A Question of Technique

Independent psychoanalytic approaches with children and adolescents

Edited by Monica Lanyado
and Ann Horne

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A Question of Technique

A Question of Technique focuses on what actually happens in the therapy room and on the technical decisions and pressures that are faced daily.

Coming from the Independent tradition in British psychoanalysis, the contributors, a range of experienced practitioners and teachers, describe how their technique has quietly changed and developed over the years, and put this process in its theoretical context.

This book will appeal to child and adolescent psychotherapists, analysts and counsellors who wish to explore more Winnicottian approaches to therapeutic work.

Monica Lanyado is a training supervisor at the British Association of Psychotherapists. She is co-editor with Ann Horne of *The Handbook of Child and Adolescent Psychotherapy* and author of *The Presence of the Therapist*.

Ann Horne trained as a child and adolescent psychotherapist in the Independent tradition at the British Association of Psychotherapists. She lectures, supervises and teaches in the UK and abroad.

"This is a welcome and much needed book, describing how child psychotherapists engage with troubled children, young people and their families, carers and the wider community. The reader is offered a unique glimpse of child therapists at work, how and what they say to their patients in the different settings in which child therapists now work.

The contributors, most of whom trained at the British Association of Psychotherapists—either as child and adolescent therapists or, having completed their child training elsewhere, undertook additional BAP training in work with adults—have as their theoretical and technical frame of reference the Independent tradition of British psychoanalysis. The authors meticulously spell out the 'whys and wherefores' of changing, extending or adapting technique to meet the therapeutic needs of those patients who are not susceptible to more 'orthodox' interventions.

Of all the pioneers of child analysis, it is Winnicott whose voice resonates most clearly throughout the book. It will surely become essential reading for teachers and trainees of child and adolescent psychotherapy. Seasoned practitioners will find much to refresh their thinking. It has also much to offer to other professionals working in the field of mental health.

The editors are to be congratulated on bringing together such wide-ranging and illuminating papers, which put the work and thinking of child psychotherapists trained and working in the Independent tradition firmly on the map."

Lydia Tischler, Consultant Child Psychotherapist, British Association of Psychotherapists

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Janine Sternberg trained as a child psychotherapist at the Tavistock Clinic and subsequently as an adult psychotherapist at the British Association of Psychotherapists. She is very involved with teaching and the organisation of training at the BAP. For many years she was the consultant child psychotherapist at the Tavistock Mulberry Bush Day Unit, a small unit for children with complex difficulties. She now works at the Portman Clinic. Her book *Infant Observation at the Heart of Training* (2005) addresses what capacities and skills are needed for psychotherapeutic work and how these may be enhanced by infant observation. She is currently co-editor of the *Journal of Child Psychotherapy*.

Foreword

Bernard Barnett

The psychoanalysts and psychotherapists who align themselves with the Independents (formerly entitled 'the Middle Group') of the British Psychoanalytic Society, adopt a theoretical position somewhere between the Contemporary Freudian group (formerly 'the Anna Freudians') and the followers of Melanie Klein. This tradition favours learning from experience and an attitude to clinical practice which is summed up in the phrase 'evaluate and respect ideas for their use and truth value no matter whence they come'.[1]

This theoretical stance has a number of advantages which are outlined below, but it also has some drawbacks. These arise from the absence of a unified system of thought, a definitive set of concepts and a recommended analytic technique. Independents are accused by some colleagues of not having 'a proper system', of being too eclectic (i.e. in the sense of being 'wishy-washy') and, therefore, of having no effective technical method. This results in some Independents (especially trainees) feeling themselves to be disadvantaged, and of having 'a hard life'. These colleagues may sometimes suffer anxiety and indecision and experience feelings of envy towards other groups.[2]

It is a great pleasure and privilege to be associated with the authors of *A Question of Technique: Independent Psychoanalytic Approaches with Children and Adolescents,* since they are untroubled by these feelings, or rather, if not, they have found a creative solution to them. In this book they set out to, and successfully, describe in detail some principles of 'lndependent' theory and its application to child psychotherapy. Though there are many publications which relate to work with adults, those which focus on children are few in number and the present work is both timely in its content and stimulating in its style.

The therapists, who are all experienced clinicians, were originally trained in different psychoanalytic traditions, but their written contributions suggest that, following work in many different settings, they now have much in common. For example, they share above all a certain flexibility in their approach to their patients, a readiness to challenge custom and tradition and a willingness to experiment with new ideas, concepts and techniques. I found this attitude to practice both refreshing and informative.

