

BOOK REVIEWS

Psychoanalytic Practice. Volume I: Principles. 1987. Pp. 421.
Psychoanalytic Practice. Volume II: Clinical Studies. 1988. Pp. 540.
By Helmut Thomä and Horst Kächele. Berlin/London: Springer Verlag.

Germany is once again joining the mainstream of psychoanalysis. This is a noteworthy event because the evolution of the psychoanalytic movement in that country has suffered more than the usual number of vicissitudes. A movement that showed great promise under the leadership of Karl Abraham and the Berlin Psychoanalytic Institute was totally perverted by Nazi domination and oppression.

The authors begin by giving us an overall view of how the "Jewish Science" fared under oppression and how it struggled to establish itself once more after World War II. Psychoanalysis in Germany received many blows from external forces, in contrast to the situations in Great Britain and the United States where internecine warfare and internal disruption threatened to undermine the stability of the psychoanalytic movement and the integrity of Institutes.

Finally, Thomä and Kächele discuss the present setting of psychoanalysis under managed care. They point out both advantages and disadvantages. Among the advantages is the availability of psychoanalysis for patients who could not otherwise afford it.

However, the analyst's compensation, by American standards, is quite low, about twenty-five to thirty dollars per session. As the authors point out, in view of the time and money spent on training an analyst, this is hardly an equitable fee.

Nevertheless, I get the impression that the climate for psychoanalysis in Germany is better than in America. The government recognizes it as a standard form of treatment and will sponsor at least 240 sessions, which, in some instances, can be expanded to 300 and even more. This stands in contrast to the denigration psychoanalysis has experienced in American society, and the difficulties involved in getting insurance companies to accept more than once a week treatment. A recent *Time* magazine cover has a picture of Freud with the caption, "Is Freud Dead?". In spite of the limitations of third-party payments, in Germany psychoanalysis appears to have a more vibrant existence.

The phoenix-like rise of psychoanalysis from extinction in Germany may be a portent of what might happen here. Are we heading in the same direction; perhaps a necessity in order to survive? It seems that, for the moment, mental health, not only psychoanalysis, is being pushed into the background of managed care health programs.

Beside questions of survival, it is important to ask what the status of the psychoanalyst is in Germany. I recall a discussion with Helm Stierlin, a psychoanalyst and a Professor at the University of Heidelberg, when he emphasized that German Professors enjoy many privileges and are held in high esteem.

However, what can be said of the practitioner, the craftsman, as contrasted to the academician? I would surmise that the low income of the psychoanalyst minimizes his professional status and importance. It may be crass to evaluate status on such a materialistic basis, but such an equation is not uncommon. In the United States, although psychoanalysis has been maligned, the psychoanalyst has been able to retain more than a modicum of professional decorum. True, he has been the butt of many jokes, but the word "shrink" also includes psychiatrist. Nevertheless, there is still an attitude of respect towards psychoanalysts; they have an aura of mystique. Some of the opposition experienced by psychoanalysts may be a reaction to the awe in which they are held and the esoteric attitudes attributed to them; and attitude analysts have encouraged if not promulgated. To some extent, public opinion has succumbed to reaction formation.

As stated, in Germany, psychoanalysis was murdered by sadistic external tyrannical forces, whereas in the United States it is slowly dying because of internal shifts in feelings. Analysts are struggling to free themselves from oppressive authority. How effective education dealing with the subject matter and ideology of psychoanalysis will be is a subject of conjecture. Such attempts at informing the public may run counter to inner resistive feelings, but as Freud wrote, "The voice of the intellect is weak but it will persist until it has gained an audience".

Thomä and Kächele have written at a very high level, attempting to bring psychoanalysis up to date and wanting to be heard by fellow-professionals. In a sense, they are trying to make psychoanalysis acceptable to those peers who have become disenchanted with various aspects of classical theories and monistic orientations. They are directing their attention toward internal dissent. The authors have attempted and succeeded in achieving a synthesis of a multiplicity of viewpoints.

They are well qualified for this difficult task. Dr Thomä is a representative of the first post-war generation of German psychoanalysts. In addition to his training in Germany, he spent some time at the Yale Psychiatric Institute and the Institute of Psycho-Analysis in London. Dr Kächele is Professor of Psychoanalysis at the University of Ulm and a training and supervising analyst at the Ulm Psychoanalytic Institute. Both authors are visiting scholars at the Washington Psychoanalytic Institute. This material is presented as a prologue. The authors want Germany to be counted as a significant nation in the international community of psychoanalysis. To help achieve this goal they have written a two-volume set encompassing all aspects of psychoanalysis. It could be considered an encyclopaedic textbook, a handbook, similar to the three-volume set of the *Handbook of Psychiatry*. However, it is not exactly a textbook, because it does not present the theoretical and clinical foundations of psychoanalysis systematically. Instead, it focuses on contemporary issues, while referring to the past to develop a continuum in order to highlight the evolution of present concepts.

