



AACAP Life Member Douglas Kramer, MD, does his part for Break the Cycle!

Inside...

Grandparenting: The Good, The Bad, and The Ugly.....	3 - 6
Wise Owls, an Exemplar of Mentoring....	7 - 9
AACAP's 64th Annual Meeting Life Member Highlights.....	10

Third Culture Kids: "Where Is Home? Where Do I Belong?".....	11 - 13
Watch of the Owl.....	14
In Memoriam.....	15-17
Throughout the Years.....	18
Donor List.....	19

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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 December 15.

Martin Drell, MD

And Now for Some Jokes...

My son and I admire a genre of jokes called "bar jokes." These jokes share a fixed format starting with, "A man walks into a bar," followed by a twist. They are "short and sweet." "A man walked into a bar... ouch!"

A cursory exploration on Google informed me that the first bar joke was written in a 1952 *New York Times* article by C. B. Palmer titled, "The Consummately Dry Martini." It went:

A man walks into a bar and says he wants a very, very dry martini at a ratio of 25 to 1. The bartender is a little startled, but mixes it precisely. As he pours it into a glass, he asks the customer, "Wouldn't you like a twist of lemon with that?" The customer pounds the bar and shouts, "Listen buddy! When I want goddam lemonade I'll ask for one!"

Note: It may be the first, but not necessarily the funniest.

My son's favorite is, "A horse walks into a bar. The bartender says, "Why the long face?"

My favorite is: A man walks into a bar and orders a drink. All of a sudden, he hears a voice, "You are very

handsome." A bit later, the same voice says "What beautiful eyes you have." The man asks the bartender who is talking. "It's the peanuts. They're complimentary."

Another classic: A three-legged dog walks into an old western bar and announces, "I'm looking for the man who shot my paw."

My newest bar joke is, "A termite walks into a bar and asks, 'Is the bar tender here?'"

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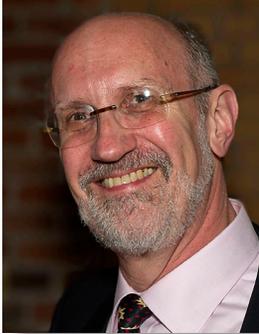
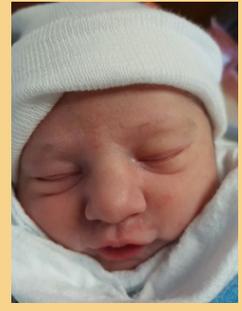
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Grandparenting: The Good, The Bad, and The Ugly



Martin Drell, MD

After several columns on more serious aspects of the latter (8th and 9th) Eriksonian Stages, I thought that I'd shift from "Life Reviews" to Life Renewed and talk about grandparenting. It is generally a topic tinged with a more positive valence, yet as I did my literature review, it is still complicated by

the "circle of life" reality that all grandparents were originally parents and before that, children with their own parents and grandparents.

As I write this column, my daughter Emily is in her third trimester. She will have delivered by the time this article reaches you. This granddaughter, who will be my third, is code named "Acorn," a name given to her by Lilah, my first granddaughter who is three years old and so fascinated by acorns that she stuffs them into her pockets on walks. The photo shows Lilah talking to Acorn, with my daughter translating what Acorn is saying. "I am so looking forward to seeing you soon. You'll be a great older sister that I will surely love." Lilah has added Acorn to her already accrued 9 baby dolls, combinations of which she carries with her at all times.

For full disclosure and for fairness' sake, I have another granddaughter; my son David's, named Annette, who is 1¼ years old and is currently most interested in balls, stuffed animals, and floor lint.

I do ever so want a grandson. This wish has as much to do with identification as with carrying on the Drell name. This is of concern to my two brothers who have mostly daughters. This

leaves only my son and my brother Steven's son to carry on the name, and his son is in his 30s and showing no inclination to procreate. After consulting Darwin, I have come to the conclusion that my genes will live on regardless, but in truth, I continue to want a grandson with the Drell name. I feel that it is my grandfatherly duty to personally teach this future XY wonder all sorts of bad habits and jokes. Only time will tell. My son understands my wish and tells me he will try. To cover himself, he has reminded me that there are other Drells in the world, so the name is "good to go" on for future generations if he should not have a son.

My favorite grandparenting articles include various sets of laws for being a good grandparent. These articles note that there are 6.28 million grandparents in the United States and that number is rising. It is predicted that one in three people in the United States will be grandparents by 2020.

The secret sauce for all these recipes for success articles appears to be to respect the process and those involved. In no particular order, seven of the key laws are:

1. Seal your lips! Don't project your fears about your children onto them. There is no guarantee that your life and challenges will narcissistically repeat in the next generation. My favorite remark that I tell all parents (and which I now realize alludes to all grandparents also) is that you raise your kids exactly like you were raised or exactly opposite (n.b., reaction formation is alive and well), and both are wrong because you aren't your parents and you aren't your kids.

I note that the next generation has its own fears that may get projected back onto the grandparents. In my case, my daughter and her



Grandparenting: The Good, The Bad, and The Ugly

husband wanted a night out in New Orleans during a visit. That meant that I got the thrill of babysitting. Much to my irritation, my “worry wart” son-in-law Sammy questioned if I would be able to handle the job. I was very upset to hear his worries and equally pleased that my daughter defended my parenting powers by reminding him that this wasn’t my first rodeo and that I had managed to parent her without major calamity. I remember being very careful lest Lilah not fall under my care and that she was blissfully asleep and alive when they returned from their date.