I am aware, from my own teaching experience, how even in the best and most thorough initial child psychotherapy training programmes (with their focus on the inner world), students, when they qualify, often emerge into the real world with a feeling that, though they have been well prepared for sailing on the Hampstead ponds, they have now to face and cope with the vicissitudes and unpredictability of the Atlantic ocean. In contrast these contributions are aimed to acquaint the reader with the complexities and hazards of real-life situations.

If we can accept the peculiar paradox of an Independent ego ideal', which these therapists follow, it seems to me to be found in a kind of sequential learning pattern. In abstract terms this can be summed up as an empirical process in which the therapist

becomes subjectively engaged in a repeated pattern of observation, reflection, evaluation, intervention, response, observation, etc. This process is not tightly bound to a single theory. What the authors succeed in doing is to flesh out this skeletal process and show how, by their intimate engagement with the patient and others *in situ,* a therapeutic process may be established.

The first and most striking feature of the contributions is the spirit of open-mindedness which is on display. In their pursuit of analytic truth, the authors are engaged in a creative interplay of the views of different theoreticians, and it is this which is the very essence of Independent psychoanalytic inquiry. Building on the great tradition of psychoanalysis established by Freud, and of child analysis by Anna Freud and Melanie Klein, they draw on the many, seminal contributions from the British Object Relations school and other sources. To this is added the more recent advances contributed by research in infant development and attachment theory. In the application of this rich body of ideas perhaps the most important quality of this open stance is a tendency not to move too quickly towards theoretical closure.

A second significant feature is the focus on 'technique' which is neatly defined by one contributor as 'finding one's own voice and style'. What is demonstrated is that in the practice of child therapy, a repertoire of 'techniques' tends to evolve in the light of experience. This means that the theoretical viewpoints originally held by the therapist come to be modified as a result of the complexity of the context in which the children and parents are referred and seen. Faced with differences of situation and circumstance, the thinking and practice tends towards greater plurality and variety. In summary, the authors' thesis is that the most effective approach to the internal world of the child requires a sensitive adaptation to specific, external forces on the part of the therapist.

Thirdly, many of these contributions emphasise that therapeutic change does not necessarily occur through transference interpretation alone. What is suggested is that it often occurs through a combination of a benign unfolding of the analytic process, influenced by the setting, silences, breaks, 'being alone in the presence of the other', etc., all of which interact with the therapist's interpretative activity. One example is given of a narcissistic adolescent patient who became caught up in a severe transference illusion. A process is described in which 'the narcissistic transference' was allowed 'to flourish long enough to begin its spontaneous dissolution'. Another therapist writes revealingly of the value of 'interpretation within the holding environment', which is used to produce 'a verbal crystallisation of shared experiences'. Perhaps most crucial from the viewpoint of many Independents is the observation that 'the interpretation that is most useful to the patient is the one the patient finds in the therapeutic process for himself.

Interested readers who search in this book for a guide to practice will find rich pickings and much to stimulate their work and their thinking. In what follows, I shall give some examples of the richness and creativity of what is on offer.

In the discussion of their work, the authors freely introduce new concepts taken from a variety of sources. In referring, for example, to 'cognitive bias', 'selective exclusion', 'learned responsiveness' and 'the grammar of imperatives' they provide interesting food for thought which can be added to the more traditional psychoanalytic concepts.[3] At the same time it is interesting to find that some older concepts, which have in some quarters

fallen into disuse, are re-established. One example is that of 'the working alliance' which is defined as 'a basic willingness of the patient to attend and become involved and which implies a sufficient degree of trust and mutual interest'.

In many of the contributions, the authors stress the value of playfulness in the therapist. They also discuss the provision of toys, the nature of the therapist's participation and the approach to interpretation, all of which are potentially controversial issues. As in other matters, they tend to favour a flexible approach, tailored to the needs of the patient and the complexities of the environment and the 'Here and Now' situation. They provide illuminating descriptions of the problems posed (e.g. the management of deprived or abused children who cannot play because their quiet activity, their 'going-on-being', is overwhelmed by physical excitement). In many of the contributions, Winnicott's work and ideas are much in evidence and are used to provide an inspiring basis for work with disturbed children. A particularly valuable discussion revolves around the concept of the therapist being 'playfully present' in the session. It is noteworthy that the value of therapeutic 'playfulness' is also discussed not only in relation to children, but also in work with supervisees. I particularly enjoyed one example of a light and playful combination of words in the suggested interpretation: 'You wouldn't want to miss me too much!'

