International Association of Child and Adolescent Psychiatry and Allied Professions

IACAPAP

Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées

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A Dedication to Colette Chiland

Colette – a remarkable woman – who for more than 30 years has held positions on the IACAPAP Executive Committee besides pursuing many other commitments on a national basis! Her dominant international activities have had to do with IACAPAP, where in 1974 she started as Vice President on the Executive Committee for two terms, then was elected President in 1982 at the Congress in Dublin, Ireland. Colette and her co-workers organised the 11th World Congress of IACAPAP in Paris in 1986. In 2002 she was elected Honorary President of IACAPAP.

In 1973 Colette started to work as co-editor for the IACAPAP Yearbooks together with James Anthony and Cyrille Koupernik. She took over as Editor-in-Chief around 1990 and worked together with Gerald Young. From 1994 she has been Editor Emeritus.

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President's Column

This special issue of the IACAPAP Bulletin honors Colette Chiland. In the interview undertaken by Marie-Rose Moro and in the recollections of just a very few of her many colleagues and students we can only begin to grasp her enormous contribution to the field of child and adolescent psychiatry, child mental health and all those fields of study that contribute to our understanding of human beings.

It is a particular pleasure for me to be President of IACAPAP at a time when we can have this special issue. I have known Colette for perhaps a shorter period than many, but certainly have valued every moment of our relationship. We traveled to India together and shared some wonderful experiences. I have participated in many discussions of the Executive Committee with Colette's input while I was Treasurer, and I have sought her opinion on innumerable subjects both of a professional and personal nature. Colette is truly an exceptional individual...a treasure for all of us to appreciate. I hope you will enjoy the comments by and about Dr. Chiland. She has set a very high standard for us to try to achieve.

I have recently posted on the webpage an extensive summary of recent IACAPAP initiatives and will not repeat them here. However, I want to call your attention to the upcoming Melbourne Congress. It will be held September 10 to 14, 2006 and promises to provide an exceptionally strong scientific program taking up topics that

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Colette Chiland

Cet hommage rendu au Professeur Colette Chiland est particulièrement bienvenu. Il faut en remercier son initiateur l'actuel président de l'IACAPAP le Professeur Myron Belfer

Depuis 30 ans, au côté de Serge Lebovici auquel la liait une profonde amitié, Colette Chiland a apporté à l'IACAPAP¸sa compétence, son énergie et plus encore son extraordinaire ténacité et fiabilité. Colette Chiland c'est une assurance sur la vie pour les associations qui ont la chance de l'avoir parmi ses membres. Elle en a fait la preuve à l'IACAPAP comme vice-présidente, puis comme présidente et comme responsable de l'édition du yearbook.

Dans son travail à l'IACAPAP, elle a mis aussi son énergie au service d'une attention pour chacun et d'un souci de justice et d'équilibre entre tous. Cela l'a conduite à défendre avec force, mais aussi avec le sens de l'équilibre et de l'ouverture, aussi bien la place des femmes et des psychologues dans cette association que celle du français, deuxième langue officielle avec l'anglais.

Ces qualités on les retrouve tout au long de sa vie et de sa carrière professionnelle comme en témoignent les hommages rendus par deux de ses collèges et élèves à l'Université et dans le service de psychiatrie du XIII^{ème} arrondissement de Paris et par le Professeur Ferrari.

A ces qualités s'ajoute le sens du travail en équipe et de l'animation d'une équipe. Ce fut un plaisir et un

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President's Column

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will be of interest to an international audience. A highlight will be the fellowship program led by Andres Martin with the support of many Australian colleagues. As reported before, Suzanne Dean and Campbell Paul have taken up the duties of leading the Organizing Committee after Howard Cooper's death and have done a remarkable job along with Brett McDermott and Barry Nurcombe leading the Scientific Program Committee. Please find out more about the Congress at www.iacapap2006.com

Best wishes.

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Colette Chiland

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honneur que d'avoir pu travailler à ces côtés et d'avoir eu la chance de pouvoir la prendre comme modèle.

Merci pour votre amitié.

Prof. Philippe Jeammet

Colette

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Colette Chiland has always strived for our Association to be a forum for psychiatrists, psychologists and other professionals working in the field of Child Mental Health, besides being an advocate for female representation on the Executive Committee.

Dr. Chiland is the source of information on how to manage the tasks confronting a diverse international organization. She is a careful interpreter of the rules. She calls attention to how tasks should be managed according to the Constitution of the Association – and for many years she has been the person you always could consult and ask for advice.

To give a short summary of her professional background: Dr. Chiland was trained as a child psychiatrist, psychologist and psychoanalyst in Paris, France and got a doctorate both in medicine (1954) and in the humanities (1970). Her academic appointments range from Professor of Philosophy in Marseille to Professor of Clinical Psychology at the René Descartes University, Paris, until 1992. In 1980 she became Dean of the Faculty of Psychology at the same university. She has been a Visiting Professor both at the Cornell Medical Center and at Stanford University in the States. Her hospital affiliation has been the Alfred Binet Center in Paris.

Colette has been lecturing around the world, on all continents except Australia which she will do this September at the IACAPAP Congress in Melbourne. She has published eight books and been co-author and editor of another 20 books and five special issues of Journals. Furthermore she has presented more than 200 papers.

Since 1969 she has held executive positions in different national professional organizations connected with psychology and child psychiatry. 1993–1999 she was President of the Scientific Council of the Société Francaise de Psychiatrie de l'Enfant et de l'Adolescent. She also holds memberships in many national and international professional organizations.

Colette Chiland is a very active person, especially when it comes to writing books and participating at professional meetings.

We wish her continued success for many years to come!

Kari Schleimer, MD, PhD
Permanent Secretariat of IACAPAP

Colette Chiland

Ayant pendant de nombreuses années travaillé dans son équipe et sous sa direction au sein du laboratoire de Psychologie clinique de l'université René Descartes-Paris V, je peux témoigner du rôle très important de Colette Chiland en ce qui concerne l'élaboration du contenu des études et de la formation des futurs psychologues cliniciens.

Colette Chiland, lorsque je fis sa connaissance, m'impressionna par sa formation très complète: agrégée de philosophie, psychiatre et psychanalyste, responsable d'une consultation d'enfants et d'adolescents au Centre de santé mentale infantile Alfred Binet de Paris, centre créé par Serge Lebovici et René Diatkine. L'agrégation de philosophie, dont une des premières et des plus brillantes représentantes, pour le sexe féminin, fut Simone de Beauvoir, est un diplôme exigeant et difficile. La philosophie vous apprend la rigueur conceptuelle, la précision dans l'usage et la définition des notions ainsi que la chronologie d'une œuvre puisque le certificat d' "Histoire de la philosophie" est tout entier dévolu à cet apprentissage: l'étude des philosophes, dont plusieurs sont au programme chaque année, à travers l'évolution de leur œuvre. Je me souviens de Gilles Deleuze faisant à ses étudiants une présentation remarquable – chronologique et conceptuelle – de l'œuvre de Kant. Sur les bancs de la Sorbonne, vous apprenez le maniement d'idées difficiles et complexes, avec l'exigence de clarté et de précision. La psychologie clinique a d'ailleurs connu son essor en France grâce à quelques grands professeurs des universités, tels Daniel Lagache (1903–1972), Juliette Favez-Boutonier (1903–1994), Didier Anzieu (1923–1999), tous les trois agrégés de philosophie. C'est Daniel Lagache, titulaire de la chaire de Psychologie pathologique à la Sorbonne, qui a créé la licence de Psychologie en 1947, la dégageant ainsi de la tutelle philosophique.

