American Academy of Child & Adolescent Psychiatry
www.aacap.org

LifeMember

Owl Newsletter

May 2020 e-Newsletter

Inside...

Coronavirus: Personal Observations and Views on Plagues, Mitigation, and Recovery ..... 4 - 7
Thoughts, Magical and Othrwise, on COVID While Waiting for Godot and Anticipating Occasional Bouts of Vertigo ..... 7 - 11
Neologisms 12
The Curious Case of the Ambivalent Psychiatrist Part IV..... 13 - 16
In Memoriam ..... 17 - 18
Donors to AACAP's Life Member's Fund ..... 19 - 20
Life Member's Email 21
Throughout the Years... 24

Quotes of George Orwell (1903-1950)

As I have become angrier and sicker of the politics in America and the media's coverage of it, I find myself thinking more often of the writings of George Orwell. My thoughts are less to his novels (Animal Farm, 1984) that he is most famous for, but of his essays on the use of language in politics ("Politics and the English Language") and propaganda, with its persuasion, misinformation, falsehoods, and lies of various sizes. If you are not aware of these works, I recommend them to you. Until that occurs or doesn't occur, I offer some of his quotes:

- *In a time of deceit telling the truth is a revolutionary act.*
- *The most effective way to destroy people is to deny and obliterate their own understanding of their history.*
- *Who controls the past controls the future. Who controls the present controls the past.*
- *Power is not a means, it is an end. One does not establish a dictatorship in order to safeguard a revolution; one makes the revolution in order to establish the dictatorship.*
- *In our age there is no such thing as 'keeping out of politics.' All issues are political issues, and politics itself is a mass of lies, evasions, folly, hatred, and schizophrenia.*
- *Each generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it.*

COMMITTEE

Richard L. Gross, MD

Cynthia R. Pfeffer, MD

Perry B. Bach, MD

Marilyn B. Benoit, MD

Martin Drell, MD
Editor

John E. Dunne, MD

Joseph J. Jankowski, MD

Allen Mark Josephson, MD

Paramjit Toor Joshi, MD

Douglas A. Kramer, MD, MS

John Schowalter, MD

Ellen H. Sholevar, MD

John B. Sikorski, MD

Rob Grant
Managing Editor

Reilly Polka
Production Editor

Get involved - submit articles for the Owl Newsletter!

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 June 15.

Martin Drell, MD

Quotes of George Owrell (Cont.)

- *Political language… is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind.*
- *If liberty means anything at all, it means the right to tell people what they do not want to hear.*
- *The very concept of objective truth is fading out of the world. Lies will pass into history.*
- *Early in life I had noticed that no event is ever correctly reported in a newspaper.*
- *A people that elect corrupt politicians, imposters, thieves and traitors are not victims, but accomplices.*
- *If you want to keep a secret, you must also hide it from yourself.*
- *·People sleep peaceably in their beds at night only because rough men stand ready to do violence on their behalf.*
- *We know that no one ever seizes power with the intention of relinquishing it.*

Having listed all these mis-quotes, I would add that many of the above quotes are misquotations of what Winston actually said or are paraphrased so as to make the quotes pithier and punchier. To paraphrase and misquote Oscaqr Wilde, "Imitation, misquoting, and paraphrasing seems the highest form of flattery. Churchill was truly a master of the English language."

Coronavirus: Personal Observations and Views on Plagues, Mitigation, and Recovery

Cynthia Pfeffer, MD

Cynthia Pfeffer, MD

My initial plan for a topic for this, my first co-chairs article of 2020, drastically changed as a result of the novel Coronavirus pandemic. This co-chairs column discusses many of the issues related to the novel Coronavirus pandemic, which started in China and arose in Italy and Spain. In January 2020, the first infestation of cases in the United States and South Korea were reported. The data about the progression of the spread this viral scourge is dramatic.. At the time of writing this article on April 15, 2020, these were the following Coronavirus cases and deaths: 2,034,425 cases, and 133,261 deaths worldwide; 619,607 cases, and 27,760 deaths in the United States; and in New York State, a Coronavirus epicenter, 107,263 confirmed cases, 6,589 confirmed deaths, and 10,367 confirmed or probable deaths. A record number of 799 deaths in one day in this state occurred on April 8, 2020. The United States has the largest number of cases and deaths compared to other countries worldwide; the United States accounts for four percent of the world's population, and 30 percent of Coronavirus cases. Data described in this article is from Johns Hopkins University and the World Health Organization.

"Social distancing" by maintaining a distance of at least six feet away from another person, and "social distancing" by staying at home are the current main methods of preventing the spread of the Coronavirus. At the time this article was written, public health models suggest that ending social distancing will create a resurgence in rates of new cases and number of deaths due to Coronavirus. As a result, ending social distancing may not be possible until the year 2022. Presently, there is no proven pharmacological treatment, such as a vaccine, to counteract contracting a novel Coronavirus infection. The United States health care system is overwhelmed in identifying and treating serious ventilators for seriously ill Coronavirus-infected people and personal protective equipment (PPE), such as masks, gowns, and Coronavirus testing kits. Valiant workers comprised of doctors, nurses, technicians, medical aides, ambulance drivers, police, firefighters, maintenance workers, and supply sources are providing the means to save lives of those suffering from Coronavirus. Risk for illness and death are greatest among the elderly, men, and disproportionally high among African Americans. Strain on people's economic conditions is caused by workers not at their jobs.

In our modern times, it is surprising that the novel Coronavirus pandemic occurred and that we are essentially unprepared to confront this medical problem effectively. Prior to the novel coronavirus pandemic this year, there have been four pandemics in the last 100 years. In my second year medical student epidemiology course, I learned that the largest pandemic death rates in the last century was the 1918 H1N1 virus pandemic that killed 50 million people worldwide and 675,000 people in the United States, and the 1957-1958 H2N2 virus pandemic that killed 1.1 million people worldwide and 116,000 people in the US. Subsequently, there was the 1968 H3N2 virus pandemic that killed one million people worldwide, and 100,000 people in the United States, and the 2009 novel H1N1 pdmo9 virus pandemic that killed 151,800-575,400 people worldwide and 12,469 people in the United States.

When I was a child, I heard my parents talk about the polio epidemic that peaked in 1952, and of its tragedies of permanent paralysis or death afflicting children from families my parents knew. I felt scared about getting polio and its paralyzing possibility. At the time, there was only symptomatic treatment and no means to prevent this devastating illness. I was comforted by my parents who talked about the importance of maintaining isolation to prevent getting sick from polio. I trusted my parents' ability to protect me from this terri-

ble illness and it's sad outcomes. Notably, in 1955, Jonas Salk, MD, developed a vaccine to prevent polio, which enabled the eradication of polio in the United States.

