LifeMember
OWL NEWSLETTER

Winter Edition 2022 e-Newsletter

Credit: Harvard Business Review, October 2020

Welcome to the Winter Edition of the Owl News!

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

Health & Wellness Quotes

"Those obsessed with health are not healthy; the first requisite of good health is a certain calculated carelessness about oneself."

— Sydney J. Harris

"A calm mind brings inner strength and self-confidence, so that's very important for good health."

— Dalai Lama

"It's important to point out that mental health is more about wellness rather than sickness."

— Matt Purcell

"I have chosen to be happy because it is good for my health."

— Voltaire

"Our bodies are our gardens – our wills are our gardeners."

— William Shakespeare

"Self-care is not selfish. You cannot serve from an empty vessel."

— Eleanor Brown

"Today is your day to start fresh, to eat right, to train hard, to live healthy, to be proud."

— Bonnie Pfiester

"A healthy attitude is contagious but don't wait to catch it from others. Be a carrier."

— Tom Stoppard

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IN THIS ISSUE

Gaslighting: Casting Light on a Phenomenon 03
By Martin J. Drell, MD

Life Members as a Resource for Articles about Grandparents 06
Kim Masters, MD

A Psychiatrist's Guide to Writing in Retirement: Part II 07
Peter Cohen, MD

AACAP 2022 Toronto: So Long & Thanks for the Memories! 10
Clarice Kestenbaum, MD

Happy Talk & Toxic Positivity 11
Martin Drell, MD

Can We Reduce Poverty in the United States? 15
John Dunne, MD

Poetry Corner 17

Donors to AACAP's Life Member's Fund 21

AACAP Policy Statement on Coercive Interventions for Attachment Disorders 23

Member Photos 24

COVER ART:

The United States faces a mental health epidemic. Nearly one in five American adults suffers from a form of mental illness. The nation is confronting a critical shortfall in psychiatrists and other mental health specialists that is exacerbating the crisis. AI vendors also must deal with the acknowledged limitations of AI, such as a tendency for machine learning to discriminate based on race, gender, or age. But as long as appropriate safeguards are in place, there are concrete signs that AI offers a powerful diagnostic and therapeutic tool in the battle against mental illness.

– Harvard Business Review, October 2020

Gaslighting: Casting Light on a Phenomenon

By Martin J. Drell, MD

The Oxford Dictionary named gaslighting as one of its most popular words of 2018.

Martin J. Drell, MD

My patients are aware of this and keep bringing gaslighting up in therapy. Most tell me they feel like they have been or are currently being gaslighted. It is clear that this is not a good feeling. The patients, mostly women, feel like they are victims and that they all want to know how to deal with it and, better yet how not fall prey to it in the first place. Shifting perspectives, one male patient guiltily admitted to gaslighting his past two girlfriends. He wanted to know why he did it and how not to do it again.

Gaslighting was one of those terms that I wouldn't like to be forced to intelligently explain. It was on my list of things to read about, but I kept putting off doing so, as no one actually asked me to explain it. Then still another patient brought it up on the same day that I read that the long awaited (17 years) Dixie Chicks' (now just the Chicks) album was entitled "Gaslighter" in honor of the lead singer's ex-husband. I had clearly been sent on a mission by circumstances to learn more about this phenomenon.

Gaslighting is defined as a form on psychological manipulation involving victimizers and victims in which a person or a group sews seeds of doubt in a targeted individual or group causing them to question their own memories, perceptions, or judgments. If successful, it undermines thinking and subjective reality and thus, can lead to cognitive dissonance, confusion, anxiety, depression, low self-esteem, somatization, and disempowerment in its victims.

The victimizers, for their part, manipulate via the use of misdirection, contradiction, misinformation, and invalidation.

The term comes from a 1938 play by Patrick Hamilton, a British playwright. The successful play was subsequently made into a British movie in 1940 followed by a more famous and better made American movie in 1944 that was directed by George Cukor and starred Charles Boyer and Ingrid Bergman. In this classic film, Charles Boyer marries Ingrid Bergman after a two week whirlwind affair. They move into the London townhouse of her deceased aunt and guardian, a world famous opera singer, who Ingrid used to live with until the aunt's violent murder during an aborted robbery ten years before. Strange events immediately begin to occur after the marriage. These events include hearing footsteps, missing objects, and the dimming of the gaslights. The Charles Boyer character suggests that these events are all figments of his wife's imagination. She is left wonder-

ing if she is going insane. He does not dissuade her from her doubts. He continues to question her sanity, isolates her, and ultimately plans to have her institutionalized. The gaslighting continues until the intervention of a Scotland Yard inspector (played by Joseph Cotton) who admired the aunt and fancies her niece. He unmasks Charles Boyer as the villainous murderer of the aunt who had returned to the scene of the crime to find the jewels that he could not find at the time of the murder.

The legal sounding and narrow concept of gaslighting seems to focus on a victimizer who consciously manipulates a victim for some sort of conscious gain. In the 1944 movie, the Charles Boyer character is clearly a criminal. The term "gaslighting" seems associated more with women as the victims. Many articles attribute this to pervasive societal influences on women, their roles, and their personalities. Those that believe in societal influences contend that the process of gaslighting can involve males as the victims, even though when this occurs, the men are reluctant and ashamed to talk about it, as this would violate their societally assigned masculine roles.

Psychodynamic explanations involve the projection of content by the victimizer onto the victim who interjects what is projected via projective identification. The ubiquity of the use of projections, introjection, and projective identification has led me to think of gaslighting less narrowly and more along a continuum. To do so expands the concept to include variations that fall along a spectrum of well-known and related interpersonal interactions such as personality disorders (sociopathy/narcissism), racism, fictitious disorder by proxy, folie a deux, brain washing, child abuse, bullying, and co-dependency. The process of "grooming" used by traffickers and child predators came to mind, as did the tactics of cult leaders and dictators. The spectrum might also include RD Laing's concept of demystification, Winnicott's Concept of the False Self, and many psychological aspects of feminism and the male gaze. One also might think of Orwell's theories on the use of propaganda and "the Big Lie," which causes people began to believe lies when they are stated often enough with great vigor.

Special mention should, of course, be made to the Stockholm syndrome, a condition that can occur when abused people begin to identify with their abductors in a positive manner. This syndrome was coined after a 1973 bank robbery in Stockholm in which four hostages were taken and held captive for six days. After the hostages were freed, they failed to cooperate with police and even raised monies for their abductors' defense lawyers. These events have been depicted in a 2018 movie called "Stockholm" with Ethan Hawke and Naomi Rapace.

The ease in coming up with related concepts made me turn to how gaslighting in contemporary politics. I immediately

related to many friends and patients who railed against being gaslighted by President Trump. This quickly led to associations to advertising, falling in love, and normal parenting. It did not pass my notice that most of these phenomena involved power differentials' such as those implicit in the relationships of children and their guardians. In this regard, cannot these underlying defenses and coping mechanisms be used for good instead of evil? If there is such a thing as "good gaslighting," does that mean one isn't a victim?

