

# Aspects of child psychotherapy

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The literature dealing with theory, case reports and research advances is a reflection of the vitality of contemporary child psychotherapy. One remarkable paper offers a critical analysis of the current research literature on the effectiveness of psychotherapy and offers hope for the rebirth of relevance of psychotherapy outcome research.

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## Introduction

In recent decades, the fundamentally differing principles and diverse clinical practice of behavioural, cognitive, dynamic, family, parent–infant and group child psychotherapies, have been reduced to their lowest common denominator for the purposes of most research studies. This reduction of the complex clinical issues surrounding psychotherapy with children has created a crisis of confidence in the conclusions generated by the research literature.

### Reasons for the chronic crisis in confidence

There are two basic reasons for this chronic crisis in confidence. First, little attention has been paid to ensure that the research reflects the important details of clinical practice; in short, research design has suffered from inadequate treatment representativeness. Second, by ignoring the complex, and often subtle, deeper differences between the psychotherapies in favour of a semblance of similarity, the conclusions remain controversial, narrow and shallow.

These two trends mean that the scientific evaluation of the processes involved in and the outcomes of psychotherapy have been based on studies with major design flaws. In the case of estimates of the effectiveness of psychotherapy, the research methodology and design could, at best, only generate spurious results [1•, 2•].

Fortunately, as the last decade of the 20th century unfolds, and the need to resolve the waves of controversy associated with psychotherapy becomes an increasingly urgent professional and political priority, some real hope of restoring faith in psychotherapy research emerges from this important paper [1•].

Despite the recent decision to remove the term 'Psychoanalysis' from the title of the overall section and, in contrast to the observation that the reality of clinical practice is that psychoanalysis 'in its pure form is infrequently applied' [3] (p 359), the child psychotherapy literature, as reflected in this year's review, continues to apply and rely on advances in analytic theory, practice and research.

Many of the themes in the child psychotherapy literature seem to emerge from four areas of primary concern: theory, practice, research and attempts at integration. Although most papers report on work that involves two or more areas, they will be grouped according to their basic orientation.

## Theory

Two excellent overviews [4•, 5•], the first combining child psychiatry and psychoanalysis, and the second from child psychology, chart the diversity of foci, varied opinions and controversies in order to highlight the scant or absent reliable data on basic issues in contemporary child psychotherapy.

Shapiro and Esman [4•] focused on the evolving models within psychoanalysis and applied this changing knowledge base to contemporary psychotherapy research and practice. The evolving analytic models of development, symptom-formation and therapy, combined with recent empirical data on affect development, which is conceptualized both as a determinant of motives and regulator of meaning, along with new views on the interactional variables of transference and countertransference, are illustrated with case vignettes.

The authors describe a vision of the 'new age' dynamic therapist as someone who will be more free to be themselves with young people, more flexible in integrating their work with individuals and families, will remain alert to the nuances of transference, and 'probably be less ambitious in their goals and more likely (especially with adolescents) to accept limited results and to appreciate the growth-enhancing value of symptomatic improvements' [4•] (p 11). This vision has made me wonder, given a choice, would I wish my children to receive treatment from the 'old-' or 'new-age' dynamic therapist?

Morris and Kendall [5•] provided a comprehensive survey of important facets of child therapy from the vantage point of clinical psychology. Useful reviews have been published by Shrik and Phillips [6•] on training in child therapy and Kendall and Morris [7] who provide

a detailed focus on assessment and diagnosis, including comorbidity of diagnoses and variations across sources of assessment data. Also in the literature are studies addressing the controversies and debates surrounding the 'effectiveness of psychotherapy' [8], the need to appreciate the impact of cultural diversity and 'cultural compatibility' on treatment, which brings a new dimension and meaning to the term *multicultural* [9], and an important paper by Fauber and Long [10•] addressing the child in the family and the family process variables related to individual psychopathology. Understanding the influence of the interpersonal context of the child on individual variations in development remains a major challenge for both developmental researchers and clinicians.

Shapiro and Esman [4•] also provided an update on the current understanding of autism. They emphasised the children's intrinsic incapacities, not merely as a compromise formation '(from an analytic vantage point)', but as the autistic child's unique and limited theory of mind, and the importance of the pre-verbal communication difficulties already evident in the mother-infant interactions. Ogden [11•] and Tustin [12•] elaborate on these themes.