More recently, the tragedy of epidemic deaths caused by HIV/AIDS during the 1980s and 1990s occurred. This illness was discussed throughout the news media, books, movies, and plays, which immortalized the tragic deaths of people who contracted HIV/AIDS. The epidemiology of this illness indicated that intimate sequel interactions promoted the contagious pathway to developing AIDS; and that protection methods during sexual activity were beneficial in preventing/contracting AIDS. No effective pharmacological interventions were available during the initial HIV/AIDS epidemic. Fortunately, over time, pharmacological research produced multiple medication treatments to combat the symptoms of HIV/AIDS, and enabled sufferers from this chronic illness to live long lives.

Now, we are confronted by the risk of contracting the novel Coronavirus infection, and the main means to prevent this illness is isolation. This mitigation appears to be working in New York State, which has the largest number of cases and deaths in the United States. Evidence of the beneficial effects of mitigation in New York State was a plateau at the peak level of cases, and slight declining in deaths and new cases in the last few days. However, the number of cases and deaths continue to be high; there was a day in which 2000 deaths from Coronavirus occured in the United States. It is hoped that soon it will be possible to ease some of the current mitigation methods in this "battle" against new Coronavirus cases arising. The United States has reached a point this week when every state is under a Disaster Declaration for the first time in United States history.

Anthony Fauci, MD, Director of the National Institute of Allergy and Infectious Diseases, indicated that the United States can begin decreasing mitigation and open the United States to less public health restrictions when it is possible to test, isolate, and trace people for exposure to the Coronavirus. Use of antibody testing will enable identification of people who had evidence of Coronavirus infection and who may be able to stop isolation and return to the community at large. I live across the street from Bellevue Hospital—one of the city hospitals in our nation that is renowned for several centuries of helping people of all nationalities suffering life threatening illnesses—including those ill with Coronavirus.

zRecently, every evening at 7:00 PM, neighbors living near Bellevue Hospital began opening their windows and clapping as a genuine salute for the fine care provided to patients at that hospital. Bellevue is a hospital where I trained as a medical student and pediatric intern. I currently work at Weill Cornell Medical Center-New York Presbyterian Hospital. Patients suffering from the novel Coronavirus illness filled these and all other hospitals in New York City. To date, the main prevention of infection from the novel Coronavirus is isolation. Vaccines against influenza viruses were developed to prevent influenza virus illnesses; it is hoped that in the near future, a vaccine will be developed to prevent infection from the novel Coronavirus. At this time, I follow

the guidelines set by the United States Center for Disease Control and my State Governor, which suggest that at the present time, isolation is the best preventative method by which to combat infection from the novel Coronavirus. I have remained at home for the last three weeks and will continue to do so as indicated by public health experts. When I occasionally venture outside, I wear a face mask. I repeatedly wash my hands methodically to decrease risk of Coronavirus infection. Thankfully, I am in contact with my family, friends, and patients who I treat via telemedicine techniques.

What are lessons learned during the novel Coronavirus pandemic in the United States? Public health guidelines should be followed by everyone in the United States as a means of preventing infection: Stay at home, follow social distancing (minimum of six feet away from others), wash hands frequently, wear masks when out of one's home, and monitor one's temperature if not feeling well. Parents are to become a "protective shield" for their children by helping their children to abide by the basic public health guidelines described above, and by providing support, showing love, creating a calm home life; educating children about the Coronavirus pandemic with age-appropriate concepts; guiding their children to understand what is happening during the period of their changed life situation; comforting and decreasing their children's fears about getting sick or dying, and worries about the welfare of their parents; helping to ensure that their children remain healthy; enabling children to cope with being out of school and doing school assignments at home; and coping with disappointment in not seeing their friends.

On April 12, 2020, Mayor of New York City, Bill De Blasio, announced a comprehensive program, "Partners in New York City Schools Remote Learning" for which several major United States corporations will provide means of enabling all New York City school children to have modern supplies to do their learning at home. Specifically, companies that will donate school supplies are: Apple for iPads; T-Mobile for LTE internet and data for devices; IBM for educational apps and software; Microsoft, Google, Prutech for apps and tools for interactive learning; NTT, FedEX, UPS, and Delux for shipping technology and other materials directly to students; and New York, Brooklyn, and Queens Public Libraries for apps with access to book collections. This is a remarkably enormous contribution to New York City's children's educational welfare and development. A significant challenge to activate this educational donation for children is to ensure that costs for continuing connectivity to these computers can be maintained so that interactive learning is actualized for all children.

When most people were observing the stay at home and social distancing directives from state governors, Dick Gross and I sent a supportive email message on March 26, 2020, to all Life Members suggesting the importance of keeping in contact with other Life Members as one way of alleviating a sense of isolation. We stated that "we strongly encourage you to reach out to other life members to enhance your social and emotional enagegement. Say hello and start a conversation. Reach out with a message of hope. Let your colleagues and community know that they are not alone. Remind them of what a strong support network the Life Members community is, and that they are in your thoughts. Most of all, assure each other that we are not going through this difficult time alone… We hope through this effort, that we can support and help each other as we get through this together."

Life Members are a most important bulwark of AACAP, having spent their professional lifetimes working to better the health and welfare of children and adolescents and training/mentoring young psychiatrists. We, on the Life Members Committee, are

pleased to hear from you. If you wish, please send us a message about how you are and what you are doing and any tips you have about coping with the novel Coronavirus pandemic. You can send your message to the Life Members Committee at the following email address: Owls@aacap.org. I certainly learned the importance of reaching out to others while I am isolated in my apartment and away from my usual activities.

I strongly hope that the Life Members are coping well with this pandemic, and I look forward to hearing from you at this unique and troubling time. The activity of communicating with other Life Members can be most memorable and, importantly, helpful to other Life Members. Please stay healthy and in good spirits.

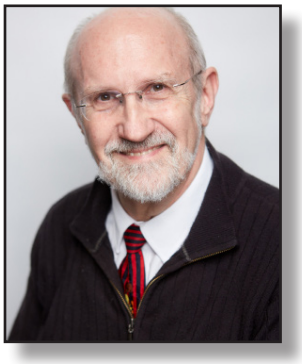
"*There is hope in dreams, imagination, and in the courage of those who wish to make those dreams a reality.*"—Jonas Salk

Cordially,

Cynthia Pfeffer

Thoughts, Magical and Otherwise, on COVID While Waiting for Godot and Anticipating Occasional Bouts of Vertigo

Martin Drell, MD



Martin Drell, MD.

