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## Saying farewell

– aspects of termination with autistic children

This paper looks at aspects of termination in child psychotherapy when working with autistic children. The parents' participation is discussed as well as how simultaneous work with parents may influence the termination. Attention is drawn to the therapist's view and the importance of understanding the feelings that are awakened in both therapist and child.

The question of when and how child psychotherapy can be terminated has been discussed by many clinicians, amongst others, Blake, (2008); Chazan, (2007); Chetnik, (2000); Coppolillo, (1996); Lanyado, (1999); Wittenberg, (1999).

To decide on a final date means that the question of termination, a farewell, is constantly present. Wittenberg (1999) writes:

While the idea of ending will have been in the air and talked about for quite some time, it is the actual fixing of a date which brings home the reality of parting. (p. 351).

Earlier experiences of being left, abandoned or neglected are recalled and are an important part of termination work in child psychotherapy (Alvarez, 1992). The ending of therapy might lead to the development of different types of anxiety as mentioned by Blake (2008):

Feelings of falling apart, inability to cope, being disorientated (unintegration/disintegration) or jealousy and rivalry, with the feeling that the therapist is ending because the therapist has found someone more interesting (Oedipal). (p. 304).

All three dimensions past, now and future are present and the “sense of time” concept comes to fore with both child and therapist becoming aware of the termination (Lezak, 1995).

### The setting

During the last fifteen years I have come to work with children with autism spectrum disorders and their families as a part of my clinical work as a child psychotherapist in a training institute. Some of the children I meet attend a day nursery for children with special needs, close by and linked to the clinic. Initially I often start the therapeutic work by seeing the parents without the child and then continuing by seeing the parents and the child together. Anna Freud commented on different ways of working:

There is a wide range of possible arrangements, from simultaneous analysis of child and parent to having the mother within the treatment room even if only for a short time, to regular contacts, to occasional contacts only, and so on (Sandler, Kennedy and Tyson, 1990, p. 214).

By offering the possibility to meet together with the child, the parents have been able to hear some of my comments when I have verbalized something the child has done or in some other way tried to understand the child. In this initial session, I have deliberately not turned to the parent but have focused upon the child with the aim of observing what happens but also in order to give the parents an insight into what therapeutic work can entail. This has often worked very well; the parents’ possible need of sharing thoughts and opinions has not taken over. Initially letting the parents attend together with their child has, in my experience, increased their interest in the psychotherapeutic work whilst at the same time the child’s functioning have become more apparent. Seeing the child and parents together has also given me an insight into the relationship between parent and child. Chetnik (2000) writes:

Understanding the parent-child relationship must be a central part in the diagnostic process, and when necessary, modifying the pro-

blems in the parent-child relationship must be a part of child treatment process (p. 16).

When the individual therapy has started the child attends twice a week and the parents once every two weeks. It happens that the parents have had an appointment every week, mainly in the therapy’s initial phase. In my work I often use two rooms; a child therapy room where I meet the child and another where I meet the parents. The rooms are furnished differently, for example, the child therapy room does not have a computer or desk. Having these two rooms is a help for both parents and child, whilst at the same time I am afforded a greater possibility to keep the processes apart. Meeting the child together with the parents, initially and in the termination session, in the parent’s room, gives a signal to both parents and child about boundaries concerning the child therapy.

Houzel (1990) puts forward the importance of inviting the parents to speculate on the meaning of their child’s symptoms and to support them in their search for meaning, especially when working with autistic children. Beginning in this way also lays a foundation for the parents to become acquainted with and understand the forth-coming termination work.

Balamuth (2007) writes:

Once the parent begins to recognise more and more complex intentional action plans in his child, he begins to identify and refer to the child’s state of thinking, wanting, feeling and so on (p.173).

Child psychotherapists are trained to observe and reflect on details. Through infant observations, therapists have learned to see how babies relate to their caregivers. These experiences are of great significance when one initially sees parents and child together.

Infant Observation should also increase the understanding of the child’s non-verbal behavior and his play, as well as the behavior of the child who never speaks or plays (Bick, 1964, p. 558).