2. You may love the grandchild as thine own, but never forget he or she is not thine own. In my family, each of my brothers and sisters had to go through an initiation rite in which they had to let my father know that he could not parent their kids as if they were his own. This process varied based on each of my siblings differing relationship with my dad. My moment came when my dad actually swatted my toddler David after some indiscretion. The fact that he did so in front of a Bar mitzvah family gathering in New Jersey made for a dramatic confrontation. I remember angrily telling my father that it was bad enough that he hit me and screwed me up and that I wasn’t going to let him hit my son, and that I wanted to have the right to screw up my son in my own way. He defensively belittled me in front of the embarrassed crowd, but he never did it again.

3. Abide by the rules of the new parents. This rule speaks not only to the wish of grandparents to foist their rules on the next generation but that the rules of parenting change from generation to generation. I am amazed at all the new do’s and don’ts for today’s parenting.

4. Accept your role! This rule points to the

traditional difference in gender roles of being a grandma vs granddad. It alludes to the fact that mothers still have the primary responsibility for the raising of children and, therefore, are often favored. I might add that they are favored for good and bad roles and that problematic mother-daughter relationships are not necessarily cured automatically by the blessed birth of a grandchild. I like the advice in one article to model yourself after a relief pitcher that waits to be called up and usually is only used for short spans.

5. Don’t be surprised if old issues get triggered when your child has a child. This led me by association to Selma Freiberg’s famous concept of Ghosts in the Nursery, i.e., unresolved and unconscious conflicts from the past that haunt new generations. The author of this grandparenting rule refers to potential flashbacks over what Frank Pittman calls the “snag points” of values, rules, roles, goals, family history, intimacy, and communication. I might add as a counterbalance that Selma Freiberg’s protégé, Alicia Lieberman, PhD, wrote of “Angels in the Nursery,” which are acts of goodness that carry over between generations. In reality, it is not just the bad things that flow between generations. They are just what seem to get remembered.

Having grandchildren allows for the reworking of transferences from previous generations. I noted, in this regard, that my daughter seemed amazed that I loved and was so attentive of Lilah. I could see her rethinking her past conceptions of me. If he’s so good with her, maybe he was good with me also. I believe that this has been good for our relationship.

The articles also note that things have been further complicated by the proliferation of divorce, remarriages, and combinations seldom dreamed of decades ago. Things have definitely



Grandparenting: The Good, The Bad, and The Ugly

gotten more complicated over time.

6. Get a life! If one doesn't, one is tempted to blur boundaries and live life through your children and their children. Narcissistic extensions and problematic individuation make for messy grandparents. As reiterated in previous laws, having grandchildren does not cure problematic parent/child relationships. Neither does it magically cure Axis II (which magically doesn't exist in DSM-5) problems in parents or, for that matter, their children. The odds favor bad parents begetting bad grandparents. And so it goes.

7. Let go of all expectations. This rule refers to the reality that in this fast evolving and mobile world, you may not have your grandchildren living near you. In most cases, you are not in control of where your adult children live. I first got a glimpse of this when I realized that if my daughter went to college up North, she might meet a Northerner who would whisk her away to the North forever. In my case, that didn't occur. She didn't like the winters and married a Southerner she met at camp in Mississippi who she followed to the University of Pittsburgh for nursing school. It should, however, be noted that Emily lives in Birmingham, Alabama, which is definitely north of New Orleans. My son followed his bliss and has a job in Los Angeles with DreamWorks Animation. This leaves me a six hour drive from Emily and a six hour journey from David. I'd certainly prefer them closer, but then again, I seldom get asked to babysit every Saturday. I enjoy the regularly sent photos, the phone calls, and Skype. I am jealous of Emily's in-laws who are in Birmingham in principle more than in practice. I am busy. I suspect that this might change after I retire and have fewer competing demands and stresses. In reality, life changes.

I will end by noting that the literature I read

tended to be idealized and focused on the middle class and upper class grandparenting. It did not highlight the heterogeneity involved nor the temporal sense that all parties age over time. Grandparents are still grandparents regardless of their age. I had a younger "fun" maternal grandma and an "old" paternal grandmother who had her leg amputated from diabetes and was wheelchair bound. The latter baked poppy seed cookies (n.b., you could break a tooth on them), smelled that grandma smell, and pretty much sat there contentedly admiring her family. I could not deal with the amputation. "What the hell happened," kept repeating in my mind. My brother Bill, 10 years my junior, by contrast was fascinated by the wheelchair. How cool would it be to wheel around in it!

At the funeral, (my first), of my "old" grandma, I remembered pestering my mom if I could go to my "fun" grandma's house, after the service. She told me no, that we still needed to go to the cemetery. This upset me so much I started to cry, at which point everyone thought I was crying for my grandma who died. This was one of the first times I realized the confusion of perceptions.

To enhance my point, when I was a teenager, my "fun" grandmother suddenly grew old and demanded respect. This was not so fun. I felt betrayed and did not graciously deal with the change.

In reality, there are all sorts of grandparents. The Nye and Bernardo Chapter to 5 Types of Grandparents in order of prevalence are the:

1. Formal "old fashioned" (n.b., my Dad's mother being an example).
2. The fun seeker (n.b., my mom's mother before she changed).