The literature lists the control strategies used by gaslighters. They include withholding and controlling information, countering/invalidating information, verbal abuse (often couched as joking), denial, diversion, diagnosis, trivializing, minimizing, and undermining. All these can make the receiver of the gaslighting doubt and to not feel good about themselves. The victim responds usually in logical ways that ensure that the cycle continues and worsens. They respond with initial disbelief followed by subsequent defensiveness to what the gaslighter says and attempts to maintain the attachment. The latter response leads to the often heard question as to why battered wives don't leave their marriages. Attachments are complex and difficult to extricate oneself from, especially if children are involved. In certain situations, the victim can actually agree with the strategies used against them and apologize to their gaslighter. They may make excuses and vow to do better the next time. They may even become hyper-vigilant and hypersensitive so as to better follow the commands/wishes of their gaslighter. The pervasiveness of these patterns of behaviors is reinforced by statistics that show that gaslighting is prevalent in 30-40% of relationships. I suspect that the only thing that has changed in the past few years is that the word is now more well-known and used. I note that despite being well known, my patients remain quite inarticulate at explaining in detail what they mean when they say they are being gaslighted.

The literature is quite straight forward, and to me, oversimplified as to how to treat this phenomenon. The treatment involves:

• Being aware of the phenomenon, especially the narrowly defined description that involves one party consciously manipulating another for a specific goal. Psychoeducation and Google searches can assist in this regard.

• Having the victim be aware that it is occurring.

• Monitoring the process over time in order to identify patterns of behavior and one's responses to them.

• Check for the usual signs and symptoms.

• Involving yourself in a "healing" relationship that can provide validation for how one is feeling. This might include therapy, support groups, and friends.

• Think about the part in your process, even though you may find it difficult to do, as both parties may be locked in mutually self-reinforcing interactions.

• Try to change one's relationship if possible.

• Be prepared to give up the relationship if your attempts to change fail, leading to a worsening of the situation, and increasing risk. It is clear that leaving is difficult to do, especially in important, albeit flawed relationships. As one patient told me "It is better than the loneliness!" Professional help may be especially helpful at this point, especially as the relationship is often linked to other past important, yet flawed relationships with past significant others, especially with one's family of origin stretching out through numerous generations. ■

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Life Members as a Resource for Articles about Grandparents

By Kim Masters, MD

The December 2022 issue of the JAACAP featured an article on a proposed scientifically based Journal written in text understandable to parents. The goal is to provide them with articles created in a peer reviewed Journal couched in understandable presentation and language.

The link to the JAACAP article is: https://www.jaacap.org/article/S0890-8567(22)00114-9/fulltext

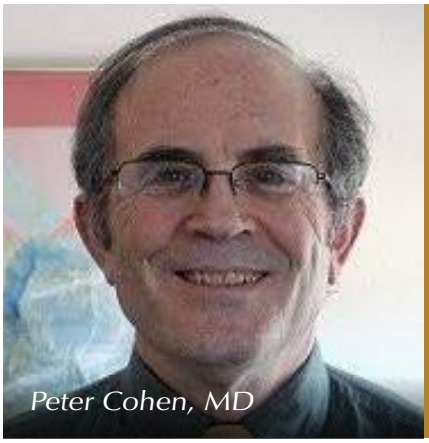
Although the Journal is not yet in its final form, including articles from grandparents' perspective would be valuable. In my clinical works, I have observed grandparents influencing psychiatric treatment of their grandchildren through opinions expressed directly to the family, and covertly through positive, ambivalent, or negative attitudes toward mental health consultations. I am certain that you also have seen examples of this especially in communities where grandparents are integrated into the life of the family. For example, Marty Drell wrote a OWL Newsletter article in the October 2017 Issue which explored Grandparenting both as a personal and an evidenced based set of profound advice.

There is a plethora of advice about pediatric mental health available online. However, there is a dearth of evidenced based data to evaluate these recommendations.

Our Life Members would be in an ideal position to author, promote, and encourage the development of articles on Grandparent issues given their own clinical and personal experiences.

One goal of this submission is to create a forum for these grandparent articles. The editor of this new Journal is Gal Shoval, and his email is: shovgal@tauex.tau.ac.il

The other goal is to see if there would be an interest among Life Members in having a forum for discussing Grandparenting from both a personal and an academic perspective. The organization and activities of the group should be developed by participants and possibly include periodic audio and/or video discussions, emails, and in person discussions at the annual AACAP meeting. Whether it should be under the auspices of the OWLS or should be simply an independent group of Life Members, should become clear as the forum membership developed. Thank you. ■


Peter Cohen, MD

A Retired Psychiatrist's Handbook to Writing Fiction

Part Two: Learning to Write Fiction

By Peter Cohen, MD

In the last Owl issue, I discussed how I developed a comic novel about an angst-filled college-bound boy who is betrayed by his closest friends.

(A full summary is in the August/September 2022 Issue).

I'm continuing the Q&A format to lay out what it takes to pen something that I hope is readable and literary.

1. If could travel back in time, what would you say to your younger writing self?

Kid, you shoulda started earlier. Now you gotta a ton of catching up to do. It takes years to perfect the art of telling a story, and enough to rid as many embarrassing, clunky and pretentious sentiments as you can from your system. You also have to put your disappointed, hypercritical, berating superego in a corner on time out—the one that says commonplace drivel resembles genius compared to your piece of dreck.

2. From a cognitive-behavioral perspective, wouldn't you inspire yourself more by "framing" your advice in a positive manner?

Agreed. Youngsters need that type of reinforcement. So let me add, "Once you rid yourself of all that "dreck," you might free your mind to write something that hits the mark." But you're still missing one thing. You can't deter a kid with a deep desire to express his passions on paper. Whether or not he succeeds in the marketplace and with the professional critic depends upon a level of maturity, hard work, timing, and luck.

3. What about being gifted?

A wonderful romantic notion. Even the talented composer Stephen Sondheim said you have to create…

"Bit by bit, putting it together
Piece by piece, working out the vision
night and day
What it takes is time and perseverance
Dealing with details along the way."*

4. How was the process of editing your book?

Sometimes enthralling, often painstaking, tortuous on occasion, but ain't that creativity. After penning the whole book without correction or censor, I uploaded the document into an admirable online editing application (or app) called Autocrit..** The first "setting" I had to select was genre, and in my case, fiction. According to the program's algorithms, my work compared well to celebrated novels, but needed improvement.

I can instruct the app to analyze my work in terms of pacing, momentum, dialogue, word choice, repetition, readability, grammar, or the one I started with: "strong writing." My task was to come up with a new word, phrase, or paragraph that had a rolling rhythm or syncopation and was closer to the intent of the narrative. As a result, I increased the accuracy of description and dialogue.