As a therapist I have become a bridge between the child’s actions and the parents’ experience. I function as a translator in order to make the child’s inner world comprehensible. I might also be seen as a part of the family system through which I would get access to intra psychic material from the

child and interpersonal data from the family.

### The parents

During the parental sessions I have been able to convey my thoughts and ideas about the child's inner world, which has resulted in the parents becoming interested in their child in another way than previously. Curiosity has often been awoken when the initial parental work has been characterized by the parents' reactions to the child difficulties. The sessions have swung between guilt and shame where the child's behaviour has often felt demanding and difficult to comprehend. The idea that the child's behaviour is affected by his or hers emotional state has, for some parents, become something new to reflect upon. As time proceeded the parents and I have been able to discuss details, small things that the child has done. Parents often bring examples from home, where they start to observe the child's actions and behaviour. Together we have been able to think about what the child's actions could mean. Simply this, to use our therapeutic ability to perceive very small details and atmospheres, is an important part in psychotherapy with children, where our knowledge about children's early development is of great importance in creating understanding of the child.

I have sometimes, during the parental sessions, perceived the parents as co-therapists, and we have together sought meaning in the child's actions and modes of expression. I have also, by focusing upon the child's difficulties, been able to come closer to aspects of the parents' personalities and in this way been able to help them to see how their behaviour affects the child and how the child's behaviour affects them. An important task is to contribute to the development of the parents' empathic capacity where they can perceive the child's difficulties and emotional life. Often the parents undertake transformational experience through an increase in self-esteem and self-knowledge. Through sessions with the parents I have also had the opportunity to share the child's environment outside the therapy room, something that has helped me create understanding for the child's mode of expression and behaviour. During the sessions I have been able to create a picture of both the child's and the parents' future possibilities.

Sometimes the parent's find the process too slow why I think it is important to initially bring up the question about what will happen when the therapy is terminated and the therapist is no longer there. In the parents' view it might be a difficult task to end the therapy. They might be aware of that they from now on will have the responsibility of their child on their own, worrying about the future. As one father pointed out; will he get married? What will happen when we are not longer there for him?

### The child

Therapeutic work with autistic children demands specific knowledge and understanding, which, amongst others, Alvarez (1999, 2004) and Tustin (1981) have described. The work in itself is challenging and places great demands on the holding capacity and sensitivity regarding both the children's specific mode of expression and the parents' situation.

For children with autism the concept of time and the capacity to think is often limited in the same way that they have great difficulty in knowing what they feel or that it is possible to feel a feeling at all (Alvarez, 1999). I have met several children who have found themselves initially in the "present point of time", where the waiting was very difficult. The psychotherapeutic work has to a certain extent been a matter of linking together material and time where the therapy sessions and their regularity constitute a containing as described in my work with Peter:

Most of the time I was sitting in the middle of the room on a little chair, whilst Peter was preoccupied with looking at a clock on the wall or putting sand into a toy sand mill in a very repetitive way. I used to comment on this as the hands moved or when the sand was running through the mill... Perhaps the sound of the hands of the clock introduced him to a rhythmical quality, which I echoed as I helped him by describing the sound, counting out "one, two, three", etc. (Nilsson, 2009:134).

Another aspect of the initial work is often to assess the quality of the child's attachment.

Balbernie (2001) writes:

The quality of the attachment between the baby and his caregivers lays down the template of expectations and responses for all future intimate interactions in implicit memory, the unconscious internal working models of relationships (p. 237-255).

Here is a sequence from the initial session with Oscar, 5 years old, in which his difficulties clearly emerge.

Oscar comes together with his mother. In the therapy room he suddenly jumps up onto my back, holding tight, without eye contact with me or his mother.

His mother tells me that this is a behaviour that he has; he jumps up towards, for him, strangers by seeking contact with their backs. I perceive an 'avoidant-insecure attached' (Ainsworth et al., 1978) boy whose major aim is to avoid any awareness of bodily separateness (Tustin 1981, 1986).

