



# IACAPAP Bulletin Supplement

Donald J. Cohen Fellows' Remarks on the  
16th IACAPAP Congress  
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## Editors' Introduction

Recipients of the **Donald J. Cohen Fellowship for International Scholars in Child Psychiatry and Allied Professions** were put to work immediately, almost before they could open and enjoy their congratulatory letters. Specifically, they were asked to contribute a piece to the next issue of the *IACAPAP Bulletin*.

Fellow pairings were suggested, and assignments distributed well ahead of time. One could argue that the exercise was a complete failure: very few fellows turned in the 'homework' they were officially assigned, and even fewer of them did so working with their assigned colleagues. And yet, a great many of the program participants took us up on another offer: that to write more intimately, from their personal experiences, about any aspect of the Congress in all its magnitude and complexity. By this second metric, the exercise turned out to be, in our opinion, a singular success. The contributions that follow are divided into *Reflections*, *Reports*, and *Interviews*, but the reader will readily see that the distinction is rather arbitrary, for it is in the interplay between the realities of the Congress and the internal experience of its participants that the real action of these pieces takes place. We appreciate the efforts of our contributors, encourage them (as every other reader) to continue engaged with IACAPAP and its *Bulletin*, and hope to see all in Melbourne in 2006. Who can foresee where our field will be a short two years hence, and how that meeting and that place will resonate with each one of us? We look forward to finding out, together.

Andrés Martin, M.D., M.P.H.

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## I. Reflections

### Dignified Returns: Berlin and Donald J. Cohen in 2004

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#### *Dig-ni-fy*

1. To raise the status of (something unworthy or lowly); to make honorable.

*The American College Dictionary, Third Edition* (Boston: Houghton Mifflin Company, 1993)

Truth be told, I had some trepidation about going to Berlin. An unfair feeling perhaps, but one not appeased on finding out, through large posters pasted near its entrance, that my hotel, the *Sylter Hof*, had a troubling history of its own. Early in the twentieth century, the same address, 114-116 *Kurfürstenstraße*, had lodged the Jewish Brotherhood, a long-silenced institution that rings today of heated Yiddish arguments among its members, idealistic socialists and proto-Zionist followers of Theodor Herzl whose dreams were not to last. By the mid-1930's, Adolf Eichman sullied them with the ignominy of using the same building to house the *Judenreferat IV B4* (an outpost of his Department of Jewish Affairs), from where the better to tally his macabre counts of racial impurity.

I fully blamed jetlag for my first night's restless sleep.

In the dreamy haze of the day that followed, I took to the streets of the city. From an anticlimactic meeting point at the central *Zoologischer Garten* (in front of its *Dunkin Donuts*, no less) a vivacious guide with a thick Irish accent led me through the orderly U-Bahn grid to the *Brandenburger Tor*.

At the Gate I met, and was quickly captivated, by Thomas, my city guide for the next five hours, and a native Berliner through and through.

Much like kindergarten teachers, good tour guides can be enormously influential on our views, yet we would be hard pressed to remember a single one by name. Thank you, Thomas, whatever your last name is.

It wasn't so much the mob of tourists taking pictures of the *Quadriga* on top of the Gate that let me know I had arrived to the hub of it all. Not even recognizing in its silhouette a pictogram emblematic of the city. Rather, realizing that the Gate had been at the core of No Man's Land: visible to East and West, yet out of reach for both. A colossal and painful tease, if ever there was one. It gave me a tingling and satisfying sense of accomplishment to walk under the Gate, from the West to the East, but it was altogether chilling to walk over the bricks marking where the Wall once stood. The understatement of the small engraved bronze plaques strewn over the line every few blocks spoke to me volumes more than the dated quaintness of Checkpoint Charlie ever could: *Berliner Mauer 1961-1989*.

But not only on those plaques has Berlin chosen its words thoughtfully, proactively, tellingly: turning left after crossing the Gate, and next to the vacant lot that will soon house the new American Embassy, I saw the nearly completed *Monument to the Murdered Jews of Europe*. Not 'lost' nor 'dead'; not even encapsulated under the technical jargon of 'genocide' or 'Holocaust': much more plainly, much more truthfully told: 'murdered'. It struck me as brave and courageous to put it all out there, a shingle in plain view for the entire world to see. So much more after seeing the magnificent *Jüdisches Museum* that Daniel Liebeskind designed years before winning the contract for New York's Freedom Tower – arguably the world's most coveted architectural trophy.

To its critics and various naysayers, the Jewish Museum is too refined and beautiful: more about

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## Dignified Returns:

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architecture or itself than about history; its lack of graphic details a sign of an elusive and slippery nature. As its newest admirer and champion, I celebrated its intellectual and ultimately claustrophobic appeal: I cannot think of a single building in the world that so effectively communicates its message through the efficiency of brick and mortar alone. In it, the millenary history of German Jewry is reduced to three off-kilter axes of converging lines (Continuity, slashed at abrupt angles by Exile and Holocaust). The museum's architectural haiku is viscerally haunting and on target. The magnetic appeal of its underground structure would have likely been lost through a fully frontal presentation of the horrors (as in Washington D.C.'s Holocaust Museum): the result would have proven this geographically and emotionally close to the source too refractive or frightening, too jarring and ultimately alienating an experience.

Berlin's architectural medley appeared to me a polyphony from which to extricate an underlying hidden tune. The gritty boxes of the East's Soviet architecture (Lenin effigies and all) at first appeared unusual bedfellows to the majesty of the Hohenzollern and Prussian buildings lining the *Unter den Linden Straße*. The perfect harmony of the *Gendarmenmarkt* at odds with the one-upmanship and pretensions of the obnoxiously high *Fernsehturm* in *Alexanderplatz*. At one level, and in the tradition of its *Potsdamer Platz* and its Sony Center (including a roof fashioned after Mount Fuji) the city could (and to the dismay of its near empty coffers has partially already) reinvent itself as a monument embodying capitalism's victory. I was trying hard to make sense of it all, and could by now, in the fully caffeinated honesty of midday, no longer blame my difficulty to do so on jetlag alone.

Three general principles helped me make sense of what surely is one of the richest and most fulfilling of European cities. First, an impeccable memory that has refused to take the facile route of oblivion (a telling exception to the rule being Hitler's bunker, its exact location undisclosed, uncelebrated, and known to but a few history buffs. Parenthetically—and all too satisfyingly—it sits today under a drab parking lot and a gay sauna club). Second, a rejection of euphemisms in favor of short statements of fact: *Murdered Jews*, *Berliner Mauer*. Third, and most admirable, an embrace and incorporation of the past—no matter how troubling—into a vibrant present.

To have lived through the fall of the Berlin Wall, the reunification of Germany, and the erection of a museum and a monument to remember, to exorcise, and ultimately to prevent the atrocities of the past, is a privilege of our generation. More importantly, it is a humbling testament to tremendous national and human integrity, honesty, and courage. Risen and made honorable indeed. So where better than in Berlin, in this reunified, risen, and honorable city that reminds us today that Holocausts and Cold Wars can and have been overcome—where better than here to convene on behalf of the world's children?

### *Dig·ni·fy*

2. To confer dignity or honor on; to give distinction to.

Institutions, just like species or young nations, attain a new level of developmental maturity when becoming capable of moving from mere survival to the care and nurture of their young. Fledgling organizations are satisfied to reach a large enough quorum, or to establish a basic regularity to their meetings. In contrast, mature institutions worthy of commanding our respect are not content with numbers alone: they focus on their futures, and on the transmission of their core values to a new generation. To that

end, many of the larger ones devoted to mental health have established fellowship programs specifically targeted to their younger and potential members. In the United States alone, the *American Psychiatric Association*, the *American Academy of Child and Adolescent Psychiatry*, and the *American College of Neuropsychopharmacology* provide just three examples of institutions with thriving fellowship programs.

Not surprisingly, the basic building block and rate-limiting step to viable fellowship programs is money. Fellowships are costly affairs, with resources rapidly spent on travel, lodging, and registration fees. Additional events, such as a welcome dinner or a research colloquium can further stretch already preciously allocated funds. In an attempt to provide a meaningful experience while maintaining a balanced budget, institutions have to limit their ambitions (translating into fewer fellowships awarded), and explore funding streams of the utmost creativity (including philanthropy, governmental and nongovernmental organizations, and unrestricted educational grants from industry).

By moving from a haphazard and small fellowship program in intermittent existence during previous meetings to a large-scale centerpiece of its Sixteenth World Congress in Berlin, IACAPAP has demonstrated its attainment of a new developmental milestone. For it takes a mature and solid organization indeed to deliver a program capable of attracting over sixty of the brightest and most promising child and adolescent psychiatrists and allied professionals, collectively representing twenty-six countries around the globe. And a new degree of sophistication to garner the necessary resources for such a logistically massive undertaking—let alone one with as global a reach. (As a noteworthy aside, by supporting the attendance to Berlin of fellows from countries of the former Eastern Block,

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## Dignified Returns:

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the German government deserves special mention among the lead funders of the program. Although planned and funded separately, the Eastern Program merged seamlessly into the overarching Fellowship).

But fellowship programs are about more than just money: they are about relationships –and about genuine care for a new generation. It was in this spirit that IACAPAP's fellowship program was aptly named after **Donald J. Cohen**, the Association's President from 1992 to 1998. The program was more than merely named after Donald, it rapidly came to embody his core values and talents: a combination of kindness and warmth to newcomers, initiates, and senior citizens alike; a legitimate interest in the personal life and professional challenges of others; a serious engagement with the details of clinical and scientific work –from the mundane to the most intricately complex; and perhaps above all, an ability to see and nurture in others what they may not have yet been able to see in themselves.

To this end, the fellowship required of considerable more human resources than cash: it depended on dedicated mentors. Indeed, the core of the fellowship's activity occurred in the middle of each work day, between the morning and afternoon sessions, as groups of half a dozen or so fellows sat with their respective mentors around coffee tables in a specially designated lounge in order to discuss their work, their science – and themselves. The texture of those small group meetings, the actual human electricity and sparks that flowed from them, can be readily gleaned from the essays that follow. Through them runs a common theme: one of appreciation and gratitude for having been taken as seriously as clinician-scientists and as individuals.

Echoing those sentiments, with **Jim Leckman** and **Kari Schleimer**, my partners in coordinating this program, we extend our own gratitude to a dozen stellar mentors, whose selfless dedication of time and energy are our second most precious natural resource. Next of course to our first: a promising generation of future leaders in the field. Let us all commit to sustaining the longevity of this most special of programs.

### *Dig-ni-fy*

3. From the Latin dignus, worthy.

The city of Berlin, named after the swamps on which it was once erected, has proven worthy not only of statehood's capital over lowly swamphood, but of becoming a sobering reminder of man's ability for evil – and for the repairing and ultimately prevailing good that can ensue. It has proven worthy, like few places could, of hosting this conference dedicated to improving the welfare of the world's children. To the wonderful hosts that have been this city, this country, this people, and our past president and dear friend **Helmut Remschmidt**, *unseren herzlichsten Dank* –our heartfelt thanks.

And to our program's namesake, we posthumously convey our sense of fulfillment and gratitude. This fellowship has proven worthy of its name. To Donald Cohen, our teacher, our mentor, and our friend, *yehi zichrecha baruch* – may your memory be for a blessing.

As it has.



## Donald J. Cohen Fellowship for International Scholars in Child and Adolescent Psychiatry and Allied Professions

Berlin, Germany - August 2004

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## My Long and Arduous Journey to Berlin (and how it was really worth it)

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My journey to Berlin to attend the 16<sup>th</sup> World Congress of IACAPAP began surprisingly. I was handed an e-mail with information about the Donald J. Cohen Fellowship Program sent to one of my colleagues at work. The message had been sent to a network of psychiatrists asking them to identify 'black' child psychiatrists who could apply for the fellowship. I immediately set out to try my luck and was able to put together and send all the necessary documents within 48 hours of receiving the information. We had just completed very hectic but rewarding data collection on health problems in adolescents living in rural southwest Nigeria, and from there I was able to draw my abstract.