Colette Chiland, professeur de Psychologie clinique, a cherché à spécifier cette discipline en la distinguant de la Psychologie pathologique. Cette dernière correspond à l'étude des maladies mentales, là où la psychologie clinique s'intéresse au fonctionnement psychique de l'être humain, "normal" ou pathologique. Comme l'a très bien montré Didier Anzieu, la psychologie clinique, dans cette perspective, est grandement redevable à la psychanalyse: "La psychanalyse est venue à point pour rendre service à la psychologie clinique sur deux plans, celui d'une caution théorique et celui d'un exemple, sinon d'un modèle, de pratique. En retour, la psychologie clinique a servi de véhicule à la propagation de la psychanalyse dans un pays longtemps indifférent ou réticent à son égard.," écrit-il en 1979.

On comprend bien comment la psychanalyse a servi de caution théorique à la Psychologie clinique à travers les études des symptômes (le paradigme freudien de l'hystérie), du rêve et de l'acte manqué. La psychanalyse a offert aussi ses idées incontournables sur la sexualité, perverse et infantile, cependant qu'elle proposait par ailleurs une conception du fonctionnement psychique à travers les deux théories des pulsions et les deux topiques de Freud. L'étude des notions freudiennes s'enrichit à l'université des apports des grands auteurs post-freudiens: Anna Freud, Melanie Klein, René Spitz, Donald W. Winnicott, Wilfred Bion, etc.

Sur le plan méthodologique, la psychanalyse a remarquablement servi la psychologie clinique en lui apportant deux instruments indispensables à sa pratique: *l'examen psychologique* et *l'entretien clinique*. L'examen psychologique comprend les *tests d'intelligence* (que le psychologue clinicien doit savoir interpréter avec finesse et subtilité, sans se limiter au seul calcul du QI) et *les techniques projectives*. Ces dernières ont bénéficié en France d'apports tout à fait originaux qui doivent beaucoup à la théorie psychanalytique. Je pense au travail de Didier Anzieu à propos du test de Rorschach (du nom de son inventeur suisse, Hermann Rorschach (1884–1922), psychiatre et neurologue), test des "taches d'encre" composé de dix planches noires et colorées. De même, l'interprétation du TAT (Thematic Aperception Test), inventé par Murray, psychologue américain, est étudiée en France par la psychanalyste Vica Shentoub qui met en lumière, à propos de chaque planche présentée au sujet, un contenu *manifeste* et un contenu *latent*. Ces deux tests et d'autres (CAT, Patte Noire) ont été repris et enrichis continûment par des équipes universitaires, essentiellement de Paris V, autour de Catherine Chabert, Rosine Debray, Françoise Brelet, Michèle Emmanuelli, Catherine Azoulay, Monika Boekholt, etc. Je me souviens du scepticisme de certains psychiatres-psychanalystes, comme Serge Lebovici, qui me disait en apprendre autant avec "l'entretien psychanalytique. Lors d'une étude longitudinale de cas d'enfants de l'hôpital de jour du XIIIème arrdt. de Paris revus à l'adolescence, j'avais pratiqué des tests de Rorschach qui révélaient fort bien le fonctionnement mental et affectif des dits sujets: je crois avoir montré alors à Serge Lebovici l'intérêt de ces tests de personnalité qui permettent des diagnostics comparatifs ainsi que des recherches originales et fiables. Les tests projectifs représentent aujourd'hui une formation indispensable et enrichissante pour les étudiants qui s'en serviront aussi bien dans le cadre de leur futur métier que dans celui de leurs recherches: articles, mémoires, thèses.

Un autre pilier de la formation des psychologues cliniciens est *l'entretien clinique*. Colette Chiland a joué un rôle décisif pour son introduction et son approfondissement tout au long de la formation des étudiants. Elle a initié la rédaction d'un livre aux PUF (Presses universitaires de France)[1], traduit dans un grand nombre de langues, où chacun et chacune de ses collaborateurs s'exprimaient sur son expérience et sa pratique. Ce livre, constamment réédité depuis sa première parution en 1983, est toujours aussi apprécié par les étudiants. Après une longue et remarquable

introduction de Colette Chiland sur la nature de l'entretien clinique, il est question des différentes formes d'entretien, avec l'enfant, l'adolescent, l'adulte. Les différents modèles théoriques de l'entretien sont recensés ainsi que sont traités la communication non-verbale, les processus de transfert et de contre-transfert, les mécanismes de défense etc. Pour ma part, j'y étudie *l'entretien clinique à visée de recherche*: ayant réalisé ma thèse de 3ème cycle sous la direction de Colette Chiland, j'avais adopté une méthodologie basée sur l'analyse de 30 entretiens cliniques d'adolescents. Les Prs. Widlöcher et Dorey, psychanalystes et membres du jury, avaient apprécié ce travail qui permettait d'utiliser un outil méthodologique proche de l'entretien analytique (*libre association d'idées* du côté du sujet, *écoute flottante* du côté du psychologue clinicien) sans se confondre avec lui. L'entretien clinique, dans ses diverses modalités, est, au même titre que les tests projectifs, un très bon instrument de recherche.

Evoquant Colette Chiland, il est utile de rappeler qu'elle-même avait soutenu sa thèse de Doctorat en Lettres et Sciences Humaines sur "L'enfant de six ans et son avenir," parue aux PUF en 1971[2]. Cette recherche longitudinale, menée au Centre Alfred Binet avec la collaboration du psychiatre et psychanalyste René Diatkine, à partir d'un échantillon de 66 enfants, a eu un grand retentissement à l'époque. L'échec scolaire était envisagé d'une toute autre manière en partant notamment de l'apprentissage de la lecture. Finalement, le principal facteur de difficulté d'apprentissage de la lecture était le niveau socioculturel de la famille.

Malgré son influence décisive sur le cursus universitaire des futurs psychologues cliniciens français, Colette Chiland n'a jamais pensé que cette formation était suffisante. Etant allée aux USA, comme *visiting professor*, elle a rapporté l'idée que la sélection des étudiants au début de leurs études n'était pas du tout assez stricte en France: de fait, dans les premières années des études universitaires, il n'y a pas de sélection. Celle-ci se pratique à la fin de deux ans, ce qui constitue un vrai problème, car il y a une déperdition considérable des moyens pour l'encadrement de ces étudiants qui seront obligés de se réorienter. Quant à ceux qui poursuivent, ils devraient bénéficier d'un véritable "internat de psychologie" avec des stages nombreux et variés. Sans doute le contexte d'aujourd'hui leur est-il plus favorable, car les psychiatres, dont le nombre en France est nettement insuffisant, sont demandeurs pour intégrer des étudiants dans leurs services et les faire bénéficier d'une vraie formation, complémentaire de leurs études.

Colette Chiland a toujours été ouverte à d'autres courants que la seule approche française. C'est ainsi qu'elle a été présidente de la IACAPAP (Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées) et qu'elle a participé à ce titre à l'édition et à la traduction des actes de congrès de la IACAPAP, par exemple dans ce volume "Les enfants et la violence," écrit en collaboration avec J. Gerald Young, professeur de psychiatrie à New York[3]. Aujourd'hui, elle considère que le point de vue américain a beaucoup évolué. Le discrédit de la perspective dynamique y est flagrant et la tendance veut que l'on considère les symptômes isolément sans tenir assez compte de la personne et de son évolution. Le point de vue psychanalytique, à condition qu'il s'ouvre à des remaniements utiles, est pourtant indispensable puisqu'il garantit, dans un monde de plus en plus technologique et mécanisé, une vision humaniste qui apprécie l'être humain dans la singularité complexe de son histoire et de son enfance indépassable. "*Homo psychanalyticus*"[4] est devenu incontournable.

Marie-France Castarède
Professeur de Psychopathologie à l'université de Franche-Comté,
Psychanalyste SPP

[1] Chiland (C.), sous la direction de, *L'entretien clinique*, Paris, PUF, 1983.
[2] Chiland (C.), *L'enfant de six ans et son avenir*, Paris, PUF, 1971.
[3] Chiland (C.) et J. Gerald Young, *Les enfants et la violence*, Paris, PUF, 1997.
[4] Chiland (C.), *Homo psychanalyticus*, Paris, PUF, 1990.