5. Did you plot out the novel out ahead of time or improvise as you went along?

You're referring to how fiction writers view themselves, as either "plotters" or "pantsers." I had the luck of asking Colm McCann, one of my favorite writers, this same question. He said, "I always outline my plot first. But when I'm in the act of writing, I'm flying by the seat of my pants." I side with Mr. McCann.

6. Give us an example of how you edited your first rough draft?

Where else to begin but with the opening sentence. Modern readers expect a "grabber," a one-liner or two to interest them into wanting to read on about a character's crisis. In the background, Autocrit reminds me of the following factors: overuse of adverbs, too many passive indicators, inconsistency of tense, not enough "showing" and too much "telling", cliches and redundancies, and unnecessary filler words.

Here's the original opener with my comments in [brackets]:

Jimmy Issacs drew in enough air to squeeze out a whisper. "I've got to get out of here."

[Jimmy's emotions are too involved, too precious. Read aloud, the passage still possesses a cramped rhythm. It needs to flow impaired. The app didn't complain much but reminded me of the tense consistent. To me that means staying in the here and now, when the promise of insight and behavioral change for Jimmy is most possible.]

And here's the current sentence, about ten years and ten revisions later:

Jonah Issacs storms into the house on the verge of committing an act against his nature.

[This sentence flows better. It meets my objective of depicting the comedic nature of angst and hints at the saving grace of not being too earnest. Jonah will need this as the plot elements pile on top of him. Concerning his change of name: it reflects two biblical characters: Jonah, the reluctant prophet. Isaac, a patriarch always a bit behind the curve, whether instructed to prepare an altar unaware that his father was about to sacrifice him on it or being manipulated by his sons, Jacob and Esau. The new name also doubles down on his being Jewish. The app had nothing else to point out.]

7. So, what acts he might resort to out of desperation?

Your answer's in this next sentence:
Like howling at the moon, slamming a series of doors, grinding his teeth against dental advice.
[These options suggest he's in a fight-or-flight mode: howling like a wolf, tantrumming, or turning inward. The two sentences suggest he's a self-conscious and perturbed older teen, hesitant to act, and slow to warm up. But I lessen the tension with some humor about grinding teeth as an act of defiance.]

8. From what is he suffering?

In the third sentence, a somatic symptom:
Anything to rid a stabbing pain in his chest that won't let up.
In conclusion, my hope is that these three sentences stoke the reader's curiosity: What's making Jonah suffer and what can he do to stop it?

9. A cynic would say you're just playing around with words.

That's no problem if you believe creative writing is a genuine form of adult play. You let your imagination run amok, improvise on it, wing it, build it into a structure. It's akin to the challenge of treating an inhibited teen or adult in psychotherapy: how do you free up the imagination, let it run loose, and encourage sense, memory, obsession, and action to take the stage in a coherent and integrated way.

10. So writing is therapeutic?

Yes, but it's not therapy. I'm trying to express a set of truths about the pain of growing up rather than how to resolve them. As for therapy, I think of Philip Roth's most controversial novel, "Portnoy's Complaint." A very sexually screwed up man relates his perverted life story with his analyst, Dr. Spielvogel. Not until the novel's conclusion, in response to Portnoy's climactic primal scream, does the

doctor speak at last: "So. Now vee may perhaps to begin. Yes?"

11. Are there therapeutic benefits to modeling a character after someone real?

Like me? Yes. Through character and plot I'm trying to understand my perplexed and perturbed confusion about the quirky, ham-handed sexual and intimate wrong-headed goings-on of relatives, friends, couples and ne'er-do-wells. What drove them to go out of their way to boss around a timid and hypersensitive tyke like me?

12. How would you respond to someone who says you're exploiting a troubled Jonah by inserting him in a base and seamy part of American culture, the burlesque house?

I always intended to set the action in an extreme and outrageous setting—in this case the Hudson Theater—and infuse it with a dream-like quality. I amplified this dreaminess by playing around with time by squeezing the ongoing à la James Joyce, between one sunset and sunrise. In only a few hours, that raucous theatrical atmosphere jolts young Jonah into confronting anxieties he'd rather avoid.

From a psychological perspective, I think dreams spur us either to resolve or bury our inner turbulence and deepest wishes. The irony is that in this most unlikely theatrical setting, he's surrounded by people who shoot straight with him, don't coddle him and invite him to play along.

13. Why did you choose a burlesque house during wartime as your novel's setting?

It was a semi-respectable place where "anything goes." The paying customer reveled in humor run rampant and women donning sizzling fashions that exposed skin and fabric in equal amounts. For a couple hours, he or she can ignore the threat of fascism and war coming to our shores. It also sparks in the unconscious all sorts of fantasies, longings, conflicts and anxieties about sex and intimacy without also causing shame. And make 'em want to return for more.

This and other types of "lower end" of entertainment, however, point to an enduring, fascinating and problematic element in our culture: their effect on children's and adolescent's psychosexual development. Our challenge is how we can guide and protect children from this overexposure of objectified sex.

14. Which leads to my next question. In choosing the theater as the center of action where stripping spurs ticket sales, aren't you portraying women as sex objects?

I would if crass titillation was my only goal. I wanted to highlight instead the varieties of sexuality and intimacy displayed onstage and offstage between the performers and other characters. In the midst of this strange and now obsolete venue, a mild-mannered, slow-to-warm-up, non-assertive Jonah gets permission to figure out what's good for him, what he should stand for and what he needs to reject. I also make sure the women are tougher and smarter than the men they adore or the men who adore them. That was how they compensated for employment opportunities being restricted to being a housewife, spinster, teacher or in wartime, riveter.***. During that era, Eleanor Roosevelt was either lauded or lambasted for her advocating charity and equal legal justice.

15. How do you cope with not getting published so far?

Though chances are slim for traditional publication, I'd rather go through the vetting process of finding an agent, a solid editor and a publishing house, than self-publish in "the vanity press." I honor the tradition and expertise of professionals who preserve the art of the written word. Hungering for fame in having a work published is an illusion. Norman Mailer thrived on notoriety, but is no longer in style. Yet, if being recognized for a book ups my chances of conversing with authors and professionals I revere, I'll take it. Better yet if my novel passes critical muster, enough people want to read it, and it's praised more than panned. ■

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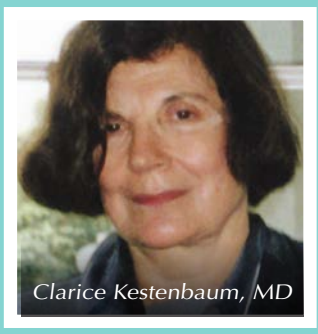
**"Putting it Together" from "Sunday in the Park with George," music and lyrics by Stephen Sondheim.*

***Search for AutoCrit.com to learn more about its features, including a free version and a variable price structure. Note: No monetary or other benefits received for my mentioning the program.*

****The 1981 documentary, "The Life and Times of Rosie the Riveter"*


Clarice Kestenbaum, MD

AACAP 2022, TORONTO: SO LONG & THANKS FOR THE MEMORIES!

