

Ulm Textbook: Psychoanalytic Practice

Reviews in english

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Philip Rubovits-Seitz, M.D. ,Washington, D.C.

This is the first volume of a new, two-volume textbook on psychoanalytic therapy published in both German and English. Volume I deals with basic principles of the psychoanalytic method; the second volume, due to follow within a year, focuses upon the psychoanalytic dialogue.

Although distinctly a textbook, this work is radically and refreshingly different from any previous textbook of psychoanalysis. One notices the difference almost immediately. In the Preface, for example, the authors indicate their perspective by stating that the functions and purposes of psychoanalytic "rules" need to be examined rather than followed blindly. They identify their approach with Freud's view that the -proudest achievement of psychoanalysis is its scientific contribution, the greatest danger being that the therapy may destroy the science.

...the treating analyst cannot [afford to] ignore the modern methods of research on the process and outcome of psychotherapy. The crucial question is what distinguishes and characterizes scientific psychoanalysis (p.6)... [for] there is a much closer association than is generally assumed between the scientific grounding of psychoanalysis and its therapeutic efficacy (p. 44).

The investigative rather than doctrinal orientation of the book derives from the authors' backgrounds in empirical psychoanalytic research at the University of Ulm. They attempt to preserve the tradition of therapeutic technique while proceeding in a self-critical manner. They hold firm to the conviction that orthodoxy (of any kind!) is incompatible with a scientific approach. With respect to the "basic model technique," for example, they are challenged by it to investigate what changes psychoanalysis seeks versus what it actually achieves. They want to know: "...which changes take place in which patients with which [problems] when the [therapeutic] process is applied in which way by which analyst?" (p. 59).

A related theme of the book is the analyst's contribution to the therapeutic process. Until around mid-century most analysts assumed that transference arises spontaneously in the patient. Reports began to appear, however, indicating that transference is at least partially induced by the nature of the therapeutic situation and by the analyst's technique and interpretations. The analyst's contribution to the therapeutic process, what he or she did, what lay behind his or her choices of interpretations, still has not been studied or described adequately. The authors' emphasis upon the analyst's contributions "is intended to help eliminate the development of schools by encouraging a critical approach to theory and practice" (p. 9).

Inclusion of the analyst's contribution necessitates an interactional rather than purely intrapsychic model of the therapeutic process. Thus the authors favor a more important role for object relations in theories of both pathogenesis and treatment. They prefer

Balint's two-and-three persons psychology to other interactional theories, but acknowledge that how the third party (father, mother, others) appears in the dyad has not been investigated sufficiently. Their reasons for preferring Balint's approach are that he opposes dogma and schools, and leaves open what happens in the therapeutic relationship—unlike some theorists who believe they already know what happens and why! Rather than viewing clinical events solely as repetitions of infantile experiences, the growing importance of "here and now." aspects of the therapeutic relationship expands interpretive options. " ... transferences ... are triggered by a real day residue.... Neglect of [such] day residue[s], and thus of interaction in [the] interpretation of transference, is a serious omission . . . " (p. 67).

The authors note a number of convergences between schools in recent years, e.g.. 1) object relations theories have clarified that the therapist functions in part as a "new object" to the patient, which contributes to the intersubjectivity of the therapeutic situation: 2) the patient identifies with the therapist's functions, so that interactions rather than objects are introjected: 3) integration of intrapsychic and interpersonal theories contributes to increased emphasis upon the analyst's participation and intervention in the therapeutic process.

In practice, the [analyst] moves along a continuum.... It has never been possible to treat patients with the basic model technique [which] is a fiction created for a patient who does not exist. The specific [technical] means, led by interpretation of transference and resistance, are embedded in a network of supportive and expressive (conflict-revealing) techniques, even though particular techniques may be emphasized . . . (p. 41).

Since transference phenomena including resistances are dependent upon the nature of the analytic situation and its shaping by the analyst, it follows that every variation in these factors contributes to differences in transference reactions—what the authors call "field dependence" of transference, or what in general science would be called "method effects." Although the authors give conflict a central role in both pathogenesis and treatment, they favor reestablishing Freud's comprehensive, in contrast to purely intrapsychic, theory of conflict because the former can encompass defects of the ego and self. They also recommend that more weight be given to problem-solving in the theory of therapy, e.g., as here-and-now mastery of old traumas, and also in Waelder's sense of problem-solving as a superordinate ego function.