Colette Chiland et l'IACAPAP

Colette (comme nous tous l'appelons affectueusement) a joué un rôle majeur au sein de l'IACAPAP devenu, au fils des ans un lieu de rencontre international et de confrontation des diverses tendances et orientations de la pédopsychiatrie.

Quelques repères historiques

Un premier congres mondial de psychiatrie de l'enfant avait été organisé à Paris en 1937 à l'initiative de G. Heuyer. Ce n'est cependant qu'après la Seconde guerre mondiale, en 1948, lors du Congrès de Londres (qui rassembla quelques-uns des grands noms de la pédopsychiatrie: J. Bowlby, A. Freud, D. Winnicott, H. Asperger (pour ne citer qu'eux) que l'IACAPAP prit son essor et trouva son identité en tant que lieu de rencontre et d'échange international entre pédopsychiatres, mais aussi en tant que lieu ouvert aux non-médecins qualifiés pour œuvrer dans le champ de la santé mentale infantile. Les pédopsychiatres français furent présents dès l'origine de l'Association. G Heuyer d'abord au Congrès de Paris, puis S. Lebovici qui devint président en 1966 au Congrès d'Edimbourg avec D.Duché comme secrétaire général.

Colette Chiland à l'IACAPAP

Dès 1973 Colette participe aux travaux de l'IACAPAP, d'abord dans le cadre des "study groups" chargés de préparer les Congrès internationaux mais aussi de rassembler les principales contributions de ces Congrès, dans les Yearbooks. Comme éditeur avec J. Anthony puis J. Young, elle assure ainsi jusqu'en 1997, la mise en chantier de 11

Volumes du "Yearbook," leur traduction en français (avec Y. Noizet) permettant ainsi la diffusion en milieu francophone par les Presses Univer-sitaires de France, des travaux de l'IACAPAP. Colette prit une part de plus en plus active aux manifestations de l'Association. Les fonctions qui lui furent confiées vinrent officialiser cette place croissante qu'elle occupera au sein de l'Association internationale et de son Comité Exécutif: Vice-Présidente de 1974 à 1982, elle assure la Présidence de l'Association de 1982 à 1986.

La Présidence de Colette

Elle fut marquée par deux événements majeurs.

1. En 1984, elle organise le Voyage en Chine d'une délégation scientifique de l'IACAPAP. Le voyage fut, pour la douzaine de participants que nous étions, un temps fort inoubliable. Colette avait pensé à tout. Elle avait préparé ce voyage par deux séjours personnels en Chine dans les années précédentes aux cours desquels elle avait commencé les prises de contact et organisé les principales étapes du voyage. Son souci était, me semble-t-il, double:

- aider notre délégation, au-delà des difficultés inhérentes à notre méconnaissance de la langue, à mieux appréhender ce moment de l'histoire du peuple chinois d'après la révolution culturelle.
- mais surtout objectif essentiel (dont elle nous rappelait toujours la nécessité) prendre contact et établir des liens avec la pédopsychiatrie chinoise dont nous ignorions initialement tout.
- et réfléchir grâce aux contacts pris avec les structures éducatives et scolaires chinoises au statut de l'enfant dans ce contexte socio-politique et aux perspectives de développement d'une politique de la santé mentale infantile pour ce pays.

  Bien sûr, il ne s'agissait là que de jeter un premier pont avec quelques uns de nos collègues chinois, d'autres suivirent, mais ce moment fut symboliquement important pour notre association.

2. En 1986, Colette, organise à Paris avec le Ph. Jeammet (comme secrétaire général) et le comité local français d'organisation, le 11ème Congrès international sur les "Nouvelles approches de la Santé Mentale pour l'enfant et l'adolescent."

Le travail acharné de plus d'une année (sans l'aide d'une société d'organisation de Congrès) de Colette et de son équipe fut couronné d'un grand succès; plus de 1600 participants venus de la plupart des pays du monde.

Les temps forts du Congrès s'articulèrent autour de quelques grands thèmes élaborés par cette équipe autour de Colette. Ils assurèrent la qualité (reconnue par la plupart des participants) et partant le succès de cette manifestation:

- souci de mettre l'accent sur la continuité de problèmes posés en santé mentale depuis la naissance jusqu'à l'adolescence et le seuil de l'âge adulte.
- souci de préserver l'aspect pluri-dimensionnel et multidisciplinaire de la pédopsychiatrie, tentant de confronter, dans un même ensemble, aspects neurobiologiques de notre discipline, spécificité du processus développemental de l'enfant, dimension intrapsychique et relationnelle de la psycho-pathologie.

Ajoutons que cette confrontation s'est effectuée dans le respect de la spécificité et des points de vue de chacun.

- souci aussi de montrer à nos collègues les bases psychopathologiques et psychodynamiques

  sur lesquelles la plupart des équipes françaises appuient leurs réflexions et leurs démarches thérapeutiques. Expliquer et défendre une certaine spécificité d'approche de la pédo-psychiatrie française et européenne.

Les objectifs furent atteints et la réussite du Congrès vint couronner les efforts de cette équipe.

Merci Colette pour ton action au sein de l'IACAPAP

Devenue éditeur-émérite et Présidente d'Honneur de l'IACAPAP (en 2002) Colette se montre toujours active au sein du Comité Exécutif participant à ses réunions et à toutes ses grandes manifestations scientifiques.
S'il fallait résumer les caractéristiques des actions de Colette au sein de notre Association internationale je dirais:

1. qu'elle a su imposer sa présence et son autorité et son point de vue de femme, au sein d'une assemblée essentiellement, le plus souvent masculine.

2. que son aisance dans son maniement de la langue anglaise lui a permis de nouer de nombreux contacts avec de représentants de toute tendance et de tout pays de notre discipline. Colette a fait ce travail de lien et de liaison si essentiel à notre discipline.

3. que sa parfaite connaissance de l'anglais lui a permis à la fois:

a. de faire connaître et de diffuser en pays francophones certaines idées et recherches de nos collègues anglophones. Elle a ainsi contribué à la traduction et à la diffusion par les PUF (malheureusement interrompue actuellement) de 1970 à 1997, de 11 Yearbooks.

b. surtout elle a permis dans l'autre sens que soient connus et défendus, les réflexions les travaux, les avancées thérapeutiques des collègues européens inspirés de la compréhension psychodynamique.

Elle a ainsi toujours souligné dans ses interventions la nécessité d'intégrer dans la compréhension psychopathologique de l'enfant, les éléments de son histoire personnelle, les étapes de son développement, la nature des processus intra psychiques, sous tendant ses troubles, et la dimension relationnelle de ceux-ci.

Au nom de tous nos collègues de l'IACAPAP je te dis un grand merci pour la qualité du travail que tu as accompli au sein de notre Association pour les qualités de rigueur scientifique et pour les qualités humaines

IACAPAP 2006 CONGRESS

10 – 14 September 2006

MELBOURNE CONVENTION CENTRE,
MELBOURNE, AUSTRALIA

Invitation to Attend

17th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions

Congress Theme

"Child and Adolescent Mental Health: Nurturing Diversity"

"Santé Mentale de L'Enfant et de L'Adolescent: Cultiver la Diversité"

THE UNIVERSITY OF MELBOURNE

Auspiced by
The University
of Melbourne

www.iacapap2006.com

17th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions

Your Invitation

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Focus of the Congress

Our theme, "Nurturing Diversity" opens for exploration the rich variety of issues and new knowledge critical in the field today. It invites us to confront challenges to the psychological well being and human rights of infants, children, young people, and families across the world. It enables us to share experiences, research and emerging solutions across boundaries of culture, society and workplace.

The 17th Congress will bring together the perspectives of professionals and researchers, of consumers, parents and carers, and of young people themselves.

The scientific program will feature International and Australasian leaders in infant, child and youth mental health, who will present new knowledge from a wide range of research approaches; from the social sciences to biology, emphasising both quantitative and qualitative approaches, from epidemiology to contemporary treatment outcome designs.

