Family First: An Interview with Roland Charles Summit

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Community Psychiatry

Roland Charles Summit, MD, had his mind on medical school even during his undergraduate years at Pomona College in Claremont, where he met Jo Johnson, who would become his wife. Dr. Summit then went on to University of California, Los Angeles (UCLA), School of Medicine. During medical school, he chose to take a one-year pathology fellowship, which gave him a year under less academic pressure and enabled him to experience a broader cultural world. He had been planning to become a plastic surgeon, but that year's experiences indirectly led him to choose psychiatry instead. He subsequently returned to his studies and graduated from the David Geffen School of Medicine at UCLA in 1961. In addition to graduating from his residency program, he worked as chief resident for a year before going on to work for Harbor General Hospital (now Harbor–UCLA Medical Center) as a community psychiatrist. This meant he was immersed in work with not only other professionals but also other community members through groups such as Parents Anonymous. He learned in the community what he had never learned in medical school, absorbing information directly from Parents Anonymous and survivors of child abuse. What some may not realize is that Dr. Summit is not actually a child psychiatrist by training. In fact, even amid all his work regarding child maltreatment, he never interviewed a child. Instead, he acquired his knowledge regarding child abuse through his work with adults, including many women who shared their past experiences of child sexual abuse.

Child Sexual Abuse Accommodation: An Explanatory Description Mistaken for a Diagnosis

Dr. Summit said during the interview that at the start of his career, he had not had a particular interest in addressing child abuse, but as he worked in the community, he quickly noticed that many women who were suffering mentally and emotionally described having been sexually abused as children. In contrast, dialogue in the public sphere and professional communities did not discuss this surprisingly widespread incidence of child sexual abuse. Dr. Summit witnessed a general skepticism and disbelief regarding the narratives of these women.

I asked Dr. Summit what may have enabled him to listen to these women in a way that others had not. After a moment of reflection, he shared that perhaps his experience of bullying as a "tall lanky, totally unathletic kid" had played a part. When he was a young boy, there was a group of boys that would often take BB guns and kill frogs in the woods. One day these boys captured him and together brutally shot him with BB guns. He recalled feeling as powerless and vulnerable as the frogs. He also noted that he did not tell his parents or other adults about any of the incidents, even after a beating that once left him unable to chew for a week or two. He reflected that perhaps these experiences gave him empathy for victimization, including an understanding of why victims may not at times speak up immediately about being abused.

Ultimately, Dr. Summit's formulation of what he first named "child sexual abuse accommodation syndrome" (CSAAS) was in response to a teen who first disclosed that she had been molested as a child after finding

out that her younger sister was now being sexually abused. Many adults, including medical and legal professionals involved in the case, showed skepticism surrounding the "delay" in disclosure by this teen. Dr. Summit knew, however, that other factors such as fear, guilt, and confusion might prevent a child from disclosing sexual abuse; he thus sought to explain that delay in disclosure is not evidence that the abuse did not occur.

When Dr. Summit first drafted a manuscript detailing the elements of CSAAS, it had already been described as helpful in the community for framing the understanding of possible delays in disclosure. He eagerly wrote an article outlining this "accommodation" phenomenon. Yet when he submitted the manuscript for review to a medical journal, it was initially rejected with the review that it did not "add anything new." This left him quite discouraged for a while. Later, with encouragement from a colleague, he submitted his article to *Child Abuse and Neglect,* where it was eventually published in 1983. The article and description of "child sexual abuse accommodation syndrome" had a powerful influence on jurors who may have otherwise assumed that delayed disclosure or later retraction of sexual abuse allegations necessarily indicate that sexual abuse did not occur. But this article also had some unintended results, because some began misunderstanding CSAAS to be diagnostic of child sexual abuse, which it was not.