Still another theme in this wide-ranging book is the conceptual disjunction between theory and technique in psychoanalysis. Our theories deal mainly with pathogenesis, while technique is oriented toward change; " . . . psychoanalytic technique is not simply [the] application of theory" (p. 218). In the book's Forward Wallerstein discusses some consequences of this disjunction: 1) the need for empirical research in the therapeutic process; 2) relation of psychoanalytic theory to the various psychotherapies; 3) the theoretical diversity of psychoanalysis, in which the "classical" ego psychological metapsychological model still has a well-established place within the conceptual pluralism; and 4) the role of both natural scientific and hermeneutic models in interpretation, theory, and research.

The authors' model of the therapeutic process is based upon a concept of "focus," which, however, does not mean commitment to a single topic. A particular topic becomes the focus if, 1) on the basis of that topic the analyst can postulate unconscious motives that are comprehensible to the patient; 2) the analyst is able to call the patient's attention to the topic by means of appropriate interventions; and 3) the patient develops cognitive and emotional interest in the topic.

...we use 'focus' to refer to the major interactionally created theme of the therapeutic work, which results from the material offered by the patient and the analyst's efforts at understanding. We assume that the patient can offer different material Within a certain period of time, but that the formation of a focus is only achieved by selective activity on the part of the analyst (p. 350).... [F]ocussing [is] a heuristic process which must demonstrate its utility in the progress of analysis. An indication for a correct formulation of focus is the thematization of a general focal topic e.g., unconscious separation anxiety, in numerous forms.... The [concept] can be summarized as follows: We consider the interactionally formed focus to be the axis of the analytic process, and thus conceptualize psychoanalytic therapy as an *ongoing, temporally unlimited focal therapy with a changing focus* (p. 347).

The book is divided into ten chapters, the headings of which are: the current state of psychoanalysis; transference and relationship; countertransference; resistance; interpretation of dreams; the initial interview- and latent presence of third parties; rules; means, ways, and goals; the psychoanalytic process; and the relationship between theory and practice. The literature, particularly the postfreudian research literature, is reviewed extensively; the list of references runs to thirty pages'

As careful as the authors are to present a comprehensive and balanced view of clinical and theoretical problems, inevitably some subjects are dealt with a bit categorically. An example is interpretation, an exceedingly complex and inadequately studied aspect of psychoanalytic methodology. At one point the authors state:

...the path from the new object [i.e., analyst] must inevitably lead to recognition that the [therapist] is the participant observer and interpreter guided by his [or her] subjective feelings and theory (pp. 71-72).

The complex methodology of clinical interpretation encompasses much more, of course, than just the therapist's "subjective feelings and theory."

Another example:

The therapeutic problem is to end the repetition.... If the vicious circle of compulsive repetitions is to be broken, it is essential that the patient [be able to] discover new material in the [therapist as new object] . . ." (p. 72).

Equally fundamental is the necessity for the patient to discover new material" in him- or herself, as well as in old objects' The authors have the same difficulty that we all encounter in attempting to write about the complex, multidetermined phenomena of depth psychology: i.e., focus upon any one aspect runs the risks of neglecting others!

A trivial inaccuracy of minor historical significance appears in the authors' discussion of T. M. French's focal concept: "This model . . . was employed in the well-known consensus study carried out at the Chicago Institute [which compared the interpretations by experienced analysts] of the dominant [i.e., "focal"] conflicts in individual treatment sessions, . . . Kohut [being] one of the participants (Seitz, 1966, p. 212" (p. 348). As coordinator of that project and author of the 1966 report, I can state with unaccustomed authority that Heinz Kohut had nothing to do with our consensus research! Kohut's investigative activities were confined to the context of discovery; like most psychoanalysts he was essentially indifferent towards the context of justification in scientific work.

Aside from a few relatively inconsequential lapses, however, which are expectable in such an extensive and detailed work, the scholarship and also originality of this volume are outstanding. With respect to the translation, one never quite forgets that the book was

written in German; but on the more important issue of conceptual accuracy the translation cannot be faulted. Having read this first volume on the principles of psychoanalytic practice, I eagerly await the authors' second volume on the psychoanalytic dialogue.