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## My Long and Arduous Journey

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After a patient wait, I received an e-mail congratulating me on my selection for the fellowship. Several beautiful thoughts ran through my mind as I set out to prepare for this important conference. I had a long list of items I needed in order to obtain a visa to travel to Germany, including a detailed letter of invitation from my hosts to be sent through regular mail. Visa problems were least on my mind because I had been able to travel quite a bit before and never been refused a visa. Little did I realise that I would face a different type of situation this time. As I waited for this very special invitation letter, I received frequent, and always upbeat correspondence from the organizers, heralding such news items as “We now have 1400 registrations from 62 countries,” “Your name tag is the free ticket to unlimited use of the Berlin public transportation system,” “You are invited to attend the opening ceremony and afterwards to a special reception for fellows of this program.” All these whetted my appetite and built up my enthusiasm.

As soon as the letter of invitation arrived in the mail I started calling to book a visa interview. The instruction was that we should call between 7 a.m. and 8 a.m. and I did this meticulously for several days. I sat by the phone calling over and over again, always receiving the same message from the answering service, saying that all appointments had been booked for the day. I called the embassy several times to report this difficulty, but was told to keep trying the same number. I was later informed that the line had been jammed by a group of people with whom I had to make contact and pay a fee in order to obtain an interview appointment. I was running out of time and became quite worried. I called the embassy reception and explained the situation to them. On learning about my travel

history, I was told to come to the embassy as early as 6 a.m. the next day, and to apply as a ‘frequent flyer.’

The first time I made the 100-mile journey by road from my base to the embassy, I could not gain access. On the second occasion, I got to the embassy before 5 a.m. in the morning and joined the queue of frequent flyers. I stood on this queue for five hours but did not move from the point where I started at 5 a.m.. Other people coming much later were being escorted in. I protested to the heavily armed security guards, who simply ignored my protest.

I then discovered that you had to ‘pay a price’ to get in. I was not ready to pay this ‘price,’ but then I felt silly, because getting in was easy so long as you were ready to pay. As I remained standing at the same position for five hours, my emotions moved from hope, to anger, disbelief, sadness and despair. After the five-hour stand, those of us left standing outside were told to go away, as the required number of applicants for the day had been taken. I was numb at this point, and while trying to sort out my emotions, suddenly felt a choking feeling and my eyes burning. I then saw people running, children crying, and heard shouts of “teargas, teargas.” I immediately joined the sudden 100-meter dash. Fortunately for me, I used to be an athlete.

When I got back to safety, I called **Professor Helmut Remschmidt** in Germany and explained the situation to him. I must mention that throughout this experience, he was very supportive and did his very best to intervene. I called him from outside the embassy and he reassured and encouraged me to wait. He called to speak to the officials over the phone and sent fax messages, but I was still not allowed into the embassy for an interview.

At this point I gave up all hope and decided that Berlin was not meant to be. I tried to understand my experiences of that 10<sup>th</sup> of August, and returned to my base to try and forget

all about it. I put all arrangements for my poster presentation on hold, and decided to forget about Berlin.

A few days later I got an e-mail from **Andrés Martin**, sent to all the Donald J. Cohen Fellows. As I read through this e-mail, I felt a fresh zeal and determination to fight on, because a chord struck in me as I looked at the list of fellows. The fact that I had been paired up with another fellow gave me a sense of obligation to attend this conference. What did it was that on this list, I was the only fellow from Africa, South of the Sahara. A strong need to struggle came back to me for I now knew that I was an ambassador not only to my country, but for the scores of marginalized ‘black African children’ with no access to mental health care.

Armed with this fresh burst of energy, I decided to disregard the consequences of rejection and made a phone call to a very highly placed person I know. I explained my situation in detail, all this just one week prior to my expected date for departure. For two days I heard nothing, but an inner voice told me to continue with my poster preparations. I made another fruitless 200 mile trip that did not work out. The last try was to go by air to another part of the country, to another German consulate. On Wednesday I was eventually able to gain access, but was told the visa would not be ready until Friday - the day before I was to leave. By noon on Friday, my visa was ready and my passport arrived late that evening. I eventually got my ticket very late at night. The last thing to arrive was my poster, which was brought to me just an hour before I left for the airport. Berlin, here I come.

I was touched by so many aspects of the conference, especially meeting so many people from such diverse cultures. And those free bus and U-Bahn rides through Berlin... Many evenings I just hopped on a bus and went round the city. I was especially touched by the state-of-the-

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## My Long and Arduous Journey

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art lectures. It was so refreshing to sit down and be nourished with excellent, well-organized lectures, coming from a culture where didactic and rote teaching is the norm. What further made things so interesting and worthwhile was meeting people, including **Dr. Sam Jolayemi** from Nigeria, a colleague I last saw six years before the conference. He is now a child psychiatrist in Australia, and we spent a whole afternoon talking as I was trying to get him to help build up child psychiatry in our country. I also met **Professor Brian Robertson** from South Africa, the person who facilitated my being able to apply for the Donald J. Cohen Fellowship by sending out the first e-mail. These meetings all had great meaning for me, but there was even more to come.

Another Donald J. Cohen Fellow, **Maria Antonia Pinheiro** from Brazil, dashed up to me one afternoon as I sat chatting in the fellowship lounge and told me my poster had won the second prize. I could not believe this and went down to see for myself. This was indeed soothing for me as I thought of my long and arduous journey to Berlin. My very own poster, brought to the congress wrapped in bin bag liners, had won second prize, bringing to a climax my long and arduous journey to Berlin. My presentation, titled 'Depression, depressive and suicidal symptoms among adolescents in rural Southwest Nigeria,' had received notice at this international conference. Excitedly, optimistically, I wished that this notice would bring new hope to child mental health in 'black' Africa. That is still my fervent hope.



## Fellow Journeys: From Camposampiero to Berlin.

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My first contact with IACAPAP was through my attendance to the **ESCAP / Foundation Child** research seminar, held in Camposampiero, Italy in March of this year. **Professor Helmut Remschmidt**, who has written much of the literature that informed my research on early-onset psychosis, guided delegates from across Europe through a week of lectures and research workshops. Doing a most inspiring sales pitch at the time, he multi-tasked as president of IACAPAP and encouraged us to apply for the Donald J. Cohen Fellowship, and hence onwards to Berlin in August.

A few weeks before the conference, e-mails from Professors Remschmidt in Marburg and **Andrés Martin** in Yale welcomed us to the Fellowship and let us know of friends who would also be attending, and paired together on writing assignments for the *Bulletin*. **Sameer Malhotra** and I were given the task of covering the Richard Harrington Memorial Lecture, thus creating a new collaborative connection between India and Scotland. A flurry of anticipatory e-mails allowed us to organize accommodation and meeting places. Having moved into child psychiatry only one year ago, my knowledge of Professor Donald Cohen was based on his inspiring academic record, one unashamedly written with a social conscience. So it was not until the welcome meeting for fellows, where academics from the U.S., Europe, and the Middle East all spoke so warmly of Professor Cohen, that I fully realized the great privilege it was to have been awarded the fellowship bearing his name. We were all to be

part of a living, creative memorial to the man – passed on, in favorite Hebrew words of his, *midor l'dor*, from generation to generation.

We were organized into mentorship groups that met daily. My group included young academics from China, Turkey, Germany and Israel. It was good for someone like me, whose first language is English (albeit with a Scottish accent, which to my amusement and embarrassment, garnered much attention) to hear the efforts and energy that people from across the world make to be part in the international research community.

Our mentor, **Professor Cynthia Pfeffer**'s account of her own work with the children bereaved on September 11th gave us pause to reflect on the real value of international collaborations toward building bonds that surpass religion or territorial boundaries.

As the week progressed in a blur of lectures and posters on ADHD, SSRIs, and PTSD, we squeezed in time for sightseeing in Berlin – witnessing a country reunite and rebuild itself in stunning style.

**Professor Ernesto Caffo** invited several of us to an evening at the Italian Embassy to celebrate the work of **Professor Giovanni Bollea**, senior statesman and one of the founders of Italian child and adolescent psychiatry. It was a privilege indeed to attend while there the world premier of *Il Sogno di un Babino – A Child's Dream* – the 15-minute testimonial film directed by **Marco Carniti** and starring Professor Bollea strolling the streets of Rome alongside a cherubic ten-year-old boy full of big questions.

Glamming it up in the theatrical and impressive setting of the Embassy provided a unique experience to brush up with history: Designed with the neoclassical grand aspirations of Benito Mussolini in mind, the building did not formally open as planned in the 1940s, but rather until

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## Fellow Journeys:

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1991, when finally completed and brought up to mint condition, except for the notable exception of columns left in shatters in the grand patio, a reminder to the bombings it took near the end of the war. But the brushing was social as much as historical, and somehow making all those hours of hard slog over my data set seem worthwhile (not to mention, on behalf of international collaboration, consensus-building and cultural exchange, witnessing a certain Professor from Yale re-enact episodes of *The Godfather* and *The Sopranos* to an increasingly alarmed young delegate from Sicily). Cheers to our Italian friends!

With kneecaps intact, the week came to a close with feedback sessions from the mentorship groups, giving us the opportunity to show our thanks for such an inspiring experience. And so it was that with new ideas, collaborations and friendships we each returned to our home countries, to resume with renewed energy our research and clinical endeavors, and deeply touched and inspired by the enduring legacy of **Professor Donald J. Cohen**.

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### What T-Shirt Do I Wear?

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Delayed by 19 hours and having lost my four research posters en route to Berlin, I told myself to go with the flow. Walking into the arena of the ICC center to find the bold and big banner of “World Congress: IACAPAP,” I felt instantly welcomed into the grand proceedings of a meticulously organized conference.

The sign leading to the

fellowship lounge made it instantly possible to join the discussion of young scientists with mentors **Andrés Martin** and **Christoph Correll**. I was at work literally five minutes after my arrival. In the presence of these aspiring academics from all over the world, it was not difficult to empathize with the struggles of start-up research. I listened to the group, and even had the opportunity to give feedback on research methodology, ranging from career options, interpersonal issues, obstacles, the choosing of mentors, recruitment, measures, design, analysis, writing, choice of journals, timelines, and — last but not least— developing and maintaining a vision that leads to goals.

Having been brought up in India, trained in Psychiatry in New Zealand and Australia, and retrained in the USA, I feel I had a mission at IACAPAP. Having missed the head (with delayed entry) and tail ends (had to leave early) of the travel fellowship forum, I am glad that I now have the opportunity to share in a larger forum this essay on my personal experience, as well as my two cents’ worth of wisdom.

What I have learned in the USA is the same key phrases over and over again —*focus on a topic, use standard measures, select a successful mentor who is interested in you, get preliminary data, apply for small and big grants persistently, and stay on the road, as it is not a sprint but a marathon!* All of this is meant to develop the “T-shirt” that you wear, a metaphoric symbol of your identity that is branded with your particular topic(s) of interest (perhaps I can say that my own reads “Bipolar Disorder and Affective Neuroscience”). Honestly, people were very helpful across other nations where I previously worked. They had a significant impact in my development as an academic. But somehow, for me, the constant repetitive collection of phrases after I reached the shore of the USA is what finally drove the

point home —with its urgency to cultivate the serious researcher within me.

Often I feel it is about believing in yourself and the mission of your work that leads you to seek appropriate funding available in your own country. This relentless fundseeking may not be a natural instinct in many countries. I was eager to convey this in my group discussion when Dr. Martin gently pointed out that research is not an all-or-none phenomenon, and there is a range of commitment options and career lines, and that one need not exclusively be in an all-out-convert-serious-researcher-mode to be successful. That suddenly raised the question in my mind: Do I need my own brand of “T-shirt”? Or can I settle for a local brand? Or do I go for national or international brand?