Grandparenting: The Good, The Bad, and The Ugly

3. The “Distant” holiday grandparents whose contact is “fleeting and infrequent.”

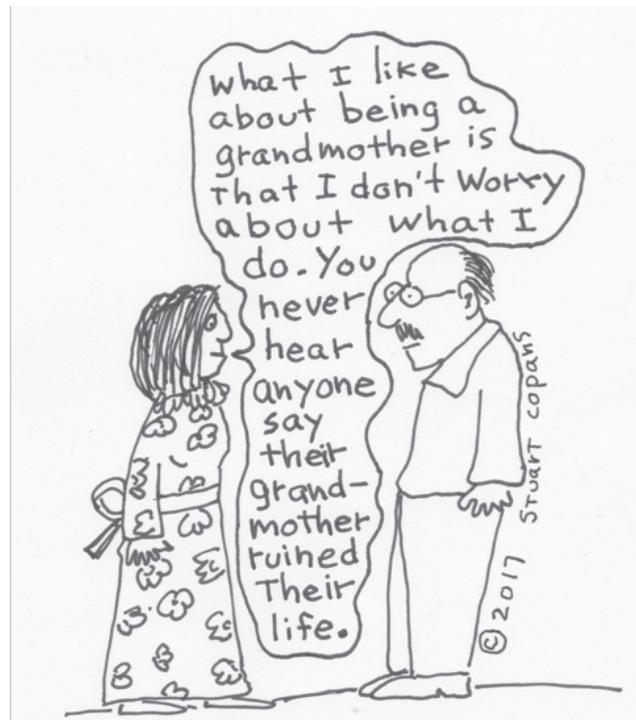
4. The “Surrogates” that end up being more of a parent. These grandparents, according to an AP article by Hope Yen, are the family economic and emotional safety net. Statistics show that 8% of all children (nearly 6 million) live with their grandparents. This is up from 6.3% (4.5 million) in 2000. I see many of these surrogate grandmothers at a local mental health center I work at.

5. The “Reservoir of Family Wisdom” type (often grandfathers that are venerated for their sagacity, their ability to disperse “special skills and resources,” and their knowledge of history. In my family, my oldest sister (n.b., the most normal of the six siblings) is the keeper of the photos of past generations while I am the keeper of family themes due to years of family origin work and family therapy. My family prefers my sister’s pictorial approach.

To end, I will return to the Erikson latter life stage when the parents turned grandparents are unable to care for themselves. What then? This drama again shows the diversity of situations. I suspect that this would be a sixth type of grandparents. In my family, all the siblings would play the game of predicting who would actually step up and take care of the parents should they need it. My parents dealt with our ambivalence by dying early without much chronic dwindling. My father, who was not the best with his dependency needs, repeated often that he felt the Eskimos had a good strategy when they put the elderly on “ice flows” and just let them float away. This certainly gives you an insight into his sense of family and his expectations of them and himself. Back again to the flow of the cycle of life.

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Wise Owls, an Exemplar of Mentoring



Cynthia Pfeffer, MD

For most people, summer is a time for relaxation, enjoyment, fantasy, renewal, and adventure. In the field of medicine, it is a time for medical school graduates to begin their residencies where they learn not only by reading and didactic experiences but by interacting with

and observing more experienced and supervisory physicians. In this spirit, I write about aspects of mentoring, a process of development for mentors and mentees that goes on forever. It is not by accident that AACAP's Life Membership has incorporated mentorship as one of its cornerstone missions for the enhancement of Child and Adolescent Psychiatry. So too, several prior issues of the Owl Newsletter aptly highlighted benefits of this mission. Specifically, Perry Bach first director of the Life Member forum, in "Medical Students and Residents Meet Life Member Mentors," described our "different approach to mentoring" utilized at AACAP's Annual Meetings since 2013 (April 2015). He noted: "Young people look for experienced people from whom they can learn" (July 2016). Emphasis on mentoring filled a large portion of the Owl Newsletter in April 2017. Marty Drell's article "Trying to be a Mentor Can be Tormenting" considered whether mentoring is the same as generativity or supervision. He emphasized that in his experience, "it was not easy to identify key mentors in my life" but found more clarity about this when he explored "what constitutes a mentor/protégé relationship." Likewise, Tom Anders sensitively described, in "Reflections on

Mentoring," his life-long developmental processes molded by interactions with three special mentors, a research pediatrician, a US Military psychiatrist, and a sleep researcher, and enabled him to discover his rudder for professional life involving "development, the joy of caring for children, and academic medicine." Joe Jankowski in "An Annual Mentoring Forum" reviewed the enthusiasm of 45 Life Member mentors and 100 mentee medical students and residents participating in the 2016 program and realized "the power of mentoring, whether it occurs only once or several times." The Life Members are an exceptionally active force with exquisite knowledge about mentor-mentee relationships and how to foster this in newcomers to child and adolescent psychiatry.