I recommend this book highly to all psychoanalysts, including students, and to interested colleagues in related fields. Readers may be surprised to find that, despite much evidence to the contrary, the therapy has not destroyed the science of psychoanalysis, at least not in Ulm, Germany!

Psychoanalytic Psychology 3/1987

Hans H. Strupp

This is a superb book that bears vivid testimony to the renaissance of psychoanalysis in West Germany after a long period of stagnation, directly traceable to its persecution and virtual extinction during the period of the Third Reich. By 1938, Freud, aging and mortally ill, had fled to England and many of his most creative followers had emigrated to the United States where psychoanalysis began to flourish in unprecedented fashion. As has now been documented, psychoanalysis continued a certain underground existence in Hitler's Germany but in a real sense it had expired. Following the war, psychoanalysis in Germany was slow to revive. In the United States it had largely become institutionalized and ritualized. It had withdrawn to its quasi religious training institutes and lost contact with empirical research. Many psychoanalytic journals had become archaic and baroque. Thus one might also expect to encounter these trends in the writings of Professors Thoma and Kachele.

Instead, these two authors present a critical and refreshing treatise of psychoanalysis at its best. Not only are Thoma and Kachele thoroughly conversant with the contemporary literature, but, unlike most American authors, they have forged a connection with empirical research. At the University of Ulm they have created one of the foremost psychoanalytic research centers and have themselves become leaders in empirical research. Their approach is a far cry from the venerated method of clinical observation in the consulting room. Psychoanalytic process research as it has been fostered at Ulm is undoubtedly one of the most exciting and promising advances in psychoanalysis, and it places the latter squarely in the growing domain of psychotherapy research. It is timely that the Society for Psychotherapy Research, the foremost association of researchers in the field, has chosen Ulm for its 18th annual meeting this year. Thoma and Kachele have had the vision and foresight to align themselves with what is most promising and viable in psychoanalytic research. This rapprochement between clear theoretical thinking, enlightened therapeutic practice, and empirical research is a quantum jump of major significance.

While the authors remain true to Freud's lasting contributions, whose evolution they trace with clarity and impeccable scholarship, their position is liberal in the best sense of the word and they are appropriately critical of all forms of bureaucracy and orthodoxy.

In Freud's time, universities and research centers were unequivocally hostile to psychoanalysis. In the United States, this trend was partially reversed in the fifties and sixties when analytic training and research had become accepted at some medical schools, particularly in departments of psychiatry. However, in the current neobiological era, the pendulum has again swung in psychoanalysis' disfavor. At least in part this development has been brought about by psychoanalysis' self-imposed estrangement from its neighboring sciences. Today, only a handful of psychoanalytically trained researchers are making significant investments in research aimed at elucidating the relationships between the therapeutic process and its outcomes.

Therapeutic change, as Thoma and Kachele recognize, is not brought about by disembodied techniques but by the analyst's total contribution to the treatment process (p. 7). What needs to be understood, from a system point of view, is the dyadic process between patient and therapist. They are equally aware of the "great complexity of the relationship between psychoanalytic technique and psychoanalytic theory" (p. 13). Thus, they "argue for a theory of psychoanalysis [that is] based primarily on ideas borrowed

from psychology and psychodynamics" (p. 25). For their part, they largely eschew metapsychological explanations. Their emphasis (which I applaud) is on the most important application of the psychoanalytic method--on therapy. In brief, for knowledge to advance we must achieve a better understanding of the transactions between patient and therapist in the here-and-now of the therapeutic situation.

The authors' style is lucid, penetrating, and largely free of jargon. The second volume, on clinical interaction and application, is scheduled to appear soon. The English translation (on which my comments are based and which is excellent) has just appeared, and translations into other European languages are under way. In sum, this is an important work and I congratulate the authors on their achievement.

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James M. Toolan, M.D.

Psychoanalytic Practice by Helmut Thoma and Horst Kachele is the first of a two-volume study of psychoanalysis. This first volume deals with the historic development and theoretical principles of psychoanalytic practice. The second volume, due to be published shortly, will discuss the clinical applications of psychoanalysis in detail. The first volume is almost encyclopedic in its review of psychoanalysis. It has a 30-page up-to-date bibliography.