Ogden [11•], a respected and original theoretician-clinician, has combined his extended concept of both the autistic levels of primitive development and the transference. Using transference, 'not simply a transferring of one's experience of one's internal objects on to external objects; it is as importantly a transferring of one's experience of the internal environment within which one lives on to (and I would add 'into') the analytic situation' (p 593), he offers a new way of thinking about the earliest developmental phase.

The autistic-contiguous phase of development has particular relevance to organizing the sensory experiences associated with skin sensation, and relevance to the understanding and management of autism and the experience of what Tustin [12•] has called 'autistic shapes' and 'objects'.

Based on his original conception of the 'autistic-contiguous position' (as a developmental extension backwards from the later Kleinian paranoid-schizoid position), which is 'associated with the most primitive mode of attributing meaning to experience', Ogden [13], now proposes that the 'three fundamental background states of being constituting the context of all human experience, including transference-countertransference' is based on 'the outcome of the interplay of three modes of creating psychological meaning: the autistic-contiguous, the paranoid-schizoid and the depressive' (p 593).

Tustin [12•], constantly reviewing and revising her theory of infantile autism in the light of emerging new observational data, has courageously and necessarily conceded that her previous theory, representing a life-times work was 'no longer tenable' for her. She postulates her revised view of psychogenic autism as an early developmental deviation 'in the service of dealing with unmitigated terror' and... 'traumatic situation which seems to threaten life and limb'. Such 'trauma' for some children can simply

be the infantile awareness of bodily separateness from the mother which is experienced by some children as a "black hole" associated with elemental panic and rage' (p 585). The autistic child's insistence on sameness and resistance to change remains a riddle.

Fonagy and Moran [14•] reviewed the factors influencing the individual child's capacity for the ubiquitous phenomena of change. From a combined developmental psychoanalytic and cognitive perspective, they explored the reasons why some children rapidly change and others remain refractory. The theoretical constructs accounting for the barriers to psychological change have been variously attributed to 'pathological internalized object relations, pathological unconscious fantasy, early trauma, adhesiveness of libidinal fixations, imbalances in defensive structure, ego restrictions, deficits in ego functioning and object relatedness and pathological psychic organisations' (p 15). Any of these mechanisms may be posited to account for the variability, from rapid change to resistance.

Barros [15•], by focusing on 'psychic change' as emotional growth, addressed the processes of change in terms of making the unconscious conscious. The years required for psychic changes, such as those involved in moving from the paranoid-schizoid position to the depressive position, both in health and analytic treatment, are attributed to and consequent on the continual movement and dynamics involved in psychic maturation and growth. In this process, change involves the linking of emotional experiences with meaning and, 'consequently, deepening and enriching the individual's emotional life' (p 303).

The pioneering infancy research by Emde [16•] and the centrality of positive emotions in infant development have been incorporated into contemporary research-oriented thinking about motivation. Based on research on infant behaviour showing that positive emotions play a crucial role in adaptation, as well as animal studies and contemporary psychoanalytic thinking about emotions, Emde calls for a reformulation of the classic drive theory in psychoanalysis. 'For the infant and for the caregiver positive emotions are rewarding and have motivational effects that are independent of "relief" or the discharge of negative emotions' (pp 24-25).

Given the central relevance of Freud's pleasure principle to psychoanalytic theory, Emde's emphasis on positive emotions as motivators in their own right, in addition to evidence from neurobiology and animal behaviour supporting his thesis, the time seems ripe to 'integrate positive emotions into our clinical theory' (p 37). Emde concludes his stimulating paper, as all good researchers should, with a number of important questions, such as: to what degree do early positive emotional experiences enhance later adaptation and promote resilience against stress, and how can deficits or distortions in such experiences be compensated for in later development?

Given the widespread prevalence of emotional deprivation and physical and sexual abuse of children, the traumas surrounding the break-up of families and homes, man-made and natural disasters and the associated con-

stellation of negative experiences, the new perspective offered by infancy research has an urgent relevance for psychoanalytic theory and clinical practice especially in the area of early intervention and prevention.

### Individual case studies: parent–infant

Three papers have focused on the influence of the conflicts in the mother–infant relationship on the infant's intra-psychic development [17•,18••,19•] and the applications of psychotherapy aimed at changing the repetitive conflict-ridden patterns, 'painful for both parent and child', by understanding the sources of the interactive dysfunctions and disruptions.