When a child is born, a long process of childrearing involving parenting, teaching, and mentorship begins. This process involves a reciprocal relationship between child and parent that promotes this dyad's intellectual, social, and emotional development. While parents are usually viewed as the main facilitators of children's development, it is the child with his/her unique qualities that promotes parental development. Each learns, teaches, and facilitates skill building for coping with experiences. Perhaps, grandparents are the main mentors in familial generativity. They often mediate between parent and child to guide and support the ongoing tasks of parenthood. Once children have language and autonomous interactions, they begin to distinguish between parents and teachers and realize the presence of mentors. In addition to books, digital communication has brought an extensive degree of experiential opportunities directly to children to learn about mentoring,



Wise Owls, an Exemplar of Mentoring

even at an early age. Notable mentor-mentee relationships for young children are Owl and Winnie the Pooh, Fairy Godmother and Cinderella, Rafiki and Simba, Genie and Aladdin, and Doc Hudson and Lightning McQueen. For preadolescents and young adolescents, there are such fictional mentor-mentee pairs as Merlin and King Arthur, Obi-Wan Kanobi and Luke Skywalker, and Albus Dumbledore and Harry Potter.

Mentorship was first described by Homer in the 8th century BCE in his epic poem, the *Odyssey*, when Odysseus, prior to leaving for the Trojan War, requested that Mentor be in charge of his son, Telemachus. The term mentor has been used in modern times to indicate someone who imparts wisdom and knowledge to a less experienced colleague. The concept and importance of mentorship is greatly valued in business, educational, and medical fields. Deans of colleges, universities, medical schools, and other institutions of higher learning emphasize the importance of mentors for students and faculty. My own experience taught me to appreciate a mentor who I initially chose to help with research methodology. Soon, I realized that our relationship was more than learning about methodology but also involved a special friendship including discussions about career planning which focused on choices of learning opportunities, work experiences, specialization in areas of child and adolescent psychiatry, and a bond that lasted for several decades. This person was not my formal teacher, a parent, nor a social friend, but a MENTOR. I am grateful that I had such a mentor-mentee relationship and am committed to promoting this experience for others.

The Life Members Committee offers extensive mentor-mentee experiences at AACAP's 64th Annual Meeting in Washington, DC. We appreciate that the Program Committee scheduled our program, "Medical Students, Residents, and Fellows: Meet Life Members" on Tuesday (October 23 from 4:30 pm-6:00 pm) because this early time in the program enables medical students and residents to continue mentor-mentee relations with the Wise Owls throughout this annual meeting. This program is chaired by Joe Jankowski and Ellen Sholevar with coordination by Aaron Roberto and Cordelia Ross and in partnership with the Committee on Medical Students and Residents and the Membership Committee.

Various Owl Newsletter editions include letters from those medical students and residents who received travel grants from the Life Membership fund to attend AACAP Annual Meetings. These mentees described positive sentiments about their experiences, and especially lauded the Life Members dinner. One mentee indicated that "I will treasure my experience of the Life Members Dinner where I was able to talk about a wide variety of personal and professional issues. It is for this humanistic and full perspective on life and our careers that I feel very blessed to have chosen such a field and become a member of such a group of physicians." The informal social ambience at the Life Members Dinner fosters bonding with Life Members to continue mentor-mentee relationships.

The Life Member Wisdom Clinical Perspectives Program, "Care Integration for Childhood Sexual Abuse: Posttraumatic Stress Disorder, Heroin, and Other Adverse Outcomes" highlights imprisoned mothers' mental health



Wise Owls, an Exemplar of Mentoring

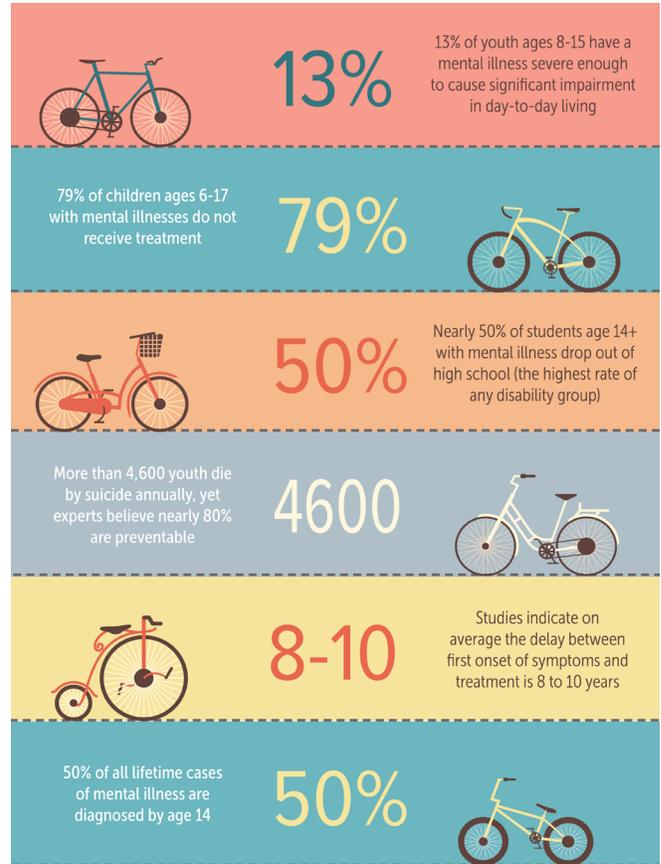
issues organized creatively by Doug Kramer, Life Members Committee member, who chaired the last three Wisdom Perspectives. This year, it is scheduled on Thursday afternoon (2:00 pm-5:00 pm), October 26. It is not to be missed!

