stinence was stabilized and before trust and a working relationship were established.

Psychotherapy proved to be a somewhat better treatment for addicts, with four good and one moderate outcome among 10 patients in contrast to only three good outcomes with psychoanalysis. It seems apparent that psychoanalytic treatments were too rigorous for the addicts to withstand. Several authors (Forrest, 1984; Krystal and Raskin, 1970; Silber, 1974) have reached similar conclusions.

A central problem appears to be that of abstinence. No addict improved without becoming abstinent. Those who did not become abstinent could not tolerate free association, regression, or reclining on the couch, all of which were noted by Knight (1938) many years ago. With a tenuous grasp on reality to begin with, an invitation to further regression is threatening. This is why addiction specialists begin treatment with a reality-oriented phase, which can last several months (Brown, 1985; Forrest, 1984; Krystal and Raskin, 1970; Silber, 1974). Fifty percent of the addicts had or threatened to have psychotic transference reactions. This is not surprising when one considers their massive dependency needs and problems with trust and mistrust. It is also possible that the alcoholics and drug addicts in this study were more severely disturbed than the "normal" population of addicts. Wallerstein notes that included in the sample were ". . . patients considerably sicker (with deeper and wider ego deformations) than those usually considered "suitable" for such [analytic] treatment. . . ." (p. 215).

The psychotic transference reactions may be considered iatrogenic. The treatment summaries also show a poor use of insight by the addicted patients, which is a common finding (Krystal and Raskin, 1970; Silber, 1974). Many of the addicts in treatment were unmanageable, with massive acting-out (see especially the descriptions here of the Alcoholic Doctor, the Addicted Doctor, and the Car Salesman). Thus, it appears that addicts cannot benefit from the essential curative factors in psychoanalysis in unmodified form. In six of the seven treatments that *were* successful, therapy was characterized by avoiding deep material, being supportive and reality-oriented, and minimizing transference. This is similar to the modified therapy currently advocated by addiction specialists.

This book supports the long-held belief that many patients receiving psychiatric care (not just psychoanalysis but any psychotherapy) have an addiction problem. It would be valuable to conduct a larger study to confirm this finding. In the meantime, it appears to be good clinical practice to include a substance use scale at intake for all psychiatric patients and to provide specialized addiction treatment for addicted patients.

References

Brown S (1985) *Treating the alcoholic: A developmental model of recovery*. New York: John Wiley & Sons.

Forrest GG (1984) *Intensive psychotherapy of alcoholism*. Springfield, IL: Charles C Thomas.

Knight RP (1938) The psychoanalytic treatment in a sanatorium of chronic addiction to alcohol. *J Am Med Assoc* 3:1443–1448.

Krystal H, Raskin H (1970) *Drug dependence: Aspects of ego function*. Detroit: Free Press.

Silber A (1974) Rationale for the technique of psychotherapy with alcoholism. *Intl J Psychoanal Psychother* 3:28–47.

Daniel L. Yalisove, Ph.D.
START Program, Stuyvesant Polyclinic
New York, New York

THOMÄ, H. AND KÄCHELE, H. *Psychoanalytic Practice, Vol. I: Principles* (trans. M. Wilson and D. Roseveare), Berlin, Springer-Verlag, 1987. xxvi + 421 pp. $49.50.

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 in-

teractional 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; counter-transference; 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 bro-

ken, 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!

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

BLOOM-FESHBACH, JONATHAN, BLOOM-FESHBACH, SALLY, AND ASSOCIATES, EDS., *The Psychology of Separation and Loss*, San Francisco, Jossey-Bass, 1987. xxxiii + 587 pp. $37.95.

This edited volume of 16 chapters has three major parts: "The Role of Separation in Development," "Separation and Loss in Major Life Transitions," and "Separation, Loss and Psychopathology: Implications for Treatment." As in all edited volumes, the nature and quality of the contributions varies. On the other hand, the editorial work done by the Bloom-Feshbachs is excellent. They provide a well-written overview, an afterword to guide the reader through the volume, and useful introductions to each of the chapters.

The book's basic thesis is that deficient early caregiving places the child at risk for psychopathology later in life through creation of a developmentally impaired psychological world. The editors' approach is synthetic and integrates psychoanalytic structural concepts of personality development and functioning with more contemporary schools of thought, including theories of object relations, self psychology, object representation, and attachment. They avoid the sterile conflicts that have characterized competing theoretical schools of psychological thought in this area. However, the risk of a synthetic editorial style is that critical functions may be shortchanged. This may have happened in the third part of the volume.

Each of the chapters in the first section is a review of studies of separation-individuation or attachment in childhood or a review of attachment theory and behavior in middle childhood, adolescence, and finally, the second half of life. An important implication of this section, certainly by inclusion of the chapter by Cohler and Stott on social relations in the second half of life, is that knowledge of attachment behavior is important throughout life in understanding psychological adaptation.

Some of the strongest chapters in the book are in the second section, particularly those by Bloom-Feshbach and Piotrkowski and Goynick that report the results of empirical studies, as well as the chapter by Krupnick and Solomon that provides a useful review of empirical studies on death of a parent or sibling during childhood. Major transitions in the life of the growing child are addressed, including adjustment to nursery school, leaving home in adolescence, work-related separations, divorce, moving to a new culture, and as already noted, death of a parent. The unifying theme is the use of theory from one or more of the schools of thought identified above to develop hypotheses about outcomes resulting from these transitions. Problematic attachment, whether it is reflected in detached or clinging patterns of behavior, is considered to place the child at higher risk of difficulty during these transitions. Attention is given to multiple modifying factors such as the availability of parental surrogates, previous family relationships, and other variables that give credence to the important effect of attachments.

One exception to the generally high quality of contributions in this section is the chapter on cultural change. The author uses the distinction between mourning and melancholia made by Freud, a theoretical construction that has not stood the test of observation over time, to draw a distinction between a feeling of cultural loss and a state of cultural shock. The original thesis that is used as a biological tool is flawed, and the inference is based on the presentation of four cases that, while interesting, ignore important risk factors for depression such as family history and sex. It is simply not convincing. The reader should be cautioned to maintain a critical attitude, however open to the idea he or she may be.

The third section of the book, which is one third of the volume, considers adult psychopathology, conceived primarily from a developmental perspective with respect to the vicissitudes of attachment. The implications of theory about separation-individuation, development of object relationships, self representation, and object representation for severe personality disorders, schizophrenia, depression, and bulimic patients are considered. This is where considerable theoretical speculation begins. Theory and reconstructions of developmental experience presumably derived from ther-