Zeanah and Klitzke [17•] described the intergenerational transmission of role-reversal in parent–infant relationships based on Bowlby's theories [20, 21] on reversal of roles and Fraiberg's [22] hypothesis that parents, by working through their painful childhood experiences, will minimize the chance of repetition and thus transmission of such adversities to their infants.

Confirming (although not referring to) Ogden's thesis [11••] that transference is the transferring of the total experience in which one lived, Zeanah and Klitzke [17•], by the use of two case vignettes, convincingly demonstrated how the infants internalize both the 'needy, critical, weak parent and the struggling, guilt-ridden, inadequate child' and how current role-reversed relationship patterns are re-enactments of the previous generation's parent–infant dysfunction.

West and Keller [18••] focused on compulsive care-giving patterns of behaviour in adults and its developmental antecedents, and attributed this relationship disorder to incomplete mourning. Quoting Bowlby '...the person who develops in this way has found that the only affectional bond available is one in which he must always be the care-giver and that the only care he can ever receive is the care he gives himself'. The authors provide a clear account of a case where the parentification of the child (the outcome of the disordered parent–child relationship) is the organizer of the child's pattern of attachment. The parent's empathic failures — the inconsistent, inaccurate or absent empathic relating between parent and child, for the child — 'are mini-experiences of loss that engender a feeling of being isolated and alone' (p 429). The normal mourning process, expected after such a loss and dependent for satisfactory completion on empathic relating, is unable to be completed in the dysfunctional relationship characterized by empathic failures. When the child in turn becomes a parent, that which was lost and incompletely mourned, owing to the original parent's empathic failure, leads to the child's subsequent role-reversal (parentification), and isolation. This cycle is repeated in the next generation. Psychotherapy, by acknowledging the original breakdown in the mother's care-giving system, thus allowing completion of the mourning, re-establishes a balance between child and parent.

Settlage *et al.* [19•] introduced a potentially important finding from developmental research which they designated as 'the appeal cycle', the child's appeal to the parents, a phenomenon rooted in earliest infancy, such as the appeal to satisfy the need of hunger. The importance of this concept is the way it underscores the '*process model* of development' and the interactive 'emotional refuelling' cycles that occur between mother and infant (p 1003).

In the second year of life, the appeal behaviour is essentially the rapprochement behaviour described by Mahler [23], and as that concept demonstrates its utility, so the authors illustrate ways that the appeal cycle and its pathology can find clinical application.

### Individual case studies: child

Psychotherapy or psychoanalysis with a troubled child should ideally integrate the phenomenology of the presenting problems within a developmental perspective (inner and outer) in the context of the child's family dynamics. This can sometimes feel like playing with a three-dimensional jigsaw where there are more spaces than pieces. The following case studies encompass these dimensions with differing emphasis and varying degrees of competence and completeness.

The analysis of a 3-year-old girl by Sugerman [24] highlights the complex and multi-level continuities, discontinuities and developmental antecedents of masochism 'protomasochistic provocativeness.' In the rare but fascinating phenomenon of pseudologia fantastica in a 12-year-old boy [25], classic analytic theories are applied to explain the condition as an exaggerated fantasy (defensively) helping to maintain a narcissistic equilibrium or as a false self in the service of ensuring the security of an underdeveloped and vulnerable true self [26].

The analytic material details how the boy's sense of identity depends on his pseudologia fantastica (as a necessary defence), without which he would be exposed to terrifying paranoid–schizoid anxieties of annihilation. The complex processes involved in gender development and its pathology are detailed in the almost 5 years of psychoanalytic treatment of a boy aged 3 years and 9 months with gender identity disorder [27] and the psychotherapy of an 8-year-old boy who was sexually traumatized by his father [28].

Lewis and O'Brien [29] emphasized the differences between dreams occurring inside and outside the course of psychotherapy with latency-aged children. Based on individual case reports and formal population studies, the authors recommended that, in contrast to previous views that regarded such dreams in therapy as material to be interpreted at all ages, the dreams of latency-aged children be likened to 'posttraumatic events' closer in nature and function to anxiety dreams and nightmares. As such, they should not be subjected to the usual psychoanalytic interpretative process. Instead, a translation of the dream

into more tangible expressions, such as drawing or play, is recommended.