"Be Kind! Everyone you meet is carrying a heavy load,"—Ian McLauren

Throughout a recent virtual seminary focused on COVID-19, I continued to have associations between this pandemic and Hurricane Katrina. The fact that the two were resonating with each other made me want to think more about their similarities and differences. Why was I not associating COVID to the numerous other large-scale societal crises like Vietnam, the Oil Crisis of the early 70s, the Dot-Com-Bust, 9/11, or 2008, all of which I lived through? That seemed simple, as COVID and Katrina impacted me more personally and have had more meaning to me. I am sure that others may be having associations with other crises, like my friend from New York City who lost 20 friends to the Twin Towers on 9/11. My associations turn to my thinking to the old saying, "what's the difference between ham and eggs?" To the chicken, it's a contribution, while to the pig, it is a commitment. All crises have special meanings to those living through them.

Katrina and the current COVID crisis are similar in that they specifically affected my life as a doctor, in addition to family, friends, and finances. The other events all led to worries, whereas Katrina and COVID led to uncomfortable levels of anxiety, often to the point of being overwhelming. During Katrina, I suddenly began to have occasional bouts of vertigo in the morning upon getting out of bed. Gosh, that's an awful feeling! Gosh, what a wonderful somatic metaphor for when one's world is literally spinning. The bouts came and went and still happen rarey during times when I am under great stress. They are "markers" to me that I need to figure out what I am stressed about. I now know to get up slower from bed and if I have any semblance of vertigo, to stare at my finger until the nystagmus abates. I have had no vertigo yet during COVID, but have had the "aura" of it a few mornings, so I get up out of bed slowly just in case.

My circumstances today are much different than during Katrina—I am 15 years older! If you believe the song "What a Difference a Day Makes!", can you imagine the impact of a decade and a half of days? During Katrina, I was much younger and not in a "major risk group." How did that happen?

At the time, I was the clinical director of a large mental health hospital system. I evacuated the day before Katrina with the hospital's staff and patients based on a predetermined plan that was established after a previous hurricane, during which there were many logistical problems. Due to this pre-planning, I did not actually have the honor of directly living through the storm in New Orleans.

I had a job to do then and did it. That made things simple for me as a "workaholic" who was not married, and whose children no longer lived at home. I had few of the struggles over "work-life balance" issues so focused on in these times. There was an immense amount of work to do which was just fine for me as "doing things" is one of my major defenses against anxiety. I was fighting the good fight. I worked late hours and was quite creative and proud of myself for problems that I had a part in solving in response to the stunning lack of resources at the time.

Remember that, unlike during COVID, during the early stages of Katrina, there was no internet or phone access, as many of the phone towers and other equipment had been damaged. The infrastructure continued to be compromised for some time. It was especially disturbing that in the early aftermath of the storm, many patients, including younger patients, did not know where their families were nor had the means to contact them. Many worried that their families were

dead. These worries were fueled by the initial news reports that claimed a much higher death toll as well as "general unrest" in New Orleans.

The other staff, who evacuated with me, handled things in their own ways and clearly had different circumstances and defenses. I was lucky that my house did not flood. It dawned on me that it was because my "uptown" house was in an older area near the river, where the land and housing costs are higher. When I bought my house, I did not choose it for that specific reason. Unfortunately, many of the other staff and the families of our patients were not so lucky or affluent.

We all ended up in Jackson, Louisiana, in the Dorothy Dix building of an old rural state hospital. We, meaning the doctors, formed into a "band of brothers and sisters." We still talk fondly of the "specialness" of those times when fellows and attendings lived in the same buildings, dressed casually, and broke bread and worked together in a less hierarchical manner.

Katrina, early on, posed many questions for me, like: Would I get a paycheck? And if so, how would I get it? When would New Orleans re-open so that I could check my house for damage? Would New Orleans be rebuilt? Would the state be broke and dismantle or de-prioritize the mental health infrastructure? Would I continue to have a job? Would my staff have jobs? I was not being overly paranoid as several faculty who worked at other hospitals such as Charity Hospital, which closed, were laid off when their salary lines vanished. Before Katrina, I had never heard of "force majeure" clauses in contracts. I do now, and still worry about their impact.

It was at first unique, living in a small rural town with one grocery store and gas station, which was noted most for its excellent boudin balls. I loved my trips to the grocery store and to the gas station. That uniqueness wore off quickly, especially when New Orleans began opening up to traffic and I was able to go home on the weekends. The change was wonderful, although things in New Orleans were in severe disarray with destroyed homes, and thousands of blue tarps covering holes in people's roofs. Early on, few restaurants were open, and those that were often closed suddenly due to lack of staff. Sounds a little familiar, doesn't it?

As I write more, stories about Katrina—known to many by its first initial K—come flooding back. Ironically, going to the grocery store during COVID is just as unique an experience as during K, but with more anxiety—even with my mask and gloves. The thought of dying from COVID came upon me while recently shopping at Walmart. Somewhere deep in the recesses of my mind, I had the thought that it would somehow be better to die of a virus received at the Whole Foods. Bias and capitalism strike again!

After nine months of evacuations in Jackson, LA, several of which were due to political wavering concerning what to do with my hospital, I returned and continued to have endless things to do, especially as my hospital became the first public mental health hospital in New Orleans to re-open—largely due to the fact that it was, like my house, on high ground near the river. It had previously been an LSU-staffed facility, solely for children and adolescents. Now, it added on adult units with LSU and Tulane faculty. Katrina, as they said, brought us all together!

I was proclaimed a hero by some. I liked this, and gained from this career-wise, but I was uncomfortable. I contended that I was just doing my job, and I knew full well that I could have done more. I

was equally uncomfortable that my saying I was just doing my job was further proof to many that I indeed was a hero, and a humble one at that! During COVID, I am clearly not a hero, unless you consider that I have been forced to learn many new computer skills in a short amount of time.

I note that COVID is occurring during our age of positive psychology, relaxation, mindfulness, resilience, and post-traumatic growth. This, plus social media has led to widespread proclamations of categories and classes of heroes with public accolades, reinforcements, and tokens of appreciation. The latest of numerous daily "positive" emails sent to me was titled "Our Heroes Rise Up!"

Katrina was a circumscribed event that affected just one area of the US. COVID-19 is an equal opportunity crisis that has affected everyone in the world. This sense of everyone being linked together seems different, especially as our nation has been so fractious and divided of late. I note sadly that the fractiousness seems to have returned quickly as the US wrestles with the issues of re-opening the economy. Money and health collide once again.

