CORRESPONDENCE

Obsessive-Compulsive Disorder in Children and Adolescents

by Prof. Dr. med. Dipl. Psych. Susanne Walitza, PD Dr. phil. Dipl. Psych. Siebke Melfsen, Dr. Dipl. Psych. Thomas Jans, Dr. Dipl. Psych. Henrike Zellmann, Prof. Dr. med. Christoph Wewetzer, Prof. Dr. med. Dipl. Psych. Andreas Warnke in volume 11/2011

More Than 70% Delivered by Other Methods

What I missed in the article was any mention of the fact that in the outpatient setting, more than 70% of psychotherapy for children and adolescents is delivered by other methods, such as psychoanalytic and psychodynamic methods, rather than behavioral therapy alone. I would consider including these approaches as scientifically respectable, since psychoanalysis has been dealing with the theory and treatment of obsessive-compulsive disorders for more than 100 years. With regard to the present day it is worth mentioning that concerning psychodynamic therapies a discussion draft for a psychoanalytic guideline has been available since 2007 (*Zeitschrift für "Analytische Kinder- und Jugendlichenpsychotherapie," issue 134, 2/2007*).

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Conflict of interest statement

The author declares that no conflict of interest exists.

Obsessive-Compulsive Neurosis in Psychoanalytical Terms

It seems odd that with regard to the causes of obsessive-compulsive disorders in children and adolescents and obsessive-compulsive disorder in general, only neurobiological and cognitive-behavioral findings and models are deemed to exist. The behavioral analysis and diagnostic evaluation set out in the review article described as an obsessive-compulsive neurosis precisely the pathological entity that psychoanalysis has defined and described as an obsessive-compulsive neurosis for a long time. The interpretational pattern that is presented as dysfunctional in the article is also found in psychoanalytical ideas, where it is further differentiated, right down to the term “conflict.” Any further therapeutic approach depends exactly on whether this is done or not.

Cognitive-behavioral, pharmacological, and neuro-surgical methods want to eliminate the dysfunctional interpretational pattern in its entirety, but in doing so they run the risk of also eliminating parts that are really normal and healthy or suppress these owing to the risk of symptom displacement.

However, psychoanalytic therapy—which was not mentioned in the review article—aims to (dis)solve the entire complex of the dysfunctional interpretation by enabling its actual constituents:

- Normal but intrusive negative thoughts, and
- accompanying unhappy emotions including fears, which are themselves accompanied by
- other intrusive thoughts, to become fully expressed in such a way that that one category of thoughts come to the fore while the other moves into the background, and the conflict with its symptoms of compulsion, resistance, and discomfort resolves by itself.

In a scenario where all approaches mentioned are identical in terms of understanding and therapy of the obsessive-compulsive disorder down to the last item—which relates to the therapeutic objective—why does a review article not mention psychoanalysis, at least in one word? Might professional and educational reasons and economic-therapeutic considerations hamper the scientific, unprejudiced, and disinterested perspective?

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In Reply:

Environmental and psychosocial factors are of major importance in any mental disorders. In the context of multiaxial diagnostic evaluation, such as is recommended by the guidelines for child and adolescent psychiatry (see under the heading “Diagnosis and differential diagnosis”), these should be considered in every examination. Environmental factors are also considered in the behavioral analysis, which includes

aspects of life history and, in particular, interactional and subjective aspects. In the context of the therapeutic process they are continually newly evaluated and included in decision making. Within the chapter “The course of early-onset obsessive-compulsive disorder” we point out the importance of psychosocial factors, which we also investigated in our own study (particularly with a view of the prognostic relevance). There are currently no systematic studies that show that trauma or particular educational styles are increasingly the cause of obsessive-compulsive disorders in children and adolescents. Trauma seems to have a bigger role if a patient is older when s/he develops OCD.

Regarding psychoanalytic therapy, hardly any meaningful scientific studies exist, and therefore no conclusions can be drawn regarding the evidence level. We think it is important that the course is more favorable the earlier evidence based therapies are started.

Regarding cognitive-behavioral approaches and including the patient’s life history and family, the child’s “psyche” and “soul” is of course at the center, it’s just the nomenclature that is different. We see the whole child in its respective life relationships, not only its behavior, body, or soul. Furthermore, the treatment always includes the primary attachment figure.

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Professor Walitza has received honoraria for further medical educational events from Janssen-Cilag and AstraZeneca.