### Individual case studies: adolescent

The important and controversial technical aspects of neutrality in the analysis of adolescents are again open for debate. Chused [30•] has advocated the need to maintain the attitude of neutrality (a classic rule of analytic practice) which encourages genuine psychic change through understanding. Three cases, described with clinical wisdom, lead to a sobering conclusion: the termination phase and ending of analysis 'is the final test of the analyst's neutrality'.

The controversy surrounding the question of neutrality in the analysis of adolescents is further highlighted by Shapiro and Esman [4••] who advocate what may be seen as the expeditious techniques of suggestion and reassurance. Realizing that their recommendation for therapists to make suggestions and even offer reassurance, an anathema to the position of neutrality, may be misunderstood, they add the qualifier: '(L)est this freedom to express becomes an invitation to wanton license, the therapist may provide the assurance that thinking does not necessarily lead to doing' (p 10).

Recommending a lack of analytic neutrality may be seen as a collusion by therapist and patient (becoming both barriers to genuine conflict resolution and as such, anti-therapeutic) where both can avoid facing the neurotic or developmental anxieties evoked by (conscious and unconscious) uncomfortable transference and counter-transference material.

Ladame [31] has explored the phenomenon and meaning of repetition compulsion in adolescence, noting that not all repetition is compulsive, as shown by habits, recreations, duplications and reproductions. Further, an important distinction is made between the active recreations of original behaviour in the service of healthy growth and maturation, and the passive forms of reproduction and repetitions — the true repetition compulsions — which paralyse the healthy transformational processes.

The complex relationships between affect, its development, experience and expression in the adolescent is addressed by Hauser and Smith [32]. Drawing on empirical studies (*inter alia* providing evidence for Shapiro and Esman's assertion [4••] of the narrowing gaps and positive relationship between the disciplines of psychoanalysis and developmental psychology, in contrast to the 'increasingly separate and mutually disparaging' relationship with biological research), the authors emphasize the organizing and restructuring functions of adolescent affects, moods and their vicissitudes.

Finally, no review of the child and adolescent therapy literature would be complete without acknowledgment of the enriching contributions in the 'Psychoanalytic study of the child' [33••], although space does not permit

its detailed review. All in all, the individual case reports demonstrate why the clinical consulting room continues to be the main 'laboratory' for generating and investigating hypothesis in the science of psychoanalysis.

### Research

There is an acknowledged urgency for scientific evaluation of both the process and outcome of individual, dynamic child psychotherapy and also a recognition of the formidable barriers facing researchers in this complex area [34]. Two papers deserve praise for rising to the challenge.

Kutcher *et al.* [35••] are at the leading edge of a new wave of psycho-dynamic research: empirical testing of specific psychoanalytic hypotheses. Although a number of methodological and clinical flaws are evident in their research related to sampling [36•] and operationalizing their variables, the study paves the way for future researchers. There is a justifiable crisis of credibility in the current psychotherapy research literature on effectiveness as an outcome variable. Shirk and Russell [1••] have confronted this crisis and their outstanding paper deserves to become a classic. As Kernberg has noted [2•], they 'have accomplished a remarkable task of exploring the issue of the effectiveness of psychotherapy by offering a systematic metaanalysis of nonbehavioural therapies through the use of the statistical method of measuring effect size on outcome' (p 710). The findings from their study should influence the next generation of researchers towards considering essentials for research design. This should ensure that the past errors of inadequate treatment representativeness is not perpetuated.

The findings relate to three key areas, each one contributing to inaccuracies in the estimates of the effectiveness of child and adolescent non-behavioural psychotherapy. The authors conclude that: first, the numerous methodological problems in the current child psychotherapy literature means that 'questions regarding the efficacy of child psychotherapy cannot be answered until a series of methodologically rigorous studies is completed' (p 707). Second, the widely held belief in the alleged impartiality of scientific researchers is seriously questioned as the authors conclude that 'estimates of treatment effectiveness were not independent of the therapeutic allegiance of the research investigator (p 707)'. In particular, one implication of this finding 'may be that psychodynamic and other nonbehaviourally oriented child clinicians cannot depend on researchers from other theoretical orientations to demonstrate the utility of their clinical practices' (p707). Third, the inadequate treatment representativeness of the studies, that is, the degree to which treatments as delivered in the research studies differed from their counterparts in clinical practice in the over- and under-representation of different modalities of treatment; discrepancies in length and duration of treatment; and treatment adherence, whether the stated

treatments were actually delivered, all cast serious doubts on the conclusions derived from the current literature.