State-of-the-art keynote addresses will set the scene for exploration, discussion and debate in a range of symposia, individual papers, forums, workshops and plenary sessions.

Please offer an abstract exploring some aspect of the theme of the Congress, which embraces many dimensions of diversity:

- Issues at individual, family, community or cultural levels
- Issues at all developmental stages, from infancy through to late adolescence
- Innovative theory, research and reviews of clinical practice
- The full spectrum of clinical service– assessment, treatment and preventive approaches
- All forms of psychiatric and developmental difficulty
- All forms of challenge to mental health and trauma

Keynote Speakers

- **Peter Fonagy,** Freud Memorial Professor of Psychoanalysis, University College London, UK
- **Ian Goodyear,** Professor of Child and Adolescent Psychiatry, University of Cambridge, UK
- **Scott W Henggeler,** Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, USA
- **James F Leckman,** Neison Harris Professor of Child Psychiatry and Paediatrics, Yale University School of Medicine, USA
- **Helmut Remschmidt,** Department of Child and Adolescent Psychiatry and Psychotherapy, Philipps-University, Germany
- **Matt Sanders,** School of Parenting and family Support, University of Queensland, Australia
- **Fiona Stanley,** Director, Telethon Institute for Child Health Research, Australia
- **Hans Steiner,** Professor, Department of Psychiatry and Behavioral Sciences, Stanford University, USA
- **Charles Zeanah,** Professor of Psychiatry and Paediatrics, Tulane School of Medicine, New Orleans, USA

Suzanne Dean and Campbell Paul
Congress Co-Convenors

Congress Organiser

ICMS Managing Meetings Successfully

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Important Dates

Abstract and Symposium Submission Deadline:	Friday, 31 March 2006
Abstract Submission Notification:	Friday, 26 May 2006
Registration Opens:	March 2006
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dont tu a su faire preuve et qui ont toujours soutenu ton action parmi nous.

En mon nom personnel, je te remercie chaleureusement d'avoir accompagné mon action au sein de l'IACAPAP, notamment comme Co-Editeur avec J. Young des Monographies.

Pierre Ferrari

An Interview with Professor Colette Chiland

1. Professor Chiland, your training has encompassed philosophy, psychology and psychiatry. How did that come about? How did you navigate from one to the other?

It was more or less by chance that I took all three graduate degree courses – in philosophy, psychology and psychiatry. My parents were afraid to let me study medicine for two reasons: because I was still very young when I finished high school, and because I had told them that I wanted to be a psychiatrist. "You'll turn out to be as mad as your patients," was their comment. But I was really interested in "human beings" as such. I hesitated between philosophy and medicine. My parents took the decision for me; they simply refused to allow me to matriculate in medical school. So I began by studying philosophy, which included psychology as an obligatory subject – at that time, there was no stand-alone course in psychology; I had already graduated in philosophy before one was created.

As soon as I was able to study medicine without my parents' authorization, I did so. At the same time, I continued my philosophy course and passed the "*Agrégation*" exam [high-level competitive exam for high-school teacher recruitment] in that subject. I was thus able to teach in a high school, then in a teacher training college, and subsequently in the Sorbonne as lecturer in human sciences.

To the other university lecturers in human sciences, my medical training was quite an asset alongside philosophy and psychology, and my career path was an easy one. To the medical fraternity, however, my training in philosophy made me somewhat suspicious in their eyes… but they soon realized that I had no intention of talking jargon to them.

My training in philosophy taught me to be precise in the use of concepts and in reading the relevant literature; I learned to read the works of a given writer in chronological order so as not to regard as a contradiction what, in fact, was a development of his or her thinking. It taught me also to put psychiatric problems in perspective and see them against the background of existential issues and the meaning of life.

Although my training in philosophy has had a great influence on me, I nonetheless have little in common with "professional" philosophers; I could never have spent my life thinking only about books and concepts, with no direct input from real-life situations.

2. What led you to work on gender identity issues?

Sheer coincidence -- but at the same time it was in line with work that I had already done. I had become interested in female sexuality, and for several years had conducted a seminar on "Women, the modern world and psychoanalysis." Then I studied the differential psychopathology of the sexes. One day a little four-year-old boy came into my consulting room; he was a real Stoller-type transsexual, a child similar to those Stoller describes in *Sex and Gender*. Very feminine, very imaginative, he had experienced a blissful symbiosis with his mother, and he wanted to become a girl. My colleagues and I treated him and his parents. I was given the opportunity of presenting this case material at a scientific meeting attended by Professor Jacques Breton, who had set up a Gender Identity Disorders Clinic; he said to me: "Since you're interested in transsexualism, come and work with me." I was not, in fact, particularly interested in transsexualism, but in the little boy who had been referred to me; I was about to discover transsexualism in general. I worked for some years with Professor Breton, because I found two issues absolutely fascinating. Firstly, what is this disorder that leads people, with no discernible sign of being intersexed, to reject their assigned sex? And, secondly, how is gender identity constructed? It is a typical example of the confrontation between biological infrastructure and interaction with the environment. It is possible that a biological component underlies the transsexual phenomenon, but so far none has been discovered; in any case, the manner in which the phenomenon is expressed is purely psychological (there is no morphological abnormality nor disorder of hormone functions) and carries the stamp of the given culture: refusing to wear trousers (in the case of a boy) or a skirt (in the case of a girl) cannot come from a gene – genes only code for proteins – nor from subcortical nuclei; the cortex has to come into it, as well as the deciphering of the surrounding cultural mores.

I have already published some books and several articles on the subject. Two of my books are already available in English, and a third will be published in the coming months:

- *Changer de sexe*, Paris, Odile Jacob, 1997. *Cambiar de sexo*, traducción de Sofía Vidaurrazaga Zimmermann, Madrid, Asociación Psicoanalítica de Madrid, Biblioteca Nueva, 1999. *Transsexualism: Illusion and Reality*, translated by Philip Slotkin, London: Continuum, then Sage, Middletown, CT, USA: Weysleyan University Press, 2003.
- *Le transsexualisme*, Paris, PUF, 2003. *Exploring transsexualism*, translated by David Alcorn, London, Karnac Books, 2005.

3. Can you say something about how you first came across IACAPAP? Who told you about it, and in what circumstances? Why did you agree to this international adventure? What memories do you have of your first moments in our association?

My first encounter with IACAPAP took place in 1973. I had wanted to take part in the I*nternational Study Group* organized in Dakar by Professor Henri Collomb. In the plane that took us from Paris to Dakar, Cyrille Koupernik asked me if I would like to be his editorial assistant for the IACAPAP Yearbook, a series called *The Child in his Family*. I agreed... somewhat unwisely! I did not at that point realize just how much I was taking on.

He had asked me because he knew that I could read and speak English, whereas some of the most eminent child psychiatrists in France could not. My understanding of English was immediately put to the test. On that plane trip, I was sitting next to Winston Rickards, a well-known Australian colleague of ours, who spoke with an Australian accent and whose delivery I would almost describe as gluttonous – he swallowed every single word! The noise of the plane, plus my straining to understand Winston who, a delightful person, talked to me all through the flight, meant that when we reached Dakar, I had a splitting headache!

Throughout the Study Group sessions – and this would also be the case in subsequent meetings of the Executive Committee – our English-speaking colleagues paid no heed whatsoever to the difficulties that those who did not speak English might encounter: making progress the hard way. At that time, I could not imagine that one day, I, a French-speaking woman, would be called upon to preside over these meetings attended mainly by English-speaking men.

After working on the Yearbook for a year, I was much appreciated by my colleagues, and in 1974 I became Vice-President of the Executive Committee. After another eight years' work, I was asked to become President of the IACAPAP and to organize the International Congress in Paris in 1986. It was a very successful one, in spite of the terrorist attacks that took place in Paris that year, of Chernobyl and of the drop in the exchange rate of the dollar, all of which meant that a very large number of Americans cancelled their Congress registration.