Clarice Kestenbaum, MD

It was such a joy to come together for a week in Toronto for that marvelous meeting and celebration. I so enjoyed seeing old friends and making new ones, and I feel extremely optimistic about the young researchers, clinicians and medical students as well as about the future of our field. An enormous **"Hip hip hooray!"** and **"Thank you!"** to the entire AACAP staff and family!

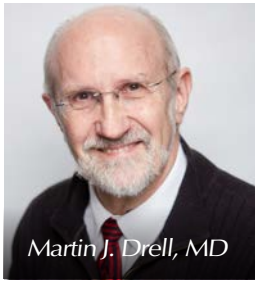
Thank you Clarice for all you do to help children and families everywhere! You're OUR hero!

Please click on link below or highlight and paste into your browser to see the video from the conference.

https://www.youtube.com/watch?v=p1ulzyk_ElY

Happy Talk and Toxic Positivity

By Martin J. Drell, MD



For years I have been noting the increase in the use of what I call "Happy Talk." By this I mean the use of positive complimentary exchanges between people in public places. I clearly remember at the beginning of my career when each question during the Question and Answer sessions at meetings was not responded to with the phrase; "That's a good question!" At first, I attributed this to small cohorts of extremely polite human beings, but the practice became so prevalent that it seemed to be more than that. Had there been some protocol change that I missed? Did it perhaps go to my spam account? Had there been an outbreak of very polite presenters? I would clarify that my awareness of this phenomenon predated the current wave of political correctness. Perhaps it was in its early prodromal stages?

At first, I was not particularly averse to this practice. It seemed harmless enough.

As it continued, it became more pervasive and then the norm, I realized that there did not seem a correlation between the quality of the questions being asked and the response that was monotonously the same.

Having been raised by a particularly non-complimentary set of parents who had high standards with regards to levels of discourse, this general effusiveness was viewed a near relative to lying. As such, I was uncomfortable and irritated. I found myself saying to myself there are no such things as dumb questions, just dumb people. I would occasionally share my internal snarkiness with exceptionally good friends just to see their responses. They noted the same trend. Their feedback immediately verified for me that the norm was now that one needed to say that all questions were good, great, superb, or thought provoking. I noted over time that this "Happy Talk" generalized and that the accompanying discussions became equally as good, great, superb, or thought provoking. Could it be that my standards were somehow rising, or was it that I was becoming an irritable curmudgeon as I aged, or was this just another example of there being no good ideas that are not eventually overgeneralized and misapplied over time? Was this a gigantic cognitive distortion?

I was pleased to find that my observations are shared by Fran Leibowitz, arguably another curmudgeon, who on a 12/12/21 segment of CBS's Sunday Mornings commented that she feels that about ten years ago audiences at cultural events like the ballet became "over enthusiastic" and prone to erupt into cheers at the mere appearance of the dancers before they had even performed. She mused that in the past, if Baryshnikov managed to hang in midair for fifteen minutes, that there was only polite and moderated applause.

She asked the question, "Who are they applauding?" and answered by saying "themselves."

I find especially annoying a Covid phenomenon that brings the daily emails from the healthcare organizations telling me I am a hero as I hunker down remotely in my comfortably attired office. If I am a hero, then what are those who are actually risking their lives and those of their families in hospitals and emergency rooms?

Having identified this social phenomenon, I wondered about its origins and motivations. Was it a variation of the "Lake Wobegon Effect," which was parodied by Garrison Keillor at the close of his show The Prairie Home Companion, "That's the news from Lake Wobegon where all the women are strong, and all the men good looking, and all the children are above average." At the start, I thought that this might be a trend in our field, which is filled with well-meaning folks that all seem to feel they are the "Best Sneeches on the Beaches" to appropriate Dr. Seuss, but it was clear that this phenomenon was much more widespread. I then moved on to wonder if this was a product of the "self-esteem movement," pervasive in parenting, marital counseling, and self-help books, which suggested that we all need to step up our levels of

compliments. Several suggest giving five compliments to every criticism. I couldn't help but to then associate to the Human Resources Departmental advice to managers to start every problem focused appraisal with a compliment followed by the critique then another compliment.

I chuckled that this advice is often referred to uncomplimentary as the "Baloney Sandwich Approach,"

with the added advice that one should never end the first complimentary part with the word, "but" which presages that the next part of the appraisal will involve less than complimentary remarks.

My theories as to the "self-esteem" underpinnings seem supported by Simon Sinek's wildly successful TED Talk on Millennials. In it he pointed out that the "stereotypic" millennial (usually a white college student) evolved from a gigantic, failed parenting experiment in which that generation was given participation trophies and other acts of effusive overprotection for whatever they did, regardless of its merit. He felt that such self-esteem helicoptering by parents and other adults has led to uncomfortable children who feel anxious and unskilled about dealing with the vagaries of a future they fear. He alludes to his sense that the Millennials have countered their sense of vulnerability with entitlement edged with an anger at the outside world which they feel the adults have royally screwed up.

The nuances of Sinek's theory are nicely fleshed out by Alan Fruzzetti's work on validation that shows the problems generated by the validation of actions that are not valid and the failure to validate actions that are. This powerful one-two combination leaves people unable to validate themselves and to internalize the socioemotional skills that enhance the chances for mature love and work ("lieben und arbeiten" to quote Sigmund Freud) in the here and now and the future.

I had previously touched on the subject of "Happy Talk" in a previous column (July 2019 Owl's Newsletter on Wellness), which I suggested that it was not unto itself the cure for burnout. Similarly, I do not believe that journaling, gratitude scales, deep breathing, compliments, and self-compassion are enough to deal with the Scuilla and Charydas of anxiety and depression that currently confronts many people today. Having said this, it might surprise the reader that I often teach such skills to my patient's based on my separate and related belief that psychiatry has over

focused on psychopathologizing. If these techniques and a focus on Positive Psychology, which I differentiate from Happy Talk, work then I am glad to offer them. Most that seek my assistance seem to need more.

I suspect that many will see my preoccupation and rumination with "Happy Talk" as a character flaw or the gradual slide into curmudgeonly behaviors as I age ungraciously. One can only imagine my surprise, delight, validation, and potential vindication at a spate of recent articles on Toxic Positivity. These most recent excellent articles define toxic positivity as the excessive and ineffective overgeneralization of a happy and optimistic state in any situation which denies, minimizes, and invalidates genuine human emotional experiences. It involves the use of stock phrases and posts such as Be Positive!, Think Positive!, No Bad Days!, Look on the Bright Side!, It's Going to Be OK!, and one of my favorites, "Every time a door closes, another opens up." From such snappy phrases, it is easy to think of parents with their own phrases such as "Snap out of it! "Stop crying," or its longer version, "stop crying of I'll give you something to cry about." All these phrases can be very confusing to people of all ages. They lack empathy, compassion for others, and show a basic uncomfort with uncomfort. They let the person know that you don't really hear about what they are thinking. It is clearly too much negative information.