Thomas Lyon, JD, PhD, (2002) subsequently helped clarify this issue, removing the term *syndrome* and noting a difference between diagnostic and descriptive purpose: "[T]he purpose of accommodation symptoms […] is to challenge the assumption that children who exhibit accommodation symptoms must *not* have been abused […] to disabuse the jury of misconceptions regarding how abused children ought to behave (p. 110)." Lyon described the scientific evidence showing that many children who are sexually abused during childhood do not in fact disclose or do so with delay. In retrospect, Dr. Summit expressed that had he known that the word *syndrome* might cause such confusion, he would have avoided it.

Family First

Dr. Summit and his wife, Jo, guarded their four children from knowledge of what he did when he was away from home. In the early 1990s, due to the strain that professional demands and engagements were having on his personal life, he decided to "close the door" on much of his professional life and devote himself to his family. He said of his wife and four children, "There is nobody in the world like my wife and four kids. They are remarkable people." Though he is now widowed, he continues work on carousel restoration, which was a shared hobby with his wife. He noted that his interest in carousels emerged because of Jo's fascination with them. He told the story of a lovely carousel horse that Jo was yearning to purchase. She kept her eye on that horse until one day she was told it had been sold to someone else who made the payment but had not yet picked it up; she was heartbroken. Then, on their anniversary, as they passed by the store, she saw the horse had finally been taken out of the display. It was really gone. They had a lovely anniversary day, at the end of which she said, "The only thing that would make this day better would be if I got home and somehow that horse were there waiting for me." Little did she know that would be the case because her husband was the one who had bought the horse. Thus began their adventures with the restoration work, and today Dr. Summit's home is filled with a wide variety of carousel animals, including giraffes, dragons, a dog, and a bear!

Dr. Summit and Jo's four children are dispersed throughout the country. Steve is a programmer in Massachusetts; Susie with her husband, Tom, were in Seattle but are now nearby in Palos Verdes; Mark is a marine biologist and lives with his wife on Sanibel Island, and Sharon, with whom Dr. Summit speaks frequently, lives in Hawaii.

A Noble Legacy

After "closing the door" on his professional life, for many years Dr. Summit did not interact with others in his prior professional community, with the exception of a few individuals such as David Corwin, MD, his mentee. Dr. Summit described

that watching his retirement dinner on one of Dr. Corwin's tapes is what recently refreshed his connection to many of those he had worked with in the past. By the courtesy of Dr. Corwin, I myself was also able to watch Dr. Summit's retirement dinner, where I heard speeches highlighting the type of colleague and physician that he was. In fact, one of the speakers said, "[He wasn't] handicapped with all the rules that psychiatrists usually have." She was speaking of his ability to relate to people, to respect people regardless of professional or educational background, regardless of other personal or professional characteristics. This contrasted with her experiences with some other psychiatrists who had dismissed and minimized her clinical insights or perspectives.

Deanne Tilton Durfee, the executive director of the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), also said Dr. Summit is the reason she took the role of director for ICAN. During a time when awareness regarding the salience of child abuse was only starting to emerge, she said of Dr. Summit, "Roland protected me many, many times—not only from the world out there, outside our inner circles, but also from people within our inner circles." He helped various professionals to "get along and not hurt each other."

Susie Summit, one of Dr. Summit's daughters, also gave a speech. She began by describing that she had an almost idyllic life and rarely asked her father for advice. One day, however, she had a friend whom she was worried about, so she decided to talk to her father about it. She told her father that the friend could not stand her parents and was thinking of running away. Her father then stopped to say in a calm tone, "Susie, it's okay to say that it's you." Susie laughed as she told the story, saying she was horrified at the misunderstanding, which was corrected to indeed refer to Susie's friend. Eventually, her father offered his advice and told her friend that she could even come stay at their home if she ever needed. Although somewhat comical, this story was telling of Dr. Summit's humility and willingness to listen to children, including his own. Even if it meant that his own child might be harboring deep resentment or anger toward him (which fortunately was not the case), he was ready to listen and receive what she had to say. He did everything to avoid the risk of ignoring, dismissing, minimizing, or criticizing his child to create a space wherein she would feel safe expressing her true sentiments no matter what.