In this book there is much concern with the skilled use of the countertransference. We are told, for example, how in work with mothers and infants, when anxiety is at a high level and communication is mainly non-verbal, the therapist's own somatic response may provide a significant diagnostic clue as to the nature of an infant's distress. In an account of 'in-care situations', the management technique may include 'holding the counter-transference' in the professional carers. We are also shown how, in work with the parents of troubled teenagers, the therapist's experience of intense feelings of despair, de-skilling and hopelessness can be utilised to give the parents insight.

In fact, much of the rich content of these contributions concerns parents. The degree to which the therapist, when treating a child, should be directly in touch with parents and others is clearly another potential source of controversy. When working with deprived and disturbed parents, the need for a balanced attitude in the therapist between under- and over-identification is emphasised. We are given interesting and informative accounts of short-term parent-infant psychotherapy, which aims to put mothers in touch with their own distress, and which leads to beneficial effects for the infant. We are shown how the mother's unique response to the birth of her child often reveals her vulnerability, which may then become a focus for the treatment. Where 'an internal map of motherhood' is missing, the therapist strives to establish such an essential framework for the mother-infant interaction.

There are many descriptions of the treatment and problems of working with children in special settings (i.e. 'looked-after children' who are being fostered, or in the care of the local authority). The case material of these 'children in transition' provides valuable illustrations of the complexity of the split-transference situations and the skilful management of the complex transference reactions, not only coming from the child, but from the 'carers' in the network of relationships.

I turn now to consider to what extent the contributors succeed in differentiating their theoretical positions and practice from the way other therapists of a differing orientation think and work. This is not an easy question to answer. Take the issue of

open-mindedness that I have emphasised above. It would probably be difficult to find a therapist who would not lay claim to being open-minded in the pursuit of her craft and the ideas that underpin it. Also much of what the authors describe as 'good practice' seems to me open to a response from a colleague of the kind: 'Well I think and work that way and I am not an Independent!'

Though I can understand such comments and even sympathise with them, I think there are significant differences among child therapists in their ways of thinking and working. However, the hidden attitude and aims of a therapist are often more subtle than obvious and in any case are not easy to put into words. It is also not a simple matter to describe what actually happens in a session, or how a complex environmental situation was actually managed. If I had to sum up in one line the viewpoint of the therapists who have written this book, it would be 'Becoming the therapist that the patient needs'. For greater clarification of this issue, I can only recommend a thorough reading of their contributions.

It will be clear from the above that I think there is much to be learnt from the approach of these authors. Their work will not only prove of great value to like-minded colleagues, but it provides in itself 'a reflective space' that can be used for contemplation by child and adolescent psychotherapists of all theoretical persuasions. Indeed, because the authors' thinking and the description of their practice has been spelt out in considerable detail, an opportunity is given to compare and contrast other approaches and orientations which originate both in and outside the United Kingdom.

Finally, I would add that, though the contributors are sometimes quite rightly at pains to clarify the important differences between child and adult therapeutic work (e.g. proxy consent, physical contact, the involvement of parents, etc.), the therapist who treats adults will nevertheless find much of relevance which is clinically helpful. Again and again, I found myself noting in the margin of the manuscript 'But that is also true of my adult patient!' In short, these articles can be read with great profit by all analysts, therapists, counsellors and all who work with patients and clients of any age.

Notes

1 E.Rayner, *The Independent Mind in British Psychoanalysis* (London: Free Association, 1990)

2 A.Limentani, *Between Freud and Klein* (London: Free Association, 1989)

3 J.Bowlby, *Loss: Sadness and Depression. Attachment and Loss,* vol. 3 (London: Hogarth and Penguin; New York: Basic Books, 1980) and A.Alvarez, 'Projective Identification as a Communication: Its Grammar in Borderline Psychotic Children', *Psychoanalytic Dialogues* 7 (6) (1997):753–68

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In presenting work from the BAP and friends, we would like to offer particular thanks to those Contemporary Freudians and post-Kleinians who joined with Independents to start the first UK Independent Child and Adolescent Psychotherapy training in 1982. And we thank those today, trained in other theoretical traditions, who enjoy close encounters of the psychoanalytic kind with those who might do it a little differently.