In developing my own sense of my research career and goals, I have been struck by the balance of seeking funding and bringing forward scientific ideas. To some, this could be construed as ambition intertwined with scientific pursuit. In the United States, pressure is on for various reasons— money, publications, etc., but the FOCUS of scientific pursuit is really the central anchor that dictates a behavior conducive to making it all work. But then again, there is more to focus than just what you chose. A self-revelation is in order here: Not too long ago, I sounded ambitious to others when I said I am interested in psychopharmacology, imaging, and therapy —all at once. It was more ignorance coupled with passion than just pure ambition. Then, I had to match one of my critical interests with a mentor and fiscal opportunities available to me. I quickly learned that focus is not always about only what you want to do but rather a mesh of your interests and the opportunities around you. Single-mindedness has to be coupled with flexibility and wise and critical choices. Therefore, it is for each one of us to decide and individualize when we reach the crossroads of our many career

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## What T-Shirt Do I Wear?

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options. Most, if not all, of us, feel isolated looking for that ideal department and ideal team. But things are rapidly changing as we are connected to our academic peers by emails and conferences. Networking is the key word that narrows down these real and perceived distances.

Another thing that struck me as I read the articles sent by Dr. Martin on the distinguished **Donald J. Cohen**, was that a script unfolded. There are a great many scientists. There are a great many organizers. There are a great many advocates for children. But what are the ingredients of a great leader? *What seems to have placed him apart from others is his warmth, intelligence, a mind for business, charisma, kindness, leadership, a sense of urgency in conveying to the world what his great mind is spinning, and the combined love and commitment to his own family, as well as the extended family of the scientific world—all in one person.* If only I had met him! But the sharing of this man and his leadership was particularly instructive for me, as it again contributed to my own conceptualization of my academic career and identity. I am touched by the invaluable experience of the Cohen Fellowship at the IACAPAP Congress.

The culmination of my experience of reflecting on my own research agenda, coupled with personal growth, is a journey in which I hope to at least make a small contribution to the work of mental health care of children. And yes: whether with this or another particular T-shirt.

I should also note the splendor of Germany. It was beautiful, and to do it justice would take yet another essay.



## Scientific Thinking and Thoughtfulness in Science

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I went to Berlin as one of the recipients of the Donald J. Cohen Fellowship. This was a blessing in the sense that we got financial support to attend the IACAPAP congress, but even more importantly, that we got the opportunity to meet in small groups with a mentor, to help us with our own research and work, and to get to know other researchers within the field. We were further encouraged to share the fruits of these meetings and from the whole congress with the rest of the field through the *IACAPAP Bulletin*. I am delighted to do this now.

Our group mentor was **Professor Nathaniel Laor**, who is not only a child and adolescent psychiatrist, but a card-carrying philosopher and the author of papers and books in the field of medicine, science, and philosophy as well. To top it all off, he is a published poet. Our discussions started out with own work, but under the guidance of Professor Laor, reached a much broader picture of our work as researchers. It would be impossible to justly convey the essence of these meetings, but I will try to share some of the key points from our discussions.

### Being a scientist - a critical lifestyle

Science is respected for its harsh criticism of methods and facts – nothing is granted, everything could be doubted and, therefore, has to be tested. Theories are preliminary, holding only until they have been refuted – as they more than likely will be! No theory has lasted (I take Professor Laor's word for this), not even Newton's.

If we adopt the scientific method to our lives, and develop *a critical lifestyle* – then we need not worry about going wrong. Rather we

should act responsibly about it and remain open minded and critical of what we do, particularly about our cognitive and practical paradigms. We must not believe in theories, even when we feel they are 'correct'. In fact, the wish to believe in a theory could serve as a warning signal, one to get us seriously looking for refuting instances for our theories, whether in our clinics or our laboratories. The search is a moral as well as a cognitive imperative, particularly when patient care is involved. This is what Professor Laor suggests following Karl Popper's philosophy of science.

What is the usual alternative practice we have encountered in our daily academic and clinical routines? We all usually try to explain the discrepancies and theoretical flaws within the ruling professional paradigm of the day. However, it would be more fruitful to try and juggle with alternative hypotheses, one among them being that a paradigm shift is warranted.

Remember that every paradigm is a potential snare: As child mental health professionals we deal with children and families, on whom we may have a lifelong impact. We must remain careful lest we impose and cause serious harm through terribly wrong paradigms. (Just think about the consequences of the theory of autism that said the child's disorder was due to its 'refrigerator mother.' In addition to the sorrow of having a seriously disabled child, we added the burden of guilt to these poor families, and to boot, made treatment research impossible along the way.) Our patients' plights prescribe that we adopt a critical lifestyle in science and medicine.

Hence, our personal insecurity may take us and our patients into a dead end. If we are worried about some limitation of our statements, be they clinical or scientific reports, we ought to expose and incorporate them into our future research plans. The

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## Scientific Thinking

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thing that worries us most about our cognitive and/or practical positions *ought* to be tested out.

We need not adopt research scales and protocols blindly, but examine critically our own contexts and apply ourselves creatively and critically to the work, without fear or guilt of innovation. One may create one's own protocol if one finds the 'official' one insufficient. One should then proceed to test it, remembering to be critical.

The long and the short of it is: Don't let your loyalties to paradigms (and/or mentors) stop you from finding out more about reality. It is your duty to each other, to the ones you treat and to your colleagues, just as much as to yourself.

### Colleagues, opponents, and peer reviews

Having a critical approach in all that we do will help us be professional in our work. If our theory is challenged, if our paper is criticized, we should see it as a compliment to our work, an opportunity to learn and move on, rather than taking it as a personal insult. Remember: Our work, as well as the critical statements, could all be taken as *preliminary* hypotheses. All evidence against them could be valued as help to refine or refute in favour of a better theory. As scientist we need not identify ourselves with the theory we offer, but let the theory die if it doesn't hold, rather than stick to it at all cost (or waste energy in refuting your opponent.) There is much competition in any field, but comments from colleagues are valuable to highlight possible mistakes, and to guide us in improving our own hypotheses and methods.

Criticism could be offered in a friendly manner. It may be important to exercise this manner, if need be,

unilaterally. For example, when criticism is offered harshly, for our benefit, we may want to receive it neutrally. Trusting our abilities to do so would open us up to our colleagues. Hence: Let your friends and colleagues read your proposal to get valuable comments, *before* you start your study. Don't let the fear of other people 'stealing' your ideas stop you from getting help. If others steal your study and carry it out, or if you read *their* paper of *your* study, try still to be happy: Consider yourself free to critically move on to the next step, find the flaws in the study, refine the theory and put it to the test. Science is an endless search that demands the collaboration of minds. Minds need the support of moral emotions.

When you get peer reviewers' comments, they will usually help you write a better paper and plan a better study. But we need not confuse critical openness with naiveté. Peer reviewers may be competing scientists, and they may have a personal interest in *not* having your paper published. Here is a piece of practical advice, so that you do not feel incapacitated by unfair criticism and still may check your feelings: If you feel that the reviewers' comments are unjustified, that your work is being rejected on false (or personal) premises, then you may wish to contact the editor and ask your work be looked at again. If you know that competing researchers may be reviewing your paper, you can always add a note to the editor naming anybody that you do not want as reviewer. There are plenty of good people out there to offer fair judgment. Do not lose trust and hope.

### How to avoid becoming an unhappy, unhealthy scientist by 45 years of age

Science and clinical work are not performed in the abstract. Scientific methodology is embedded in a

sociology (democratic, let us hope), and within a cognitive psychology (e.g., curious and critical, we said). One must add that it constitutes a vocation and not only 'on the job' performance. This perhaps is why you may wish to exercise caution when choosing your research focus, your work place—peers and mentors. Your research (as well as your clinical specialization) should be designed according to your personal needs and interests. It should not be something you just earn a wage for. Doing something that you aren't happy with, being in an environment that is not conducive to your development, may eventually be incompatible with your happiness, and, in the long run, will prevent you from achieving your life goals. The cost is existential. So, either you avoid existential questions and become an automaton of 'success,' or find yourself a place where you can work and thrive. Find and define anew the focus that is vital to your interest. The day you just 'bring your briefcase' and can no longer 'bring yourself' to work, you ought, at least, to pause for a while. Rethink your course of life. For curious and critical persons like you, there is always an alternative, even to lifestyle paradigms. You may find it fun to find out what they might be.

In the last part of our meeting with Professor Laor, we exercised his recommended approach, applying it to our own research interests and protocols. All in all, the Berlin IACAPAP congress was a most fruitful event for us all. We already look forward to the next IACAPAP congress in Melbourne, 2006. See you there!



## **‘Licking and Grooming’ (Affectionate Touch and Contact) in Mentorship**

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In memory of **Donald J. Cohen**, late director of the Yale Child Study Center, the IACAPAP established a fellowship program for young researchers. The aim of the program was to create the opportunity for young researchers in the field of child and adolescent psychiatry from all over the world to present their research projects, learn about the interests of their peers, and establish a stimulating network among a new generation of academics. The philosophy of the program was to achieve this aim by ‘engaging’ with other people through presentation, discussion, and self-reflection. The large group of fellows was divided into small groups of four to six people, with a mentor assigned to each group. Every group set out its own schedule and pace for the congress. In our own group (mentor: **Jim Leckman**, mentees: **Lucrez Jansen, Anke Hinney, Jana Kreppner**, and **Belo Mussche**) we decided to go through everybody’s present work and future plans and careers. Our mentor asked us to prepare to comment on each other’s work during our working sessions. Hence, we attended each other’s presentation or poster during the congress, discussed the different research projects, and reflected on future career plans. At the end of the congress it all seemed to have worked out, with a new network emerging with goals set out for the future.

I was very much intrigued by this result, and wondered how it could have been realised in such a short time. I strongly believe that the

‘mentor–mentee strategy’ carries a great deal of the explanation. For me, a parallel emerged between the ‘licking and grooming’ process seen in the rodent mother–pup dyad and the guidance of the mentor–mentee relationship. In the following part I will try to illustrate this idea.

Two main lectures, one by **Jim Leckman** of the U.S., and another by **Ian Goodyer** of the U.K., documented the importance of the quality of parental caregiving, including licking and grooming, in the perinatal period of rat pups. Both speakers mentioned a critical period in those early days, where the quality of care received as a young pup determines several aspects of future development. Future caregiving behaviour, anxiety regulation, patterns of stress response, aspects of learning and memory of the pups, all seem to be influenced by the nature of their early caregiving experiences. For example, offspring of high licking and grooming mothers seem to eventually exhibit themselves high licking and grooming behaviour to their own pups.

In a metaphorical way, the ‘licking and grooming’ behaviour of a mentor influences young researchers and their work. To some degree, the amount of theoretical, emotional support and guidance received in the early developmental phase of research is reflected in the future development of the young researcher and his or her work. Creativity, coping capacities to tackle obstacles, and the perception of one’s own capacity are boosted by the quality of mentorship received. What does such quality consist of? It is difficult to grasp. Drawing again a parallel, this time with parental caregiving in human studies, the quality of mentorship may be compared to the way of entering into communication with the young researcher. It seems that the higher the synchronicity of communication between mentor and mentee, the more fruitful the emerging research abilities of the mentee become.

Finally, I believe that the mentor–mentee relationship in the fellowship program also works the other way round, starting a ‘sensitization’ process for mentorship in senior researchers. Like the squeaks of young pups setting off parenting behaviour of adolescent nulliparous rats, ‘squeaks’ from junior researchers were heard and picked up by international researchers, and mentor-like behaviours were firmly established. I carry this wonderful experience back home, and will try to establish a similar kind of relationship in my own country, to the eventual benefit of the research community in child and adolescent psychiatry. I am confident that the kind of mentorship I have been fortunate to receive will allow me to give back in kind to a younger generation of pups - ones just as eager for nourishment as I have been.

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## **From Generation to Generation: A Fellowship Tribute to Professor Donald J. Cohen.**

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The Donald J. Cohen Fellowship Program at the IACAPAP Congress in Berlin was an inspiring and unique experience for me. The program provided a wonderful opportunity to fellows from around the globe to interact, to share their perspectives and research experiences, and to actively participate in the conference.