Some prominent figures throughout history that have fought valiantly for noble causes have done so at the cost of their personal lives and families, Dr. Roland Summit did not allow even his noble ambitions to take priority over his family. He did not become blinded by professional ambition or fears of public perception—he practiced what he preached and put family first.

The Past and Future of APSAC

Dr. Summit believes that the American Professional Society on the Abuse of Children (APSAC) has been influential in bringing together a larger number of individuals for interdisciplinary participation. He was involved with Dr. David Corwin in the beginnings of the California American Professional Society on the Abuse of Children (CAPSAC) and, later, APSAC. Although he has not been directly involved for many years, he said he stands in the strong support of their mission to increase awareness, training, and research on reducing child maltreatment.

His wish for the future is that APSAC continue working toward remedying the "disgrace of ignorance" regarding childhood abuse and its impact on victims' lifetimes. As he recalls accounts given by victims, he understands that "the pain that can be locked into the consciousness of victims of childhood abuse is like a pain that the rest of us can't imagine. We can only imagine it through contact with people who can share that pain realistically with us, and that's not easy." He believes part of the challenge in confronting child maltreatment in various fields, including health care, is that there is "a diametric opposition, a human opposition to learning of such painful human failures and disputing them."

Dr. Summit had a few pieces of advice for future leaders of APSAC:

1. Resist being elevated into office if you are not comfortable with emerging views of the general membership.
2. Ensure you are able to be relatively neutral and able to deal with disagreements, with the greater goal of keeping the group as a functioning community.
3. Be as fully aware as possible of the research on child abuse.
4. Do not be afraid of facing criticism and disfavor from the community in response to what you stand for.

He remarked in close, "[C]hild abuse will never be a welcome topic to celebrate. It will never be something that ordinary people without preparation can welcome as a discovery without trying to push it away."

Author's Reflections: Listening to Women and Children

At first glance, some people might find it surprising to learn that Dr. Summit never in his professional life has interviewed a child. But one does not necessarily need to speak to children directly to recognize the impact of child maltreatment on their lives; after all, all adults were once children! We need only listen to the voices of the many adults we encounter who recount histories of abuse. Why is it then that such stories are often glossed over or even untold? Perhaps it is because women and children have historically not been believed; in addition, we tend not to believe psychiatric patients.

When I started my psychiatry training, all I knew about Freud were his theories about sexual fantasies and the Oedipal complex. I will admit that I was not the biggest fan. But what I learned through my training in psychoanalytic psychotherapy was that Freud did not start with such a theory. In fact, historical writings indicate Freud in the earliest part of his career began by listening to women who were largely rejected by society as having "hysteria." In listening to these women, he discovered narratives of childhood sexual abuse, believing them to be reflective of real experiences these women had in childhood that led to the emotional dysregulation then called "hysteria." But upon reactions in his professional community discounting his ideas, Freud then revised his theory to reframe these events as "sexual fantasies" of the women. His instinct to listen was overpowered by social and professional pressure to dismiss the women's narratives as too ridiculous to be true. Women had little to no power at that time, and women were generally not to be believed; pathologizing them as hysterical was a way to ensure things would stay that way.

Victimization is the very thing that enables pathologization; pathologization then enables victimization, and the cycle does not end. As a child psychiatrist, I am constantly confronted by the way in which pathologizing children is sometimes misused, both intentionally and unintentionally, to silence and disempower children. Thankfully, experts and researchers in the field of child forensic interviewing have enhanced the methods used for interviewing children to maximize the chance of credible testimony, but broadly speaking there is still a systematic disregard for the voice of children, both because we as adults may not know how to ask questions and because we often do not really listen. I am reminded of a schematic adapted by Lucien Lombardo, PhD, (2022) during an APSAC-hosted Institute on Child Torture that adds "adultism" as pervading all ecological levels. It is time for us to consider if we, as medical and mental health professionals, have a vested interest in avoiding the issue of child abuse for the sake of encouraging pathologization and inadvertently contributing to the continued oppression and abuse of children.

About the Author

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References

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