Sadly, we lost one of our special mentors, Jack O'Brien, Life Members Committee member, who died in July 2017 from cancer. He was an enthusiastic mentor for our Life Members forum and was exceptionally willing to reach out and continue his mentor-mentee relationships for which we have great admiration and gratitude. More was written about him in this Owl Newsletter issue as well as thoughts about how the Owl Newsletter would like to report when our members die.

Finally, take to heart what grantees said about how Life Members helped shape and motivate their plans to become Child and Adolescent Psychiatrists. Please DONATE to the Life Membership Fund.

"May the Force Be With You!" -Star Wars, 1977.

Cordially,



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AACAP's 64th Annual Meeting Life Member Highlights



We look forward to welcoming our Life Members to Washington, DC! Here are some of the programs at this year's Annual Meeting that are open to all Life Members.

Tuesday, October 24

4:30 pm-6:00 pm (open)
Medical Students, Residents, and Fellows: Meet Life Members at 2017 AACAP Annual Meeting
Chair: Joseph Jankowski, MD
Sponsored by the Life Members Committee, the Committee on Medical Students and Residents, the Training and Education Committee, and the Membership Committee

Thursday, October 26

2:00 pm-5:00 pm (open)
Clinical Perspectives: Life Members Wisdom: Care Integration for Childhood Sexual Abuse: Posttraumatic Stress Disorder, Heroin, and Other Adverse Outcomes
Chair: Douglas A. Kramer, MD, MS
Sponsored by the Life Members Committee, the Family Committee, and the Child Maltreatment and Violence Committee

6:30 pm-9:00 pm (ticket)
Life Members Reception and Dinner
Diplomat Room, the Omni Shoreham Hotel
Sponsored by the Life Members Committee
Join us at the Omni Shoreham Hotel for this exclusive event for Life Members to enjoy the company of friends and colleagues while mentoring our young award winners as they start their careers in child and adolescent psychiatry. Tickets are still available but must be purchased at Onsite Registration by 12:00 pm on Tuesday, October 24.

Keep Changing the Face of Child and Adolescent Psychiatry

Since 2010, the Life Members Fund has made an investment in 91 medical students and 109 residents through its two grant awards, Education Outreach for Child and Adolescent Psychiatry Residents and Mentorship Grants for Medical Students. You impacted 140 lives, who are and will become the next generation of child and adolescent psychiatrists.

For 2017, the Life Members Committee approved 30 new investments - 13 medical students and 17 residents - who will attend the Washington, DC, meeting because of you!

The achievement to date is remarkable, and we must continue to work together to keep this number growing. We're at a time of great healthcare change, and we must continue to help solve the problems of the future while remembering lessons of the past.



Third Culture Kids: “Where Is Home? Where Do I Belong?”

“The best part of being a Foreign Service kid is that you have friends all over the world; the worst part of being a Foreign Service kid is that you have friends all over the world.” -Adage, U.S. Department of State



William J. Swift, MD

never heard of TCKs, or as they also called “Global Nomads.”

TCKs are children raised in a culture other than their parents’ for a significant part of their developmental years. The first culture refers to the parents’ culture or the nation for which they hold a passport. The second culture references the culture in which they now reside and the cultures in which they have previously resided during their development. The third culture is an amalgamation of all of the cultures that the child has experienced during his or her life. Of course, each TCK is unique because the blend is almost infinitely variable. TCKs is an inclusive term in that it encompasses the children of military officers (e.g., “army brats”), diplomats (“diplobrats”), missionaries (“miss-kids”), international business people (“biz-kids”), and international school educators (“ed-kids”). What these youths have in common is that they have all lived overseas for extended periods of time and that a complex sort of cultural hybridization is at the core of their personal identities.

Ruth Unseem, an American sociologist/anthropologist, began researching this group of young people in the 1960s. Unseem had spent several years doing field research in India with her husband. She noted the enormous impact of the overseas culture experience on

her own children and on other children that she encountered. Thus, TCKs is not really a new concept, but it is largely unknown to child psychiatrists and pediatricians. And TCKs are by no means rare--it is estimated that at least 4 million are currently living overseas on a temporary or permanent basis. Whether we admit it or not, we Americans have become a global people.

Barrack Obama was the first TCK to be president of the United States. Obama was born in Honolulu in August 1961 to a black Kenyan father, Barrack Obama, Sr., and a white mother from Kansas, Stanley Ann Dunham. From 6-to-10 years-of-age, Obama lived in Jakarta, Indonesia, attending Indonesian-language schools. (He still speaks some Indonesian.) From age 10-to-18 years, he lived with his maternal grandparents in Honolulu and matriculated at the prestigious Punahou School as a scholarship student. Obama had never lived in the continental United States (except for one year as an infant in Seattle) until he journeyed to California to attend Occidental College at age 18. Obama has written about the impact of Indonesian and Hawaiian culture on his development. About Hawaii (certainly a different culture from that of the continental United States) he said, “The opportunity that Hawaii offered--to experience a variety of cultures in a climate of mutual respect--became an integral part of my worldview, and a basis for the values that I hold dear.” President Obama had to endure the “Birther” coax, the widespread belief that he was not an American, that he was born in Kenya. Of course, this was total nonsense but a significant minority of Americans believed it. Why? Certainly, one reason was because Obama is biracial and thus suspect to bigoted hearts. But another, I believe, is that he was a TCK: an “other,” an “outsider,” “not like us,” different from us in ways that we don’t



Third Culture Kids: “Where Is Home? Where Do I Belong?”

understand and that threaten us, and definitely not to be trusted. Most Americans are monocultural in outlook while Obama was decidedly multi-cultural.