Tustin (1981) has also described autistic children as being aware of fronts and backs of objects, but not of insides as distinguished from outsides, something that was apparent in the initial work with Oscar.

One can of course reflect upon how the individual child psychotherapy is affected by my initially meeting the child together with the parent, in the same way that the child might understand that I will also meet the parents from now on. In the case of a child with autism spectrum disorder I have never received a direct question from the child as to whether or not I am seeing the parents; it has rather felt as if the parents' approval of me has affected the initial work in a positive way. Towards the end of the treatment, however, the question has arisen:

David, 7 years, looks at me. He has been in therapy for two and a half years and we are seeing each other again after the summer break. There is an agreement to terminate the treatment during the term.

David: There has been a break, there are breaks, and are people afraid of breaks?

Me: When there is a break, you might be afraid, that we won't meet again.

David looks at me: Are you afraid of breaks?

Me: I think you are wondering what I was doing during the summer break, but I knew that we were going to meet again. He looks happy. We are going to meet on Mondays and Thursdays as we used to do. Wednesday, Friday, Tuesday is breaks.

David looks at me: There was no break this Wednesday.

Me: No break this Wednesday?

David: In your other room, there was no break.

Me: I think you are envious of me seeing your parents and are worried that I might see them more than I am seeing you.

My interpretation, in telling that he is worried about me seeing his parents more than seeing him, was much too difficult for him, too concrete and I perceived that David took my words as a truth. He became anxious and I had to assure him that we would meet twice a week just as before. I was probably affected by my reflection over that he had brought his parents into the session by referring to that Wednesday when I had met them.

When the session was over and we were on our way to the waiting room, we passed my other room (where I was seeing the parents). David looked towards the door, appeared to recognize my name on the door and said, is there a break?

The sequence has several origins. In my first meeting with David, two and a half years earlier he hardly noticed me. He was diagnosed with autism and impaired cognitive functioning. In the room, together with his parents, he was completely occupied with repetitively pouring sand into a sand mill, again and again. In his world I did not yet exist; even less interesting was the question of whether I should talk with his parents. His father tried to interact with David in the room but the boy shut him out by not responding to his father's attempts of contact. When the parents, like my two rooms, turned up in David's thoughts during the termination phase, it could be regarded not only as an indication of that his conscious level has increased but also of that he has attained access to feelings of frustration and envy.

At termination only a few children have been able to talk about the future, for the most, thoughts

about the future have not been reflected upon in the spoken word. References to the past have not been observed; and it has been even more difficult to connect to what the child initially did in hers/his therapy.

For the most part termination and the termination date have been decided upon in consultation with the parents and, sometimes, other staff working with the child. Usually, when the children from the clinic's day nursery are about to begin school (at the age of seven); they can leave the nursery while continuing their therapy. It might be hard and confusing to end both the placement in the day nursery and the individual psychotherapy at the same time. Sometimes you need to collaborate with the family and the child's network to enable the child to continue the therapy. To offer less intensive therapy might be a way to solve the problem, but in my experience, to reduce the frequency often affects the termination process negatively. The child might regard the less frequent sessions as a punishment and there is always risk that the termination itself will not be worked through.

To work with children with autism spectrum disorders puts great demands on sensitivity and flexibility, and it is not always possible to incorporate the child's views. Posing direct questions does not always necessarily elicit the response one had hoped for. Sometimes it is not possible to obtain any response at all, but the child express in his/hers own way what he or she is thinking and feeling.

Peter has just had his sixth birthday. We have met regularly over four terms and during the past months I have spoken with him about our contact terminating. On the wall calendar I had made a large red cross indicating our final session.

"I know." Peter throws a bit of paper at me and does not turn around when he leaves, as he usually does. There are three sessions left of our contact and it is the first time that he directs anger towards me so clearly.