In Katrina, as hopefully will happen with COVID-19, things slowly improved—or should I say got less bad—along with my bouts of vertigo. In some cases, things just changed, perhaps not for the better. On a related historical note, a few years later, my hospital, as I had initially feared, was indeed closed, creating another mini crisis for me that was considerable at the time due to my fears with regards to my overall position and salary. In my best, Cassandra "I told you so" stance, I proclaim that I wasn't being paranoid! I just had my time frame wrong!

The current COVID crisis proves to be even more anxiety provoking to me. The idea of "invisible" things spreading insidiously that can kill you, especially if you are older, does little for my not very well-repressed death anxiety. To be truthful, I am not thrilled with being over 70 in the first place. To have people specifically worry about my due to my age is horrifying and embarrassing. Several friends actually yelled at me to stop seeing patients early on because they didn't want me "to die"!

A macabre part of me likens COVID to the neutron bomb—an enhanced radiation weapon that was designed to kill people but leave the physical infrastructure. Unlike during Katrina, the physical infrastructure has remained intact during COVID. All the devices that have proliferated in the last 15 years—internet, Wi-Fi, smart phones, social media and other electronics—have remained working for better and worse. The never ending COVID stories about what could or should happen drive me crazy, as does the endless flow of official agency COVID emails that are sent to me each day. They are too long and too redundant and tend to blend together. I seldom get to the end of them despite their importance. They add to my sense of fatigue and malaise.

In the past month, I have gotten calls from people inquiring about the condition of New Orleans as it is allegedly approached its peak. They all said that they heard about New Orleans on the news and were worried about me. I tell them that frankly, I do not know. I do not work in any of the hospitals rendering medical care, nor do I know many people who work in them. I hang around the mental health types. There is certainly less traffic, and few outward signs of how things are going. There are no "walking dead" slowly ambulating outside to let me know how bad things are. Until three weeks ago, I knew of no one with the virus. Now I do, but it is no one I really know. It is friends of acquaintances. I

fear this will change soon. When it does, I suspect this will be a different crisis, as my healthy denial is further challenged. I read about what's happening in the hospitals through the media just like those who call me. In the meantime, I read that the New Orleans Convention Center just opened up with 1000 extra beds. That seems ominous. Part of me knows this will further challenge my generally resilient defenses. At some point, will they falter? Will my vertigo return? At some point, will I spike a fever and begin to cough? My seasonal allergies, which mimic some of the symptoms of COVID-19 certainly compound my anxiety.

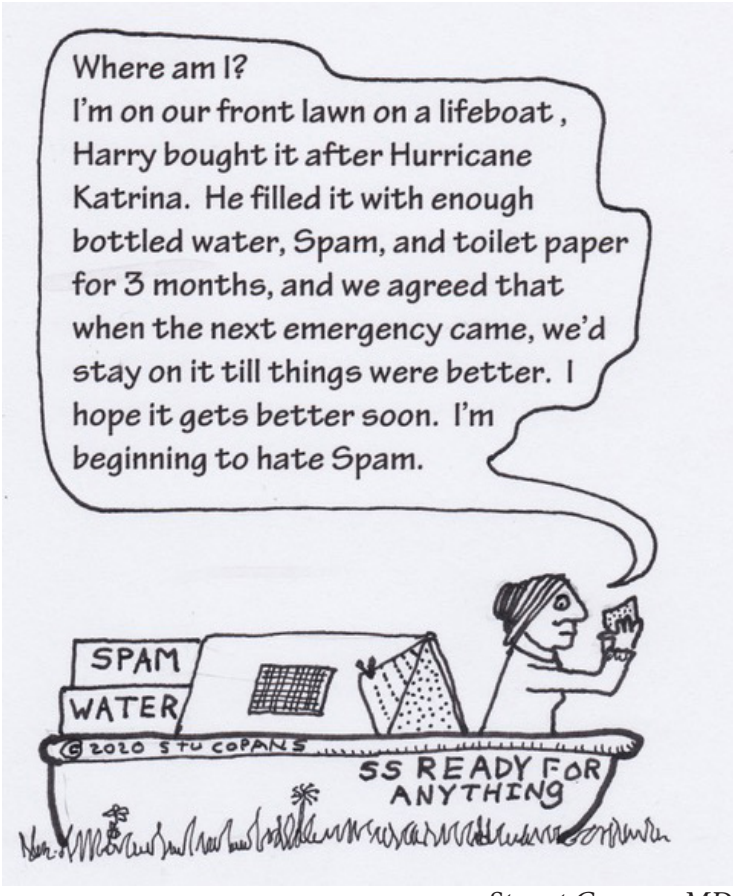
Sometime a few weeks ago, I also realized that this is the first time in forty years that I was not administratively "in charge" of something that would help focus my workaholic defenses. Realizing this, I also realized that I am now compulsively setting up projects for myself—like writing this column. It takes my mind off my existential plight. I remind myself that there will be no new columns if I am dead, but there will be ones in queue that I am compulsively writing now. Thankfully, it appears that it doesn't matter what I am doing, as long as I keep myself busy and distracted while I wait for Godot and his invisible minions.

Post-Script 1: As I made the first edit on this column, I was told that a good friend had been hospitalized with COVID. So much for that magical, ostrich-like defense! As I did the third edit, my friend was on a ventilator. As I did a 4th re-edit, the good news came that he is off the ventilator As I did the 6th edit, he is out of the ICU and going to a step down facility. By the time of this edit, he is back home. At some crazy level, I feel that my edits somehow contributed to his recovery and that I could now send my column to be published. Perhaps my magical defenses do work.

Post-Script 2: My therapy practice is doing quite well. Many past patients have called for sessions. I use various digital platforms. This old dog indeed can learn new tricks. My therapy, as always, illustrates to me how everyone responds to crises in their own unique ways. Last week, I had two patients, one in high school and the other in college, who both expressed concerns as to whether their current hand washing would lead them to have OCD when they are older! Is that really their biggest concern?

Request:

I would love to hear from the Owls on how they have been uniquely affected, for better or worse, by the COVID-19 crisis. Please send stories concerning your experience to owls@aacap.org.



Stuart Copans, MD

Neologisms

John T .Mcarthy, MD, DFAACAP

The Washington Post in its Annual Neologism Contest, asked its readers to take any word from the dictionary, alter it by adding, subtracting, or changing one latter, and supply a new definition. Here are this year's winners as announced in the February 6, 2020 issue.