Monica Lanyado and Ann Horne

A note on confidentiality

At the very heart of any therapeutic contact is the need to protect the privacy of the client—adult or child. When working with an adult, the boundaries of privacy are usually fairly straightforward as contact between the therapist and other people in the patient's life is likely to be minimal. However, with children there is often an equally important need for the therapist to be in contact with the key adults in the child's life—parents and foster parents in particular, but also teachers, social workers, residential workers and medical staff. The multidisciplinary team plays a very important role in the child's treatment as does the work with the parents and the rest of the family. In practice, issues of confidentiality are worked out within the guidelines of the Code of Ethics of the profession for each child who is seen, as appropriate. The complexity of therapeutic work with children means that a wise and flexible balance has to be found between the child's need for confidentiality and the need to communicate helpfully with the child's parents, carers, family, and the multi-professional team.

The experience of a private and protected therapeutic space is so central to the child and adolescent psychotherapist's work that the question of how to write publicly without compromising this privacy raises many issues. As with any other profession that needs an ever-evolving theoretical and experiential base, we have to share our clinical experience with each other and outside the profession if we are not to become moribund. The problem is how best to achieve this without sacrificing our relationship with our patients. This issue is very alive within the profession, particularly as we become more 'public' and venture out of the consulting room to share our work with colleagues in the multidisciplinary team, at conferences and lectures, and in the increasing numbers of books written by child and adolescent psychotherapists.

The first consideration is how to disguise the case illustration. This can be achieved by giving no more historical or biographical information than is absolutely essential to the particular aspect of the case that is being discussed. In addition, some 'red herrings' may be added, to further disguise the case as long as they do not detract from the coherency in the process. For example, if the relationships with or positions of siblings are not a key feature of the illustration, the ages and sex of the siblings might be altered to conceal a possible identification. It is always tricky to know how much to disguise a case before it begins to sound unconvincing. This has been a matter for much discussion between editors and the individual authors and we believe we have arrived at sensible solutions in each case.

Some of the children and families discussed will have been directly approached by their therapists asking for permission to write about their treatment. Depending on the individual circumstances, they may or may not have seen the actual text and given their agreement to it. There can be a problem with this direct approach when treatment is ongoing, or where, as can often be the case, it is possible that the patient may want to return to the therapist for further help as he or she grows up. The fact that the therapist

has spent so much additional time thinking and writing about the patient, indicating that in some respect the patient has a 'special' status for the therapist, can interfere with and possibly disrupt any ongoing or future therapeutic contact. This is not necessarily a problem, but it can be, and has to be carefully thought about before any patient is approached for permission to publish. In many respects, because of the possibility of disrupting or distracting from the therapeutic relationship by showing the patient and/or the family what has been written, some therapists ask for permission to use disguised material for teaching or publication at the outset of treatment. This request is made in the spirit of advancing knowledge, training and practice, so that, should it be helpful to share what has been learned from a particular treatment, permission has been given.

(M.Lanyado and A.Horne, *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches* (1999):13–14)

1
Introduction

Monica Lanyado and Ann Horne

1 The context

Coming together to compile this book, with its focus on the Independent tradition in British psychoanalysis and psychotherapy, we have had interesting discussions with our co-authors and between ourselves. In recent years—at least publicly since the 50th anniversary conference of the Association of Child Psychotherapists (ACP) in 1999—there has been said to have been much rapprochement between the different training and theoretical traditions. While we would agree with this—and indeed see the establishment of an Independent training in 1982 as pivotal in encouraging it—it is important to acknowledge that there are still important differences in approach amongst the training schools, approaches informed by theoretical divergence. Where we have moved on, we suspect, is in our capacity to tolerate and even enjoy discussion of these differences—an acceptance of diversity, and a new capacity to be curious about each other. This takes us a long way from the 'collisions' described by Rycroft (Pearson 2004—and see next chapter) as masquerading as 'discussions' in the Institute of Psychoanalysis in the 1950s.