The program provided us with insights into the inspiring life and mission of **Donald J. Cohen**, the late director of the Yale Child Study Center and past President of IACAPAP. Dr. Cohen was not only a committed clinician and researcher, but an incomparable inspirer and supporter of young scientists. Professor Donald Cohen had a vision. He could see, encourage, and utilize

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## From Generation to Generation:

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potentials to their optimum. His was a very healthy scientific approach, focusing on positive aspects in human beings and how to best utilize them for the overall betterment of the society and its future generations. He believed that it was the responsibility of each generation to pass on positive attributes and knowledge to the future ones.

Some of his oftenused phrases echoed during the conference. Two of my favorite, 'from generation to generation' and 'just do it', reflect his overall commitment, and his positive, scientific and humanistic approach.

The mentorship program offered wonderful opportunities to the fellows to discuss research endeavors and receive guidance. Twelve dynamic mentors became actively involved in the program, with different groups of fellows formed, each with a mentor. Intense training sessions followed.

**Professor Nathaniel Laor** mentored our group. Such groups provided ample opportunity to discuss individual research interests against a backdrop of professional qualifications, and regional attributes and settings. Methodological issues were addressed in general, as well as specific to each fellow's research efforts. Some common research barriers addressed during these sessions included the lack of perspective/mission, ill defined research questions and methodology, duplication of work, lack of resources (including funding opportunities), pharmaceutical influence, professional rivalry, identification and undue holding on to theories (identification with theories), unwillingness to identify unexpected/negative results of one's research, and unwillingness/resistance in addressing grey zones. Various methods and healthy approaches to identify and overcome such research blocks, countering resistance and bringing about meaningful research were

discussed at length. The mentorship program was indeed a true reflection of the spirit to pass on the research experiences and guidance from one generation to another.

All the fellows were actively involved in the IACAPAP conference proceedings. They presented their scientific papers through posters and oral sessions spread during the conference period. They also shared assignments, covering various sessions of importance during the conference. The research presentations and deliberations conveyed a need to collate biological research with psychosocial (environmental) research. The need to translate and apply such research into the day-to-day life also echoed across presentations. Man is a social being and cannot be reduced to mere biology. There is a need to adequately and appropriately identify, understand and best utilize biological and environmental links. Such an approach could be applied fruitfully to the understanding of the human psyche and thereby aid in appropriate and timely prevention and management of psychiatric ailments and human suffering.

Overall, the Fellowship program provided opportunities to enhance perspectives, develop and foster a healthy scientific approach, as well as opportunities for exploring and pursuing collaborative meaningful work. Professor Donald Cohen's spirit could be felt through the scientific growth and continuity, healthy and dynamic environment, and the tradition of passing on positive nuggets of scientific research and human wisdom from one generation to the next. The fellowship program is indeed a strong positive step in this direction and should therefore be viewed as a beginning, and not an end, to such a critical exercise.



## Empowering a Culture of Mentorship Worldwide

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The Donald J. Cohen Fellowship program at the IACAPAP Congress in Berlin was a most remarkable event last August. Although it had been announced as a subsidiary program to stimulate the participation of young researchers at the conference, it turned out quite differently. Perhaps no fellow had expected the intense personal investment that became prerequisite as part of the program. Most striking perhaps was the enthusiasm and high scientific and educational level of tutoring that was reached. This high quality reflected the undeniably superb competencies of the mentors, but also the spirit of the person this Fellowship program was named after.

One of Donald Cohen's principal objectives was mentoring, a capability he possessed like no other. His goal was to engage young people around the world, so that a new generation of professionals working towards a better world for all children could be created. The continuous investment to reach this goal has given Donald plenty of disciples around the world. Due to the stimulating power that radiated from him, and because he looked upon each of them as unique and important, many became inspired in a way that is impossible to describe. Knowing that such a stimulating atmosphere imbued the fellowship program would have given Donald enormous pleasure.

Since tutoring is a major academic goal, many consider it a very usual thing. However, few places exude an atmosphere of successful tutoring, which implies the involvement of stimulating yet critical

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## Empowering a Culture

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teachers who guide pupils through mutual discussion. And although international congresses bear a unique role in the exchange of knowledge and recent findings, they have shortcomings with regard to showing how knowledge and experience should be disseminated effectively, and how successful tutoring should be provided. The Donald J. Cohen Fellowship program at the IACAPAP Congress may signal a turn of tide. A substantial group of young persons sensed (and experienced) in Berlin the value of mentorship, and the importance of being respected as future valuable (and valued) professionals.

It goes without saying that the Donald J. Cohen Fellowship program should be continued, as a subsidiary program and as a tutoring program. 'New' young researchers need to be recruited, and 'older' ones need to be reexposed. Pupils become teachers, and there is a need to instill in both the value of tutoring. The teacher-student or mentor-mentee lines rapidly blur, and moving from one phase to the other can become one of the great joys in science and in clinical work. Since most of us come from places where tutoring is not a priority, the stimulus given during such a relatively short congress risks to become extinguished. Therefore, 'old' folks need 'booster sessions', so that true tutoring continues to be transmitted across generations. I experienced the Donald Cohen Fellowship as extremely valuable, because it helped me remember and relive, from a different vantage point this time, the needs of young researchers worldwide.

Let us go on with this initiative, and continue to empower a culture of tutoring. Our final common objective is clear: the creation of a better world for children.

## Should We All Go Into Politics?

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During the past few decades, a substantial amount of research has been done on the impact of trauma on the psychological development of children. As stated in the Declaration of the IACAPAP's 16<sup>th</sup> Congress, at 'a time when the world is flooded with images of violence and brutal acts of aggression, we must be more concerned than ever with the impact of multiple adversities on the normal psychological development of children.' Trauma and its link with mental health is clearly a hot topic for child and adolescent psychiatrists; as expected, many of the lectures at the Congress were linked in some way to trauma. The following two represent notable highlights on the topic.

"A new look at resilience," chaired by **Michael Rutter**. The concept of resilience tries to explain why there is considerable variation in how people respond to stress.

Resilience focuses on variation between individuals who live in the same circumstances, and says something about how they deal with adversity. As **Suniya Luthar**, from Columbia University, New York explained in her concluding remarks to the interrelated lectures, resilience has to do with healthy self-esteem, a perception of control, and a sense of security. Two major aspects linked with a sense of security are good parenting and non-violent neighbourhoods. As clinicians, we work directly with parents, trying to help them do a better job on as difficult a task as is parenting. But what can we do about mental health damaging our neighbourhoods?

"Caring for children exposed to war, disaster and terrorism," chaired by **Ronald Feldman**, Columbia University School of Social Work, New York. In his state-of-the-art-lecture, **Nathaniel Laor**, Tel Aviv University, Israel, talked about the psychosocial processes taking place in communities under war. Often war or disaster leads to social disintegration, such as communities being split up, and to intergroup conflicts. Laor's research shows that besides good parenting and preparing parents on how to react and what to do in case of a terrorist attack, the facilitation of reconciliation between groups of different ideologies forms the most effective prevention of the development of mental health problems in children and adolescents. To make people see their enemy as human helps the healing process. By contrast, negative attitudes such as hate can lead to an aggravation of post traumatic stress symptoms and externalizing behaviors.

In the every day clinical situation we work with one patient at a time. The resiliency shown by children and adolescents is often remarkable if they are given appropriate help and support. But as illustrated, sometimes communities need to change or be changed instead of only individual children or their families. I, too, and perhaps unbeknownst to me, may have been part of a change larger than myself. I was lucky to participate in the first Donald J. Cohen Fellowship program at the 16<sup>th</sup> IACAPAP congress in Berlin. One of its clear messages was about the importance of the creative interaction between clinical work and research, and of the collaboration between research groups from all over the world. In small international groups, we enjoyed the common unifying experience of being child psychiatrists, shared our problems and frustrations regarding research, and pointed out goals for the future. Some were thinking of moving to the other

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## Should We All Go Into Politics?

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side of the world to work with a renowned research team, some preferred to continue with clinical work. I am confident that the results of this research effort will help to improve clinical practice. But who will bring to practice the evidence that changes in a community are sometimes more far-reaching in the prevention of mental health than individual therapy? An increasing effort to inform governments is being made. This has led to developing post conflict programs and to support institutions to foster mental health programs independent of political philosophies ensuring continuity. It's a first step, but what's next? Should we, as child and adolescent psychiatrists be even more active on the political front, helping to realise changes at the community level?

As it should be, I came home from Berlin with more questions than answers. I choose to share one of them now, namely 'should we all go into politics?' I don't really think that is the solution. I do think that we all have the responsibility to at least think about this question, put the things we do into a bigger socio-political perspective, and try to make our case on every possible occasion with those who have the political power to make a difference at a higher level. So, let us cooperate in an enthusiastic, openminded and honest way with each other, with parents, teachers and youngsters, just as with politicians. We should keep in mind that in the very young field of child and adolescent psychiatry, there is probably not only a huge need for well trained clinicians and researchers, but also for child and adolescent psychiatrists with a large social commitment.



## Ukraine is Eager to Join the International Child Psychiatric Community:

### The First Step Can Be the Hardest (But Was Not)

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Ukraine is a sovereign country of 48 million inhabitants located in the center of Europe. It has most recently risen from the ruins of the Soviet empire, following a 350 year-long struggle for independence. Ukraine has a large population of minors: 10.2 million children and adolescents, or almost one in five inhabitants. With 2.6% of children and 3.4% of adolescents requiring consultative or active psychiatric intervention, the needs of our country are enormous.

Even though Ukraine has 514 official child psychiatric positions, 100 of these remain vacant. Among 414 practicing child psychiatrists, there are only 47 clinicians specifically trained to provide psychiatric help for adolescents. Because of this shortage, adolescents often remain under the supervision of general psychiatrists, especially outside of Kyiv (formerly Kiev) – in cities like Cherson or Tcherkask. In addition, preschoolers who require psychiatric care are frequently treated by pediatric neurologists given the greater prominence of the specialty in Ukraine.

Children's psychiatric care in Ukraine is archaic. There are practically no well-trained child and adolescent psychotherapists, neuro-physiologists, and there are only a few clinical psychologists. Education and certification for child and adolescent psychotherapy is absent in today's

Ukraine, with the few available practitioners trained elsewhere, typically in Russia or other countries of the former Soviet block. There are also no trained social workers in the Ukrainian child psychiatric service structure.

Clinical psychiatric practice unfortunately continues to be mired in the old Soviet authoritarian traditions. It is not surprising then that during the past ten years, not a single monograph or handbook appeared that was devoted to child psychiatric practice. At medical schools, child psychiatry is simply absent. Faculty members in child psychiatry who taught in Ukraine before the Soviet disintegration have gradually shifted to also cover forensic psychiatry and drug abuse, in addition to the child psychiatric needs. As inheritance from the former Soviet Union, Ukraine has a unique faculty of child psychiatry. For years, it was headed by a well-known child psychiatrist, professor Lydia Bulahova. Now, the preparation of child psychiatrists has moved from Kyiv to the periphery, where it is carried out by psychiatrists who do not have operational experience in child work. Training of forensic psychiatrists, experts in drug abuse, and child psychiatrists in the same program and by the same experts illustrates the government's careless attitude to child psychiatric care. As a case in point, the faculty chairman believes that Ukraine has insufficient child psychiatric needs to justify the existence of a separate and independent specialty.

According to official medical statistics, Ukraine still practices widely the commitment of mentally retarded children to long-term evaluation and treatment (i.e. to institutionalization and education outside of the mainstream). Prevalence of autism in Ukraine is low relative to the rest of the world; instead of pervasive developmental disorders, these children are frequently diagnosed with mental retardation or schizophrenia. This practice skews statistics and

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## Ukraine is Eager to Join

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provides a practical reason to formally refuse proper rehabilitation and education services, and to provide at times unjustified neuroleptic therapy. Thus, there is no government-supported system for the medical and social rehabilitation of children with disorders in the autistic spectrum. There are some non-governmental organizations and one private medical center in Kyiv that do provide such care for these children and their families, but it is one not available for the majority of patients. Child psychiatrists educated abroad according to current specialization programs are still not part of the governmental health care system.