These volumes concentrate on research in psychoanalysis. They attempt to explore basic principles of psychoanalytic theory and its impact on psychoanalytic technique and practice. Robert Wallerstein has written the Foreword and thoughtfully discusses the relationship between theory and technique; freely acknowledging that no assumptions can be made about an innate connection between the two.

The authors focus on various psychoanalytic schools and their differences, but, by making comparisons, they achieve a certain degree of synthesis, which leads to new perspectives and, in a sense, neutralizes some of the polemics about what have been considered to be anachronistic elements of classical theory. They also stress the importance of aligning psychoanalytic concepts with the findings of other disciplines, which is related to maintaining, not only their validity, but their scientific status.

These volumes are heavy in more than one sense. The discussion involves high degrees of abstraction and abstruse argument. Often the reader has to pay strict attention to each sentence or he will lose the thread of the argument. Some sentences have to be parsed before they can be understood and this can be exhausting. There is a heavy Germanic quality to this writing; in part this may be due to translation and style, but not wholly. The ideas themselves are profound and the reasoning is tight and requires the reader's total concentration.

With these caveats in mind, I can enthusiastically recommend this book to any serious analytic thinker. It is not an easy task, but it is well worth the effort. It forces us to review our ideas and biases, and view them in a broader perspective. As the authors bring various frames of reference into a psychoanalytic discourse, there is a loosening of the tunnel vision that is inevitably attached to any strongly held position.

The volumes have an identical organization and approximately the same chapter headings. Volume I has ten chapters: Psychoanalysis: The Current State, Transference and Relationship, Counter transference, Resistance, Interpretation of Dreams, The Initial Interview and the Latent Presence of Third Parties, Rules, Means, Ways and Goals, The Psychoanalytic Process, and, finally, Relationship between Theory and Practice. The second volume is similarly organized except for Chapter 1 and Chapter 10. Chapter 1 deals with Case Histories and Treatment Reports, an examination of methodological issues, and Chapter 10 focuses on Special Topics as diverse as consultation, the "good" hour and religious issues.

Whereas the first volume is pure discussion and argument with no clinical examples of the authors' experience, the second volume is replete with case studies, and there are also many verbatim reports of fragments of analytic sessions. The second volume takes the heavy theoretical discussion of the first volume into the clinical area for clarification and validation. In spite of the authors' heavy intellectual approach, sometimes philosophically oriented, they are still basically clinicians and the dense atmosphere they have produced in Volume I is suffused with the sunshine of clinical interaction in Volume II, enabling the reader to reflect on his own experiences. This is especially striking in Chapter 3 of the second volume, which explains the differences and characteristics of Racker's concordant and complementary counter transference by presenting clinical interactions that demonstrate each type. There is a reciprocal connection between the two volumes, although each could be read independently of the other because they are relatively autonomous.

Thomä and Kächele strike me as being psychoanalytically eclectic, and, in spite of their involved theoretical discussions, they emerge as clinical pragmatists. As the title of these volumes indicates, they are interested in the practice of psychoanalysis and they have directed themselves toward clinicians. These volumes are not for beginners. As stated, they are not standard textbooks. It is assumed that the reader knows psychoanalytic concepts and, to follow many of the arguments, he has to be well acquainted with them. Furthermore, there is not the orderly sequence of topics based on chronological development that one would expect from a comprehensive introductory treatise on psychoanalysis. Instead, the authors have selected topics that are of interest to experienced practitioners.

Since this is an encyclopaedic compendium, I cannot discuss all the topics that are presented. I can only refer to various themes that I have selected here and there, and which I found to be of particular interest. I believe I can capture the flavor of these volumes with these selections although other reviewers may have concentrated on other issues, depending on their orientations and needs.

I felt that the opening chapter of Volume I, *Psychoanalysis: The Current State*, gets off to a slow start and is the furthest away from the consultation room. It examines the opinions of psychoanalytic academicians about metapsychology. The authors recognize the paucity of clinical connections and conclude that metapsychology has been grossly overvalued.

Their quotes and contributions make their argument compelling, but, at times, I wonder whether there is a self-fulfilling prophecy hidden in the dialectic. Briefly, there are fluctuating levels of abstractions in the comments and critiques of those evaluating metapsychology that removes it even further from the data of observation. Freud wrote that metapsychology was a point of view and he initially enumerated three hypotheses – the dynamic, economic and topographical – as conceptual containers for clinical phenomena. It was this multiplicity that made psychoanalysis unique. Most modern analysts have agreed that the economic hypothesis is not particularly useful or coherent, but there is still considerable debate about the other “points of view of metapsychology”.

The remainders of the chapters of both volumes concentrate exclusively on clinical and technical issues. The next two chapters deal with transference and counter transference. Straying from the classical position, psychoanalytic treatment is no longer regarded as a unilateral process, the direction of treatment flowing from the patient to a blank screen analyst. Rather, the authors emphasize a reciprocal relationship based around a transference-counter transference axis. This is hardly new for most analysts in the United States, but the authors place these treatment orientations in a historical perspective. They provide us with an excellent developmental survey of the concept of counter transference and how it has been gradually incorporated into the therapeutic interaction. Fenichel believed that the suppression of counter transference is equivalent to the suppression of human feelings toward the patient.