However, we have not quite reached—as was hopefully proposed at a recent British Association of Psychotherapists (BAP) conference on 'Diversity'—a position where what we all do in the consulting room is actually pretty well the same (Lemma 2005). There was much disagreement at the 1999 ACP conference about what was 'correct' and what was not. Indeed, part of the spur for compiling this book came from listening to talks at subsequent conferences of the ACP where very experienced members often rather diffidently proposed what to them felt like considerable variations in technique. We were struck by the on-going need for diffidence—perhaps stemming from a continuing counter-transference relationship to the mythical 'correct' approach—and by variation being perceived as radically different. Diverse applications of technique and method have been discussed amongst Independents since Winnicott, amongst Anna Freudians in-house over decades and available to the rest of us at least since Joe Sandler and his colleagues made Miss Freud's thinking public (Sandler, Kennedy, and Tyson 1980), and amongst post-Kleinians at the latest since *Psychotherapy with Severely Deprived Children* appeared in 1983 (Boston and Szur 1983). Indeed, colleagues at the Institute of Psychoanalysis tell us that new findings from Mrs Klein's as yet unpublished technical papers are also going to startle us about her capacity for flexibility and adaptation in the consulting room.

The 21st birthday, in 2003, of the child and adolescent psychotherapy training at the BAP—a training that locates itself in the Independent tradition of British psychoanalysis—also helped us feel it to be timely to collate a book that derived from that theoretical and technical position. This book thus seeks to address a gap in

contemporary psychoanalytic writing about work with children and adolescents and is in major part a response to requests from trainees and colleagues.

We would wish therefore to engage in discussion about what actually happens in the consulting room, as opposed to what it is felt 'ought' to be happening. In this way, *A Question of Technique* describes and discusses contemporary practice and how it is evolving, the 'what we do' and the 'how' of psychoanalytically informed psychotherapy with children, young people, their families and the professional networks surrounding them. The authors of the chapters have tried to tease out these questions from their clinical work. Achieving the focus of this book has not proved easy—in part because different theoretical traditions mean different belief systems and moving from one theoretical position to another requires distancing oneself from what may well have been taught as fundamental and 'right'. From our discussions and individual clinical and theoretical findings, there has emerged an interesting book that grapples with why we do what we do and makes it available to a wider readership.

The contributors come from a mixture of original training backgrounds—Independent, Kleinian and Anna Freudian—but would now identify their theoretical orientation as Independent, the majority position in the British School, the London-based British Psychoanalytic Society. In our deliberations and writing, it emerged that what linked us in a major way was our interest in building on Winnicott's thinking, as well as drawing on the Kleinian and Anna Freudian traditions. It also became apparent that we were able to draw on Winnicottian thought and come to a range of conclusions. So in many ways this book represents a contemporary view of post-Winnicottian child psychotherapists at work. Some of the chapters reflect practice in individual work; others demonstrate the application of theory to parent work, families and networks while retaining in mind the primacy of the best interests of the child.

The content

We will give a brief tour around the contents of the book, anticipating that the reader will feel able to 'dip in' according to specific interests, as well as to read the text as a whole, to gain a comprehensive view of contemporary child psychotherapy from an Independent perspective. Our roots in the Independent Psychoanalytic tradition are reflected in Bernard Barnett's 'Foreword' to the book. A senior member of the Independent group of British psychoanalysts, and a child analyst, with many links world-wide with those interested in Winnicott's work, Barnett both reinforces and further elaborates the kind of mind-set that is thought of as 'Independent'.

The running order of the book reflects the different areas of theory, practice and technique that we wished to encompass. The first section describes how contemporary Independent thought has developed within the psychoanalytic tradition. Continuing the theme of this introductory chapter, with its engaging interview of Anne Hurry by Maria Pozzi, we move to Ann Horne's description of how the Independent group of child and adolescent psychotherapists came into being through the child and adolescent psychotherapy training founded at the British Association of Psychotherapists in 1982. From delineating the Independent identity in theoretical terms, she discusses the technical and clinical implications of these Independent views. She also describes the dangers of

'pathological idealisation' within psychoanalysis, institutionalised positions and assumptions that can stop the growth of new ideas if they seemingly contradict the views of psychoanalytic elders.

A more theoretical chapter by Janine Sternberg completes this section of the book, and takes the reader from the historical differences about technique, up to current-day live issues. Sternberg usefully reminds us of the key concerns that have influenced discussions about technique in the past, and in particular how different theoretical views lead to different ways of being and behaving in the consulting room. Importantly, she discusses the impact of contemporary research on our understanding of what takes place between therapist and patient, and the ways in which microanalysis of video material is shaping our view of how we respond in the present moment to our patients. The reader will find a masterly appraisal of a wide range of themes marking points where we have to reflect on how we intervene or respond to our patients. As an adult as well as child psychotherapist, Sternberg has very interesting contributions to make—quietly given, almost *en passant*—on commonalities and differences in working with these diverse groups. Her analysis of technique includes language, tone, intonation and silence; the use of transference and counter-transference; and a very interesting comment on 'to play or not to play', a matter taken up by Maria Pozzi and Anne Hurry in their conversation. The section on interpretations is particularly thought-provoking. In offering comment on the diverse technical practices found in our analytic work today, Sternberg opens up an extremely helpful context for the clinical material that follows in later chapters.