Children with ADHD in Ukraine are also practically deprived of specialized medical and psychological care. In general, psychiatrists in Ukraine do not diagnose ADHD. Children with ADHD are usually diagnosed with behavioral disorders and are treated with neuroleptics and sedatives. Teachers do not have special education and work skills to offer to children with ADHD. These children are usually transferred to individual training sites and excluded from comprehensive schooling.

At the same time, in Ukraine there is a wide network of special and boarding schools for children with mental retardation and special needs. 239 subsidiary schools are now functioning (214 of them boarding schools) for children with mental retardation. Thirty-four of these schools are for children with 'psychological development retardation' that provide intensive remedial classes. There are 14 schools for children with severe speech and language disorders; six for children with organic brain disorders; 20 for children with movement disorders; 11 schools and three technical training colleges for teenagers 14–18 years of age with behavior or conduct disorders; 29 schools for

visually impaired children; 27 for children with reduced hearing; 32 for deaf children; and six for blind children.

In this way, a relatively advanced boarding school system absorbs a significant part of the budgetary resources available for child psychiatric care. This further promotes the isolation of mentally retarded children and those with special needs from the rest of society. The level of social functioning and adaptation among students of these schools is typically much lower than that of children with similar problems in other countries throughout Europe.

In spite of these limitations, or especially *because* of them, Ukrainian psychiatrists aspire to become an integral part of an international community of colleagues. We aspire to gain new knowledge and hope to overcome our country's severe backlog of psychiatric services and training.

An initial step in this direction was successfully made by two of us (LB, IM) through our recent participation as Eastern European fellows to the 16<sup>th</sup> IACAPAP Congress in Berlin. We were especially delighted to go in as members of the **Eastern European Fellowship**, but to come out, and to be treated throughout, as full-fledged members of the **Donald J. Cohen Fellowship**. It was indeed a privilege to be part of this exciting group of international colleagues and mentors.

It became possible first of all due to the invitation and kindness of Professor and Congress President **Helmut Remschmidt**, who kindly supported us as Eastern European fellows with key membership, travel, and financial support. We are glad to have the opportunity to express here our gratitude for such important and valued help. We are also well aware that there were a great number of people, foundations, governments, and private companies who served as sponsors and made this wonderful project a reality for us.

In closing, we want to express our special thanks to Professors **John B. Sikorski** and **Andrés Martin** of the USA, and to Professors **Peter Riedesser** and **Rainer Georg Siefen** of Germany. They were our kind and caring tutors and mentors during this time, and we look forward to sharing much more with them in the years to come, and perhaps in Kyiv in a not too distant future. Their openness and attention allowed us to make good use of such a large Congress and its many opportunities. The possibility of being accepted into IACAPAP as a new member society makes us especially thankful and hopeful for our future, and for a more productive role of child psychiatry in Ukraine. We hope that the links among the colleagues from Ukraine, Germany, Poland, and the rest of the world will help us achieve this important goal.

Poland is worthy of special mention in this respect. Since the time of Ukraine's independence in 1991, a significant number of Ukrainian child psychiatrists have undergone short periods of training in Poland. The experience of Polish psychiatrists in successfully reforming children's psychiatric services after the deformations of the totalitarian period has been very useful for Ukraine. In essence, Poland became an alternative to Russia as a source of information, and an example of successful development and application of European traditions. We are especially grateful to **Professors Irena Namyslovska** and **Richal Wronishevsky** for their practical contributions to the development of child psychiatry in Ukraine.

Let us finish with our wishes for a free, peaceful, productive, and integrative collaboration on behalf of children's welfare throughout the World!



## Posters, Not Rockets

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Back home from the IACAPAP Congress, I am going through photo files of children that I have occasionally collected into a notebook. A smiling child, another protesting one, a very tiny baby, and finally, an old photograph of a genocide victim with a number tattooed on his forearm. I am upset by his face and the nature of his death.

I think back to my colleagues gathered for the Congress in Berlin. I think of the enormous power of constuction devoted to the betterment of children. And yet, so many powers operate on the world toward destruction, with not a single day during which innocent children don't die. Will I, will my colleagues, be able to put up a fight? We don't have rockets, but rolled posters instead; we don't have fireguns, but pens ready to write. Will our army be able to succeed in any meaningful way?

A harsh leader is easy to recognize. He always knows best, displays no respect for others, acts on behalf of millions without their consent, threatens, and if helping his survival, never abstains from war. Whilst his post is the most important thing in his own mind, suffering children are inevitably normal aspects of life. However, he is clever enough to show sympathy to the victims of his bullying.

The IACAPAP Congress in Berlin, and the Donald J. Cohen Fellowship I was privileged to be a part of, have shown me how a web of connected minds, thoughts and insights may create hope to make our world a safer place for children. Many thanks to the organizing committee, for providing me through this program with the elements toward a strong foundation that will continue. Acting

in solidarity, across countries and languages, but with a shared mission, we will find new ways to improve the the well being of children around the world.

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### Creating Connections: From Berlin to Melbourne

Monique Nesa  
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I was very privileged to be a part of the International Donald J. Cohen Fellowship Program at the IACAPAP's 16<sup>th</sup> World Congress in Berlin last August. Through this wonderful program I was able to share my research and work experiences as a psychologist in Australia with fellows from all over the world. From the first round of e-mails before the congress, fellows introduced themselves and made everyone feel welcome. **Andrés Martin** partnered us all up with a fellow from another country to enrich our experience of attending the congress.

The first contact I had with my partner, **Naoufel Gaddour**, was by e-mail where he was kind enough to introduce himself. He explained that he was the only psychiatrist in a region of Tunisia populated by two million inhabitants. The city I live in also has just over two million people; however, we have hundreds of psychiatrists and psychologists working in the area. As everyone, at times I feel frustrated by the gap in our system, where some children who really need services are unable to access them. Meeting Naoufel gave me a new perspective, and a profound sense of respect for what can be accomplished by some with such few resources.

Never having attended such a large congress before, or indeed an international conference at that, I was amazed at the range of topics and

professions represented. A number of formal and informal gatherings for the fellowship occurred during the congress, where we formed small groups to share our experiences of the various presentations. There were four different languages among the members of my group — though to our credit we did surprisingly well! Networks were made not only with each other, but with other colleagues from our own countries. While there were thousands of miles between us and very different cultures to deal with, we found common challenges — difficulties with funding, dealing with bureaucracy, and trying to fulfill the requirements of conducting research, with the responsibilities of teaching and clinical work. We learned how others were traveling along in their respective career paths, and what their hopes for the future were.

On our last fellowship gathering, we were asked to summarize all that we had done, learned, and generally experienced over the previous days. While the spokespersons from each group did a great job of this, I think the thing that stood out most to me was **Oleh Romanchuk**, one of our group members, presenting each of us in the group with a hand-painted egg from his native Ukraine. He later went on to explain that this symbolized fruitfulness, connections and longevity.

**Professor Helmut Renschmidt's** speech later that day at the closing ceremony emphasised the importance of having a network of people guiding you along your journey. His kind words and acknowledgement of all those who had supported him throughout his time as President were truly touching.

Returning to Perth, I was delighted to receive an e-mail with a picture of our group that we took at our last gathering in Berlin. I have since returned to my university in Australia and have been able to share my experiences of the Congress with the other students in my department.

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## Creating Connections:

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This experience was invaluable, and although the conference has finished, the friendships that we have formed continue on. The opportunity to have ongoing mentorship to discuss career directions and challenges of research is much more than I had hoped for. Thank you to all involved. I look forward to our ongoing communications through the fellowship program and meeting up with you again at the 17<sup>th</sup> IACAPAP World congress in Melbourne!



## II. Reports

### The Biology of Childhood Experience: Dedicated to the Memory of Professor Richard Harrington

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It was an honor for us to cover the Richard Harrington Memorial Lecture in Berlin. Professor Harrington had a reputation for a dynamic commitment to research, for strong clinical work, and for running one of the UK's foremost academic departments in child and adolescent psychiatry, in Manchester. His work on depression and conduct disorders in children and adolescents has informed clinical practice and service provision.

The state of the art lecture on the biology of childhood experience

was delivered by **Professor Ian Goodyer** from Cambridge University, UK. The session was chaired by **Professor Savita Malhotra** from Chandigarh, India. This first session, held on the last day of the conference, was very well attended by delegates from across the world.

Through the lecture, Professor Goodyer emphasized that knowing only the strength of genetic factors is not a sufficient basis for understanding the vulnerability process toward psychopathology. He highlighted the role and sensitivity of the gene-environment interaction, i.e. how nature and nurture may operate to influence the liabilities for common emotional and behavioral disorders. The impact of experience is moderated by both genetic factors, which influence the learning process in the brain, as well as by epigenetic ones, which are related to the nature and timing of the experience.

The role of specific childhood experiences in the individual's development was explained through different models, namely the *experience-expectant* and the *experience-adaptive* developmental programming models. According to the former, normal somatic development requires specific experiences, and their absence leads to somatic/functional damage. According to the latter, normal somatic development is shaped by experiences, and their absence leads to vulnerability, but not permanent damage.

Overall, these models suggest a critical or sensitive period in animal development, which can be translated into the initial years of development in humans. The role of early human biological programming, as well as early developmental programming, is important in this respect. Such observations explain the important role of parenting styles and rearing practices during early phases of life in determining long-lasting behaviors.

The lecture illustrated examples from selected geneenvironment interactions, studies of early maternal

adversity, genetic influences on biochemistry and hormonal effects (especially the HPA axis) on mood and cognition, and how the brain is a social organ, and mind states arise from the biology of personal experiences. Referring to the Romanian adoptee studies carried by **Michael Rutter** and colleagues, and the prospective studies on child development conducted at the Winnicott Research Centre in Cambridge, Professor Goodyer suggested that negative experiences in early childhood could lead to different end points through different pathways.

Characterizing the distal processes of genetic vulnerabilities and early parenting adversities to psychopathology, and relating these to the intermediate biology of psychiatric disorder in childhood and adolescence, emerged as a key research area for the 21<sup>st</sup> century.



### Nature-Nurture Paradigms: From Berlin *versus* London to Berlin *and* London

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As someone who was born and raised in Berlin, I was especially looking forward to attending the 16<sup>th</sup> World Congress of the IACAPAP in my hometown. For the last 12 years I have lived in London, but Berlin never ceased to influence me. For me Berlin is a city that has shown great resilience over the last century. Berlin had to survive many difficult periods, but Berliners always managed to rebuild their city and were eager to learn from the mistakes that were made. In short, Berlin represents a city with a rich history of change, adaptation, and integration. As such, I thought it was the perfect place to host a congress that brought together scientists from a diversity of scientific

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## Nature-Nurture Paradigms:

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perspectives, expertise, and regions of around the world. Transcultural and multidisciplinary collaboration was a strong feature of many exciting presentations at the conference. But there were two lectures that for me were the highlights of the congress' program. These were the ones by **Leon Eisenberg** and **Michael Rutter**.

In Leon Eisenberg's lecture we were reminded of the fascinating advances that neuroscience has made in terms of describing how biology, inheritance and learning all act in reciprocity to determine brain development and behaviour. Michael Rutter, in his lecture, emphasised that we must endorse that genes and environment interact in important ways; especially in light of the increasing evidence that the effects of some genes are only expressed in the presence of particular environmental risk factors but not in their absence. In my opinion, both lectures brought to the point the most important development of recent years, that is, that we must no longer think in terms of nature *versus* nurture but in terms of nature *and* nurture standing together in reciprocity. It is this, our ever growing understanding of the interplay between environment and biology, which in my opinion holds the key to unravel the complex processes involved in child and adolescent psychopathology, and which will, in turn, facilitate care, treatment and prevention in child and adolescent mental health.