I continued to collaborate for more than 20 years in publishing the French edition of the Yearbook.

I have thus been an active member ever since I joined the IACAPAP, and this has continued up to the present day. In 2002, I was granted the signal honour of being appointed Honorary President.

The IACAPAP gave me the irreplaceable opportunity of working with colleagues from various countries and from all sorts of background, and of building up close and lasting friendships. I feel that I have been a very lucky person.

4. In your view, what are the main trends in child and adolescent psychiatry both nationally and internationally? What issues still give rise to debate?

I am quite definitely on the side of science – reading tea leaves or peering into a crystal ball is not what this is all about. The dominant tendency at the moment, however, has a conception of science that completely misses the originality of the scientific nature of the human sciences. The scientific model from which it draws its inspiration is that of the "hard" sciences; the experimental strategies it seeks to set up may well be appropriate for testing medication designed to treat specific physiological illnesses, but they are quite unsuitable for psychiatric disorders. Psychological distress is multifactorial and its manifestations, if not its genesis, are related to the given society in which it appears. Evidence-based medicine depends on randomized double-blind tests. No psychiatrist could ever practise double-blind psychotherapy; we know whether or not a particular patient is in psychotherapy with us. Nor can we randomly prescribe psychotherapy; the patient has to be able to engage in psychotherapy, and of a given type of psychotherapy as opposed to any other. In psychotherapy, the personal characteristics of the therapist are a significant factor. In other words, this whole area has to do with subjectivity and intersubjectivity. We have to devise a scientific approach that takes into account what people actually experience in a universe of meaning, as distinct from one made up simply of molecules.

In France, child psychiatry for the most part is still "psychodynamic," as we say. That orientation has given rise to some significant therapeutic achievements. It has not done enough as far as statistical criteria are concerned – a difficult task, when such an assessment demands a mutifactorial approach that takes the subjective dimension into account. It is much easier to produce statistics for short-term cognitive-behavioural therapies that focus on symptoms. That is what gives rise to the illusion that psychodynamics is just a lot of hot air and that the only so-called scientific approach is the cognitive-behavioural one. The importance of fantasy interactions between parents and children is ignored by the kind of observation that focuses only on "objectifiable data."

In the United States, there is a considerable amount of funding available for research, often for a limited period and in the short term - our American colleagues are in an apparently enviable situation. However, when we look a little more closely at how the system of health care and treatment actually works over there, *we* are the ones who are in an enviable situation. We must do all we can to support our health-care system, for it continues to make that situation possible. We have not yet had to submit to the decision of an insurance company in determining how long hospitalization or other medical care should last. We are still able to ensure continuity of treatment.

5. How do you see the future of child and adolescent psychiatry as regards both practice and research in France and world-wide? What role can psychoanalysis play in this area?

I have gone some way to answering that question in my previous reply. There remains the question of psychoanalysis, which is coming

under fierce attack and which, in many countries, is losing much of its former ground.

I do not know if the "classical" form of psychoanalytic treatment will continue to exist, but psychoanalysis has brought an irreplaceable dimension to psychiatry: everything cannot be brought down to manifest symptoms and conscious discourse – every one of our patients has his or her own history and is at the centre of a network of relationships. Psychoanalysis taught psychiatrists to listen to their patients in a radically different way. The personal analysis that psychiatrists and other members of the mental health professions undertake help them to shed light on their own problem complex. Nobody can say any longer that on the one hand there are "normal" people – psychiatrists – and, on the other, the "insane" with respect to whom we have to take protective measures by keeping them in a chemical straitjacket now that we have let them out of their iron fetters. There are neurotic and even psychotic mechanisms in each and every one of us and we all have to learn to cope with them as best we can.

6. What kind of advice would you give to a young psychiatrist just starting out on his or her career today?

If that young person has the ambition to make a real career out of practicing medicine, I would say that psychiatry is not the branch to choose – it's very much the poor relation of medicine. It really is a pity that students become psychiatrists because they finish up near the bottom of the list at the competitive exam, so that they have no other residency places to choose from. Becoming a psychiatrist ought to be a matter of choice, because it is a profession that requires commitment and demands sacrifices. Anybody who chooses to become a psychiatrist probably has to be slightly "cracked" and sensitive to mental pain; that "crack," however, must not turn out to be a open fracture – it will have to be properly treated beforehand.

Every future psychiatrist has to learn as much as he or she can – and that includes psychopharmacology and the contributions of the neurosciences insofar as they are accessible to psychiatrists. A certain acquaintance with anthropology will help avoid being locked into the ethnocentrism of Western civilization. An inquiring mind is essential – and there's nothing reprehensible about liking beautiful things and good things…

As I said earlier, a personal experience of the kind of psychotherapy that the future psychiatrist will be putting into practice is an absolute necessity.

In addition, if you find yourself at the head of a team, you have to learn to be positive with your co-workers. They will give of their best if they are supported and treated with consideration, and not put off by scathing criticism.

Many thanks to you, Professor Chiland.

Prof. Marie Rose Moro

An Editor's Editor

The preparation of a significant and valued book in child and adolescent psychiatry is a demanding task, and Professor Colette Chiland has distinguished herself by achieving this many times. Yet, we know that the rewards for her long hours of writing must have been unfairly scarce relative to the merit of these gifts of knowledge to our profession. Voltaire remarked upon his recent acceptance of "rewards which had never been accorded to my writings, nor to my services . . . ", explaining his sudden good fortune with an observation: "I concluded from these matters that, to make even the tiniest fortune, it was more profitable to say four words to a king's mistress than to write a hundred volumes."[5] Nevertheless, Voltaire did not stop writing, but with good humor and a biting wit continued to comment on the world around him. The production of books is not the short road to wealth, yet these books lie at the core of the generation and transmission of knowledge. When thinking about Professor Chiland, who has authored so many seminal books that guide us in our professional activities, we appreciate the wealth that she has given us and only hope that some favorite of the mighty will shower rewards upon her.

Colette appeared in my life as a mentor and colleague in 1986, at the Paris Congress that she led so effectively. She was a realist about the difficulty involved in the production of each book in *The Book Series of IACAPAP*, and very practical and organized in her methods. I have many fond memories of my work with Colette, but particularly the images of her warm smile when we discussed a serious obstacle that we faced together with a publishing deadline looming upon us, or when I suggested what would appear to be a straightforward idea of something we might do with the books while she quickly recognized the inevitable complications that would arise.

Behind this engaging smile were many admirable qualities guiding Colette's work, among which I would like to recall a handful, such as her scientific integrity, fortitude, leadership, and respect for all authors, always assuring them of fair and equal treatment.

The human mind is complex in its functions, so often frustrating our efforts to delineate cause and effect in clinical situations. It is also personal in its origins, always threatening to distort scientific understanding through the shadow cast by the influence of the individual experience of the scientist. Finding a path through these dangers is a challenge that we all encounter, and one that Colette met well. I particularly think about how Colette devoted herself to understand whatever emerged as important to scientific developments. For example, Colette decided that much scientific

literature was being written in English, so she set out to learn to speak English and we soon found her English to be excellent. (She more recently undertook German.) As neuroscience and genetics began to illuminate and contrast with psychoanalytic concepts and practice, Colette read and learned about these disciplines, assuring that she could think and speak effectively when debating possible interpretations of clinical phenomena. She was ready to understand neurobiological and genetic frameworks for development in early childhood, but repeatedly brought us back to the role of early experience in the genesis of both developmental competencies and problems. To her credit, recently emerging knowledge in genetics and neuroscience has added new confirmation of the wisdom of her insistence that we respect the role of experience in earliest childhood. Colette defined her *scientific integrity* during these discussions, especially when her comments challenged elements of the prevailing popular view of the moment.

Those of us on the Executive Committee were certainly aware of Colette's *fortitude* when she determined that a course of action had significant value and pursued it diligently and persistently. She was always respectful of others, but not swayed by the inconvenience that might accompany a politically awkward position. This fortitude was nowhere more useful than when applied to the maintenance of high quality content and editing for *The Book Series*, as Colette sustained her great energy and watchful eye to assure that the books reflected the best of our emerging science as well as the prevailing clinical strategies and activities in our field across the globe.