We decided to put most of the chapters in 'developmental order'—parent-infant work, then work with latency and adolescent patients— partly because there are some important differences in technique according to the stage of development of the patient but also rather simply because keeping development in mind is important to an Independent. The second section of the book therefore centres on parent-infant work, a comparative newcomer to the repertoire of child and adolescent psychotherapists but now rapidly expanding.

Working directly with parents who have their babies *with them* in the room during the consultation, rather than talking to parents *about* their infants who are not present, came to prominence following Selma Fraiberg and her colleague's groundbreaking book *Clinical Studies in Infant Mental Health* (Fraiberg and Fraiberg 1980). Pioneering this work in the UK was Dilys Daws whose highly readable *Through the Night: Helping Parents and Sleepless Infants,* published in 1989, has also become a classic—not only clinically, but directly for many parents desperate for a good night's sleep (Daws 1989)! Juliet Hopkins has also played a very important part, through her clinical work and her writing, in laying the foundations in the UK of this increasingly recognised method of intervention (Hopkins 1992). Hopkins has long been very active in teaching at the BAP and was a member of the original Training Committee.

Deirdre Dowling's chapter illustrates this influence in her work with families who have been admitted to a therapeutic community as a 'last chance' effort to avoid taking their babies into the care of the local authorities. This is harrowing and deeply compassionate work as the babies are at severe risk but the parents and professionals still hope that the parents can be helped to become more adequate—otherwise they would not have agreed to admission to the unit. Dowling's opinion, as a psychotherapist, plays a crucial part in how the assessment of the parent's ability to care for the baby is reached.

Through her clinical examples, and her discussion of the theory and technique which form the framework for her work, Dowling shows how she struggles to hold the parents in mind in a way that, from experience, she knows may in turn enable them to hold their babies in mind in a more nurturing and developmentally enhancing way. This isn't always possible, despite the best of efforts by all involved, including the parents. Central to her thinking is Winnicott's concept of 'the capacity to be alone' (Winnicott 1958). She demonstrates how the application of this idea to parent-infant work is very fruitful in helping the therapist to have some clarity about what therapy might be able to achieve.

The next two chapters in this section are by Victoria Hamilton. The first of these is a paper she wrote in 1988, here republished, in which she uses clinical material from parent-infant consultations to illustrate her ideas about the importance of differentiating separateness from separation, as linked with the process of mourning, during infancy. Hamilton discusses the different meanings that the concept of 'mourning' has taken on, in its ordinary everyday usage, and in the psychoanalytic literature which usually focuses more upon the pains of separation and separateness than their more positive developmental functions. The clinical material shows how, for a mother who was in foster care from a very early age, 'separateness' as well as 'separation' from her baby is extremely distressing. The baby's symptoms—a disturbing form of rocking—are understood as being this mother and baby's 'best way' of coping with the pains of separation and separateness. Understanding the developmental gains of separateness and separation helped the symptoms to subside.

The second chapter by Hamilton is a fascinating reflection, in 2004, on the earlier paper. Now retired from clinical work, she reflects on the impact of painful losses and mourning in her own life and how this has affected the way she now thinks about separateness, separation and mourning, with particular reference to her patients in the 1988 paper. This frank account of her deepened understanding of the many different kinds of losses that people try to live with, shares with the reader something that we all know but don't often write about so openly. Our own personal lives, and what we experience in them, are bound to affect our understanding of our work and our ways of being with our patients. It is unusual to have such a personal account of this experience and we are pleased to be able to include it in this volume.

The next section of the book explores technical issues when working with latency and adolescent patients. Iris Gibbs and Monica Lanyado in their chapters address the kinds of technical problems that are encountered in the therapy of looked-after and adopted children. These severely deprived, and often severely abused and traumatised, children and young people form a large proportion of the patients that are seen today by child and adolescent psychotherapists and other therapists and counsellors. Their complex therapeutic needs, together with their anarchic and often violent or aggressive behaviour in everyday life as well as in the consulting room, have raised many 'questions of technique'.

