Journal*, 54, 284-290.



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Every effort was made to list names correctly. If you find an error, please accept our apologies, and contact the Development Department at development@aacap.org or 202.966.7300 ext. 130.

In Memoriam
Paul Wender, MD
Klaus Minde, MD
From July 2016 - October 2016



Throughout the Years...