When he comes to the next session he looks in my wardrobe and I have a feeling that he wants everything to be as usual with me and between us. "I know", he says when I start by saying that we have two sessions left. Peter looks at me up and down, almost as if he wants to register who I am. When I talk with him about the termination and how it can feel he says "don't talk", and I perceive sorrow in the room. Then we play a board game, in

his special way, as we have done many times before. He is meticulous about me putting the game in the wardrobe when I tell him that the session is about to end. "I'll find my own way", he says and I think that he wants to show me that he is able to cope on his own.

The statement and the sentence "I know" may have meant "I am aware but do not want to feel". But from my knowledge of Peter I interpreted it as "it feels, but I do not want to talk about it". I also believe that Peter's wish that I would put the board game in its usual place was connected to his wish for me to take care of his feelings in light of the approaching termination.

Peter's start in life was in an incubator, isolated from his mother who was deeply depressed and hospitalized. The father wrestled with his own despair about both his wife's and his son's situation. Peter's earlier experiences, (Nilsson, 2009), emerged throughout the whole therapy in a similar way described by Tustin (1994):

This fear reaction seems to be due to the fact that a vulnerable infant (possibly with a predisposition to depression) has become aware of separateness from the mother in an insecure mental 'containment'. This can occur, for example, with a depressed mother who, for various reasons, has felt unsupported by the father and by her own infantile and childhood experience (p.15).

The abandonment, being isolated from his mother, had had implications for Peter's development. In many children I have worked with, infancy has been characterized by abandonment or in other ways traumatizing experiences. Perhaps, in the light of this knowledge, it may be that there occurs a certain feeling of abandonment when one begins a termination. Both the child's and the therapist's experiences of parting and separation are reactivated and both transference and counter transference become important to reflect upon and understand.

Let us return to Oscar, who initially hung onto my back and who, in the termination phase, had reached the age of 7.

"I want to be here all the time". Oscar looks at me. We have met twice a week for two years, parallel with my sessions with his parents. We now have ten remaining sessions before we terminate our contact. Oscar pulls me by the hand and drags me

into my walk-in wardrobe and puts chairs and a table in front of the door. I stick out a small rod from the door, out of concern that I would get locked in. “You are going nowhere”, says Oscar. From inside the wardrobe I say, “It is sad to end”. Now Oscar becomes anxious, his voice sounds tense. He lifts a telephone receiver and says, “I have shut May in. She is to stay here all the time”. I say, “I hear that you want me to stay here the whole time, but I need to come out in order to see you”. “You can come out for a little while”, says Oscar and pulls the chairs away.

During our last session, when I am talking about the termination, Oscar says, “I will make trouble at school. I will box”. I perceive his statement as his way to tell me that if he is troublesome then perhaps he can come back. The sentence is important in itself. “I will make trouble at school.” When therapy started Oscar was very afraid of loud noises and often asked me if I was angry.

I perceived his statements as a reaction to post-traumatic stress when he perceived the world as life threatening and without any chance of rescue. Oscar lacked the capacity to regulate and understand his expressions of feelings and he swung between tantrums and being isolated. He seldom sought eye contact with me, his look was fleeting or absent. During the first term Oscar had a certain predilection for swords, but he walked around with them without using them in any particular direction. He often said, “A guard”, but the words and the connection with what should then happen with the sword were not there. When he was now able to say, “I will make trouble at school”, even box, there is a link between both action, thought and consequence.

### The therapist

How do we therapists manage the termination when we work with children with autism spectrum disorders? The feeling that the child perhaps does not understand that we are going to terminate might result in a tendency to wait with raising the termination issue. A feeling of guilt can arise, guilt about the qualities and capacities that we ourselves possess but that the child does not. I believe that it is extremely important that we, as therapists, think about our own feelings and motives. Perhaps we

can be tempted to wait with the termination date as we know what a difficult and emotionally heavy task it is to work with a child with special needs.

This can lead to us continuing with a child that has developed instead of taking on a new child with similar problems. We also need to make sure that we do not continue with therapeutic work, despite the fact that the child is not developing, spurred on by our own wishes and needs to feel that we are successful as therapists.