AND THE WINNERS ARE:

IGNORANUS (noun): A person who's both stupid and an asshole.

2 BOZONE (noun): The substance surrounding stupid people that stops bright ideas from penetrating. The bozone layer, unfortunately, shows little sign of breaking down in the near Future.

3.CASHTRATION (noun): The act of buying a house, which renders the subject financially impotent for an indefinite period.

4.SARCHASM (noun): The gulf between the author of sarcastic wit and the person who doesn't get it.

5.INOCULATTE: (verb): To take coffee intravenously when you are running late

Submitted by John T. McCarthy, MD, DFAACAP

Peter R. Cohen, MD

Author's Note:

Because of COVID-19, large parts of the final episode of this story were rewritten. This highly infectious and lethal virus has forced a global change of priorities and a new perspective. In a crisis, the normal act of retirement seems trivial compared to our fundamental need to survive and be safe.

To summarize the story so far, Doctor Jack Gilliam is an aging child and adolescent psychiatrist at a standstill about continuing his livelihood. He reaches out for advice from his beloved great uncle "Reg" Shropshire, an esteemed emeritus psychiatrist renowned for expressing neither more nor less than what's required to make a point. A chat between the genetically related professionals transforms into three meetings, which assumes the structure of a psychiatric evaluation. They must first establish the ethical and personal boundaries of one relative helping another. This includes payment for Dr. Shropshire's services, a reasonably ample slice of Death-By-Chocolate Ice Cream Cake.

After gathering a history and conducting a mental status examination, Dr. S. presents his analysis of Jack that is long on developmental considerations and short of diagnosis and clinical jargon. In brief, Jack's ambivalence about retirement has multidimensional determinants. It includes his having a slow-to-warm-up temperament, his being ensconced in the normative Ericksonian psychosocial stage of integrity versus despair, and his dysphoric-obsessive fretting about possible physical and mental decline. Regarding psychodynamic and diagnostic issues, Reg views his great nephew as "a recovering passive-aggressive, obsessive narcissist. But what psychiatrist isn't?"

And with that brief recap, plus a thanks to Marty Drell for his patient, spot on editing, we wrap up this tale...

PART FOUR: Dr. Reg Shropshire's Recommendations Concerning Dr. Gilliam, The Latter's Response, Followed by an Epilogue

Jack Gilliam here. The date: Thursday, August 15, 2019. The time: 2:00 PM.

At our final meeting my great uncle was as upbeat as an Oxford professor perched in a wing-back chair with book in hand awaiting his afternoon tea. Before serving my beverage and biscuit, he slapped the report in my palm as if it was the baton for a mile long relay race. He shook his head and grinned, as if to say, "Run with it, old sport. It may be personal but do not take it personally." Then his mood shifted. He pouted his lower lip, which I easily translated as, "And where, pray, is your side of the bargain?" If you topped his forlorn Ashkenazic head with a curly wig, fit him in an oversized trench coat, and presented him a bicycle horn, he could double for Harpo Marx.

Without pause, I dashed out to my car and returned with a cooler containing not one but two boxes of ice cream cake to sate his desire. Anticipating the staff would both accuse me of sabotaging his diabetic health and then pillage his longed-for booty, I suggested his donating one container to his caretakers and secreting the other in his mini-fridge for a late night indulgence. I also imposed a proviso. "Keep your glucose monitor, insulin, and candy bar nearby." He acknowledged me with a naval salute.

Between relishing bites of the chilled chocolaty confection, I perused his findings which possessed a brevity, levity and pungency to complement our dessert.

Reg's Recommendations:

When is the appropriate time to move our patients on, to shed one's obligation to those in need, to enter the realm of retirement? No evidence-based algorithm exists to inform the prudent or the foolish when to seize the day and face a challenge, be it grand or trifling. We are similarly befuddled about when's the precise moment to ground a recalcitrant teenager or battle with superiors who are unabashedly off their rockers.

Yet, I shall bestow upon Dr. Gilliam three atoms of advice about resolving ambivalence:

One: Timing **IS** everything.

Therefore...

Two: Do not dither. Even a late bus stops and resumes its course in under a minute.

Nevertheless...

Three: Do not rush past yourself and embark on rash action. Reduce your anxiety a degree to permit your thoughts to coalesce with the clarity of crystal.

My Response:

Despite craving a second serving, I set my dish aside. "This is how you distilled three days of concentrated brain-wringing? Into...?"

Reg knotted his brow and pointed to a number on the laptop screen. "100 words. A new record." He lowered his head and locked his gaze onto mine, his means of saying, "So much for your first reaction. Pray, what's the next one?"

Dumbstruck, I reread his recommendations until they sank in. "All right, dammit. You wrote what I already know."

He raised his eyebrows and shoulders.

I averted my eyes. "Last night, I admitted to my wife I ought to stop wasting time, retire now and complete my unfinished projects before my powers of concentration dissolve into the exosphere. After we said goodbye, I was too wound up and couldn't fall sleep. So, I created a spreadsheet of the sequential tasks for closing down my practice. Notifying each patient, the insurance and malpractice companies, licensing board, referral sources, et cetera. In three months everyone will have found a new provider with none overlooked or neglected."

Reg shook his head as if to say, "Did you really require my insight to calm your psychic disequilibrium?"

"I had to see you. Most of all, to see you one last time, you know, before...."

He turned his palms upward, kissed his fingers and touched the mezuzah on the portal of the door.

"Uncle Reg, do you ever plan to speak again?"

He took a long breath. "When there's something to say."

Epilogue

Saturday, February 15, 2020, 10:00 PM

Maggie Dumont, the head nurse from the Marx Retirement Home was on the line. "Doctor Shropshire had requested in writing my contacting you directly if something significant occurred." The speed of her delivery and her shaky voice told me enough about the fate of my uncle. Then she coughed. "Excuse me. I'm recovering from a nasty chest cold. But that's beside the point. Where should I start?" Another dry cough. "Four weeks

ago, my husband and I embarked on a wonderful 40th anniversary cruise to the Far East. Two weeks later, almost to the day I resumed my duties, your relative started a slow course of decline." Cough number three. "My goodness, I hope I didn't infect him."

"Is he..?"

"--We're so sorry. Everybody here sends their deepest condolences." Silence. "He expired by the time we reached him."

"What!?"

"His temperature read 103 at 6 AM today. He had a non-productive cough and was sweating profusely. His blood sugar was acceptable for a diabetic. I ran to the nursing station and notified the doc on call. By the time I returned, he had double-locked his doors and barricaded them with sofas and tables to block every entry. He was coughing in spasms. Then an envelope appeared from under the door with the words,

DO NOT TOUCH WITH BARE HANDS!