But there was a lot more to the 16<sup>th</sup> World Congress aside from the exciting and rich conference programme. As one of the recipients of the Donald J. Cohen Fellowship, I felt I was given a unique opportunity to meet a great number of fellow scholars, both junior and senior, with whom I thoroughly enjoyed exchanging views and experiences far beyond those relating to the congress presentations.

For me the 16<sup>th</sup> World Congress of the IACAPAP was an unforgettable and immensely stimulating experience. It was a truly interactive, mind opening, interdisciplinary and multicultural event. I hope that we all made new friends with whom we will continue to stay in contact throughout our working careers and beyond.



### **A Place and a Time for Thinking About the Role of Place and Time in Child and Adolescent Psychiatry**

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Evidence points to a substantial rise in mental health problems amongst young people over the last 50 years across the world (Rutter & Smith, 1995). Studies have also demonstrated considerable variation in levels of problems between different countries and societies (Crijnen *et al*, 1997). The implications are considerable: time trends emphasise the urgency in finding 'solutions' to young people's emotional needs; cross-cultural differences highlight the potential for finding 'solutions' that make a difference at the population level.

Progress on understanding the causes of population differences in youth mental health depends on international collaboration. Cross-cultural comparisons of time trends provide a strong test of theories over time. For example, an association between deteriorating youth mental health and rising divorce rates in one country could be mere coincidence. Examining trends in mental health and family instability over a range of countries that vary in these trends allows a much stronger test of this hypothesis. There are considerable methodological obstacles to providing sound answers into relation on

questions about the extent and causes of trends over time and population differences, most obviously the need to compare 'like-with-like'. For example, are informants today more open about talking about mental health problems than they were in the past? Have certain disorders become more 'fashionable'? Do variations in social norms across different cultures influence the thresholds at which particular behaviors are judged as problematic? Training in epidemiological methods and collective thinking on how best to calibrate and validate measures collected in different cultures at different points in time are important requirements for progress.

The IACAPAP meetings provide an important opportunity for fostering collaborations to enhance work in these fields. A variety of talks and posters were presented dealing with the issues of crosstime and cross-country differences in mental health problems. A few stand out in my mind. **Leon Eisenberg** eloquently described the interplay between nature and nurture in influencing child development. As organisms we have adapted to our environmental niche, with genes providing only a general blueprint for development. **Michael Rutter** further highlighted the importance of considering the interplay between genes and environment. However, the role of this interaction in explaining differences between populations as opposed to within populations is much less understood. One question that arises is whether deterioration in mental health over time might suggest that today's societies provide less optimal environmental niches for children to develop within. **Michael Hong** provided an extensive overview of the rapid social and family changes that have taken place in Asian countries. These societies have been marked by rapid, experienced considerable industrialization and urbanization. Traditional values have given way to more modern and

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## A Place and a Time

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individualistic values. At a family level, the birth rate has dropped markedly, divorce rates have increased, and more children now live in nuclear as opposed to extended families. Understanding which of these changes has contributed to increased mental health problems will, as Prof. Hong noted, only happen when we begin to focus on underlying *mechanisms*. What are the implications of these broad societal changes for intrafamilial relationships and parenting? What new stresses do children experience in today's changed world? From whom do children draw their emotional support? Finally, **Frank Verhulst** talked about the importance of longitudinal studies in child and adolescent psychiatry, highlighting the persistence of psychiatric disorder from childhood to adulthood. More generally, it is known that childhood maladjustment is linked with a wider range of adult psychosocial difficulties, affecting for example relationships and parenting. Today's children will become tomorrow's parents, and we must ensure that as societies we have not created a vicious cycle where increased problems in one generation lead to further difficulties in the next.

Addressing these issues requires lateral thinking and methodological innovation. We need the ambition to combine large-scale psychiatric epidemiological approaches with a more detailed focus on parenting and child-centred perspectives. We also need to combine repeated cross-sectional surveys with longitudinal and with cross-cultural approaches.

This brings me to a final point about the congress. It is the informal interactions and conversations that are perhaps most important here. I was fortunate enough to take part in the Donald J. Cohen Fellowship program, a truly international group of researchers and clinicians from a

range of different disciplines, with different perspectives and different skills. We all, however, shared the same interest in learning from one another toward improving our research. I hope that Berlin 2004 was a place and a time during which international research collaborations were fostered that will continue long into the future.

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## Primary Preoccupations for All

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It was an honor to attend my first IACAPAP meeting in the historic and futuristic city of Berlin – especially as a proud recipient of a Donald J. Cohen Fellowship that made it possible for me to attend. Among my memorable experiences were visits to incredible museums, contrasted with the incredible futuristic architecture.

At the meeting, one of the highlights was a chance to see **Dr. James F. Leckman** give a main lecture – on a topic that has both a long historic tradition of thought in psychology, as well as a recent rebirth of interest using modern and, until recently, futuristic techniques. The title of his lecture was “Primary Parental

Preoccupation: Circuits, Genes, and the Crucial Role of the Environment..”

Jim spoke about the details of parental behavior around the birth of a child and the development of the parent-infant bond: how much is genetic?; how much is hard-wired into the brain?; and how much is shaped by parenting and other environmental factors? Certainly, the parent-infant bond, and the nature-nurture debate about the development of our offspring has a long and interesting history. This relationship has fascinated scholars and artists through the ages as well as psychiatrists such as Donald Winnicott – who described the postpartum period for mothers as an epoch of heightened sensitivity, almost like an illness – to Donald J. Cohen, who was fascinated by the social motivation for intimate relationships, which precedes cognitive development in the baby's attachment to the mother.

Jim began his talk with a slide of a Leonardo Da Vinci painting of a mother and child and wondered: “What is this woman thinking?”, and “How has evolution endowed us with the capacity to become parents and make the tremendous adjustments in our lives for a child?” It was just such questions that prompted Jim and his colleagues to study parental thoughts and behaviors in the peripartum, and show that there is an increase in preoccupations and habitual behaviors such as checking – somewhat similar to the symptoms of obsessive-compulsive disorder. But this was just the beginning of this fascinating tour-de-force presentation: one that seamlessly connected the seemingly distant dots of evolution, culture, psychology, brain circuits and genes.

The lecture continued with an outline of an evolutionary approach to understanding parental thoughts and behaviors and a review of animal models of these behaviors. It is interesting to consider that the symptoms that plague people with

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## Primary Preoccupations for All

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obsessive-compulsive disorder might involve the very same brain circuits that have evolved to help us care for our babies. Much is known about the brain circuits, hormones and genes that subserve parenting in other species, including the importance of certain midbrain regions and certain hormones such as oxytocin.

Further, Jim reviewed the growing literature that supports the notion that the intrauterine and early postnatal environment – during critical developmental windows – may “program” later parenting behavior and indeed, may set each of us up for a mental health risk and resiliency profile. Jim also showed the first glimpses of brain imaging research emerging from his team at Yale. His team has been using functional magnetic resonance brain imaging to study the brain responses of parents in the first four months after giving birth to infant stimuli.

Brain areas important for responding to alarm, determining value and performing habits are activated in parents’ brains to “own baby” cries and photos compared with control cries and photos. The pattern of activity appears to be different between moms and dads, between first time and veteran parents, and between scans done at two weeks postpartum and three months postpartum as the bond develops. Several groups around the world are beginning to use such techniques to study the brain basis of the parent-infant bond, and will be used to study the developing affiliative systems in children’s brains in the near future.

In this age of increasing awareness of the critical importance of early life events and environment, such as parenting, Dr. Leckman gave an eloquent, state-of the art, multidisciplinary and motivational talk. It was highly relevant to the

international community of child psychiatrists as we consider the key early-life determinants of mental health and consider future preventative health measures in children when they may be most effective.

Although I am fortunate to know Jim from well before the Berlin meeting (and to indeed be a part of his research team on some of the studies described above), I realize now that it sometimes takes a trip to a different country and continent to become fully aware of the context, complexity, reach and relevance of the work of some of our closest collaborators. Through my experiences at the IACAPAP meeting, I have gained a new perspective on the interrelated work of colleagues from points throughout the entire globe, as well as those from my local community in New Haven, Connecticut.



### Listening to Sir Michael: Environmentally Mediated Risks for Psychopathology

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I am a young Chinese psychiatrist, participating for the first time in the World Congress of the IACAPAP. I felt very lucky and honored to be present as one of the Donald J. Cohen Fellowship recipients, and as one of three representing the world’s most populous nation. In the Congress I met colleagues from many different countries, and established relationships that I am hopeful will last into the future. I welcomed the opportunity of introducing and having myself be known to the international leaders in the field of pediatric mental health. This was truly a unique and very valued experience.

The meeting was just as scientifically important for me. Of the

many meaningful and important aspects of the Congress, I was particularly taken by **Professor Michael Rutter**’s sterling lecture, “Environmentally mediated risks for psychopathology.” We know that the pathogenesis of most mental disorders rises from two interrelated areas: genetic and environmental influences. And yet, it is difficult to distinguish their respective contributions, given that they are reciprocal and interactive with each other. How then to best study this interactive model of pathogenesis? Precisely this was what Professor Rutter addressed in his lecture. In the empirical studies he described, he has found the environmental mediation of risk for adverse psychological outcomes has to be preceded by risks for adverse psychological outcomes. Such risk factors include parent-child separation and the involvement of fathers (or lack thereof) in childrearing. The identification of points along the dimensions where risks arise may help in that connection, as shown by findings on early childcare, parental age at the child’s birth, and harsh or physical punishment, including overt child abuse.

In his lecture, he first told us how testing for environmental risk ordinarily (and artificially) requires the use of designs that pull apart variables that usually go together. Second, that the measurement of within individual behavioral changes over time and is not a static function. Third, how we can use ‘natural experiments’ in order to differentiate between environmental and genetic risk, as he has done in his studies with Romanian orphans raised under adverse early conditions. Fourth, how the use of novel statistical techniques can help to offset the unavoidable limitations introduced by measurement error.

In his lecture, he provided a range of examples to illustrate the success of the strategies described. Finally, Professor Rutter summarized

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## Listening to Sir Michael:

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the important of taking into account gene-environment interactions in relation to the novel areas of molecular genetics and quantitative modeling. Large individual differences in response to a given environmental risk were noted, and the need to put together these findings into an overall causal model of developmental psychopathology.

Professor Rutter's stringent and untiring scientific spirit was palpable throughout. His lecture helped me to gain a better understanding of his thinking, and proved to be a most valuable harvest; one that energized me to return home to and embark on the many scientific and clinical challenges that lie ahead.

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## Another Look at Resilience

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I was privileged to participate in the Donald J. Cohen International Fellowship Program at the 16<sup>th</sup> IACAPAP congress held in Berlin. I would like to share my thoughts following the symposium on the topic resilience chaired by **Sir Michael Rutter**.

I have to say that I was especially interested in attending this interrelated series of talks, given that dealing with traumatic events is not only my personal interest, but a sadly ongoing issue in my native Israel, as elsewhere in the world. The symposium was enlightening, starting with a presentation by **Stephan Collishaw**, another Cohen fellow, who presented findings drawn from the Isle of Wight study, a thirty-year follow-up of an

epidemiological sample, where one third of maltreated individuals reported no mental health problems as adults. Sir Michael Rutter followed with an interesting presentation on the new frontier of gene-environment interactions in relation to resilience, discussing the genetic influences on individual differences in susceptibility to environmental hazards. **Jana Kreppner**, yet another fellow, presented findings from a study that investigates the development of adopted children from profoundly depriving institutions in Rumania and the persisting negative effects of early adverse experiences among the more vulnerable (or most tardily adopted) ones. **Anne Inger** discussed the implications of theoretical resilience concepts, and **Suniya Luthar** summarized the symposium with an overarching commentary that integrated the different findings into a cohesive whole.