A further flaw in the current non-behavioural psychotherapy literature is the absence of reporting on play in therapy. This is a fatal flaw and a further example of the inadequate treatment representativeness of the current literature, given the central importance of play as a medium in therapy with children. Kernberg [2•] attributes this absence to a lack of suitable measures of the child's capacity for and quality of play. Fortunately, there are signs that the paucity of investigative techniques that are clinically relevant for the study of play is being addressed [37].

The paper by Shirk and Russell [1••] is a bold exposé of the deficiencies in the current psychotherapy outcome research and how this invalidates many previously published conclusions. Their important work should become the blueprint for improvements in research to provide the much needed renewal of trust in the reliability and validity of non-behavioural child and adolescent psychotherapy research.

## Conclusion

There are emerging signs from last year's literature that the acknowledged gaps between theory, practice and research in child and adolescent psychotherapy and the on-going controversies about the conflicting evidence relating to processes and effectiveness of outcome may be approaching the dawn of a new, creative era.

The publications provide evidence of a growing, positive relationship and resultant narrowing of gaps between developmental research, psychoanalysis and psychotherapy theory, clinical practice and research.

Such a process, together with the penetrating paper by Shirk and Russell [1••] on outcome research in child and adolescent psychotherapy, could well signal a more general rebirth of relevance of the science of psychoanalysis and psychotherapy.

## References and recommended reading

Papers of particular interest, published within the annual period of review, have been highlighted as:

- of special interest
- of outstanding interest

1. SHIRK SR, RUSSELL RL: A Reevaluation of Estimates of Child Therapy Effectiveness. *J Am Acad Child Adolesc Psychiatry* 1992, 31:703-710.

A remarkable, probing paper providing a critical analysis of the flaws in the non-behavioural child psychotherapy research literature. Focusing on the outcome variable 'effectiveness of psychotherapy', the authors conclude that the many flaws have distorted estimates on the effectiveness of psychotherapy. This paper deserves to become a classic.

2. KERNBERG PF: Discussion of a 'Reevaluation of Estimates of Child Therapy Effectiveness. *J Am Acad Child Adolesc Psychiatry* 1992, 31:710.

A brief but pointed evaluation of the major significance of Shirk and Russell's outstanding paper [1••].

3. BLOCH S: Psychotherapy [Editorial]. *Curr Opin Psychiatry* 1992, 5:359-360.

4. SHAPIRO T, ESMAN A: Psychoanalysis and Child and Adolescent Psychiatry. *J Am Acad Child Adolesc Psychiatry* 1992, 31:6-13.

An excellent overview of the evolving psychoanalytic models of development, symptom formation and therapy. The authors invite considerations of the ways in which these recent developments can and should be modified in so-called 'standard' dynamic psychotherapy, which has broad implications for the 'survival in clinical practice of psychoanalytic principles and for the conduct of inquiries into how children become ill and how symptoms evolve'.

5. MORRIS RJ, KENDALL PC: Introduction to the Special Section •• on Clinical Child Psychology: Perspectives on Child and Adolescent Therapy. *J Consult Clin Psychol* 1991, 59:763-765.

A comprehensive overview to a special series of articles addressing important developments in key aspects of contemporary child and adolescent therapy from the vantage point of clinical psychology.

6. SHIRK SR, PHILLIPS JS: Child Therapy Training: Closing Gaps • with Research and Practice. *J Consult Clin Psychol* 1991, 59:766-776.

A review of the critical areas in training for child psychotherapy at undergraduate, postgraduate and doctoral levels which advocates a science-based approach.

7. KENDALL PC, MORRIS RJ: Child Therapy: Issues and Recommendations. *J Consult Clin Psychol* 1991, 59:777-784.

8. KAZDIN AE: Effectiveness of Psychotherapy with Children and Adolescents. *J Consult Clin Psychol* 1991, 59:785-798.

9. THARP RG: Cultural Diversity and Treatment of Children. *J Consult Clin Psychol* 1991, 59:799-812.

10. FAUBER RL, LONG N: Children in Context: The Role of the • Family in Child Psychotherapy. *J Consult Clin Psychol* 1991, 59:813-820.