"I fished a pair of gloves out of my pocket. The note inside said,

I'm being attacked by an invisible hellion. Upon my life, do NOT enter under any circumstances without gloves and masks—and NO flimsy ones.

"The attending concluded he was probably delirious and delusional. We agreed to call for an ambulance to transport him to the ER. Meanwhile, Reg slipped us another paper."

Instruct the staff, EMTs and police, if they fail to follow strict infectious precautions, they might as well imbibe hemlock.

"My only option was to obey and remain calm and practical. I tried to distract him by asking if he'd care for something to eat, including—I know it's absurd—some of his sugar-free chocolate, chocolate chip ice cream. His next note said,

Do not bother, dearie. My taste buds are defunct. When I am gone, please avail yourself of all my goodies.

"Twenty minutes later the police broke down the doors. We found him immobile on the floor." She was sobbing. "He crashed. No vital signs. I feel like I failed him."

"Not at all, Mrs. Dumont. And thank you for all you've done. I know he respected you."

"Really?"

"Yes. He was an exceptional doctor with the gift to suspect that the worst was about to happen. And you did obey, gloves and masks?"

"We never had a choice. All the time I was his nurse, if I refused to grant him a sugary chocolaty snack because of his diabetes, he'd shake his finger at me and say"—she tried to imitate his Standard British English accent—'My dear, one is mandated to heed the dictums of a physician, in or out of charge.' The man was incorrigible. By the way, we're still sizing up the situation about having a funeral. He arranged to be buried nearby, but whatever killed him spread so rapidly through our units, we must adhere to the utmost precautions. He'd haunt us from the grave if we didn't. Oh yes, one last thing. I found a note peeking out of his shirt pocket. The scribbling was so unlike his precise handwriting, a committee had to decipher it. We figured the dear man took a horrible turn in no time. Here goes:

'M. Dumont, suffice it to say, I did not go gently into that good night. Nor was it conceivable to amend this acute course. Therefore, do not compel yourself to jostle me about. Let go and carry on. R.'"

Let go and carry on? Not so easy, Uncle Reg.

*

Tuesday, February 18, 2020, 10:00 AM

Zoom was not a word lodged in Reg's lexicon. Nor did it correspond to the leisurely pace of his online memorial service. The participants' remarks reminded me of my first important "take home" lesson from our psych resident's intro to psychotherapy. We were struggling to understand the existential and behavioral dynamics of resolving a person's conflict and ambivalence. The instructor was Sonia Nevis, a graceful, gray-haired presence with the voice of a poet who never wrote a book but influenced an entire generation of therapists through her teaching. A student asked, "How do you finally let go?" Dr. Nevis grabbed her own arm and said, "You have to hold on before you let go."

With all deference to Reg and Sonia, I believe one can let go—retire—and still hold on to one's ambivalence about giving up the confounding, yet compelling and gratifying profession of coming to the aid of another.

*

Monday, February 17, 2021, 8 AM

A year has passed since my great uncle's death. I'm sitting in the gym of the local recreational center, a ready responder donned in full PPE gear, waiting for the first scheduled group to be vaccinated. Families file in six feet apart, masked and gloved. A second grade lip-biting girl fixes her eyes on her mother and partner who didn't cry, tears up because the injection hurts a little, then lights up about her two rewards. She chooses one from a box of fruit bars and another from a stack of brand new chapter books. Next door, they will pick up their weekly ration of food and apply for the new insurance plan. In two months, she'll be swinging in the playground next to her best friend, improvising a song about how as soon as she arrives home, she'll draw a picture of her orange and white sneakers sitting on a cotton white cloud in a deep blue sky.

Barbara Geller, MD
April 21, 1939 - May 8, 2020

Barbara Geller, MD, was born on April 21,1939 and passed away on May 8, 2020 in St. Louis, Missouri at the age of 81 after a brief illness. Dr. Geller joined the faculty at Washington University School of Medicine Department of Psychiatry in 1991 as a professor of child psychiatry and became professor emerita in 2009. Prior to arrival at WUSM she had appointments at New York University-Bellevue Medical Center, the University of Rochester Medical Center, Wayne State University in Detroit and the University of South Carolina School of Medicine in Columbia, S.C.

Dr. Geller earned a bachelor's degree in 1960 from Barnard College at Columbia University and a medical degree in 1964 from Albert Einstein College of Medicine, both in New York City. She completed a residency in psychiatry and a fellowship in child and adolescent psychiatry at New York University-Bellevue Medical Center. Her pursuit of medicine and psychiatry was entirely self-directed as she was the first physician in her family. When she chose to retire in 2009, she was at the height of her academic career.

From the time of her arrival in 1991, she was one of the department's leading investigators, educators and clinicians, and she was internationally recognized for her research on childhood bipolar disorders. She was the recipient of the first National Institutes of Health (NIH) research grant award to study mania in childhood, the "Phenomenology and Course of Pediatric Bipolar Disorders" study.

During her long and productive career, she was principal investigator on extensive National Institute of Mental Health (NIMH)- and National Institute on Drug Abuse (NIDA)-funded research, including pioneering studies on clinical identification, longitudinal follow-up, family psychopathology and pharmacological treatment of manic and depressive disorders in children age six or older. Dr. Geller was lead investigator on the national NIMH-funded, multisite project "Treatment of Early Age Mania (TEAM)," the first large-scale, federally funded pharmacological treatment study of childhood mania.

She pioneered pharmacokinetic studies of antidepressants in children and adolescents as well as pharmacological studies of lithium for child bipolar depression. More than 100 researchers from numerous universities worldwide came to Dr. Geller's laboratory to train in research methods for diagnosing mania in childhood and to learn her adapted version of a child psychiatric interview with an extensive mania module (WASH U K-SADS).

Dr. Geller served on or chaired more than 55 federal advisory committees at NIMH, NIDA and the Food and Drug Administration (FDA), and she published more than 130 articles on childhood manic-depressive disorders. She served on multiple editorial boards, including the Journal of the American Academy of Child and Adolescent Psychiatry, the NIMH Psychopharmacology Bulletin, and Biological Psychiatry. In

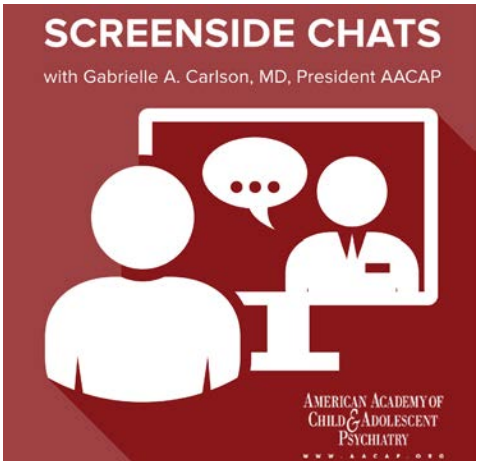
her retirement she remained active in the field writing editorials in the New England Journal of Medicine's "Journal Watch" for Psychiatry until 2019. She also wrote fiction under a pseudonym.