(Other well-known adult TCKs (or ATCKs) include Secretary of State John Kerry and the actors Willian Hurt and Kathleen Turner.)

All observers agree that one of the most difficult tasks facing TCKs is repatriation to the United States after many years overseas. Typically, this occurs at the time of college matriculation. TCKs are returning to their homeland, but they may have lived in the States for only a few years during their development, or not at all. We have all experienced some degree of cultural shock when visiting a foreign country, but the TCK is prime to experience “reverse cultural shock”--your passport country is a bewildering experience--when he or she re-enters American culture. Following is an illustrative case example.

Emma, a 19-year-old African-American diplobrat, who had just completed her first year of college, requested an appointment to see at my State Department office. Emma impressed me as a very bright, articulate, and engaging young woman. She related that she was facing an important decision: whether to return for her sophomore year of college in the fall, or to join her Foreign Service Officer mother at a remote, hardship African post, or perhaps take a “gap year” in New York to see if the theatre was her true calling. She wanted me to act as a sounding board for her dilemma. Emma’s mother had entered the Foreign Service shortly after her birth and had rapidly risen in the ranks. Emma had lived overseas for her entire life before she enrolled in a prestigious state university in the United States following high school graduation; her immediate family

was small; she was an only child. She experienced a great deal of acculturation stress when she entered college. She knew little of American culture and never found a peer group that she felt comfortable with. Emma told me that she didn’t understand her classmates and their consuming interests in Greek Life, football, beer binges, “hooking up,” and their seemingly complete lack of interest in the greater world. On the other hand, they didn’t seem to resonate with her peculiar interest in eastern European cuisine and her desire to share formative life experiences in places they had never heard of and didn’t dare to imagine visiting. In short, Emma never really found a niche for herself at college. She was often lonely. Her malaise was exacerbated by the all but complete absence of international students and TCKs at her school.

Emma’s mother was African-American who had been raised in a rural community in the South. Her father was a secular Egyptian Muslim living in Cairo; they had divorced in her infancy. While her fellow students at college saw her as an African-American, she did not identify with the African American culture. She subjectively saw herself as a biracial TCK. She had lived in 5 foreign countries with her mother and spoke fluent English, Russian, and some Arabic. I asked Emma if she was a spiritual or religious person, trying to find some ballast a life that had been ever-changing. My jaw dropped when she told me that she was thinking of converting to the Russian Orthodox faith. Emma and her mother had spent 5 years in Russian, and she was enamored of the Orthodox liturgy---the beautiful vestments, the incense, the icons, the ancient traditions.

I asked Emma if she had given some thought to spending time with her mother’s extended family in Tennessee. She told me that was an unworkable idea: “They think I am from Mars.”



Third Culture Kids: “Where Is Home? Where Do I Belong?”

I then asked her about joining her father’s family in Cairo for a while as she sorted herself out. (I was thinking of Erik Erikson’s notion of a psychosocial moratorium.) That was a non-starter too: “My family in Cairo would spend all day and night trying to find a husband for me; I’m not ready for that.”

As our discussion unfolded, it became clear that Emma’s first choice was to venture to New York and live in Brooklyn with childhood friends from her Foreign service days--at least for a while. I mentioned to her that I had heard that breaking into show business was tough sledding, and that she better be prepared to wait on tables in order to earn a living. She agreed with my half-humorous observation but felt that she was ready for a NYC adventure. About 4 months after our single session interview, I heard from Emma via email that she was in New York and was working at a restaurant at nights, while taking drama courses, on a part-time basis, during the day. (It has occurred to me since that NYU—with its extremely diverse student body and many international students--would have been a much better place for her to start college than her well-regarded but monocultural state university.)

Emma’s quandary about who she was and where she belonged was almost certainly rooted both in her status as a TCK re-entering American life and also in the vicissitudes of her personal emotional development as an only child growing up in an extremely complex family situation. (A single session consultation did not provide enough time to even begin sorting this out.) In this article, I have focused on one of the challenges facing TCKs--re-entry into American culture in late adolescence--but I would be very remiss if I neglected to mention the benefits of being a TCK or Adult TCK. There are many, and research studies have

consistently delineated the following:

- 1) Expanded, three-dimensional world view.
- 2) Increased interpersonal sensitivity--TCKs register social norms and cues more adeptly than non-TCKs. Growing up, they have become familiar with the unfamiliar.
- 3) Sophisticated cross-cultural competence.
- 4) Language exposure and facility in several languages. (Being a polyglot seems to open doors to new realms including that of new cultures.)
- 5) Increased tolerance and a more opened-minded approach to people of other races, cultures, and creeds.
- 6) TCKs are much more likely to graduate from college and pursue graduate degrees than non-TCK peers.
- 7) Some studies, but not all, suggest that TCKs have may higher levels of general adjustment as opposed to mono-cultural children.

In this era of globalization, digitalization, and unprecedented international mobility, is it possible that TCKs will be the prototypic world citizens of the future? This a fascinating question, albeit unanswerable now.

If you have further interest in TCKs, I can recommend a book--Third Culture Kids: Growing Up Among Worlds by DC Pollock, RE Van Reken & MV Pollock. This the third edition of the book and was just released in September 2017; published by Nicholas Brealey, New York. Not only does the book review the field but it also provides a lot of practical information for parents and TCKs in easing the inevitable transitions of the expatriate life.