I then returned to the literature to look at the definition of 'resilience' again, and came across diverse descriptions – from the metaphoric (*the ability to bend and then spring back in the face of adversity*; Garnezy, 1993), to more complicated definitions, such as the concepts of *allostasis and allostatic load that link the protective and survival values of the acute response to stress to the adverse consequences that result if the acute response persists on human psychological resilience on one hand, and vulnerability to psychopathology on the other* (Charney, 2004).

Besides these different definitions, and the historical and epidemiological methods of various lines of research, I came to think about the children who I meet, either in the clinic or other settings; about the child I once was, and wondered about what provides the strength and the ability to go on in the face of adversity? Concepts like sense of mastery, self-regulatory skills, defense mechanisms, and family cohesion came to mind. Is it the critical role of the maternal stress-

buffering capacity that plays a central element in children's resilience, as suggested in previous research of Israeli children exposed to SCUD attacks during the first Gulf War (Laor et al, 1997, 2001).

My associations then led me to a study done by another group of Israeli researchers in adult patients after myocardial infarction. They found that patients with repressive coping style were better adjusted to traumatic stress, both in the short and longer term (Ginzburg et al, 2002). Repressive coping style is defined in the literature as the cognitive and emotional effort to ignore or divert attention from threatening stimuli, whether internal or external. Repressors are in turn defined as individuals who express low anxiety and high defensiveness (Weinberger, 1979). In yet another study, avoidant-focused coping style was found to increase the risk of being sensitized, compared with subjects with an emotion- or task-focused coping style (Johnsen et al, 2002). While many of these findings were described in adults, what about children? Is it better for them to repress, not to deal with the trauma? If so, it would certainly be different from the way many of us conceptualize the issue today. Or will avoidance lead to later vulnerability? Will the avoidance of threatening emotions and cognitions impede the processing of the experience that is necessary to the integration and working through of the traumatic contents? How is all of this throughout development?

I remained with all these questions, and then came across a reassuring citation reminding me that I am not the only one pondering such thorny questions: *One day we may be able to say with some degree of confidence that factor A over a certain level + factor B over a certain level + factor C over a certain level will produce Y level of functioning in domain X, in about 80% of the cases. Despite advances in our knowledge*

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## Another Look at Resilience

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*about the influence of various protective and risk factors in development, health and functioning, however, we still have good reason to remain humble* (Allen JR, 1998).

As an international Donald J. Cohen fellow at the IACAPAP Congress, I had the opportunity to meet fellow child psychiatrists and psychologists from all around the world, to exchange ideas and thoughts, and even to start collaborating towards a transcultural research project on the all too painfully relevant subject of posttraumatic stress disorder. I believe that to embark on such a venture together with newly minted friends is to quite literally work toward our own resilience.

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### Quality Assurance in ADHD: The European Interdisciplinary Network

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Alexandria, Egypt

It was a great opportunity for a young child and adolescent psychiatrist to be selected to attend the 16<sup>th</sup> International Congress of the IACAPAP in Berlin. I went representing Egypt, full of enthusiasm to know not only of new research findings and techniques, to meet those leaders who provide guidance and reference to our own studies, and to meet young colleagues from around the world struggling with challenges not too different from our own.

As a way to become fully engaged, we were given the task of serving as reporters for critical aspects of the Congress. This sounded intriguing and challenging, as well as a little scary and difficult for a non-native English speaker such as me. My own assignment was to report on a symposium on how Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed and managed, all while ensuring that high standards of medical performance are achieved in the provision of healthcare.

This was the task set forth by the European Interdisciplinary

Network for ADHD Quality Assurance. EINAQ is an educational initiative of Continuing Medical Education in Europe that aims to provide easy access to the best and most recent knowledge and practice parameters for doctors involved in a network for healthcare of children with ADHD and their families. A question issued was in how to be certain that a child with ADHD is not just spoiled, bored, or restless, as children are not alike in expressing their emotions or social behaviors. Therefore, a child with ADHD must have severe impairment of psychological development as manifested by high levels of inattentive, restless and impulsive behaviors. Its onset is in early childhood, before the ages of 5-7 years; present for at least the previous six months, and present in more than one setting (school, home, work), with clear evidence of clinically significant impairment in social, academic or school performance and functioning compared to other children of the same developmental age.

The exact etiology of ADHD is unknown, but recently, using structural and functional brain imaging, electrophysiological and neuropsychological studies have shown abnormalities, especially in the frontal cortex, responsible for executive functioning (attention, planning, reasoning, problem solving and working memory). Various alterations in higher-order cognitive functions and motivational processes have also been found. Molecular genetic studies have found associations with variations in genes for the dopamine receptors 4 (DRD4 7-repeat allele) and 5 (DRD5 148bp-allele), and the dopamine transporter (DAT1 10-repeat allele). Converging evidence from a variety of sources suggest that catecholaminergic dysregulation is critically involved.

Considerations on etiology also include environmental risks, including prenatal and perinatal

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## Quality Assurance in ADHD

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obstetric complications, exposure to alcohol and nicotine, and the quality of relationships within family members and at school. Constructed clinical interviews with both parents and school personnel (teacher, psychologist) for evaluation of the psychopathological symptoms, together with child behavior rating scales are useful diagnostically. Clinically critical are interviewing the child in order to identify the degree of impairment, coping and perception with their disorder, coexistence of other developmental, emotional, behavioral, vision, hearing or learning problems. Observing the child's behavior while interviewing, and school testing are also important. Assessment of IQ is useful to determine academic performance versus academic potential; neuropsychological assessment for testing executive and non-executive (timing) functioning are of good predictive potential for prognosis.

The persistence of the disorder through adulthood depends on the severity of defining criteria and the degree of a child's perception towards symptoms, together with their level of psychosocial functioning. Parental training and behavioral interventions in the family are essential to the psychological and educational interventions for the child. Medications should be considered when psychological treatments are insufficient alone. Concluding this was a reminder of the importance of support groups for individual sufferers and their families, and for public campaigning for increasing the awareness of how important it is that we recognize and treat children with ADHD.



## Brain Imaging in Psychiatry

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Sunday morning, at the beginning of the 16<sup>th</sup> world congress of IACAPAP in Berlin, about 25 people interested in brain imaging met to attend a course led by **Alex Sumich** from the Biostatistics and Computing Institute of Psychiatry at Kings College, London. Alex Sumich presented a broad and absorbing range of topics: starting with the early beginnings in electroencephalography with Hans Berger in 1929, and ending with examples of current studies in children with ADHD. He brought many graphs and examples, and encouraged the auditorium to read more about brain imaging in the literature and the internet. After his talk he met with all of us in person to discuss ideas in further detail.

The most important result of this Sunday morning for me, as a clinical, experimental psychologist, was that although I didn't know very much about brain imaging, I could follow the presented issues very easily and therefore feel absolutely prepared for running a MEG study together with the clinical psychologists in our department.

The experience with this single, first course that I have taken so far, reflected very well the overall atmosphere at the IACAPAP world congress and the Donald J. Cohen Fellowship: throughout the entire week I obtained a large amount of extremely helpful and up-to-date information, paired with invaluable personal support from researchers from different areas and from all over the world, with whom I am still in contact. This experience was most inspiring, both personally and for my current and future research. I am looking forward to maintaining all the established contacts (including the Donald J. Cohen fellows and mentors) and to creating and accomplishing all of our planned work and research projects together.

## Gender Matters

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'What About Girls?' was the intriguing title for the lecture on 'Sex Differences in Psychopathology' that **Collette Chiland** gave in honor of the late **Gerald Caplan**. A great number of listeners surged into the hall to hear and see Chiland, the grande dame of the Sorbonne in Paris, and a IACAPAP Honorary President.

In her lecture, Chiland summarized that children are typically considered as gender-neutral, when in fact the developmental pictures of young girls and boys are not the same. More boys than girls are seen in clinics. Most psychiatric symptoms are more frequently seen among boys than girls. Boys have more difficulties at school. Girls tend to be better (and earlier) readers.

Chiland started with a look at available empirical investigations. She reported on a study of more than 7,000 patients seen at the Alfred Binet Centre in Paris over a period of 16 years. The number of treated boys was higher than the number of girls (sex ratio 1:1.62). For all psychiatric disorders of childhood, except for selective mutism, eating disorders, 'inhibition', and 'hysterical' (somatoform) symptoms, boys tended to be affected more often. During the development from childhood to adolescence, girls showed more eating disorders, depression and suicidal attempts, whereas boys had more antisocial and addictive behaviors and suicide. In adolescence, girls have clearly more emotional and depressive disorders.

Chiland expressed how many investigators talk about sex differences in psychopathology, but largely lacking when offering

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plausible explanations. The well-known statistics of higher pre-, peri- and postnatal mortality in boys, of higher morbidity of boys in early childhood, and of longer life expectancy in women all suggest a genetic advantage for bearers of double X chromosomes. The second X could possibly prevent from certain deficiencies. From a biological perspective, the differences in hormonal functioning and neurodevelopment have to be taken into account. Chiland's talk made it seem clear, perhaps a bit too clear: the male sex is the weaker one.

What could be the possible implications? - a concerted effort to support boys, perhaps. Since for example girls have a better and earlier grasp of language, teachers could support boys more in this respect at school. Further, Chiland pointed out from a view of her philosophical experience that there are important social implications as well. At last she put some provocative questions on the table, such as 'why are women deemed to be 'monsters' on making successful careers?', or 'is the depressive potential of women a result of suppression through men?'

The different points of view of philosophy, psychoanalysis and empirical research, through the eyes of Colette Chiland gave the lecture an excellent and very charming character. The topic was of such interest that one of the most frequently read newspaper in Berlin, *Der Tagesspiegel*, the next day included a lead article on how "Girls suffer differently than boys".

## III. Interviews

### Seeing the Individuality in Every Child:

#### An Interview with Professor Helmut Remschmidt

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Despite **Professor Helmut Remschmidt's** very busy schedule, I am sitting across him at a low table in his presidential office, located in the International Congress Centrum Berlin. I am surprised how calm, relaxed and personable he is in the midst of the many events of this World Congress, for which he is ultimately responsible. I note that he seems to have the gift of being able to focus on what is in front of him at the very moment. This is truly a gift. Having been selected by **Andrés Martin** to interview Professor Remschmidt (maybe by virtue of my being German, having then trained as a psychiatrist and child and adolescent psychiatrist in the U.S., where I work and live now) – I am given the privilege of his undivided attention. I feel welcome. When I ask him how he is doing, I am surprised again. After answering my question that he is well, enjoying the congress, he follows with a question of his own. "Have you noticed any problems during the congress?" I register this as an immediate sign that after less than two minutes into his conversation with a stranger, Helmut Remschmidt shows concern and compassion. He is ready to listen. He invites comments about potential problems. He appears eager to search for an analysis of the situation and a solution right in front

of my eyes. Fortunately for me (and for all of us attending the Congress), I had not noticed any problems.

Having learned about many different and meandering paths into medicine and psychiatry from colleagues and friends, I want to know from Helmut Remschmidt what his trajectory was into the field of medicine, in general, and into child psychiatry, in particular. He explains: "It started based on an illusion. I had wanted to study music and German literature. However, I thought to myself that if I wanted to get to know the human being in the most comprehensive way, I had to learn three things: physiology, which meant I had to study medicine; the soul, leading to psychology; and the ideas of the world, which directed me toward philosophy. Hence, I started to study medicine, taking up psychology and philosophy after the preclinical exams in medicine. I was awarded a Ph.D. stipend from the Volkswagen Foundation, receiving my Ph.D. in psychology from the University of Tuebingen for my work on personality changes in patients with epilepsy, comparing them to patients with non-neurological, medical disorders and healthy controls."