Her philanthropic work included serving on the board of directors and as chair of the Professional Advisory Board of the Child & Adolescent Bipolar Foundation. She served on the scientific advisory board of the National Depression and Manic-Depression Association and on the scientific advisory council of the National Association for Mental Illness.

Among her major awards were the Nathan Cummings Special Research Award from the American Academy of Child and Adolescent Psychiatry, the Exemplary Psychiatrist Award from the National Alliance for the Mentally Ill and Outstanding Scientist Award from the Alliance for the Mentally Ill of Metropolitan St. Louis. Dr. Geller was a Distinguished Life Fellow of the American Psychiatric Association. Based on her years of accomplishments at WUSM, she was chosen as the honorary "Grand Marshall" in the commencement for Washington University in 2011.

She was widely respected as an innovator in child mental health research and a very careful methodologist. She was a fiercely independent woman and strong minded thinker who achieved great academic success long before

women had a significant foothold in science. Her discoveries will impact the lives of children for decades to come.



AACAP is pleased to present **SCREENSIDE CHATS**, a brand new product created to share timely information from member-experts on key topics during the COVID-19 pandemic we currently face from AACAP President Gabrielle A. Carlson, MD.

Stay tuned each Wednesday for new episodes on the latest topics with experts in the field!

Listen to and watch **SCREENSIDE CHATS** by visiting aacap.org/ScreensideChats, or download on the App store and Google Podcasts!

Donors to AACAP's Life Members Fund

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

$1,000 to $2,999

L. Eugene Arnold, MD
Joseph J. Jankowski, MD
Ellen H. Sholevar, MD

$500 to $999

Ralph Gemelli, MD
Gail Arie Mattox, MD
G. Michael Schmits, MD
Lewis W. Sprunger, MD
William J. Swift, III, MD
Joel P. Zrull, MD

$100 to $499

Thomas F. Anders, MD
Alfred M. Arensdorf, MD
Eileen Bazelon, MD
Myron L. Belfer, MD, MPA
William H. Beute, MD
Lawrence Brain, MD
Gabrielle A. Carlson, MD
Ryo Sook Chun, MD
Stephen Wood Churchill, MD
Charles E. Cladel, Jr., MD
Lorna J. Clark-Rubin, MD
Toni Cleaver, MD
Andrew Cook, MD
Richard Deamer, MD
Angela Del Muro, MD
Douglas C. Dicharry, MD
John E. Dunne, MD

Continued

Phillip L. Edwardson, MD
John William Evans, MD
Victor M. Fornari, MD, MS
Frank M. Gatti, MD
Henry J. Gault, MD, SC
Ralph Gemelli, MD
John P. Glazer, MD
Romulo F. Gonzales, MD
James Granger, MD
Dr. Richard and Mrs. Carol Gross
Dennis C. Grygotis, MD
Douglas B. Hansen, MD
Robert Harnick, MD
Gordon Harper, MD
Jose M. Hernandez, MD in Honor of Beverly Sutton, MD
Michelle Hirsch, MD in Memory of Perry Hoffman, MD
Anthony H. Jackson, MD
Steven Jaffe, MD
Michael Jellinek, MD
Wun Jung Kim, MD, MPH
Harvey N. Kranzler, MD
John Lingas, MD
Melvin P. Melnick, MD
W. Peter Metz, MD
Nirmalam Nagulendran, MD
Cantril Nielsen, MD
Joanne M. Pearson, MD
Cynthia R. Pfeffer, MD
Charles R. Privitera, MD
Mark Reber, MD
Graham Rogeness, MD
Daniel Rosenn, MD
Herschel D. Rosenzweig, MD
Howard Rudominer, MD
James A. Ruggles, MD
Laurence R. Saben, MD
Alan Paul Sandler, MD
Robert L. Schmitt, MD in Memory of Joe Green, MD

Donors to AACAP's Life Members Fund

Continued

Diane K. Shrier, MD
William Stark, MD
Eric Steckler, MD
Jeffrey Sverd, MD
Carrie Sylvester, MD, MPH
John A. Traylor, MD
Stephen E. Warres, MD

Up to $99

Irmgard Borner, MD
Frances Burger, MD
Calvin Colarusso, MD
Louise Desgranges, MD
Reza Feiz, MD
Geraldine S. Fox, MD
Charles Robert Goshen, MD
James Granger, MD
Frederick Hebert, MD
Martin Josephson, MD
Arnold Kerzner, MD
Joseph Lupo, MD
Felix Maldonado-Rivera, MD
James A. Margolis, MD
Zenaida Mata, MD
Judith Hood McKelvey, MD
Thomas M. Murphy, MD in Memory of Tarlton Morrow, MD
Richard A. Oberfield, MD
Ibrahim Orgun, MD
Robert Racusin, MD
Andrew T. Russell, MD
George L. Wing, MD

1953 Society

Anonymous (5)
Steve & Babette Cuffe
James C. Harris, MD & Catherine DeAngelis, MD, MPH
Paramjit T. Joshi, MD
Joan E. Kinlan, MD
Dr. Michael Maloney & Dr. Marta Pisarska
Jack and Sally McDermott
Patricia A. McKnight, MD
Scott M. Palyo, MD
The Frank A. Roberto, MD, Family
Diane H. Schetky, MD
Gabrielle Shapiro, MD
Diane K. Shrier, MD & Adam Louis Shrier, DEng, JD

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.

February 2020 - May 2020

This is a copy of the Life Members email sent on March 26, 2020, as the first wave of the Coronavirus Pandemic hit the United States. We hope it continues to find you well.

AACAP Member Email

Stay Informed www.aacap.org

Dear Life Members,

On behalf of the Life Members Committee, we're reaching out to say hello and offer our best wishes. We hope that you are staying well during these trying times.

In an effort to alleviate the isolation that comes with social distancing, we're encouraging life members to stimulate discussions among other life members. The national mandate to maintain and practice social distancing to prevent the spread of the virus is necessary for the good of the entire population. However, this may be difficult and burdensome for many of us.