The articles of toxic personality often mention a gender bias that favors males as having problems with their negative, especially angry feelings, and their tolerance of such feelings in others regardless of gender. Females are typically socialized to be more affiliative and social with fewer external displays of emotion. Despite this differentiation, toxic positivity most certainly stifle both men and women from a wide range of behaviors and mutuality. Toxic positivity sends the wrong message. It double binds people with its confusing message that "I'm there for you, but not really." This non-empathic non-supportive, invalidating stance also conveys the message that important persons in one's life cannot tolerate certain feelings, which leads to the internalization of such intolerance into the receiver of these messages. This, in turn, stifles the identification of emotions in general and leads to defenses against the "banned" emotions with the potential for the creation of what Winnicott called a "False Self" complete with anxiety and depression. People raised in such environments cannot fully embrace that life includes both pain and pleasure and that the inability to cope with both leads to poorer outcomes. I am cynically prone to say, "Life sucks and then you don't die."

With the 2022 holiday season upon us, the Happy Talk and complimentarily upbeat, seasonal songs continue to gear up. The recently Black Friday Sales that are traditionally the Friday after Thanksgiving are now expanded to Cyber Monday and Black Friday month. Capitalism, Consumerism, and Covid make for strong holiday companions.

As I anticipate being overwhelmed by Happy Talk and slipping into Seasonal Affective Disorder, I will continue to grumble.

Perhaps, like Scrooge, I will be visited by ghosts from my past that will transform me out of my "bah humbug" attitude that may be a gigantic cognitive distortion bolstered by reaction formation. Surely there is a happy inner child awaiting to emerge in the New Year! ■

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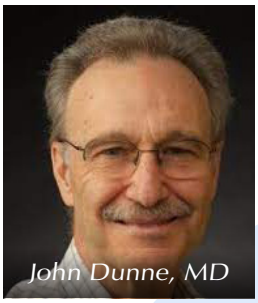

Can We Reduce Poverty in the US?

By John Dunne, MD

It is always less expensive to pay for prevention than to pay for the consequences.

Homelessness has been the attention-grabbing headline these days, especially with the recent surge during the pandemic. We are quick to blame substance abusers, the seriously mentally ill (SMI) or the homeless themselves. Most who become homeless have neither a SMI nor a substance abuse disorder (SUD). We need to look upstream for those factors that contribute to poverty and the policy decisions that set the stage.

The cost of prevention is always less expensive than dealing with the consequences. This is true in medicine, climate change, international conflicts, or any variety of issues. Unfortunately, as a society we usually prefer to wait until a problem has emerged. Only then do we struggle to find "solutions." Some prevention occurs at a personal level. For example, getting vaccinating is far less expensive than paying for two weeks in an intensive care unit. Many are policy decisions made at the local, state, or national levels which tap into our fabricated cultural wars, which makes finding effective solutions difficult.

For the past 40 years our policies fit nicely into creating poverty and national statistics bear this out. Unfortunately, unyielding poverty tends to create despair, dysfunctional families, and drug abuse. Children raised in those conditions experience a high level of adverse childhood experiences, leading to another generation of school dropouts, dysfunction, and poverty. How do we dig ourselves out of this hole? The low skilled manufacturing jobs that had lifted so many families into the middle class have largely disappeared. Our economy now needs skilled workers, such as electricians, plumbers, and technicians of various types, but there are not enough skilled workers for those jobs. Many of those who are unemployed or underemployed lack the self-management skills needed to learn those needed job skills. This essay is too short to adequately address all the policies that contribute to the highest rate of poverty in the developed world. The best I can do is touch on some of the most important policies that may make a difference.

Let's start with pay rates. Minimum wages have not kept pace with inflation. Certainly, the cost of living is less in rural communities but that's not where the jobs are. While increasing the national minimum wage is not on

the horizon, we can increase it locally. This also has the ripple effect of increasing wages for people making more than the minimum. That would have the immediate effect of reducing the risk of homelessness today. Investing in job training programs, which we have done, is also very helpful for those who can take advantage of those programs.

A further policy change that would have immediate effect is reform of our judicial system, a process that is already underway. Keeping non-violent offenders out of jail so that they can continue in their jobs makes more sense than the punitive approach that this country has embraced for at least 30 years. Expanding diversion programs for substance users should be part of that reform. An issue often overlooked in the reform movement is what to do about the offender with a SMI. This population, for a variety of reasons, is 10 times more likely to be incarcerated than hospitalized. We have not developed a holding structure that can provide voluntary treatment while holding the individual securely.

Looking further upstream, we need policies to help students stay in school. Unplanned teenage pregnancies are an important contributor both to school dropouts and a lifetime of poverty. Age-appropriate sex education should begin in elementary school and continue through high school. The use of contraceptives should be normalized and readily available for both sexes. Hoping that teens will "just say no" is pure fiction. There should also be mentoring and tutoring services available for those who are falling behind and giving up. Expanding vocational hands-on training in high school makes sense for those not academically inclined.

Even further upstream are children in distressed families. Although many families may be distressed by domestic violence, SUDs, or child abuse, many others may be distressed by poverty with both parents working long hours and too exhausted to provide much stimulation for their young children. Ideally, state-funded early childhood education programs would be the norm. Readily available and affordable childcare helps very young children learn socialization, impulse control, and self-management skills. Effective case management and parent training to assist these distressed families need to supplement the efforts focused on children.

Poverty is the dominant risk factor for homelessness.

I have described only the most important policy changes and social investments we can make to reduce poverty. There is certainly more that can be done, ranging from early interventions for minor infractions during adolescence and early substance experimentation to industrial policy. Poverty is not a problem that will yield either easily or quickly. It will take a sustained effort over decades, but it can be done. ■

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WE WANT TO HEAR FROM YOU!

We're requesting articles, film reviews, book reviews, documentary review – and suggestions!

In addition, have you seen or heard a TED Talk recently that set your hair on fire? If so, we want to know!

Please send interesting articles, book/film reviews – anything you think the Owl Community would benefit from knowing about to communications@aacap.org.

POETRY CORNER

Commitment

By Daisy Bassen, MD

He has smashed everything,
Torn the corners from squares,
Broken the world the best he could.
He reached to wrest the moon
Her cheek turned to him,
But he was too late. He'd succeeded
In making poison from cure
And he died and died and died
Until they distilled his blood
Into a simple syrup, its gloss
Obscured in the tubing.
The following week, they want to rescue him.
They are afraid it will be worse.
They hope it will be worse, perhaps
This was not annihilation.