Finally, travel well and safely as they say in the Foreign Service.



Watch of the Owl



John McCarthy, MD

With my recent induction into AACAP's Owl-hood, I reflected on its meaning beyond that I'm now officially as old as Methuselah and have been an active AACAP member since before most members were born. So I rewarded myself by purchasing an original watercolor by Donald Vann, titled "Watch of the Owl." It now hangs/perches on a strategic wall in our bedroom close to a giant potted Norfolk Pine that probably dates back to the Hoover administration. Jane and I feel comforted by its presence. Donald, an extremely talented artist, is a treasured friend and a member of the Cherokee Nation. Humble with a self-deprecating sense of humor, he oozes wisdom personally and through this wonderful painting.

For Cherokees and other Native Americans, the owl symbolizes wisdom, patience, and death. In nature, Owls have keen vision and hearing, especially at night, which helps them to patiently track prey and fly quietly in capturing their victims. I view my role as a certified AACAP Owl as serious and important. Donald Vann's portrait of the Great Horned Owl has helped me to clarify my role as a Senior member as I navigate through Erikson's Stage 9: "Life Cycle completed" and beyond. I hope to mentor younger "up and coming" AACAP members by using my powers of observation to quietly and patiently listen to them in facilitating their personal and professional growth and development, careful to NOT dispense unwanted advice or expect

acknowledgement. This to me is the gist of wisdom. I recognize that my time here on earth is very limited - all the more reason to follow an owl's quiet example.

John McCarthy, MD, is a triple boarded physician who is a member of AACAP's Schools Committee, formerly an Associate Clinical Professor of Child & Adolescent Psychiatry at NYU School of Medicine's Child Study Center where he was Director of Consultation-Liaison and supervisor for the fellows' School rotation.

Dr. McCarthy enjoys writing and has contributed articles to AACAP's Newsletter and AAP's Senior Bulletin. With his wife, Jane, a retired Internist, he enjoys spending time with their five children and spoiling ten grandchildren.



Watch of the Owl



In Memoriam

John O'Brien, MD
Gwen Huffer, MD

July 1, 2017 to September 30, 2017

Jack O'Brien's death led to a discussion as to what the response of the Owl Newsletter should be to the death of one of the Owls. We will continue to have an "In Memoriam" section that lists members who have died.

In addition, we welcome members to write reminiscences as they are moved to do so. We will leave the longer, more formal biographical articles for other venues.

As the evolution of our new policy took place over several weeks, we have two remembrances for Jack. One by Alex Kolevzon, MD, is longer and more formal, and one by Reese Albright, MD, is more focused on remembrances, which is what we will aim for in the future. I might add that for years when Jack and I were at the oral board exams, or at AACAP's Annual Meeting, he would invariably greet me with the same line, "They'll let anyone in here!"

Martin Drell, MD



John O'Brien, MD
(February 25, 1939-July 12, 2017)

Submitted by Alex Kolevzon, MD

I am extremely saddened to share the news that Dr. John O'Brien passed away on July 12. Jack was truly beloved by the thousands of students, colleagues, and families who experienced his generosity of spirit and extraordinary dedication to teaching, supervision, and mentorship over a forty year career as a physician and educator. His passing represents a major loss for the field of Child and Adolescent Psychiatry, and especially for the Mount Sinai community.

Jack graduated from Seton Hall College of Medicine in 1964, completed General Psychiatry Residency at St. Vincent's Medical Center (1967), and Child and Adolescent Psychiatry Fellowship at Columbia Presbyterian Institute for Psychoanalysis Institute (1969). He is also a graduate of the William Alanson White Institute for Psychoanalysis, NY (1977). In 1976, he began his career as an educator in the role of Training Director at St. Vincent's Medical Center in New York. By 1983, he joined the faculty at Mount Sinai School of Medicine, again in the role of Training Director and Associate Director of Child and Adolescent Psychiatry. During that time, also at Mount Sinai, he originated and directed one of the first six pilot Triple Board Programs in the country.

Over the course of his illustrious and remarkable career, Jack has served as the Training Director at St. Vincent's (1976-1983), Mount Sinai (1983-1988), and New York University (1988-1990) and as Division Chief of Child and Adolescent Psychiatry at Elmhurst Hospital, NY (1990-98), Beth Israel Medical Center, NY (1998-99), and the Menninger



In Memoriam

Clinic, KS (1999-2001). In 2001, he returned to Mount Sinai, initially to lead the Therapeutic Nursery Program, and then as Training Director for both the Child and Adolescent Psychiatry Fellowship and Triple Board Program from 2003-2015.

Jack was an accomplished and decorated leader in academic psychiatry and child psychiatry organizations, both in New York and nationally. He was a fellow of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry (AACAP), and the American Academy of Psychoanalysis. He was a Senior Examiner for the American Board of Psychiatry and Neurology examinations in general and child and adolescent psychiatry, and a member of the Editorial Board for the Psychiatric Residency In-Training Examination (P.R.I.T.E.). He held several leadership positions in the New York Council on Child and Adolescent Psychiatry, serving as President from 1982-1983, the New York Society for Adolescent Psychiatry, serving as President from 1990-1991, and AACAP, serving on Council from 1992-1994 and again from 2001 on. In recognition of his efforts, he received the prestigious Wilfred C. Hulse Award of the New York Council on Child and Adolescent Psychiatry in 1993, for lifetime achievement in the field of child and adolescent psychiatry in the New York area, and AACAP's Catcher in the Rye Award in 1998, for individual advocacy for the children of New York City. At the time of his death, he was a member of the Owls and a member of the Life Members Committee.

