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PSYCOANALYTIC: VOLUME 2, CLINICAL PRACTICE. By Helmut Thomä and Horst Kächele. New York: Springer, 1991, 540 pp., \$69.00

In 1967 Helmut Thomä, Director of the Psychoanalytic Institute in Ulm (West Germany), began tape-recording psychotherapies. The transcripts stemming from those recordings, along with similar transcripts from a number of his colleagues, ultimately became stored in the "Ulm Textbank," which became the source of a series of systematic investigations into psychoanalytic theory and process. The work of Thomä, Kächele, and their German colleagues has had far-ranging influences on psychoanalytic research here in the United States and throughout the world.

As a result of their studies, these German investigators have undertaken a critical reassessment of their relation between psychoanalytic theory and technique, which has led to the publication of a two-volume text on the subject. In the first volume Thomä and Kächele asserted that Freud was misguided in his efforts to derive psychoanalytic technique from his theory. Specifically, they stressed that psychoanalytic process needs to be conceptualized as a two-person enterprise in which the analyst contributes as much to the process as the patient. Influenced to a considerable degree by the ideas of Gill (1982), the authors place a good deal of emphasis on the real relationship between the patient and the analyst. Resistance, for example, is presumed to involve behaviours in the analyst that make it difficult for the patient to free-associate. To a large extent, their model approximates the social-constructivist position of Hoffman (1992).

Thomä and Kächele also set forth revisions of theory in Volume 1. They eschewed the notion of instinctual aggression and argued that anger and destructiveness must be viewed as reactive and related to self-preservation. In other words, aggressive behaviour can be understood as growing out of a matrix in which a threat to one's survival leads one to strike out at another to ensure one's own safety. In this regard the authors believe that repeated traumatization has significance both for pathogenesis and for the theory of technique. Active mastery over passively experienced trauma also becomes a central vehicle for change in their conceptualization of psychoanalytic process.

In the recently translated edition of Volume 2 under review here, the authors attempt to demonstrate the application of the ideas set forth in volume 1 to actual clinical material. Using transcripts from audiotaped analyses, some of which were conducted by themselves and others by colleagues, Thomä and Kächele provide detailed vignettes that are intended to illustrate how their particular view of psychoanalysis informs their interventions. The table of contents closely parallels Volume 1, so that the reader can shift back and forth between the volumes with ease.

In agreement with Wallerstein's (1986) final report of the Meniger Foundation Psychotherapy Research Project, the authors emphasize that interpretation occurs in context of a variety of supportive interventions that tend to be undervalued. In keeping with this emphasis on the supportive aspects of analysis, they regard much of the improvement in the analysand as resulting from identification with the analyst—both as a person and as an analyzing instrument. They also argue that interpretations in and of themselves can be quite supportive. However, in the vignettes they use to illustrate this point, I was unable to identify any intervention that I felt was truly interpretative in nature. My reaction to this section was emblematic of a more generalized impression that psychoanalytic terms are occasionally used in ways that may be regarded as somewhat idiosyncratic to the American reader.

The detailed nature of the clinical vignettes constitutes the book's greatest strength. Because the transcript is a verbatim replication of the psychoanalytic dialogue, the reader is

able to assess the patient's response to the analyst's intervention at a molecular level of psychoanalytic process. For all of us who harbour some degree of scepticism about the veridicality of the usual psychoanalytic case report, these clinical illustrations represent an impressive advance. Moreover, in several cases, the authors have used a series of vignettes from the same patients throughout different chapters of the volume. This format affords readers the opportunity to become acquainted with a handful of patients in some depth.

Realizing that the presence of a tape recorder introduces a significant intrusion into the clinical setting, the authors include a number of fragments involving the patient's reaction to being taped and the analyst's efforts to analyze the reaction. As one who has spent the last 10 years engaged in research utilizing audiotaped transcripts of psychoanalytically oriented treatments, I admire the authors' work, and I certainly endorse the use of recorded material of psychoanalytic research. However, I must say that I found the author's view of the impact of the recorder a bit optimistic. At one point they observe, "We have tried to make a virtue of necessity and ascribe a curative function to the introduction of audiotape recordings" (p. 306); and elsewhere they conclude, "In our experience both parties become accustomed to the idea that third parties might listen to their dialogue" (p. 305). Such passages recall Konrad Lorenz's comment that when an observer attempts to study an animal in its natural habitat, it is no longer in its natural habitat. While there may indeed be positive effects of recording on the clinical work, I doubt if they are truly curative, and I certainly think the presence of the machine transforms the "natural habitat" of the consulting room. What Thomä and Kächele refer to as becoming "accustomed" to the notion of a listening third party may substantially alter the associations of the patient and the interventions of the analyst.

While the authors intend this two-volume set to be used as a textbook, its parochial nature limits its usefulness for that purpose. Thomä and Kächele have composed a text that describes a *particular type* of psychoanalysis that is based on a somewhat idiosyncratic set of theoretical and technical assumptions and that is practised in a specific sociocultural context. One aspect of the sociocultural context is that analysts practicing in West Germany during the time of which these analyses were recorded had to submit applicants for payment to government agencies as well as to private health insurance organizations. The therapeutic approach undertaken with a given patient had to be justified according to the principles of the ideological theory of psychoanalysis used by the analyst requesting reimbursement. In the course of the treatment, the analyst had to continue demonstrating how the interventions were in keeping with the analyst's psychodynamic explanations of the patient's symptomatology. This excessive scrutiny of psychoanalytic work is not without benefits. It demands a certain rigor that is ideal for the testing of psychodynamic hypotheses in research setting. However, in my opinion it also leads to excessive preoccupation with cure and symptomatic improvement that encourages the use of suggestion and nonanalytic modes of intervention. Analysts who are overly concerned about effecting cure are likely to fall prey to a variety of countertransference obstacles that get in the way of systematic understanding of the patient's inner world.

The numerous references to the tape recorder and to the requirements of third-party payers that appear in the book's clinical illustrations reflect a variety of analysis that occurs only under certain circumstances. Similarly, the frequent discussions of psychosomatic symptoms—long a focus of German psychoanalysis—places the analyses in a specific regional or geographic context. References to the legacy of Nazism, Hitler, and the SS in dreams and associations provide further particulars to the cultural ambience.

Despite the limitations of the work, Thomä and Kächele have made an important contribution to our field. Their use of verbatim clinical material makes it possible for readers to assess the assumptions inherent in their revisions of theory and technique. I for one remain unconvinced that their clinical studies demonstrate greater efficacy for their own perspective as compared to technical approaches based on theoretical premises. Other readers may differ.

I also think that American psychoanalysis has not paid the kind of detailed attention to psychosomatic conditions that characterizes the work of our German colleagues. American readers can benefit from reading the author's thoughtful accounts of the analyses of the patients. This two-volume work should certainly not be used as a beginning text in psychoanalysis because of the aforementioned problems of generalizability and because the reader must possess considerable sophistication to keep up with the authors' thesis. Numerous typographical errors and rather difficult prose style (possible related to the translation) also present the reader with unnecessary challenges. For the advanced candidate or graduate analyst, however, the authors have offered a unique perspective on psychoanalysis that deserves our careful attention.

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