Perhaps the question becomes even more delicate when one works only with the child. There can be a risk that one does not believe the parents are capable of continuing to help their child develop and that one over-identifies with the child. You might for example seek to try to “vitalize” the child if you find the parents depressed. It can also be extremely hard to inform the parents that the child is unable to benefit from the therapy, as one had initially assessed. I think that this can be particularly difficult when it is not the child-therapist herself, who sees the parents, but another colleague.

### Simultaneous treatment

By working with both the parents and the child (Burlingham, Goldberger & Lussier; 1955, Chazan; 2003, Houzel; 1990, Nilsson; 2006) the termination date has often been settled by mutual agreement. I have gained confidence in the parents that is based on my own experience of the sessions with them. My feeling is that the parents also have confidence in me, if I am to initiate the termination. At the same time as we discuss the termination date they have the opportunity to raise possible thoughts and worries during our regular sessions.

When the parents meet another therapist while I have been seeing the child, I have often experienced that the parent’s want more contact with the child therapist. When the question of termination arises I have felt more like an ‘external therapist’ who is conveying her views.

In the cases where I have met the parents and a colleague has treated the child, the termination has often taken other forms; my experience being that the parents have wanted to continue their sessions despite that the child’s therapy has terminated. It is perhaps so that the parental work takes longer

when one, as a therapist, does not have the child 'under one's skin' and does not know what it may imply to be the child's parents?

An aspect to pay special attention to, when working as a sole therapist, involves double transferences - counter-transferences, in the sessions in which information affects and has to be contained by the therapist on several different levels. The way of working means greater vulnerability and the possibility of having a colleague to discuss with is often crucial.

### Ending

How can one then prepare the child for the termination? In my experience one ought to be extra clear and sensitive to the specific child's needs and wishes and one may need to repeat and clarify the ending in various ways. When working with children with autism spectrum disorders you often need to initiate the termination in a pedagogical and concrete way whilst talking about the ending.

To draw a cross on a calendar, to remove tabs that show how many times are left, to cut off centimetres from a tape measure, to play ball may be a way of clarifying the number of remaining sessions in a treatment. At the same time one needs to show respect for the child, not to initiate too quickly or initiate something that perhaps does not help the child. The child can sometimes show the way and in doing so indicate how the termination can be worked through.

Let us return to David, who earlier had discovered that I was also meeting his parents and who is in the middle of termination work.

David stages a funeral. He takes a little doll representing a witch. The witch has been used many times and he has referred to the witch as a troll. In the therapy I have been given the voice of the troll and through the troll have been able to talk with David. David places the witch in the sandbox pours sand over her and puts a flower from our material on top. We have ten sessions left. He repeats, "A little troll has died, a little troll has died. We shall bury the troll". He now wants me to draw a cross that we together put into the sand. Thereafter I am given the task of writing a list on which says what is to be buried; a finger, a toe, a mouth, etc.

The sequence is interesting in itself. At the time

I am unclear as to who of us is to be buried. Or are we both to be buried? What actually happens at a termination? Perhaps David perceived it as if we were going to die and that we would perhaps be changed into ghosts? Or was it so that the ghosts would be able to change the threatening termination? In the therapy there was also a recurrent theme where he travelled to different places. From the beginning there was no direction. Different stations and names of communities were said out loud, and he seemed extremely anxious. Sometimes he tried to make drawings but there was seldom an addressee. As time went on I became the one who met him, I was in his drawings and I was also the person who drove the bus when he wanted us to play buses in the sessions. When we head towards termination his mother was in his drawing: his mother is the one who meet him when he drew a train driving towards the Central Station.

How can this be understood then? In my attempts to put words to those feelings that I perceived, David responded by staging those games that for him represented the termination. From David came seldom expressions of emotion in the form of words. But he cried when we together sang a song about a pig that was going to go out for a walk. From the beginning the pig had ten friends; towards the end he was alone. Through the song and those games that David initiated he was able to give expression to the sorrow for the termination. He sang, in his way, and I filled in the missing words. Together we sang the song again and again, session after session. And each time I wrote the text on a piece of paper in the way David wanted. David was clearly sad but not depressed and it was possible to work through the grieving.