A man of many abilities and broad interests, Helmut Remschmidt received degrees in medicine, psychology and philosophy. I am impressed by such dedication to knowledge. I want to know more about his path into child and adolescent psychiatry, having been led myself by my experience with children and adolescents during rotations as part of my general psychiatry residency, and by serendipitously having been exposed to a research team that focuses on reducing the incidence of psychotic disorders through early identification and intervention. Professor Remschmidt's experiences resonated



## Seeing the Individuality

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with my own: “After graduation, I started my first job as an MD. It just happened that my chairman assigned me to a 225-bed child psychiatry hospital. I was the only doctor and told my boss: “I can’t do this.” His response was simple: “You are going to learn it.” “In order to get by and improve the care of my patients, I quickly had an idea. I not only had to train myself, but also the nursing staff in order to receive the appropriate help. From that time on, I trained nurses every Wednesday evening about all aspects of psychiatry. The staff was very appreciative and requested that the learning material be given to them as a written script. Later on, they also urged me to get it published, so that nursing staff at other institutions and their patients could benefit from the same knowledge. When I finally contacted the Thieme publishing company, I learned to my surprise that they were actually in the process of putting together a book with two neurologists that focused exactly on training members of the nursing professions. The publisher was enthusiastic about my script and put me in charge of coordinating the chapters with the other co-authors, who to my advantage were not as far ahead with their drafts as I was. Having not intended to write or publish, I had suddenly become a co-author of my first book. The book, entitled “Neurology and Psychiatry for Nursing Professions” (edited by Haupt, Jochheim & Remschmidt), has been translated into Spanish, and is currently in its ninth edition. That was my path into child psychiatry, training and medical writing. It was always intended for practical use, not for the sake of publishing.”

“My next steps into child psychiatry were influenced by a mentor

of mine, **Dr. Walter Kast**, who worked at a hospital for mentally handicapped children. He recommended studying child psychiatry in Marburg, rather than adult psychiatry at the Max Plank Institute in Munich. During my work at the hospital for mentally handicapped children, I had an important experience with a patient. “A girl with a seizure disorder had a troublesome, but inexplicable behavioral problem. At night, she repeatedly tore out hair from her sleeping peers. In order to understand that phenomenon better, I stayed on the unit at night to observe her behavior without her noticing me, and I talked to her at length. As it turned out, she was in an *omega position* in the group of patients on the unit: she was systematically neglected and abused by the other girls. Having understood the underlying reason for her retaliative behavior, I ventured to change it. I gave the girl special attention, tried to let her abreact her aggressive impulses, but more importantly, I worked with her on increasing her self-esteem. After a couple of weeks, she ceased from tearing out the hair of her peers, which was achieved without any change in her medication regimen.”

His interest in effecting change, rooted in a deep compassion and understanding for humans and the human condition, has propelled Helmut Remschmidt through his personal and professional life. He moved to the Department of Psychiatry at the University of Marburg, Germany, in 1968, building one of the premier child and adolescent psychiatry departments in the world, at a time when child psychiatry was an even more neglected field than it is now.

Having learned that he is a true Renaissance man, and being a lover of German poetry myself, I want to know which authors he favors. He names many poets that are very dear to me too, and who readers may want

to explore themselves in order to get a taste of some of the best poetry that has been written in the German language: Rainer Maria Rilke, Stefan George, Hugo von Hofmansthal, Peter Huchel, Karl Krolow, Durs Gruenbein, Sara Kirsch, Paul Celan, Rose Auslaender, and poetry from the Bukowina. He recommends a collection of poems from that region (“*Faeden ins Nichts gespannt – poetry of the Bukowina*”). Helmut Remschmidt often reads poetry before falling asleep and knows more than 200 poems by heart. As participants of the opening ceremony of the IACAPAP congress in Berlin could not fail to notice, Helmut Remschmidt also loves classical music. I was very much taken by the fact that a chamber orchestra was seated on the podium, weaving the fabric of the ceremony with an all-international language: music. Asked about his relationship to classical music, Prof. Remschmidt explains: “I started to play the violin as a child. Later, I took up the piano and the organ. When I moved into my first hospital housing, I spent my first 5,000 German marks to buy a cembalo. The apartment was almost devoid of furniture, but it housed a cembalo. I also took lessons once a week with Hermann Werderman, who was the cembalist of the *Suedwest-deutsches Kammerorchester*, playing a lot of Baroque music. After a ten-year break from playing classical music, I changed to playing the viola, playing in a quartet, and I started playing the piano again.” As far as composers go, we seem to share an undivided admiration of Johann Sebastian Bach. Other favorite composers of his include Bruckner, Mahler, and Schubert.

Without fail, our conversation turns to **Donald J. Cohen**, who is so aptly commemorated by the Donald J. Cohen International Fellowship.

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Looking up at me, he asks: “Did you know Donald?” When I answer that I did not get to know him, the regretful look in his eyes is another testament to the deep impact that Donald Cohen must have made on everyone around him. In the second of this gaze I can see how much Helmut Remschmidt is certain that any contact with Donald Cohen would have been transforming for me too, and that it is my loss not to have met Donald. He goes on to share with me how much he misses Donald’s sharp emotional intelligence and friendship. He also expresses how much Donald, with his deep interest in and engagement for international relationships, and his strong sense for mentorship, is missed by the world psychiatric community.

But Helmut Remschmidt has his own legacy of mentorship. Seven professors of child psychiatry in Germany grew out of his department. He is a founder of the **European Research Seminars**, which train young European scientists to become state-of-the-art investigators. These research seminars, begun in Heidelberg in 1998, are now conducted at an international level. Recent venues have included Egypt and Italy. Participants receive a one-week training in child and adolescent psychiatry research. Half of the days, they listen to lectures by 8-10 presenters, the other half they present and discuss projects, which have a clear focus on a realistic plan that can be implemented and fits regional necessities. The young researchers have an opportunity for close networking, and building of relationships with other scientists. I can hear Prof. Remschmidt’s pride that the senior scientists presenting at these meetings provide their mentorship and time without honoraria. Furthermore, these seminars are

planned to also take place in Asia and South America, so as to increase the level of research in child psychiatry in these countries.

Given Professor Remschmidt’s eminent position in world child psychiatry, I want to know what he considers the most important issues in the field; which areas he wants the next generation of child psychiatrists to particularly focus on. “First, it is critical for the field of child psychiatry to avoid the risk of being one-dimensional. Maintaining the plurality of methods is essential. Concepts need to be inclusive. A solely pharmacological approach and prescribing of medications in 15-minute appointments are inappropriate. It is crucial to continue with an interdisciplinary methodology, which should include cultural, environmental, psychological, social, pharmacological and genetic factors, among others.”

“Second, we must not be guided by any ideology, such as, for example, well-meaning empiricism. We have to understand children in all their aspects, paying attention to the multitude of factors that are at work in their lives. It is important to strengthen the self-healing powers of children, to see in a holistic way the individuality of each child, which enables us to foster the potential of each one. In all efforts of diagnosis and treatment, we need to see the individuality in every child. In this regard, I was very impressed by a teacher of one of my daughters who was in her 60s. After more than 35 years of teaching, she still was able to see what was unique and special in each of the children she taught. She did not teach children according to general formulas, but according to their needs and abilities. That impressed me and taught me a lot.”

“Third, in academic research and research conducted by industry, we have to develop and adhere to

strict ethical codes that protect the integrity of children and adolescents. I am currently working on a statement paper on an ethical code for research in child psychiatry. As a field, we have to pay attention to the special situation of each child, and use research in the best interest of these exquisitely vulnerable individuals.”

“Finally, we have to convince societal and political powers to do more for children. We have to fight so that our societies place a high value on positive and rich childhood development, and that this be seen as a goal worth investing into. We have to help create circumstances that are favorable for children. It is highly problematic that societies are reluctant and unwilling to pay for conditions that are advantageous for children. It is grotesque and sends a message about our priorities that stock market values are aired every day. The value of managers and of people working in the banking and stock market business is vastly overvalued. This creates an imbalance in our societies. It reflects an inappropriate estimation of money and consumption. This situation requires a change in thinking. It requires action. We all will need to work together on changing this cultural atmosphere.”

Someone knocks at the door. Prof. Remschmidt’s secretary informs him that someone from an Eastern European country requires additional documentation about her attendance at the conference because her abstract submission had arrived after the deadline. She also reminds him of the tickets for the organ concert in the Berlin Dome that will begin in one hour. I look out of the window of this futuristic office. Grey Berlin sky and a sign in neon: “*Hotel Ibis–Coole Preise! Euro 54*”. Helmut Remschmidt is looking for the CV of the musician he will introduce at the concert. He and his secretary agree on

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## Seeing the Individuality

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the best way to get from the ICC to the Berlin Dome. He turns to me, smiling: "You see, we have to come to an end." Rising from one of the black leather chairs, I want to know one more answer. "Professor Remschmidt, can you just leave me and the readers of the *IACAPAP Bulletin* with three important wishes of yours?" He pauses, with curious eyes. "I have not thought about that. Well, I wish for health, for my family, and myself. Also, that I can complete my plans in the academic realm. And, that we can live in a peaceful time, without terrorism and war."

We say goodbye, and I am grateful for this hour spent with someone who has made, and continues to make each day, a difference on so many lives throughout the world.



### A Decade Editing the *IACAPAP Bulletin*: Drs. Cynthia Pfeffer and Jocelyn Hattab

Orlando Uccellini, M.D.  
Rome, Italy

Ramón Lindauer, M.D.  
Amsterdam, The Netherlands

We will introduce ourselves. We are Orlando Uccellini from Italy, and Ramón Lindauer from the Netherlands. The Donald J. Cohen Fellowship Program was for us a fantastic opportunity to meet other colleagues from different countries who were also interested in the field of research in child and adolescent psychiatry. Therefore, our grateful thanks to many people, especially **Professor Helmut Remschmidt**, president and central organizer of this wonderful Congress.

In the aim of the fellowship, we wanted to meet **Drs. Cynthia Pfeffer** and **Jocelyn Hattab**, editors of the *IACAPAP Bulletin* since its inception ten years ago. But how to arrange an appointment with two people we had never met at such an enormous Congress and amid so many participants? We decided to leave a note in the hope that they would find it and we would be able to meet them. Luckily for us, this indeed turned out to be the case. Both were very friendly and pleased to meet with us.

We made an appointment with them in the Fellow's Lounge, a quiet part of the hall specifically set aside in order to meet with other fellows. We spoke with them about the start and development of the *Bulletin*, about the Congress, about Donald Cohen, as well as about their work in child and adolescent psychiatry.

For us this was the first time to participate in such a grand event. The scientific program was so interesting that it was at times difficult to choose between competing offerings. They agreed, but remarked that the Congress is also an event to meet other people, to discuss your own and others' scientific work, as well as to discover a little bit about the host city, in this instance the reunified German capital, the incomparable Berlin.

They told us of Donald Cohen, of this stimulating and energetic person who was so engaged with young clinicians and researchers throughout the world, and after whom this fellowship was named. This was the first time that so many fellows had the possibility to meet each other during a Congress.

Meeting and establishing contact with colleagues all over the world is the major aim of the *Bulletin*, which started in San Francisco in 1994. The editors mentioned that the *Bulletin* started as a newsletter in which forthcoming meetings and congresses were mentioned. The

newsletter reported what was discussed at the worldwide meetings and congresses. The newsletter later became the current *Bulletin*.

One of the main problems concerning the *Bulletin* was to reach other colleagues who were also interested in what is going on in the field of child and adolescent psychiatry in other countries. The Internet was part of the solution. Everybody has now the opportunity to read the *Bulletin* through the internet. The *Bulletin* is available on line for free and appears twice a year. We hope that many colleagues will become engaged in writing for the *Bulletin* so as to share their experiences in child and adolescent psychiatry and to follow the development of our profession around the world.

The *IACAPAP Bulletin* was an effective idea to improve communication between colleagues of different countries and has existed now for a whole decade. The Donald J. Cohen Fellowship Program is another excellent initiative to build bridges and to bring young researchers in the field together. It has been an exciting beginning, and we hope that it will continue in years to come.

We thanked the editors for their time, shook hands, and went home with a very good and enthusiastic feeling about "our" own congress. Like Drs. Pfeffer and Hattab, we hope to hear from you in the *Bulletin*, or to see you at the next IACAPAP Congress in Melbourne, Australia in 2006!



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