Colette's *leadership* is obviously evident within IACAPAP, which she served as President, as Editor-in-Chief of *The Book Series*, and as organizer of the Paris Congress in 1986. She was a leader in many other activities as well, but she most significantly demonstrated leadership in her sense of responsibility as a professional, her devotion to conceptual clarity, and her continuing support for children and families. Colette embodied leadership in the strength of her efforts to support *The Book Series* through whatever difficult challenges arose, assuring that easy but potentially risky or detrimental solutions were considered with appropriate caution.

For members of IACAPAP, the quality that each might be most likely to recall about Colette is her respect for her professional colleagues across the world. In the context of *The Book Series*, this was very evident in her *respect for all authors*, with her continuing concern that each be treated fairly and that the manuscripts submitted by each be received with an open and receptive mind. She showed immense pleasure in the varied views that we, as editors, could enjoy as we reviewed manuscripts from countries across the globe.

We admire and thank Colette for these and other marvelous qualities, and extend to her warm hugs of respect and love.

J. Gerald Young, M.D.

[5] Voltaire (1995), *Selected Writings* (edited by Christopher Thacker). London: Everyman, p. 112, from *Mémoires pour server à la vie de M. de Voltaire, écrits par lui-même*.

A Swedish Tribute to Colette Chiland for her excellent work in understanding and treating transsexualism

In 1972, Sweden was the first country in the world to pass a law making it possible for individuals with transsexualism to change their registered civil status, to be operated upon and legally transfer their identity to their wanted sex. Although the initiative came from general psychiatry, the question was equally important to child and adolescent psychiatry as children born with inter sex disorders were treated in cooperation by a team of pediatric endocrinologists, pediatric surgeons, gynecologists, and child and adolescent psychiatrists. The spectrum of patients ranges from AIS (Androgen Insensitivity Syndrome) to AGS (AGS, Congenital Adrenal Hyperplasia, CAH), to homosexuality and to transsexualism and other gender identity disorders.

The most intrinsic cases in order to understand gender and sex are the transsexual individuals and the boys born with total AIS having XY-chromosomes but are totally insensitive to their androgens. These boys are born with normal female genitalia and are most often true females also by gender. However they are infertile and will not enter puberty. During puberty they usually seek medical advice and their status is detected.

Colette Chiland has been very active in giving child and adolescent psychiatrists and psychologists keys to meet with gender identity and transsexualism by a series of excellent books. Two of her more recent publications are "*Changer de sexe*" (1997) and the English translation, "*Transsexualism*" (2003).

In Sweden in 2006, the Government has appointed an expert group that will discuss the law from 1972 with the possibility of giving individuals the legal right to be operated upon and transfer their identity to their wanted sex before the age of 18 years. Colette Chiland's excellent books will serve as guidelines to these experts, another example of her contributions to the mental health of children and adolescents.

Per-Anders Rydelius M.D., Ph.D.
Secretary General, IACAPAP

Colette Chiland dans son équipe au Centre Alfred Binet

Entrée en 1961 au Centre Alfred Binet, en qualité de stagiaire de Serge Lebovici, Colette Chiland rappelle volontiers en quels termes celui-ci lui avait formulé son acceptation “Trois mois et pas un jour de plus!”

Plus de quarante cinq ans plus tard, Colette Chiland y suit encore quelques patients après avoir dirigé pendant plusieurs décennies une équipe en charge d’un secteur géographique du XIIIème comme c’est l’usage dans cette institution.

Médecin et agrégée de philosophie, elle s’était tournée rapidement vers la psychanalyse, avant même de décider de devenir psychiatre. Si elle s’est elle-même toujours considérée comme la fille spirituelle de Serge Lebovici et de René Diatkine, elle a su acquérir une solide identité personnelle au Centre Alfred Binet: celle d’une pédopsychiatre libre, qui osait la contradiction dans les débats, qui cherchait toujours à s’approcher d’un niveau plus analytique par la prise en compte de niveaux de réflexion multiples. Sans doute sa formation philosophique y était-elle pour beaucoup: Colette Chiland a toujours eu un grand souci de précision et de rigueur dans la pensée, que ce soit dans l’abord des questions théoriques ou dans la compréhension des situations cliniques.

Certes il n’a pas dû être facile de grandir à l’ombre de ces deux maîtres, mais cette expérience a, je crois, renforcé chez elle le respect pour les opinions de ses collaborateurs: chacun des membres de l’équipe pouvait dans les réunions hebdomadaires faire valoir un point de vue, montrer un aspect d’une situation clinique. Si chaque point de vue était écouté – celui de l’assistante sociale qui avait vu la mère, celui de la psychologue qui avait fait l’examen psychologique – une chose est sûre: c’était l’enfant qui était au cœur de ses préoccupations dans sa fonction de pédopsychiatre face à la famille qui la consultait, mais son objectif visait aussi à accompagner les parents, vers une autre compréhension de leur enfant, comme en témoigne par exemple son livre *Mon enfant n’est pas fou*[1]. Elle n’a cessé de chercher à s’identifier à l’enfant en souffrance, enseignant que «La clinique, c’est une psychologie au service d’autrui», ce qui exige de travailler en prise directe sur l’humain. Tenant compte du fait que l’enfant n’a souvent pas les moyens d’exprimer son malaise, que celui-ci est intolérable pour ses parents, il s’agissait pour elle de le pressentir et d’aider les membres de la famille à trouver un autre équilibre. A tous ceux qui travaillaient dans son équipe, et plus généralement en psychiatrie, Colette Chiland recommandait de voir *Rashomon*, le film de Kurosawa, qui montre magistralement comment les principaux protagonistes d’une histoire en donnent des récits complètement différents, chacun cherchant à se donner le meilleur rôle possible, si bien que le spectateur se trouve désillusionné dans sa recherche de “la vérité.” La force de ce film est peut-être de lui faire éprouver cette désillusion. Si l’attitude la plus proprement psychanalytique est bien de renoncer à la quête d’une vérité définitivement construite et “totalisante”[2] pour reprendre le terme qu’utilisait René Diatkine, cette position, Colette Chiland savait l’adopter pour elle-même et la faire travailler chez les autres.

Il va sans dire que sa pratique clinique était fondée sur la conception psychanalytique du fonctionnement psychique: Colette Chiland était nourrie de la lecture approfondie de l’œuvre de Freud sans toutefois lui vouer une dévotion sans critique: dans les réunions d’équipe, il n’était pas rare de l’entendre s’enflammer contre les conceptions de Freud sur le développement sexuel de la petite fille, qui ne serait qu’un petit garçon jusqu’à 3 ans…L’étude menée avec René Diatkine, et l’équipe du Centre Alfred Binet , l’avait d’abord conduite à s’intéresser à l’avenir de l’enfant au sortir de l’école maternelle avec sa célèbre publication *L’enfant de six ans et son avenir*.