In the termination work one can also use the parents' thoughts and experiences. As in the termination work with the child, the sessions with the parents are important in order to be able to instil hope for the family's future. To point out the parents' possibilities for supporting their child in the future and, when needed, to seek further help. For the child it can be very important to feel that the parents are there to support her/him as the therapy comes to a close. According to my experience it is also preferable to have a final family session rather than the child being fetched by an assistant or a teacher. That the parents themselves receive their child during the final session takes on a symbolic

meaning.

Only when the parents have worked through and been able to accept the child for what he or she is can one, in my experience, start to think about the termination. The parents have an important task to fulfil by showing the child that the termination of the therapy will be alright – we shall help you – at the same time as they need to reassure the child that he or she might feel sad to end.

### Coming back

The question of being able to come back is interesting in itself. What is it that one is to come back to? Is it the room, the therapist, the toys, the feeling, the words or the special atmosphere that arouses between the child and the therapist? Is it possible to re-experience it or is it first in the teenage years or as an adult that it is possible to look back and meet the therapist with whom one played as a child? What does one remember of one's child psychotherapy?

“I remember a shoe shop”, says Anna, who is 20 years old, and who began child psychotherapy with me when she was four (Nilsson, 2000). “Mum and I used to go there”. A shoe shop. All the 170 hours that we saw each other, when she kicked and fought, when we slowly established contact and she and I, at last, were able to focus on play, with meaning, during a whole session. “I recognize you”, said Anna after a year of therapy and uses the same words when we meet later in life.

I never terminated Anna's therapy as her school placement demanded continued child psychiatric contact and her problems were of such a character that a change of therapist would have made her situation even more difficult. I have been in the wings for several years. As a child she was thought to be “psychotic”, and in her teens received a diagnosis of Asperger.

Perhaps just the knowledge that one can meet the child again after terminated therapy can make it easier for the therapist to terminate? Perhaps this is of extra importance when one works with children with autism spectrum disorders and when one can worry about how things will be for the child in the future. According to my experience it seems that many families like the idea of knowing

that ‘it is possible’ to come and say hello, or to send a greeting, a card or similar. In reality, however, few have come back to me to tell me how things are. I have, however, been contacted by telephone, email and letter. I also at times myself send cards to children where I know they miss continuity in life, often children who are in fostercare. I think it is important to say farewell, not goodbye, to children who have been abandoned or neglected early in life. As a therapist you are an essential part of their history and your shared moments might be the longest period of time they have had with someone.

### Concluding comments

My intention with this article has been to illuminate aspects of termination in child psychotherapy with special focus upon children with autism spectrum disorders. Above all I have wanted to emphasize the importance of trying, in a sensitive, playful and empathic way, to understand those feelings that are awakened in the child. As a therapist, one has learned to understand the child's own, sometimes very special and specific, use of language and modes of expression and one has great use of this in the termination phase when the child can regress or show its anxiety in other ways. In the clinical examples above, the children have shown a capacity for play in the interaction with the therapist, and the termination process has been of major importance in helping the child to work through grief and separation.

Another intention has been to reflect upon the role of the parents in the child's treatment with special focus upon the therapeutic gains that can be attained when one works as a sole therapist with both parents and child.

**Keywords:** Child psychotherapy, termination, autism, simultaneous treatment, parents.

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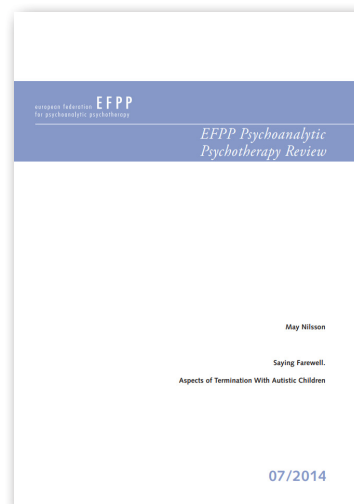
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