The main thrust of this book is a detailed discussion of the relationship of theory to practice. The authors are fully aware of the significance of this issue and the limited research data available. Over and over again they emphasize the need for further research into the psychoanalytic process and especially into the outcome of the various modalities in use today. They note that, significantly, the training of most psychoanalysts is not university based but rather has a trade-school mentality inasmuch as most of the psychoanalytic students are only part-time students taught by part-time faculties. Neither are the faculty skilled in research techniques nor are the students exposed to the barest principles of scientific research. I might add that many psychoanalysts will be very defensive over (the authors' suggestion that stringent research is needed).

The second important principle emphasized by the authors is the relationship of psychoanalysis to all of the other psychoanalytically oriented therapies. They realistically emphasize that to make an accurate decision as to the best therapy for each individual patient requires a different approach than has been used in the past by most psychoanalysts. They point to the importance of diagnosis in order to determine the best type of treatment to be recommended, stress the need for flexibility, and the inadvisability of applying the same therapeutic modality to all patients. As the authors indicate the term analyzability should be replaced by the term treatability.

Thoma and Kachele have an impressive breadth of psychoanalytic knowledge and introduce the theories of Klein, Bion, Lacan, Kohut, Habermas, and Lorenzer into the general field of psychoanalytic thinking. It is, however, disappointing to find only one reference to Sullivan and none to Horney. The authors emphasize one interesting issue: that the length of analysis, which has increased significantly since the early days of Freud, appears to be directly related to the duration of the therapists' training analyses. This volume starts slowly but when the authors begin to talk about the more clinical aspects as opposed to the theoretical aspects of the subject, it is a truly fascinating volume. It clearly belongs on the bookshelf of anyone interested in psychoanalysis. I eagerly anticipate volume 2.

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Richard D. Chessik, M.D., Ph.D.

This book is quite expensive, but it is worth every penny. The focus of the book is on the psychoanalyst's contribution to the therapy process; in the opinion of the authors, who are German psychoanalysts, the psychoanalyst influences all aspects of the treatment continuously. The book also presents the special ambiance of psychoanalytic psychotherapy and psychoanalysis in postwar Germany. This is definitely not a book for beginners. It is quite scholarly and some of the sentences become additionally difficult in translation. It assumes a considerable knowledge of the field and a substantial acquaintance with the psychoanalytic literature. However, for advanced therapists it is remarkably provocative and always interesting. The authors manage to bring up almost every currently controversial topic in the field.

One is not surprised in a German text to find the subject of interpretation as hermeneutics and the work of Gadamer mentioned early in the book. But the authors show only a passing acquaintance with continental philosophy and at times seem unaware that the hermeneutic approach to knowledge cannot easily be integrated with scientific empiricism.

The first chapter of the book is the most difficult and probably the most provocative. Parts of it are quite dense and would have benefited from elaboration. For example, in their review of metapsychology the authors state, "Our own studies have convinced us that Rapaport and Gill's (1959) interpretation of metapsychology and its position in Freud's work is evenhanded, giving equal weight to the various metapsychological points of view" (p. 21). They do not elaborate on the 1959 view of Rapaport and Gill (1), apparently assuming that the reader is familiar with this difficult paper. Remarkably, they view the work of Popper and Eccles, presented in a farout book published in 1977 (2), as valuable for psychoanalysis. It is doubtful that many readers are familiar with the speculations of Popper and Eccles, and even if they were they would probably not agree with that fanciful point of view. Thoma and Kachele call on it because they hope to reject Freud's "materialistic monism" and to drop Freud's theory of instincts, which they regard as "mythology."

A crucial orientation of this book, presented in chapter one, is how the psychoanalyst's preliminary theoretical conceptions influence his or her listening and actions. Similarly, for these authors, psychoanalytic interpretation in practice is "embedded in a network of supportive and expressive techniques" (p. 41) that cannot be separated from it.

Although the authors are well acquainted with the different psychoanalytic theories, they state without evidence, "We believe we are justified in speaking of *convergences* between the different schools within psychoanalysis and also between psychoanalysis and neighboring disciplines" (p. 44). Certainly this will be a much disputed statement. In fact, some might argue that these schools and theories are diverging and polarizing rather than converging.

An interesting description of the different concepts of the baby from different theoretical models is presented in the first chapter, but the authors reject both Kohut's baby and Klein's baby because they claim that Kohut's baby is based on Freud's theory of narcissism and Klein's baby is based on Freud's theory of the death instinct-hat is to say, both are based on "instinct mythologies."