Elle s’est aussi vivement intéressée à la division de l’espèce humaine en deux sexes: il ne s’agit pas d’entendre par là qu’il y a naturellement une inégalité des sexes, ni que la différence entre mâles et femelles ne saurait être effacée mais que sa reconnaissance participe de l’instauration de la santé mentale. Avec Serge Lebovici, elle s’intéressa ainsi à la psychopathologie différentielle des sexes, à la question des identifications, puis elle a initié une recherche sur les problématiques transsexuelles de l’enfant après avoir lu Stoller et traduit ses ouvrages en français. Elle participa ensuite aux consultations spécialisées pour adultes transsexuels du Pr Breton, et devint progressivement spécialiste de cette problématique. Ainsi sa réflexion s’orienta ssur les conséquences de la prise au sérieux de cette différence sexuelle dans différents domaines: la pratique de la sexualité, la transsexualité et la parentalité.[3]

L’élaboration clinique dans son équipe au Centre Alfred Binet et les séminaires qu’elle y a tenus régulièrement étaient stimulés par son immense culture psychiatrique et psychanalytique, par ses contacts fréquents avec l’étranger, et par sa participation à de nombreux congrès: à Londres avec le Centre Anna Freud – elle avait connu Anna Freud –, en Allemagne, et surtout aux Etats-Unis où elle séjourna à plusieurs reprises pour des recherches. En 1986, elle organisa le congrès de Paris de la IACAPAP (Association internationale de Psychiatrie de l’enfant et de l’adolescent et des professions associées) et devint sa présidente pendant plusieurs années. En tant que professeur de psychologie clinique à l’Université René Descartes Paris V, elle a largement contribué à la reconnaissance de cette sous-discipline de la psychologie, et dans sa pratique de pédopsychiatre au Centre Alfred Binet, elle a toujours accordé une importance particulière à l’examen psychologique qu’elle considérait comme nécessaire à l’évaluation de la problématique d’un enfant et à la mise en place d’un traitement. Combien de fois est-il

apparu dans les tests pratiqués que tel enfant avait des réalisations que la consultation n'avait pas laissé prévoir, dans un sens comme dans l'autre: tel enfant inhibé en consultation se montrait plus performant au test, ou inversement tel enfant plus prolixe se montrait tout à fait désemparé devant la moindre tâche. Dans son équipe, la voix des psychologues était entendue: psychiatres et psychologues travaillaient de concert. Il y avait peut-être une particularité propre à sa manière de considérer le devenir de l'enfant: son insistance à ne pas méconnaître ses résultats scolaires, à prendre compte le développement intellectuel de l'enfant et le rôle de l'école.

Ce qui caractérisait sa présence en consultation, et dans les séminaires et colloques tenus au Centre, c'était non pas un goût affirmé de la simplicité – si nécessaire, elle la terminologie spécifique s'imposait à elle –, mais sa profonde méfiance pour toute expression floue, tout langage abscons. Colette Chiland affectionne un style enlevé, dans lequel auditeur ou lecteur ne risque pas de s'ennuyer; elle sait réveiller un auditoire par une formule pleine d'humour ou présenter la complexité d'une question en recourant à une description parfaitement utopique[4]: bref, elle a je crois une aversion pour toute abstraction superflue. Elle raconte souvent comment, jeune enseignante de philosophie, elle avait reçu une délégation d'élèves redoublants de sa classe de Terminale venus lui demander si ce qu'elle enseignait était bien de la philosophie, puisqu'ils comprenaient ce qu'elle enseignait!

La lecture de ses écrits témoigne de son bonheur intime à traduire les idées complexes en phrases simplement construites: ses comptes-rendus de consultation se lisaient non pas comme des romans, mais comme des carnets intimes où étaient consignés non seulement les dires de l'enfant et de ses parents mais surtout les pensées venues dans la consultation. Les discussions d'équipe ne souffraient pas d'intellectualisation ou de conceptualisations inutiles: le souci du développement de l'enfant, notamment dans ses aspects cognitifs et intellectuels, et de ses capacités d'affirmation de lui-même, étaient au premier plan.

Son souci de clarté de l'expression et de la pensée s'est exprimé lorsque Jean Laplanche a commencé la traduction complète des œuvres de Freud, Colette Chiland dirigeait au Centre Alfred Binet, un séminaire de lecture et de traduction des œuvres de Freud, dont quelques membres devinrent sous sa direction l'une des équipes de traduction de cette entreprise. Cette participation ne fut pas de longue durée précisément parce que l'œuvre de Freud y perdait sa qualité si essentielle de lisibilité. Son équipe du Centre Alfred Binet a eu à entendre avec une certaine régularité ses plaintes contre cette trahison de l'œuvre de Freud, tant elle en était heurtée.

En revanche, Colette Chiland se plaisait à détendre l'atmosphère de l'équipe quand les périodes de vacances arrivaient. Nombre d'entre nous se souviendrons encore longtemps de cette veille de fête où elle nous lut l'essai scientifique de Perec sur la "Mise en évidence expérimentale d'une organisation tomatotopique chez la soprano," où avec le professionnalisme d'un acteur, elle savait reprendre le plus sérieusement du monde la lecture du texte pour mettre fin à nos éclats de rire… jusqu'aux suivants!

Ceux qui ont travaillé avec elle lui doivent beaucoup: ils ont eu la chance d'exercer leur métier aux côtés d'une personnalité profondément humaine et généreuse. Qu'elle en soit vivement remerciée !

Michèle Pollak-Cornillot
Maître de conférences de
Psychologie clinique
à l'Université René Descartes Paris V
Psychanalyste d'enfants au
Centre Alfred Binet

[1] Chiland, C. (1989), *Mon enfant n'est pas fou*, Paris, Editions du Centurion.
[2] Diatkine R. (1994), L'enfant dans l'adulte ou l'éternelle capacité de rêverie, Neuchâtel, Delachaux et Niestlé, p. 328
[3] Ses écrits sont trop nombreux pour être cités ici de manière exhaustive. Rappelons seulement : Chiland, C. (1990). *Homo Psychanalyticus*. Paris, PUF ; (1997). *Changer de sexe*. Paris, Editions Odile Jacob ; (1999). *Le sexe même le monde*. Paris, Calmann-Lévy ; (2003) *Le transsexualisme*, Paris, PUF.
[4] C. Chiland (1989) Prévention des troubles psychologiques, *L'enfant, la famille et l'école*, Paris, PUF

European Union of Medical Specialists ((Union Européenne des Médecins Spécialistes) (UEMS))

Kari Schleimer, MD, PhD

The UEMS was founded in Brussels in 1958 by the association of six member states to work toward joint European standards for medical specialties. Some years later, sections for different specialities were established such as Child and Adolescent Psychiatry (CAP) in 1993. Now 35 countries and about 50 specialities participate in the UEMS. The statutory purpose is the harmonization and improvement of the quality of medical specialty practices within the EU. In 1993 the Charter on Training of Medical Specialists was adopted to form a framework for postgraduate specialist training in the EU. Together with the Charter on Continuing Medical Education, these two documents are professional recommendations.

Almost all countries within the EU are today members of the UEMS/CAPP-section (CAPP = CAP+P). Those that are not are welcome as observers at the annual meetings. The EU and EFTA countries have 8,360 trained specialists in CAP, 141 academic positions, and 168 university training centers. There are no academic positions in Iceland, Portugal, Luxembourg, Czech Republic, Estonia, Latvia and Slovakia.

The Icelandic Association for Child and Adolescent Psychiatry was asked to organize the 13th UEMS/Child and Adolescent Psychiatry meeting in Reykjavik September 10, 2005. Nineteen countries were represented at the meeting. ESCAP (European Society of CAP), through its President, Profes-

sor Ernesto Caffo, and IACAPAP, through Dr. Kari Schleimer representing its President, Professor Myron Belfer, attended. The participants were warmly received by the state, the town, the Ministry of Health and the leadership of the Landspitalis Hospital, as well as by the department of CAP. The main item on the agenda was national reports on the status and the development of CAP in the member states. Cooperation betweem ESCAP and IACAPAP was also discussed. The next UEMS meeting will take place in Kraków, Poland, in June 2006.

Country Reports

Icelandic Association for Child and Adolescent Psychiatry

Helga Hannesdottír, MD, PhD

Our colleagues in Iceland are unhappy about the lack of teaching positions in CAP in their country. The discipline still falls within general psychiatry, both administratively and academically. Training for CAP specialization is performed as it is in adult psychiatry and in other specialities, but it is not officially accepted with a specialist diploma – since there is no existing academic position. Postgraduate students must study abroad, with the risk that they will not return to Iceland once specialized. There is a shortage of CAP specialists in Iceland today.