HAIKU

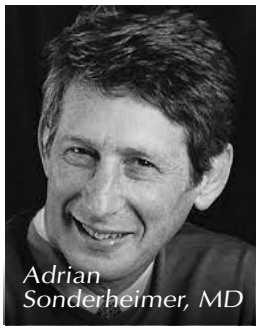
By John Dunne, MD

Leaves

Old leaves fall
Leaving branches bare
For new leaves.

Moon

Brilliant globe
Enlivens our nights
Moonlit walks



Found

Movie Review

2021 documentary, produced and directed by Amanda Lipitz, available for streaming on Netflix

By Adrian Sondheimer, MD & Geri Fox, MD, MHPE

Adoption has been around since ancient times. Adoptees include such famous figures as Moses, Aristotle and, more recently, Edgar Allan Poe, Babe Ruth, Eleanor Roosevelt, Nelson Mandela and Steve Jobs. Adoptees are estimated to account for 1-3% of the U.S. population, and international adoptees comprise a significant proportion of that number (1). An example - more than 110,000 Chinese-born infants and children were adopted in the U.S. between 1979-2015 consequent to China's "one family-one child" policy (2). The adoption process, painful for some of its participants, predominantly results in loving relationships and psychologically good outcomes for the adoptees. However, attention must be paid to informing adoptees as youngsters about their biological backgrounds and the surrounding circumstances, being sensitive to adoptive status possibly affecting adolescent quests for self-identity, and openness to potential contact between adoptee, adoptive parents, and biological parents. As well, the potential for teasing or worse experienced by transracial and/or transnational adoptees should be anticipated (3).

The 2021 documentary "Found" (4), a quiet and observant cinema-verité film, unobtrusively follows three Chinese American teenage girls who discover their biologic connections as cousins via 23-and-Me, an ancestry-tracing, genetics-based website. The viewer meets the three adolescents, each possessing a unique personality, and observes them as they develop a bond. Despite the geographically and religiously disparate (one Jewish, one Catholic, one evangelical Protestant) homes in which they are raised, all three girls have welcoming, loving, and supportive adoptive middle-class families. After meeting virtually and later in-person in the US, the three teenagers decide to travel with their families to China to discover their origins. With the assistance and guidance of a China-based genetics researcher and "detective," they embark on a potentially discomfiting but enlightening quest for their biological parents. In the process, they see and experience the country of their birth, learn more about their very early origins, bond further with each other, meet the nannies who took care of them in orphanages prior to the adoptions and continue to remember them with strong affection more than a decade later, meet still-mourning families who, consequent to China's policy, gave up their infants for adoption, and ultimately find .... themselves, slightly older and considerably wiser. The teenagers never find their birth parents, but they do discover their importance to each other, and both the painful and uplifting aspects of their search. The film conveys an understanding of the complexities of the adoption phenomenon for all involved parties, including birth parents, infant caretakers, adoptive parents and families, not to mention the adoptees themselves. Also, the film indicates how all individuals absorbed in the process are

unique, each person laden with his/her singular views, perspectives, and experiences, both positive and negative, about the process and its outcome. Finally, the film portrays the importance of personality structure, adolescent development, and caring, love and emotional support in what simultaneously can be a wrenching and life-sustaining experience with long-term consequences. Underlying all of the above are the ethical concerns of doing good and not causing harm in the adoption process and specifically while filming the directly involved protagonists.

"Found" was produced and directed by Amanda Lipitz as her second feature work. Of note, Ms. Lipitz is the aunt of one of the teenage cousins. The documentary premiered at the Hamptons International Film Festival in October 2021. It received an aggregate of 100% positive reviews from the film review website Rotten Tomatoes and "universal acclaim" (82/100) from Metacritic (5,6,7). "Found" is available for streaming on Netflix: https://www.netflix.com/title/81476857. Unlike "One Child Nation" (2019), a film documentary that lambasted the consequences of China's one-child policy, "Found" follows three child "products" of that policy and explores the ramifications of that policy from many angles. Via lived experiences, it illustrates various effects of that policy in nonjudgmental fashion, highlighting the varied resilience, silent sufferings, and positive responses of directly and indirectly affected individuals. Ultimately, the child and adolescent psychiatrist viewer shares the conflicted and ambiguous feelings of the teen protagonists, while fully appreciating the warmth and nurturance provided to them by their supportive families.

"Found" was shown as a media theater presentation at the 2022 AACAP annual meeting in Toronto, with Adrian Sondheimer, Geri Fox and David Lohr as discussants. The post-screening discussion was particularly moving. The audience deeply resonated with the documentary, and the discussion amplified and enriched the viewing. The audience included child and adolescent psychiatrists who shared their own experiences as Chinese American adoptees, as adoptive parents, as adoptive parents and children from other international countries, and as treating physicians dealing with these issues. The larger social, cultural, and political contexts of international adoptions were explored, as well as often-present societal biases regarding the status of females as second-class citizens. ■

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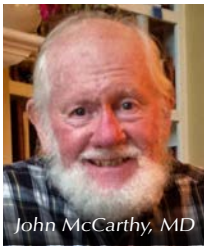