The remainder of the book deals with different aspects of the psychoanalytic process. There is not enough space in this review to cover them all so I will mention only the most salient points that impressed me. In their discussion of the transference and emphasis on beginning interpretations with the here and now, the authors are in agreement with the views of Gill and Hoffman. Their approach to countertransference is not far from the ambience of Kohut's self psychology; they believe that the patient should always be able to depend on the analyst's humanity and they object to the Kleinian idea that all countertransference is placed in the therapist by the patient.

Chapter four, on resistance, is the most controversial and interesting discussion in the book. It begins with the authors' contention that the analyst must always ask, "What am I doing that causes the patient to have this anxiety and provokes this resistance?" and "What do I do to contribute to overcoming this resistance?" The authors stress what they call the "interactional" aspects of the psychoanalytic process throughout the book. They believe their stress on the interactional aspects is much deeper than Sullivan's interpersonal theory, which, they say, neglects intrapsychic factors and does not recognize that the analyst's "participation" constitutes intervention from the very beginning of treatment.

Their view also requires an abandonment of the death instinct. They believe that the focus on the study of the negative therapeutic reaction leads away from the death instinct and to their interaction theory, which is based instead on the patient's need for mastery and autonomy. There is a fascinating discussion of the Holocaust (p. 126), which the authors (correctly, in my opinion) claim has contributed to the revision of the psychoanalytic theory of aggression. They contend that human aggressiveness and destructiveness lack the features of an instinct because there is no organ, energy, or object involved—a view they attribute to Anna Freud. Their point is that aggression is reactive and that what is central to understanding it is the degree to which the individual is personally affected or feels injured. Aggression for Thoma and Kachele is beyond biological explanation. National aggression involves regarding groups of target humans as subhuman, made so with the aid of propaganda.

In attempting to reformulate the psychoanalytic concept of aggression the authors lean heavily on what they regard as "a differentiated phenomenological and psychoanalytic analysis of the situational origin of aggressive impulses and fantasies" (p. 128). They conclude from this analysis that human destructiveness is a correlate of self-preservation, an extreme extension of Freud's concept of self-preservation. When individuals feel threatened by the target of their aggression, they feel they must wipe out the "enemy" in order to survive. This is a more extreme view than Kohut's concept of narcissistic rage. Kohut's work would be subsumed under it, but the authors stress a reactive element in the fear of threats to the self because of the regressive increase in fantasies of grandeur, which they say accompanies the danger posed by imagined enemies. This produces a vicious circle that transforms imagined enemies into more and more dangerous opponents who must be destroyed for survival. The purpose of this theory is to remove the death instinct as a postulated source of aggression, but, opposing Kohut, the authors view aggression as more fundamental than a breakdown product of normal assertiveness.

The technical consequence of this theory is very important, since it implies that the more insecure the patient feels in the psychoanalytic session the more aggressive and negative the transference. Thus, again, for Thoma and Kachele the transference begins and is centered on the here and now. In agreement with Kohut, they believe we must identify the

perceived injury in the here and now and relate it to the childhood injury and consequent revenge fantasies. But they go beyond Kohut in their concern over omnipotent fantasies that arise interactionally-as a consequence of the childhood powerlessness induced by regression in the psychoanalytic situation.

The authors criticize Kohut because they feel that his notion of selfdisintegration requires much more explanation, and they appeal to Erikson's notion of "identity resistance." Although they realize that Kohut's and Erikson's theories are based on different conceptions, they maintain that self-feeling and identity "can hardly be differentiated phenomenologically" (p. 135). What the authors have done in this text is to try to integrate the traditional psychoanalytic approach and the continental phenomenological approach in order to decide which psychoanalytic theories are best applicable to the actual technique and practice of psychoanalysis. They promise a second volume of case examples to illustrate their principles.

The same definitive interactional viewpoint applies to other chapters, such as those on the interpretation of dreams, on rules, and on process. For example, the authors maintain that research has proven Freud's view of dreams as the guardian of sleep to be wrong. They oppose "evenly suspended attention" as a myth based on an epistemological weakness in Freud's thinking as well as a lack of realization that perception is always theory laden and always involves explanatory models. They regard Reik's notion of the "third ear" and Bion's approach as mystical. They fall back on the need for mastery rather than Freud's id resistance or death instinct as an explanation of working through.