Iris Gibbs, who came from a background of social work to child psychotherapy, is particularly well placed to think about the importance of working both directly with the child *and* with the carers and professional network around the looked-after child. She thinks of this in terms of finding an appropriate balance, for each child, between these two interdependent parts of the work. Her clinical illustrations describe some of the ideas

she has found helpful in what can feel at times like 'walking a tightrope' when trying to work out boundaries of confidentiality for all concerned, in as wise a way as possible.

Often children come to therapy because their placements are at risk, and work with the foster carers becomes essential. There has been much debate about the wisdom of the child's therapist also working therapeutically with the foster carers. Gibbs illustrates her view that working in this way can be very helpful in holding the whole placement together at times of crisis. She argues that by applying psychoanalytic understanding to the child's internal world, whilst also working with the real relationships in his complicated external world, the therapist is in a uniquely effective position. Gibbs's wide-ranging chapter illustrates the flexibility of the treatment models she uses, including inviting foster-carers into the therapy room for significant periods of the therapy, with the child's consent, and working with foster carers in parallel with the child. She also describes the value of working with a child going through the process of moving from fostering to adoption.

Monica Lanyado's chapter engages with the same kind of severely deprived patient, one who is further along the road to environmental and emotional recovery. Her patient, an early adolescent girl, had been adopted when she was nine and was reasonably settled in her adoptive placement when she came for therapy, but still had many painful issues around the severe rejection she had experienced earlier in her life. The feeling of rejection was compounded by the fact that she was a hearing child born to two profoundly deaf parents and there were significant communication problems between them. The patient covered her extreme vulnerability to feeling rejected with extreme defensiveness, which interfered with her ability to form new relationships.

Lanyado describes how important it became for the therapist to be 'playfully present' for this patient, in a way that echoed Winnicott's statement that therapy occurs in the overlap of the 'areas of play' of the patient and the therapist (Winnicott 1971a). This implies a willingness from within the therapist to become playfully responsive to the patient. Lanyado suggests that the therapist's playfulness can be a powerful 'antidote' to the rigid defences that such patients have erected. There are circumstances when *not* playing, because the therapist is uncertain about whether this kind of playfulness is technically 'correct' or not, can actually close down therapeutic possibilities. The value of humour in therapy is also discussed.

Ann Horne's chapter 'Brief communications from the edge: psychotherapy with challenging adolescents' (Horne 2001) is republished here as it offers consideration of *how* one intervenes in a session with reference to one's theoretical and developmental knowledge base. In this chapter, Horne—a self-confessed unreconstituted Winnicottian—explores the technical issues of working with severely 'acting out' and anxiety-provoking patients. She describes how the therapist as 'developmental object' (Hurry 1998) links with her way of enabling primitive anxieties and body-based defensive manoeuvres to be thought about and articulated before interpretation can become possible. A session is given, beginning with the classic Middle Group question: 'Why is this patient saying this to me now?' (as quoted by Anne Hurry, this volume, p. 12). The report allows the rise and fall of the work to be followed as the anxieties rise, gain words and then thought, and lessen—but the need to maintain some anxiety and leave the therapist concerned is noted! Salutary comment is made on the impact of the disturbed adolescent on his environment and the consequent tendency of the network around him to act out, reminiscent of

Winnicott's experience of his clinic's refusing him permission to continue with his delinquent, first, child analytic training patient (Winnicott 1956).

There then follows a chapter describing Independent psychoanalytic technique in the more classical setting of three-times-weekly therapy with a severely narcissistic, late-adolescent patient who used the couch. Juliet Hopkins illustrates a Winnicottian way of working with this young woman, and the value of the positive regression that took place in the 'transitional relationship' that characterised the transference. The patient used illusion and merging as defences against deep ambivalence. Hopkins decided that rather than using more challenging interpretations of these anxieties and defences in a manner that would characterise a more Kleinian approach, she would follow a Winnicottian model in which the patient's regression in therapy was understood as being an opportunity for a 'second chance' to make developmental progress.

Her patient's therapeutic regression within the transference, to the point in her early life where a developmental *impasse* had occurred due to the environmental failure of her parents' inability to see her as a whole and separate person, helped the patient to de-construct or unfreeze her paranoid and vengeful relationship to her mother in particular. Hopkins also makes clear when it was *not* therapeutically helpful to support the patient's illusions and how she distinguished between positive and negative regression in the manner described by Balint (1968). By the end of therapy, the patient was able to express extremely ambivalent feelings of love and hate towards Hopkins, and also to know that whilst it could be painful, feeling 'increasingly ordinary' was a much healthier emotional place to be.