The head of the Division of Child and Adolescent Psychiatry, Dr. Olafur Gudmundsson gave us an overview of the situation. A reorganization within the Division has seriously deteriorated the situation. The organization has been split up into disciplinary categories, resulting in that he, as head of the CAP department, has nothing to say about administration of his staff besides having very limited jurisdiction within his own organization: no responsibility for budget, statistics and production control – but all obligations for his department. This reality prevents development of CAP in Iceland and harmonization with Europe

Lithuania

Dr. Sigita Lesinskiene

The Lithuanian Society for Child and Adolescent Psychiatry (LSCAP), a member of IACAPAP is also a full member of ESCAP. In 1990, after the restoration of the independence of Lithuania, social, political and economic changes enhanced the development of child mental health services. LSCAP was established in 1998. Currently, LSCAP has 40 active members with more than 70 child and adolescent psychiatrists in the country. Two universities have four-year residency programs in CAP. There is a network of 62 Primary Mental Health Centers with child psychiatric outpatient teams and six in-patient units in the country. There is an emphasis on better intersectoral cooperation between health, education and social welfare systems. Work to improve the quality of the services provided will lead to the establishment of separate services for adolescents and long-term rehabilitation and treatment services for children with behavioral disorders.

The main goals of LSCAP are:

1. To unite child and adolescent psychiatrists, assist in defending their rights and support their professional training.
2. To seek a multi-institutional approach to child and adolescent mental health

To implement the above goals, the Association pursues the following activities:

- organizes various training and scientific events in order to discuss solutions to child and adolescent mental health problems;
- participates in the development of the system of child and adolescent mental health services,
- seeks early and effective diagnosis, remedy and prevention of mental disorders;
- submits recommendations to the Ministry of Health of the Republic of Lithuania and other institutions;
- organizes the publication of specialized informational material;
- participates in the activities of international bodies for child and adolescent psychiatrists,
- cooperates with related specialist organizations.

LSCAP hopes that active cooperation with international associations throughout the world will widen and improve professional and organizational activities of Lithuanian child and adolescent psychiatrists and provide opportunities to share ideas and best practices with colleagues from other countries.

Global Reporters

The Wealth of Nations: Child Psychiatry in India

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Incredible India. Signs bearing that phrase greeted me from the airport in New Delhi when I arrived there on December 4, 2005. That phrase was to flash through my mind again and again throughout the month I was in India because the Child Study Center at Yale University wisely allows its fellows time to go abroad to experience the field of child and adolescent psychiatry from a culturally different vantage point.

The National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bangalore is the crown jewel of child psychiatry in India, indeed likely in all of Asia, and for good reason. It is a premiere child psychiatry institute with a strong emphasis on family. Perfect weather and an idyllic campus, akin to the foliage-framed campus of my alma mater, Wellesley College, added to my ability to feel immediately at home.

For the equivalent of one to four U.S. dollars per day, patients at NIMHANS get world class child

psychiatric care, rivaling the best that I have seen here at home, but was strikingly different in several ways. The difference was probably best summed up by what one resident at NIMHANS said to me when I first arrived: "In India we have intact families." Even after deduction for the idealization it carried, the statement rang true. And what a difference that makes in the way that child psychiatry is practiced.

One of the nurses at NIMHANS gave me a tour of the facility when I first arrived. She explained that parents, generally both mothers and fathers, stayed with their children throughout the hospital admission. One parent, almost always the mother, slept overnight with their children throughout their stay. Even meals were prepared for children by their own parents (generally mothers) in large communal kitchen facilities.

The day began for the children with morning meditation, prayers and exercises, including yoga, which they did as a large group in the central courtyard. Each child was paired with their own parent and parent and child did the exercises together. The exercises were followed by what appeared to be the Indian equivalent of "duck-duck-goose." Moms, dads and kids sat in one large circle. The rules were patiently explained by the nurses. Most poignant and heart-warming was my realization that the mothers and fathers, not just the children, were expected to participate and play the game. I found myself unable to suppress a smile as I watched traditionally dressed middle aged Indian "aunties" running around the circle attempting to "tag" their compatriot fellow moms as their children watched. A powerful lesson for me in what family centered therapy looks like.

Dr. Shekhar Seshadri, an attending with both the appearance and demeanor of a wise old sage, led clinical rounds with compassion, both for his patients and for his residents, and with liberal doses of humor. Each day, the treatment team of attendings, psychiatry residents, psychology and social work trainees would meet with each family (mother, father and child) to inquire how they felt the treatment was proceeding and to discuss the continuing plan of care. It struck me as a wise and humane system of care.

When Adam Smith wrote about the wealth of nations, he was referring to financial and economic resources. My experiences in India suggested that the best economic indicators of the most astute financial analysts cannot even begin to determine the real wealth of nations: families. India may not have the financial resources of this country, but they have an invaluable resource, which in child psychiatry is far more powerful – they have an entrenched family system. It has long been cited that patients with psychotic disorders fare better in India than in the US. I am not surprised.

I highly recommend an international elective to anyone who wishes to experience child and adolescent psychiatry free from the shackles of the cultural biases of the West. Our emphasis on privacy, the individual, informed consent and autonomy, is replaced, in India and elsewhere, by an emphasis on family and community. There is a lot to be learned.

Incredible India. I couldn't have said it better myself.

Mexico City: Safety Concerns Foremost in Young People's Minds

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In June 2004, Mexico City's Anahuac Institute of Public Health (ISPA) joined the international team formed by Vladislav Ruchkin of Arkhangelsk, Russia (now at the Karolinska Institute, Sweden), Robert Vermeiren of Antwerp, Belgium (currently on faculty at the Free University of Amsterdam), and Andrés Martin of Mexico City, Mexico (now on faculty at the Yale Child Study Center) on the Program on International Child and Adolescent Mental Health, initially founded by Drs. Donald Cohen and Mary Schwab-Stone of the Yale Child Study Center.

ISPA joined the international multidisciplinary research team to participate as a local counterpart to the Social and Health Assessment (SAHA) project. The SAHA is an international survey assessing risk and protective factors for adolescent problem behaviors. With this effort, Mexico joins eight other countries, including Belgium, the Czech Republic, Germany, Iran, Korea, Russia, Surinam, and the USA that have already collected the data, with five more countries to follow, including Albania, Gambia, Japan, Lithuania, and Serbia.

ISPA began implementation of the SAHA in Mexico City during the months of November and December 2004, surveying more than 900 middle and high school students at the American School Foundation (ASF) in Mexico City. ASF is a private school with a population that belongs to the higher socio-economic strata of the country. About one quarter of its students are foreign nationals ("expats") from the US and throughout the world. Derived from multiple key informant interviews and student focus groups, the SAHA survey was complemented with a set of questions dealing with issues of specific concern in Mexico City: general insecurity, kidnappings and robbery, all of which have had upward trends in recent years.

With the participation of Simone Pulskens, Evelien Roekevisch, Anne Oude Elberink and Mariet Salomé, medical students from the Free University of Amsterdam (Vrije Universitat), in October 2005, ISPA conducted a second wave of SAHA data collection at a public school in the State of Mexico, the "Colegio de Bachilleres del Estado de México" (COBAEM). A group of 1,107 high school students participated. COBAEM belongs to a middle to low socio-economic level and thus will add an additional comparative perspective to our multi-national research. Using this new cohort, the Mexican SAHA team will aim to compare the effects and influence of socio-economic levels on

the social development and overall mental health of youngsters in one of the largest urban conglomerates in the world: the approximate population of the Greater Metropolitan Zone in Mexico city is 19 million and growing.

The scientific team met in Antwerp, Belgium in September 2005 for a workshop on multi-country comparisons and definition of current and future research strategies and collaborations. With the first two cohorts of data collected in Mexican private and public schools, data analysis promises interesting results that are being prepared for publication and will inform policy and local intervention programs. We look forward to updating the IACAPAP community with new developments in the near future.

Visit the IACAPAP website at www.iacapap.org for the latest Events Calendar and links to other international offerings in training and opportunities.

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