Although it is premature to address questions of the superiority of one mode of therapy over another, both individual and family-oriented therapies can reduce children's psychological suffering. Family factors such as marital conflict, divorce, parental psychopathology, drug or alcohol abuse, family violence and child abuse, both alone and more so in combination, are well-known risk factors for child dysfunction. Effective therapy needs to take account of the troubled child in the family context.

11. OGDEN TH: Analysing the Matrix of Transference. *Int J Psychoanal* 1991, 72:593-606.

A bold synthesis of the author's original extension of the theory of primitive states of mind and his 'autistic-contiguous' phase of development with the traditional paranoid-schizoid and depressive phases. The author illustrates how such a deepening understanding of the matrix of transference, shapes the analytic technique in the transference-counter transference experience.

12. TUSTIN F: Revised Understandings of Psychogenic Autism. •• *Int J Psychoanal* 1991, 72:585-592.

After a life-time of dedicated work unravelling the mysteries of infantile autism, the author courageously discusses the reasons for her decision to revise her theory. Faced by the many observational studies that have discredited the notion that autism is a halt at, or a regression to what has been termed the autistic phase of early infant development, her long held views are no longer tenable.

13. OGDEN TH: On the Concept of an Autistic-Contiguous Position. *Int J Psychoanal* 1989, 70:127-140.

14. FONAGY P, MORAN GS: Understanding Psychic Change in •• Child Psychoanalysis. *Int J Psychoanal* 1991, 72:15-21.

The authors distinguish between two developmental pathologies which act as barriers to psychic change. One set of pathologies has its origins in genuine deficits and a real absence of psychic processes where 'no interpretive work can bring about a reactivation'. The other, neurotic pathology, is characterized by a disavowal of or defences against mental

processes which can be changed. The authors argue that it is essential to account for these differences in pathology when comparing the rate and stability of psychic change in individuals with 'similar symptomatology yet diverse pathologies'.

15. BARROS ELD: **Psychic Change in Child Analysis.** *Int J Psychoanal* 1992, 73:303–312.

Based on the Freudian adage of change as making the unconscious conscious, and the Kleinian dictum that growth depends also on the reintegration of parts of the self which have been split off, the author, by linking psychic change to emotional growth, elaborates on the preconditions and mechanisms involved in changes and its resistances during child analysis.

16. EMDE RN: **Positive Emotions for Psychoanalytic Theory: Surprises from Infancy Research and New Directions.** *J Am Psychoanal Assoc* 1991, 39(Suppl):5–44.

Based on the author's 'personal odyssey about research surprises concerning positive emotions in early development', Emde's pioneering contributions emphasize the central importance of positive emotions as motivators of behaviour. Contemporary psychoanalytic thinking and the emerging research evidence from infant, animal and biological research point the way for reformulation of the classic analytic drive theory.

17. ZEANAH CH, KLITZKE M: **Role Reversal and the Self-Effacing Solution: Observations from Infant-Parent Psychotherapy.** *Psychiatry* 1991, 54:346–357.

Infant-parent psychotherapy focuses on disordered relationship patterns with the aim of removing the infant from the repetition by helping the parent 'revise her own representations that are constructed within and perpetuate the pattern'. Two cases illustrate how morbid dependency between parent and child were treated with a combination of parent-infant and individual psychotherapy.

18. WEST ML, KELLER AER: **Parentification of the Child: A Case Study of Bowlby's Compulsive Care-Giving Attachment Pattern.** *Am J Psychotherapy* 1991, 45:425–431.

An important paper highlighting the critical, but neglected topic of the sequelae of incomplete mourning. A case illustration of the transmission of the distorting effects on the parent-child relationship from one generation to the next and the nature of psychotherapy as it facilitates the completion of the mourning process.

19. SETTLAGE CF, BEMESDERFER S, ROSENTHAL J, AFTERMAN J, SPIELMAN PM: **The Appeal Cycle in Early Mother-Child Interaction: Nature and Implications of a Finding From Developmental Research.** *J Am Psychoanal Assoc* 1991, 39:987–1014.

Based on observational research, the 'appeal-cycle' is conceived of as a unit of developmental interaction involved in the formation of the child's psychic structures during mother-child interaction in the second year of life. By delineating four phases to the cycle, adaptational, distress, appeal and interactional, the paper details the processes involved in mother-child self-regulation and seeking of emotional equilibrium following experimentally induced disruptions in the (mother-child) relationship.