But most important to Jack was his work as a training director and educator. Jack directly trained over 100 child and adolescent

psychiatry fellows and deeply touched the lives of hundreds more general psychiatry residents, clinical psychologists, and social workers. Over more than 40 years, he taught innumerable courses at every academic medical institution in New York in addition to the William Alanson White Institute for Psychoanalysis and the Topeka Psychoanalytic Institute. He was renowned for his encyclopedic knowledge of child development and consistently won teaching awards for courses on psychiatric evaluation of the child, psychopathology, development, psychotherapy, and perhaps most famous, classical literature in child and adolescent psychiatry. Medical students and residents in general psychiatry would travel from all over the United States to do clinical rotations at Mount Sinai and have the opportunity to learn from Jack. His commitment to mentorship and teaching was unrivaled.

Jack's trainees became colleagues and often friends. Those who knew him well were intimately familiar with his passion for travel, fine dining, and the opera. Jack was a true renaissance man and insisted his friends share his enthusiasm. Opera tickets were a common gift from Jack and accompanied an expectation of a dinner invitation to Craft or a comparably fabulous restaurant. Some might also remember his famous quotes, including the one framed on his clinic office wall: "I would agree with you, but then we'd both be wrong."

Jack will be profoundly missed, and we extend our deepest condolences to his son, Jeremiah, daughter-in-law, Julie, and grandson, Odin.



In Memoriam

Submitted by A. Reese Abright, MD

Conversations with Jack O'Brien were never dull. I first got to know him when I joined the attending staff at St. Vincent's Hospital Manhattan where he was chief of child and adolescent psychiatry and founding director of the child fellowship training program. "I hear you've gone daft," he said when he learned that I would be following in his footsteps after he left St. Vincent's. In the ensuing years I had ample opportunity to appreciate the sturdy foundation of clinical and educational programs he left behind as well as his support and camaraderie throughout the time I was at St. Vincent's and subsequently at Mount Sinai Services Elmhurst Hospital, where he had previously served as director of child and adolescent psychiatry and for whose child fellows he taught a weekly class on psychotherapy until his death.

On a hot July day in midtown Manhattan, a cross-section of his friends and colleagues from a broad swath of teaching institutions in New York City and beyond gathered for his funeral at a Catholic church to celebrate his life and work and mourn his passing. His coffin was draped in an American flag in honor of his service in the United States Air Force. The photographs arrayed on a nearby table offered glimpses of happy moments in his life from childhood on. The priest and a close friend spoke movingly of Jack's devotion to his Catholic faith, which sustained him in his grief through the years after the death of his wife Lois, and his love for his family and captured well his verve, love of opera, and flair for witty and perceptive insights about himself and others.

As they spoke, I reflected on some of my own memories of Jack, which like the photographs

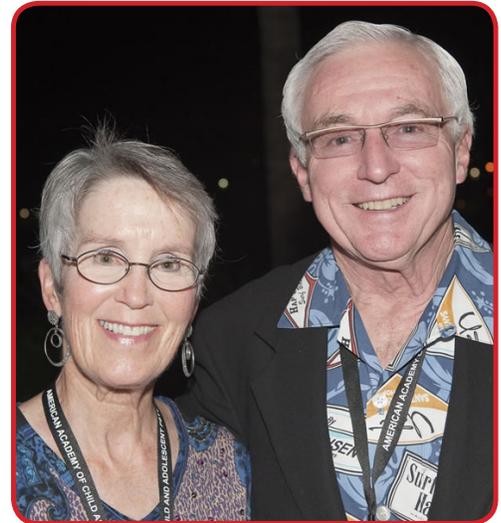
are imbued with his familiar smile and *joie de vivre* but also his seriousness of purpose and dedication to our profession. I remembered the enduring lessons I learned from his expertise and experience as a training director. I remembered his remarks at a meeting in Manhattan after the terrorist attacks on September 11, 2001, when he discussed the way in which his grief when his wife died had led him to a better understanding of the experiences of those who had lost loved ones in the attacks. I thought about the helping hand he extended to the program he had founded when St. Vincent's closed due to financial reasons and we needed to find placements in other programs for fellows who would otherwise have been stranded without positions in the coming academic year.

In what was to be our last conversation, he called to tell me that he had recently been diagnosed with cancer of the biliary duct for which he would be undergoing intensive radiation treatments but that he wanted to continue his weekly class, which met in his home, for the child fellows from Elmhurst for as long as possible. I put down the phone deeply saddened but also inspired by his courage in the face of a devastating illness. His last meeting with the fellows was just two weeks before his death and in their annual evaluation they wrote that his was their "best and favorite" class, a final tribute that echoed the many similar expressions of appreciation and affection he had received over the years from the legion of trainees and colleagues who now join in bidding farewell to and missing this gifted teacher, clinician, and friend.

Dr. Abright is Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai and Director of Child and Adolescent Psychiatry at Mount Sinai Services Elmhurst Hospital Center, New York, NY.



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