A very difficult chapter in the book is on models of psychoanalytic process. This includes the interesting Ulm model followed by the authors, in which transference is seen as an interactional representation. This model is carefully and lucidly presented. In the progress of the text the authors move farther and farther away from traditional Freudian psychoanalytic theory and deeper and deeper into their own model of psychoanalytic process, which they feel constitutes an advance over Freud and subsequent psychoanalytic theorists.

In the final chapter they conclude that psychoanalytic knowledge is acquired in a hermeneutic circle, but they insist that truths which are "dyadspecific" and acquired in the hermeneutic circle must then be tested as they are applied in the psychoanalytic process and putatively produce effective cures. Their emphasis on the testing of effectiveness of psychoanalytic treatment by research scientists is consistent with their discussion of the situation of psychoanalysis in Germany, which is supported by third-party payment plans. In that sort of medical system these processes must be empirically demonstrated to be effective in order to convince the agencies that pay for them of their value.

At the same time, the authors straddle both sides of the fence between a hermeneutic approach to psychoanalysis and an empirical approach, mixing together Gadamer, Habermas, Ricoeur, Eagle, and Grunbaum without sufficient realization, in my opinion, that these authors strongly contradict each other and claim that their orientations exclude those of their opponents. Either Thoma and Kachele do not have a sufficiently deep understanding of these continental and scientific points of view or they have glossed over some of the striking discrepancies between different conceptions of what constitutes psychoanalytic truth and how the results of psychoanalysis are to be validated.

Thoma and Kachele are to be congratulated for producing an interesting and important book that stimulates the reader on every page and survives translation at least to the point

where their basic conceptions are not hopelessly lost. The book is highly recommended for advanced students of the subject.

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The Scandinavian Psychoanalytic Review 1/1989

Anna Danielsson-Berglund

Psychoanalysis has grown tremendously since the days of Freud. The diversity within our field makes our task of learning what psychoanalysis is all about more and more complex. Helmut Thomä and Horst Kächele, both Professors of Psychoanalysis at the University of Ulm, Germany, have published a very comprehensive textbook on the development of psychoanalysis, and the stage we have reached today. They have written a first volume covering the principles of the psychoanalytic method. The book originally appeared in German in 1985, but has now been translated into English. A second volume dealing with the psychoanalytic dialogue has appeared in German and will be published in English in 1989. There is a large wealth of central-European psychoanalytic writing which is seldom known to those who do not read German journals regularly. Thoma and Kachele provide a good introduction to the discussions and work published in German. They have made an excellent contribution, allowing an Englishspeaking audience to become acquainted with important work in psychoanalysis carried out during recent years by Germanspeaking analysts.

Thoma and Kachele have their home-base in Ulm, Germany, where they are experienced training analysts at the Psychoanalytic Institute; at the same time, they have built up the Department for Psychotherapy at the University of Ulm. The work described in this book has grown out of their research experiences in Ulm. Their "data-bank" consists of an impressive number of tape-recorded therapeutic sessions, including some full psychoanalytic treatments. Due to the advantages of computers, the vast amount of material can be stored in an accessible form. The "data-bank" is open to researchers in the field and has been supported by the German Research Councils. The methodological problems in a scientific study of psychoanalysis are discussed in the book.

The book provides an initial overview of the current state of psychoanalysis and proceeds to discuss transference and relationship, countertransference, resistance, interpretation of dreams, the initial interview and the latent presence of third parties, - rules, means, ways and goals, - the psychoanalytic process, and finally the relationship between theory and practice.

The ever-continuing development within psychoanalytic theory and practice is nicely demonstrated in the book. In line with this, the authors ask the question as to what theory, among the many possible as seen in the overview, is in the mind of the psychoanalyst at a given moment? Do we work with a few theories or many? Naturally, the theory, or rather theories we encompass, colour our understanding of the patient. We see what we are taught and are used to seeing. Someone trained within the Kleinian tradition will see his patient quite differently than someone trained within the Egotradition. The authors' *leitmotif* is the conviction that the analyst's contribution to the therapeutic process should be made the focus of attention and study. They take a broader view of the patient-analyst interaction than we are used to hearing about. They argue for their viewpoint and examine everything from this angle: transference, countertransference, rules and so on. The analysts influences every phenomenon felt or observed in the analytic situation. The discussion therefore concentrates on the here-and-now interaction between patient and analyst. At the same time, Thoma and Kachele make it quite clear that they think we need an intrapsychic as well as in interactional model of therapy. To

use the discussion on transference, for example, to describe how we are used to working with reconstruction and insight, and how today many analysts work only with the here-and-now. They tell us that it is not a question of either/or. Essential for growth is integrating, and that is what has to be done: integrate the intrapsychic model with the interactional one.