20. BOWLBY J: *Separation*, vol 2. London: Hogarth Press/Institute of Psychoanalysis; 1973.
21. BOWLBY J: *Loss*, vol 3. London: Hogarth Press/Institute of Psychoanalysis; 1980.
22. FRAIBERG S: *Clinical Studies in Infant Mental Health: The First Year of Life*. London and New York: Tavistock; 1980.
23. MAHLER MS: **The Rapprochement Subphase of the Separation-Individuation Process.** *Psychoanal Q* 1972, 41: 487–506.
24. SUGERMAN A: **Developmental Antecedents of Masochism: Vignettes from the Analysis of a 3-Year-Old Girl.** *Int J Psychoanal*, 1991, 72:107–116.

25. DITHRICH CW: **Pseudologia Fantastica, Dissociation, and Potential Space**, in *Child Treatment*. *Int J Psychoanal*, 1991, 72:657–668.
26. WINNOCOTT DW: **Distortion in Terms of True and False Self (1960).** In *The Maturation Process and the Facilitating Environment*. London: Hogarth Press/Institute of Psycho-Analysis; 1982.
27. HABER CH: **The Psychoanalytic Treatment of a Preschool Boy with a Gender Identity Disorder.** *J Am Psychoanal Assoc* 1991, 39:107–130.
28. ELLIS PL, PERSMA HL, GRAYSON CE: **Interrupting the Reenactment Cycle: Psychotherapy of a Sexually Traumatized Boy.** *Am J Psychotherapy* 1990, 44:525–535.
29. LEWIS O, O'BRIEN J: **Clinical Use of Dreams with Latency-Age Children.** *Am J Psychotherapy* 1991, 45:527–543.
30. CHUSED JF: **Neutrality in the Analysis of Action-Prone Adolescents.** *J Am Psychoanal Assoc* 1990, 38:679–704.  
The adolescent in therapy, with his/her intense insistences and demands on the therapist for advice and suggestions may interfere with the therapist's analysing capacity. Combined with the therapist's wish to demonstrate to parents a speedy therapeutic response, it is tempting to abandon the principle of neutrality — a short-term gain for a long-term cost to the adolescent. 'Can an analyst ever be completely neutral?' is illustrated with two case studies.
31. LADAME F: **Adolescence and the Repetition Compulsion.** *Int J Psychoanal* 1991, 72:253–274.
32. HAUSER ST, SMITH HF: **The Development and Experience of Affect in Adolescence.** *J Am Psychoanal Assoc* 1991, 39(suppl):131–168.
33. SOLNIT AJ, NEUBAUER PB, ABRAMS S, DOWLING AS (EDS): *The Psychoanalytic Study of the Child*, vol 46. New Haven: Yale University Press; 1991.  
Year after year, each volume of this collection of papers, from theory, clinical case studies, research, applications of psychoanalysis to special focus on selected topics, brings an awaited richness of ideas to psychotherapists and psychoanalysts working with young people.
34. WOLFF S: **Aspects of Child Psychotherapy.** *Curr Opin Psychiatry* 1992, 5:361–364.
35. KUTCHER S, MARTON P, SZALAI J, KENNEDY B: **Specificity of Psychoanalytic Hypotheses Regarding the Onset of Adolescent Psychoses: An Empirical Test of a Psychodynamic Model.** *J Am Acad Child Adolesc Psychiatry* 1992, 31:699–702.  
An empirical study of adolescent onset psychoses compared with adolescent onset depressive illness which failed to support an analytically derived aetiological hypotheses that the psychoses were specifically related to four factors: success and its opportunities, intimacy and its attempts, the intent to act autonomously and participation in insight-oriented psychotherapy.
36. HAJAL F: **Discussion of Specificity of Psychoanalytic Hypotheses Regarding the Onset of Adolescent Psychoses: An Empirical Test of a Psychodynamic Model.** *J Am Acad Child Adolesc Psychiatry* 1992, 31:701–702.  
A useful evaluation of the strengths and limitations of the study by Kutcher *et al.* [35••].
37. MARANS S, MAYES L, CICHETTI D, DAHL K, MARANS W, COHEN DJ: **The Child-Psychoanalytic Play Interview: A Technique for Studying Thematic Content.** *J Am Psychoanal Assoc* 1991, 39:1015–1036.

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