Life members are the most vulnerable group to the ravages of the Coronavirus. The measures put in place to help prevent the spread of COVID-19 are particularly important to our entire life-member community.

During this extraordinary time, we recommend practicing self-help to promote a positive personal emotional state, while maintaining and practicing social distancing.

We strongly encourage you to reach out to other life members to enhance your social and emotional engagement. Say hello and start a conversation. Reach out with a message of hope. Let your colleagues and community know that they're not alone. Remind them of what a strong support network the life members community is, and that they're in your thoughts. Most of all, assure each other that we're not going through this difficult time alone.

Also, we want to hear from you about how you are and what you are doing. If you wish, please send a brief note to owls@aacap.org. We'll share your messages with the committee and our community. We hope through this effort, that we can support and help each other as we get through this together.

Life members are among the most cherished in AACAP. Our role in mentoring younger child and adolescent psychiatrists is invaluable. The wisdom of the life members is enormous. We most sincerely wish you very good emotional and physical health.

Cordially,

Cynthia Pfeffer, MD
cpfeffer@med.cornell.edu

Dick Gross, MD
rlgrossmd@gmail.com

American Academy of Child & Adolescent Psychiatry

www.aacap.org

James J. McGough, MD
Program Chair

Anita Kishore, MD
Local Arrangements Chair

Thomas F. Anders, MD
Local Arrangements Chair

AACAP 2020

67TH ANNUAL MEETING

October 19–24
San Francisco, CA

Visit www.aacap.org/AnnualMeeting-2020 for the latest information!

Save the Dates

New Research Poster Deadline:
June 4, 2020

Preliminary Program / Hotel Reservations:
June 15, 2020

1953 SOCIETY

Your Legacy. Our **Future.**

For more information on how to become a member of the 1953 Society and the difference a gift in your Will can make, contact the Development Department at development@aacap.org or 202-966-7300 ext. 140.

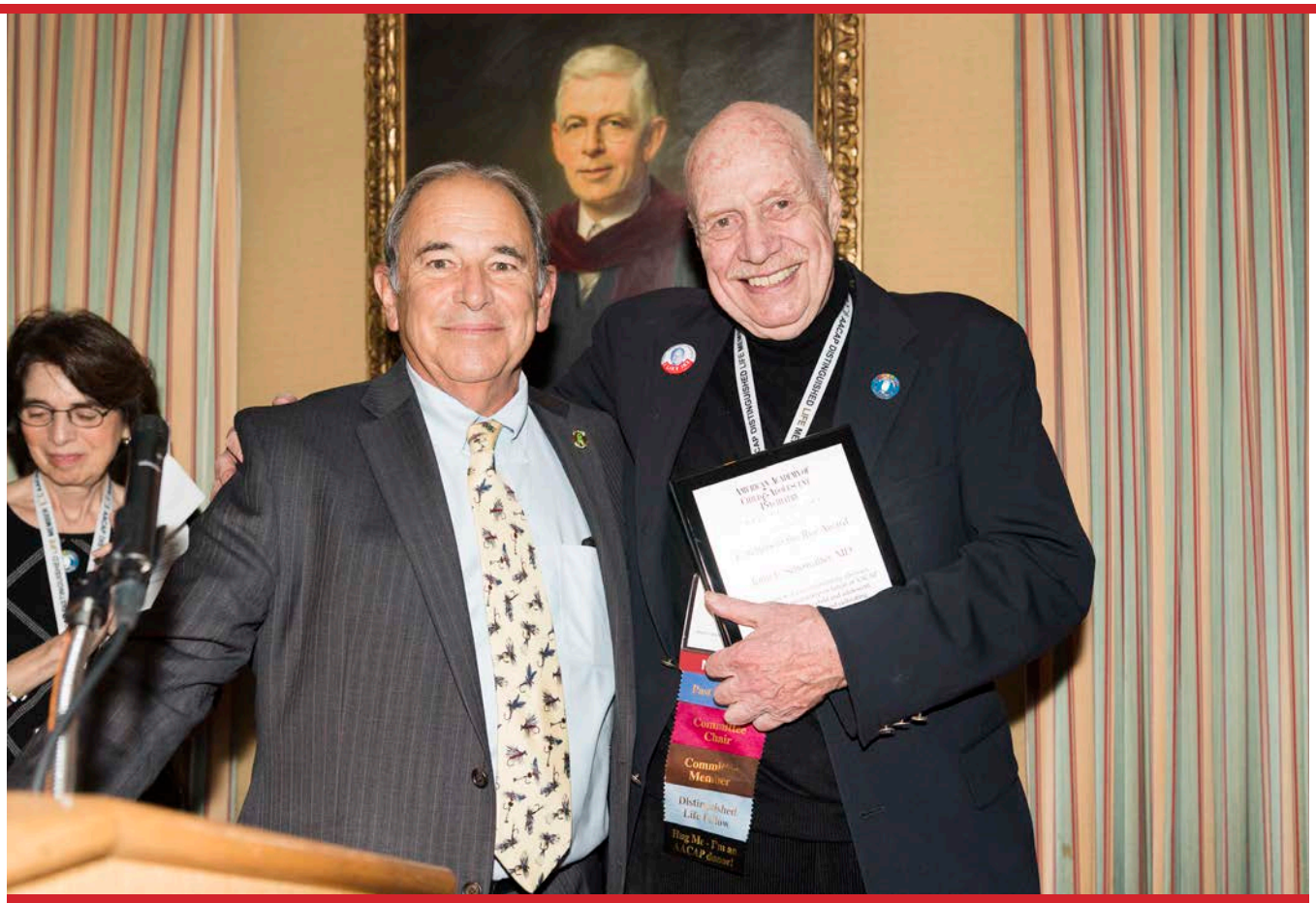
AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

Make a **Donation**. Make **Hope**. Make an **Impact**.

Child mental illness is a complex issue that needs urgent attention, long-term vision, and new financial resources. When you become an American Academy of Child & Adolescent Psychiatry **Hope Maker** with a monthly donation, you are helping us to tackle this issue head on.

Please consider a **Monthly Hope Maker Gift**

- You will be investing in the next generation of child psychiatrists, who will lead in innovative research, training, and treatment.
- Your recurring monthly gift will allow us to plan ahead with confidence and maintain a consistently excellent level of programing throughout the year.
- Your gift is safe, automatic, and effective.

HOPE MAKER

It's easy to sign up: just visit www.aacap.org/donate or give us a call at 202-966-7300 ext. 140.