In Germany, the cost of most psychoanalytic treatment is covered by insurance companies. To be eligible for treatment, certain criteria must be fulfilled. There is a well-defined procedure, from seeing the initial analyst for a consultation to having further need for treatment decided upon. The insurance companies demand a certain insight into the patient's pathology and the course of the treatment. The authors claim this to be a wellfunctioning agreement. It is important that the potential patient be fully informed about the procedure and the rules. The implications for the patient will be dealt with by interpretation.

In Sweden, some psychoanalytic treatment will be paid for by the insurance system, when it is performed by a medical doctor. The doctor is required to report the diagnosis and give a brief commentary to justify treatment. The difficult task is always to give just the necessary information without leaving out too much. Thoma and Kachele discuss the beneficial effects for the growth of psychoanalysis in Germany due to this arrangement with insurance companies. Would their model suit other countries as well?

I warmly recommend this book to everyone in need of a good overview as to what psychoanalysis has been and has developed into today. There is a need for a good basic understanding of psychoanalysis before this book becomes edible. I think it is a book for the well-informed reader. For the student of psychoanalysis, I think it could give a final rounded understanding of psychoanalysis. Use it to discuss the complexity of psychoanalysis at the end of a psychoanalytic training!

There is an extensive, up-to-date reference list in this book, which is very impressive. As a handbook/ dictionary, this book will do very well.

Nord Psykiatr Tidsskr 46/3 (1992)

Eivind Haga

This two-volume textbook on psychoanalytic theory and technic was first presented in German: Volume 1 in 1985 and Volume 2 in 1988. The first author is professor emeritus at the University of Ulm, where the second author (born 1944) is now leader of the Department of Psychotherapy. This textbook has also been translated into several other languages, including Spanish, Japanese, Hungarian, and Portuguese.

This is not an easily accessible introduction for those who are at the beginning of their training in psychoanalytic therapy. It is more of an inspiring challenge for the advanced and experienced practitioner and (I hope) much of a stumbling block for the orthodox psychoanalyst.

The authors define psychoanalytic therapy as an ongoing, temporally unlimited focal therapy with a changing focus. Psychoanalytic therapy should be adjusted to the therapeutic reality and research findings and not to outdated Freudian tenets. Rules have to be examined rather than followed blindly. An interesting example here is the counterquestion rule, which is discussed and questioned in detail in Vol. 1 (pp. 241-8) and exemplified with verbatim quotations from audiotaped therapy sessions in Vol. 2 (pp. 264-8).

The authors *leitmotif* is that the analyst's contribution to the therapeutic process should be made the focus of attention. The initial task is to create a helping alliance. The analyst's spontaneity originating the transference. They suggest replacing the term "neutrality" (which Freud originally called Indifferenz) by the concept of an "unbiased and balanced" attitude. Leaning on mediately after each session. The authors also insert explanatory commentaries, clarifying their interpretation, referring to the relevant discussion in Volume 1.

I have used Volume 1 as a textbook in an advanced seminar on analytic therapy. We started with the chapter on the initial interview, followed by rules, means and ways, and the psychoanalytic process. We then covered to topics transference and relationship, countertransference, resistance, and interpretation of dreams. If Volume 2 had been available in English at the time of the seminar, we would have worked through the parallel chapters in the other volume. Could it be an idea for the next edition of this excellent textbook to put the more "practical" chapters from both volumes together in one volume and let the other volume contain the rest?

The two volumes, containing almost a 1000 pages, is the most updated and thorough handbook of psychoanalytic therapy available. The reference list is extensive, covering the broad and open-minded sources these two outstanding scholars build their teaching on. "Psychoanalytic practice" will be my number one recommendation for advanced psychotherapists for years to come.