We follow this example of more classical psychoanalytic psychotherapy with Teresa Bailey's highly practical and helpful description of her work with the parents of adolescents. Those who work with adolescents know how difficult for parents, carers and referrers it can be to get the adolescent who is 'the problem' to come to see anyone for help. The healthy adolescent's developmental push towards independence, which can often coexist with all kinds of more painful and disturbed aspects of the young person's inner world, can leave parents and carers of young people feeling baffled and desperate about how to help them—and how to survive living with them. Bailey's chapter is a response to this *cri de coeur.*

Bailey sees her work with parents of adolescents as being rather like parent-infant work. It involves keeping in mind not only the adolescent but also the adults as parents, as a parental couple, and as people with their own adolescent histories well to the fore during their children's teenager years. She helpfully likens this to Fraiberg's ideas about parent-infant work, but with the adolescent process in mind (Fraiberg *et al.* 1980). The therapist's stance, she states, needs to allow thinking about the parent who is present, the absent parent, the parental couple and the teenager whose presence is represented powerfully in the parents' mind and filtered through to the therapist via their own anxieties and defences. She describes the way in which a transitional space can be created in the midst of all this confusion, from where it is possible to view the process together with the parents, in a manner that can lead to change. Through Bailey's clinical illustrations, it is possible to see how great this potential for change in parents and their adolescents can be, even when the therapist has never met the teenager.

The final section of the book springs from very practical concerns about what it is helpful to say to the patient, and what is the best way of setting up a flexible and

therapeutically 'economic' treatment plan. It is easy to forget in these number-crunching research driven days, that our clinical observations about what helps the therapeutic process to progress, and the patient to feel better, as well as what hinders it, have always been an important research engine behind clinical, technical and theoretical advances. In this last section, therefore, is an updated version of Lanyado's 1996 paper on consultation work and brief work, and a seriously lighthearted chapter by Horne: Interesting things to say—and why'.

The need for clinicians to 'do something else' in Winnicott's terms, that is to be able to offer treatment packages that are responsive to the individual needs of the patient, whilst doing their best to fit within the many requirements of working in a multi-disciplinary team, is a major concern for many therapists today. Lanyado's chapter enthusiastically embraces the Winnicottian model of *Therapeutic Consultations in Child Psychiatry* (Winnicott 1971b), arguing that this provides theory, technique and many examples of the kind of brief, or time-limited work, that can help many families who are referred to therapists today.

Guidelines for working in this creative and flexible way are suggested, with reference to two case studies that illustrate different ways of helping patients who are seen either intermittently or for a limited number of sessions. As well as drawing together the kind of technical issues that have been discussed throughout this book, she reminds the reader of how significant an accumulation of 'small changes' can be in the long run. Therapeutic consultations can be seen as opportunities for these small changes to take place as a result of the potential for *therapeutic communication* to happen in every consultation that we undertake. The impact of a 'small change', as a result of a helpful consultation, can take patients into new internal terrain from which they can surprisingly often add their own new small changes. It is as if the therapist starts a process which, for many reasonably well-functioning families, if offered in time, is 'good-enough' to get them back on track.

Horne opens her chapter on 'Interesting things to say—and why' with a description of an odd and potentially embarrassing situation, not untypical of what can easily happen in our work. As a newly qualified psychotherapist, one might worry about breaking what seem to be 'analytic rules'—but *are* they rules and can flexibility of approach be the right and creative response? It is a plea for creativity in our day-to-day individual encounters with children and young people, and especially for an understanding of defences as necessary, as not deliberate attacks on the therapist but intended to protect the ego. The idea for this chapter arose from the enjoyable business of supervising trainee child psychotherapists—for the supervisor, as Horne notes, it is easy to think of what might have been said in a session: the passion of the moment is, after all, no longer a pressure. A variety of situations are delineated, and responses to the child in each explored. Our theoretical understanding of the child's position, however, is clearly what drives the choice of 'interesting thing' to say. Horne would be delighted if the reader were to read the chapter and then engage in a dialogue about it: what are *your* 'interesting things to say'?

We conclude the book with our thoughts about 'Where Independent minds meet'. We come from very different traditions, yet gain much from reflecting on the common ground of clinical practice, technique and theory that link the contributions to this volume.