Within the treatment context, some analysts find that it is not particularly useful to compartmentalize the analytic relationship into transference and non-transference elements, the latter having been referred to as the working or therapeutic alliance. As long as the therapeutic focus is on unconscious processes, distinctions between “real” and transference relationships become blurred. Every object relationship, when viewed as a continuum between primary and secondary process, has its unconscious components, which, when directed toward the analyst, constitute transference. The treatment of

borderline patients, a group suffering from characterological defects, is aimed at reaching the primitive parts of the personality, which determine the quality of object relationships and how they will develop. The authors recognize Melanie Klein's contributions to our understanding of primitive mental constellations as she elaborated on unconscious fantasies which, in treatment, would determine how the transference unfolded. Actually, Klein did not seem to believe in unfolding. She dealt with fantasies as if they were ahistorical and, therefore, could be interpreted immediately, a questionable therapeutic strategy.

Freud conceptualized the mind in terms of a series of sequentially ordered levels and a hierarchically-structured continuum. Within this matrix, resistance played a central role. He viewed it, as he did counter transference, as a force that had to be eliminated as soon as possible. Thomä and Kächele do not think in terms of specific forces. Rather, they postulate a general tendency to maintain the *status quo*, an inertia that is expressed as a resistance to change. According to them, change is unsettling because it upsets a defensive stability. Some clinicians think in terms of adaptive constellations struggling to maintain homeostasis. What Freud called "resistance" can be considered an adaptive, perhaps defensive, mechanism which cannot be encroached upon until the patient is ready to relinquish it. These ideological shifts greatly affect the analytic approach and the therapeutic relationship. It is no longer an adversarial encounter. The authors believe that analysts must ask themselves what they are doing that causes the patient to feel anxious and provokes resistance.

Though not explicitly stated, the authors are underlining the adaptive features of a variety of psychic mechanisms that have been categorized as resistance of the manifestations of intrapsychic conflict. They stress the primacy of structure from a functional viewpoint as various parts of the psyche acquire defensive adaptive functions to cope with the exigencies of the external world.

Anxiety has been designated as a core affect, a signal in the production of equilibrium establishing defenses. The authors conclude that other affects besides anxiety can function as protective signals. They list vexation, anger, rage and hate. I believe that they are venturing into the area of a theory of affects which goes back to William James, but is still far from settled, as more and more attention is paid to psychic structure and its psychopathological distortions. Here the communicative qualities of affects are stressed rather than the tension-discharge function Freud attributed to them.

Affects are an integral part of character structure though they are experienced as feeling states. Structure and function are blended.

Anxiety, in some instances, is more than a signal. It can serve as a binding mechanism, calming agitated states of inner tension. It can become a focal point around which a sense of identity can be synthesized. Other feelings, such as anger and sexual feelings, can act in a similar fashion.

According to the authors, resistance is relinquished if it is counterbalanced by positive affects. This implies that the state of the analytic interaction is a factor in the production of resistance. Its presence may be an indication that there is a lack of harmony between patient and analyst, that counter transference feelings have submerged the analytic perspective.

The authors believe that resonance in the analytic setting can be enhanced if affects are viewed in terms of their communicative qualities rather than as instinctual derivatives. The clinician can conclude that the analyst is not reacting to the patient's affects as impulsive demands or attacks, but rather as messages from the past and as a source of information.

The book continues by examining further clinically relevant analytic topics such as dreams. The manifest dream is not so much a distortion of latent thoughts as a concrete plastic portrayal of a mental state. This formulation is in keeping with the focus on psychic structure and is most useful when dealing with the types of patients most commonly seen, that is, borderline and other patients suffering from character defects.

The significance of transference is again emphasized in the chapter of the "Initial Interview". Not only is its presence ubiquitous but it is well formed even before the patient is seen. This accords with Freud's idea that transference is a template waiting to be projected on to a newly established object relationship.

Other technical aspects are reviewed in the chapter on "Rules". Regarding the rule of abstinence, it is not a question of a moral prohibition but an attempt to produce a tension potentially favorable for analysis.

These volumes encompass a wide range of topics, and the second volume is rich in clinical examples. Nevertheless, even though there are many case examples, the discussions remain heavily theoretically oriented. There are moments when the reader may feel inclined to argue with the authors because their clinical experience indicates otherwise, but it is more often the case that our own experience with patients falls in line with their expositions. In either case, agreement or disagreement, the authors succeed eminently in forcing the reader to re-examine strongly-held beliefs. They present us with a tightly reasoned, scholarly discourse that includes all areas of the therapeutic interaction and process. These volumes serve to widen the international expanse of psychoanalysis.

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