John McCarthy, MD

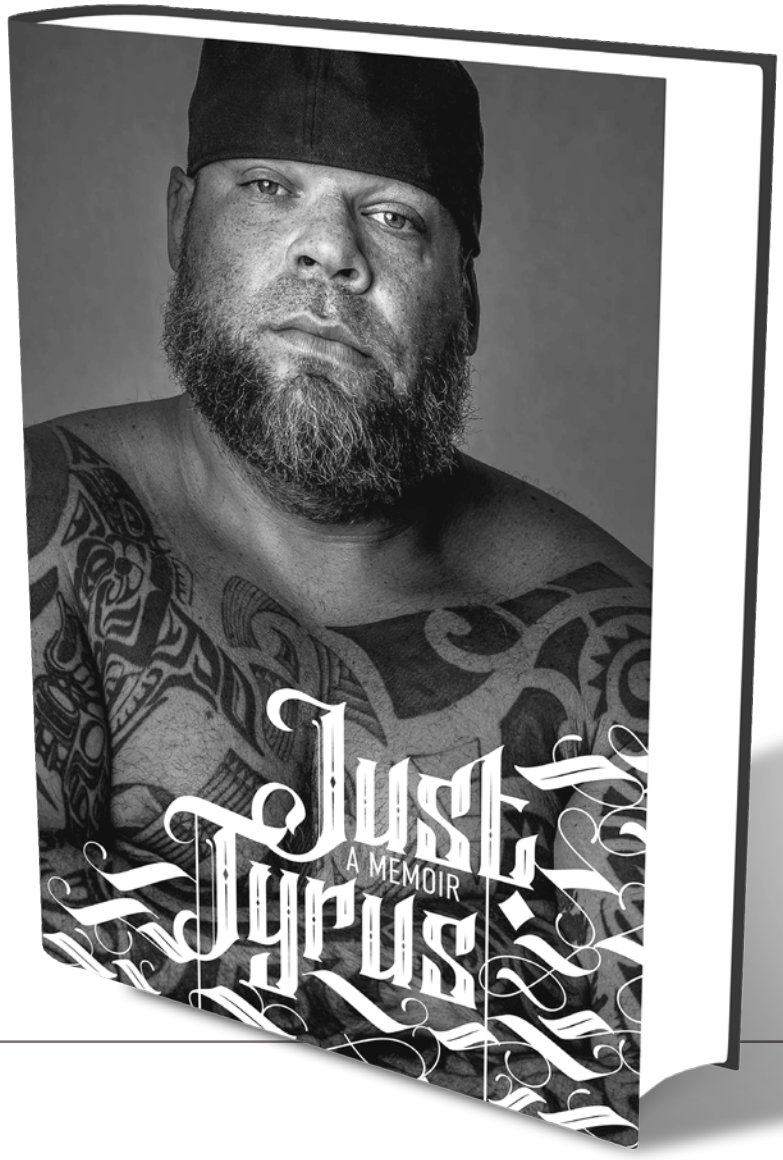
Just Tyrus: A Memoir

By Tyrus

A book review by John McCarthy, MD

Born George Tyrus Murdoch to a 15-year-old white mother and a shiftless abusive Black father, this child entered this world with the odds stacked against him. His memoir, however, is an incredible story of resilience. Tyrus writes with a personal conversational voice, fast paced peppered with personal vignettes and profanity. From an exceedingly early age, Tyrus managed to self-nurture, and he gravitated toward people who "stepped up to the plate" for him at critical junctures in his development. Although his mother loved him unconditionally to the nth degree, she lacked the ability to care for Tyrus consistently but somehow, he managed to find other adults to fill this void and enabled him to develop mentally and physically. Even TV heroes, like "The Incredible Hulk" (aka Lou Ferrigno) played a vital role in his life. By the time Tyrus reached adolescence, he weighed a staggering 350 pounds and reached 6 feet, 8 inches tall. Hard to miss. Football and wrestling coaches certainly noticed his physical prowess, but they also recognized his need to be nurtured developmentally. They in effect became father figures for Tyrus. Eventually, his behemoth size and emerging personality attracted the attention of celebrities like Snoop Dogg (Calvin Cordozar Broadus, Jr) who hired him as his main security guard and really helped Tyrus become a more well-rounded adult. Low and behold, he caught the eye of Greg Gutfeld of Fox News Nighttime who invited him to his show as a guest. Tyrus impressed Greg for his refreshing voice about a variety of topics along with a great well-timed sense of humor. Hooked, Greg hired him as a regular guest on his show which became the top late night TV program. Even his acknowledgements section (several pages long) is impressive for remembering and thanking all those who helped him to become a successful adult. His mom tops his list: "My mother could have an abortion, and no one would have questioned her at fifteen years old. But she chose to have me." Last on his lengthy list: his father: "Dad, thank you for never being there. Thank you for never showing me your ideals of adulthood or a hard day's work or how to treat women or your own children. Thank you for not being there. Because if you were, I'd be just like you. I learned from other men. I embraced accomplishments and accountability. I'm better in life than you could ever understand. It took a village. It took some failures and broken hearts and mid-meal cramps, it took doubt, it took anger, and it took forgiving me and ultimately forgiving you."

"Just Tyrus: A Memoir" is well worth reading. I give it 4 stars and 2 thumbs up, way up! ■



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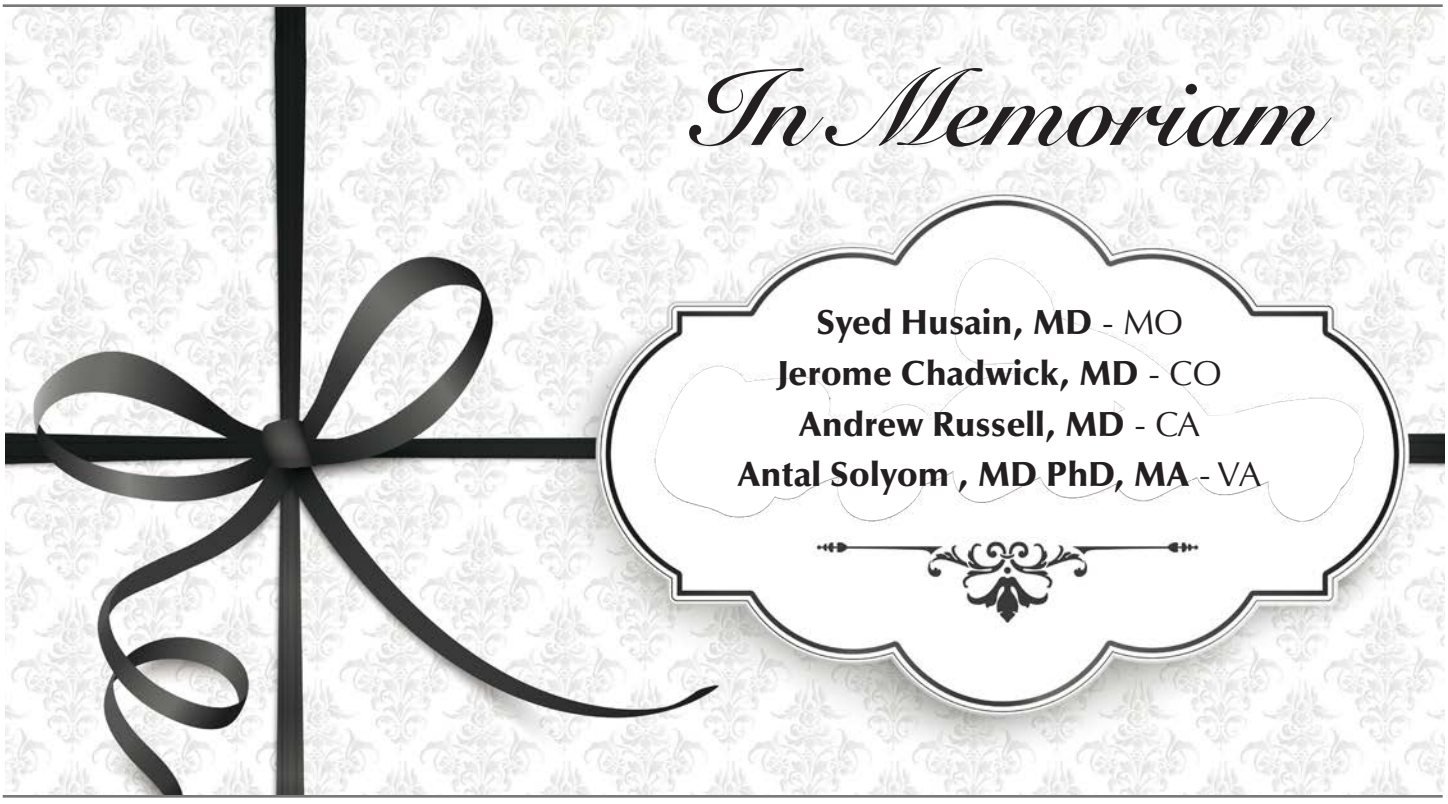

