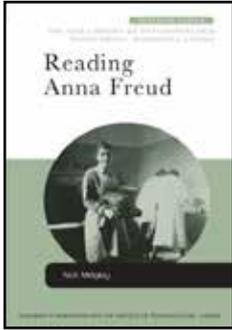




BOOK REVIEWS

Reading Anna Freud

Nick Midgley. Routledge, New York, NY, 2013. 236 pages. \$49.95 (US), softcover.



“Identification with the aggressor represents on the one hand a preliminary phase of superego development, and on the other an intermediate stage in the development of paranoia. It represents the former in the mechanism of identification and the latter in that of projection. At the same time identification and projection are normal activities of the ego and their results vary according to the material upon which they are employed” (Anna Freud, *The Ego and Mechanisms of Defense*).

The above is a quote from the chapter *Identification With the Aggressor* imbedded neatly in Anna Freud’s famous monograph reflecting her status as daughter of famous father, the author of *Ego and Id*, a central treatise on the structural theory of the mind. The excerpt further reflects that she does not travel in the shadow of her “Papa” but claims her own right to innovation and creativity.

This book, the title of which is reminiscent of *Reading Freud* by J-M Quinodoz, is not for those who work with child patients from a solely biological bias. It will be appreciated by therapists who will recall the work of Anna Freud as educator, psychoanalyst, child and adult therapist and champion of war torn families at the time of the Second World War. It will be appreciated by those of us who continue to do play therapy with children and psychotherapy with adolescents. As well, it is a superb document of the life and work of Anna Freud punctuated by frequent references to the biography by Elizabeth Young-Bruehl (*Anna Freud, A Biography*, 2008), and colours in personal relationships and academic references with her writings. Author Nick Midgley is well suited to his task on account of his training and his position as Program Director at the Anna Freud Centre, devoted to the memory, history, labour and thinking of Anna Freud.

The maturation of Anna Freud as educator and champion of the child in need when WW II struck Vienna and London inspired her career as the founder of nursery schools for lost infants and children. Beginning with the Matchbox Centre in Vienna for holocaust surviving children and continuing with the Hampstead center for motherless children in London, she inspired her communities to rise to their obligations. But her philanthropic actions were also based in her classrooms, where she learned and taught about the objectless child and wrote on psychoanalytic theories of child development driven by these experiences.

Anna Freud was continually concerned with normal psychological growth and development. As well as her seminal work on psychological defenses alluded to earlier, she taught and wrote on the concept of developmental lines in childhood often referred to in the child psychiatry literature. She wrote not only on the need to control bladder and bowel, but as well on the need of the child for self care, instinctual gratification and the postponement of gratification.

Reading this book, one is inspired by the theoretical underpinnings of child development gleaned from her war work in the nurseries in the 1930’s and 40’s. One is amazed time after time at her tireless devotion to children and families whose lives were disrupted by bombings and destruction but as well how she coped with all of this despite her sole experience being as school teacher. The book documents well that she owed thanks to her collaboration and friendship with colleagues such as Dorothy Burlingham and Lou Andreas Salome, to say nothing of her father.

It is unfortunate that the author steps gingerly around the infamous controversy with Melanie Klein at the British Psychoanalytic Society where Anna Freud stood her ground on the subject of the timing of transference and the Oedipus complex in youngsters, and especially the role of parents who were not to be forgotten in the child’s therapy. Her persistent position was that psychoanalysis not be trammelled or abused by wayward clinical approaches.

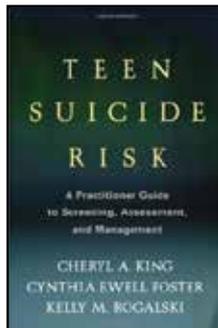
This book is well worth reading on the life, times and work of Anna Freud, who modestly and quietly influenced many who apply psychoanalytic principles to play therapy with young children, psychodynamic psychotherapy with adolescents and a concern for the best interests of the child.

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Teen Suicide Risk: A Practitioner Guide to Screening, Assessment, and Management

Cheryl A. King, Cynthia Ewell Foster & Kelly M. Rogalski.
The Guilford Press, New York, NY, 2013. 208 pages. \$30 (US), hardcover.



Suicide consistently ranks as the one of the most important causes of death in youth (ten to 24 years of age) – in fact there are more youth suicides in Canada (approximately 570 per year) than there are deaths from all heart disease, kidney disease, liver disease, and cancer (Statistics Canada, 2009). Suicide should be one of the more prominent concerns of every clinician working with youth, and yet suicide risk assessment is poorly standardized, researched, and taught. A recent survey revealed that psychiatry residents, on average, receive only three to four lectures during their training on suicide risk assessment, and found the amount of training to be insufficient (Melton & Coverdale, 2009). The situation is even worse for non-psychiatrist clinicians; for example, less than 25% of social workers receive training in suicide risk assessment (Feldman & Freedenthal, 2006). It is in this light that a book such as the one reviewed is so important: to provide a structured rationale, education, and approach to suicide risk assessment and management. The authors of *Teen Suicide Risk* have constructed an excellent primer in this regard.

Each chapter progresses through the important phases of suicide risk assessment: knowledge of risk factors and protective factors, conducting a brief and reliable screening process, assessing suicidal risk in identified individuals, and creating treatment strategies based upon identified risks. While the knowledge from the previous chapters inform the

next, it can also be easily used as a reference book with the inclusion of a number of helpful tables, appendices, and resources. Most impressive was the adaptability of the knowledge; many suicide resources identify fixed ways to approach the issue, whereas the authors have carefully laid out the reasons and methodologies behind creating customized approaches to suicide risk assessment and planning, a necessity when suicide risk is so fluid and varies from one person to the next.

Almost as an afterthought, the (short) last chapter focuses on the legal issues of suicide risk assessment, which is often of prime concern to clinicians, program directors, and hospital staff. Despite its brevity, it should be both a relieving read and an excellent reminder that adequate and appropriate suicide risk assessment must be documented clearly on every patient in a mental health setting. This reviewer would have liked to see more of a separation between non-suicidal self-injurious behaviours, which make up a great majority of the suicidal presentations in youth, from suicidal thoughts and attempts, however it is very difficult to construct this message in a book with such a wide-intended audience.

Overall, *Treating Suicide Risk* is an excellent resource for all people who work with youth, both as a structural foundation to one of the most crucial aspects of working with children and adolescents on their mental health, as well as an update to a skill that should require attention.

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