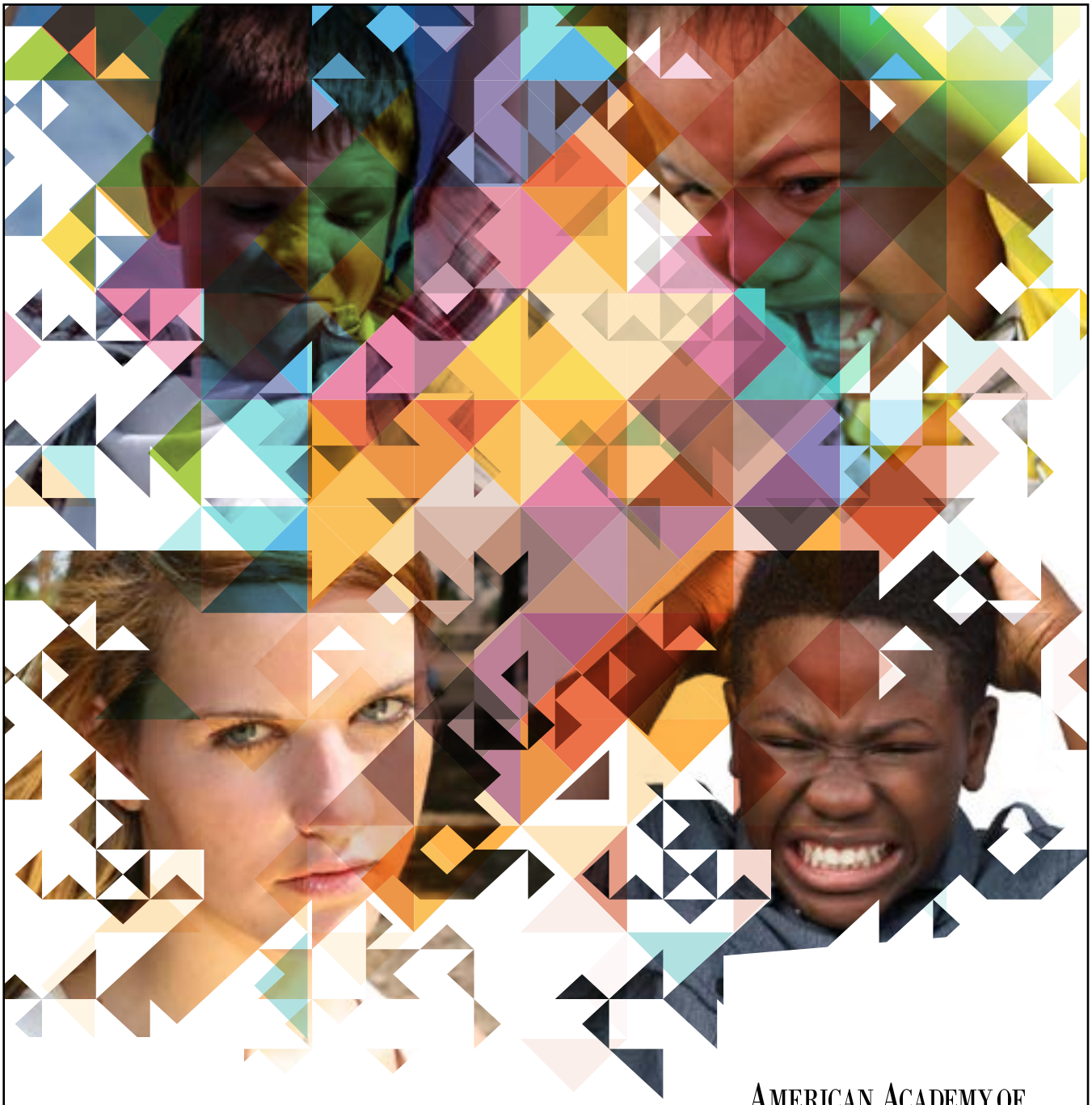

Impairing Emotional Outbursts:

Parents' Medication Guide

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AACAP Policy Statement on Coercive Interventions for Attachment Disorders

Attachment Disorders (Reactive Attachment Disorder and Disinhibited Social Engagement Disorder) are complex psychiatric illnesses characterized by problems in forming and maintaining emotional attachments with others. These difficulties are usually present by five years of age and may be detected during the first year of life. Children with Reactive Attachment Disorder appear detached, unresponsive, inhibited, or reluctant to engage in age-appropriate social interactions, whereas children with Disinhibited Social Engagement Disorder may be overly and inappropriately social or familiar, even with strangers.

Attachment disorders are difficult to diagnose. Most children with attachment disorders have suffered severe disruptions in their early relationships. Many have experienced physical, sexual, or emotional abuse or neglect. Others have experienced multiple traumatic losses or changes in their primary caretaker. Many severely traumatized children present with complex problems and symptoms, including difficulties with attachment, but do not meet diagnostic criteria for attachment disorders. Others presenting with symptoms of attachment disorders are misdiagnosed with other neurological or genetic disorders that may mimic signs of attachment disorders.

Because of these diagnostic difficulties, children who exhibit signs of an attachment disorder require comprehensive psychiatric evaluation and individualized treatment plans developed by professionals who are expert in the differential diagnosis and treatment of these complex disorders. Treatment usually includes both individual and family interventions. In extreme cases complicated by self-endangering behavior, time-limited placement in a safe, therapeutic setting may be necessary. Nevertheless, family settings with appropriate supports for caregivers that maximize opportunities for the child to develop selective attachments are usually most helpful.

Some therapists use coercive interventions like "rebirthing techniques" or "compression holding therapy" as treatment. Interventions that include physically coercive methods such as forcibly holding a child to improve attachment, using hunger or thirst, or forcing food or water upon the child, can be dangerous and even deadly.

There is no scientific evidence that such coercive interventions are effective, and deaths associated with these practices demonstrate their danger. These techniques also violate the fundamental human rights of the children subjected to them.

To ensure that children and adolescents with attachment-related disorders receive safe and therapeutic treatment, the American Academy of Child and Adolescent Psychiatry:

- Supports comprehensive psychiatric evaluations and individualized treatment plans developed by experts in the differential diagnosis and treatment of attachment-related disorders and

- Opposes the use of dangerous coercive interventions as treatment for attachment-related disorders. ■

Approved by Council November 2003
Reviewed by the Child Maltreatment and Violence Committee June 2022
Reviewed and Approved by Council December 2022 2

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