

**Developmental Theory and Clinical Process.** By FRED PINE.  
London: Yale University Press. 1985. Pp. 269. £25.00.

In 1975 Margaret Mahler published her major work *The Psychological Birth of the Infant*; it delineated the progress from the stage of a symbiosis with the mother at the age of nine months to that of psychological individuation by the middle of the third year. Now one of her co-authors, Fred Pine, has continued the story in his own book which combines psychological observation, theory and analytic practice. His description of himself as a quiet radical and a flexible conservative is apt.

Four foci may be seen in the development of analytic thought since Freud began his pioneering work. Initially Freud's dynamic theory was based upon the satisfaction of drive instincts which were later subsumed in his theory of ego functioning. The next generations of analysts explored in turn the nature of object-relations and the development of the self. Pine does not accord pride of place to any one of these foci but argues that for each, the individual develops his own, necessary psychology. In an interesting corrective to the over-emphasis on trauma in much analytic literature, he stresses and gives examples of the importance of quiet pleasure and moments of intense experience in child development. In the second half of the book, Pine relates developmental process to clinical intervention. Winnicottian holding and Kohutian mirroring both contribute to the development of a stable self-experience; low keyed pleasure serves as a foundation for a joyous mother-child relationship. In one therapy conducted by the author, being unconditionally available at a set hour for a patient whose approach always turned into flight was of equal importance to the exploration of her conflicts. In this, Pine follows Redl and suggests that the developmental perspective allows the therapist to make specific interventions when faced with deficient functioning.

While the text is wordy and technical, the content is of considerable interest. The volume provides a broad, contemporary view of psychological development and therapy for psychoanalytic practitioners.

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**Treating the Oedipal Patient in Brief Psychotherapy.**  
Edited by ALTHEA J. HORNER. New York: Jason Aronson. 1985. Pp. 246. \$25.00.

This book presents the work of an American brief psychotherapy clinical and research project. It is in the form of a series of chapters by different members of the project setting out to cover aspects of theory, patient selection, therapeutic technique, follow up and evaluation. I found the account mostly superficial and lacking in rigour of approach.

The "oedipal patients" treated are described as non-seriously ill, intelligent, psychologically minded, well motivated and with strong egos. In addition they present with a circumscribed area of complaint which can be interpreted in terms of the oedipus complex defined as the wishes, fears and frustrations associated with the opposite

and same sex parents. Any "non-oedipal" issues which might be present must be such that they can be ignored. Their method of patient selection in fact seemed very non-specific and rested on excluding disturbed patients and ascertaining whether patients were prepared to work on an "oedipal focus". There was no examination of the theoretical or clinical validity of creating such an "oedipal focus".

The psychotherapeutic technique used follows the approaches of Sifneos and of Davanloo. The therapist is active and confrontative in "relentless pursuit of even minor resistances in the patient" and in maintaining the so-called oedipal focus and the emotional tension of the therapy. The description of technique is illustrated by vignettes from sessions, but there was very limited explanation of how the examples given did justify the points made. Perhaps they were unconvincing because of the very activity of the therapist. Again theoretical questions did not seem adequately discussed. For example this "activity" of the therapist may preclude certain kinds of activity on the part of the patient. An apparently inactive therapist may be very busy listening to and thinking about what the patient brings and what is happening between him and the patient which holds within it a respect for the patient and a profound challenge to him to take himself seriously. The here and now of the experience and the emphasis on the patient creating his own answers would be considered by some the matrix for change in psychotherapy. From other perspectives there has been interesting work on locus of control in relation to therapeutic change and "pupil" participation in relation to lasting learning. However these and many other issues are not touched upon, and no theoretical justification of the approach is offered. In addition there is no data or significant description of follow-up and evaluation. Instead the reader is offered a rather irritating polemic in which the therapy presented is described with words like courage, enthusiasm and excitement in contrast to a version of classical technique which seemed based on misconception more than anything else.

The therapy presented lacks many features which could be considered essential or particular to a psychoanalytical approach. It is described as having a cognitive flavour but seems without the systematisation of approach offered in cognitive therapy itself. It is impossible to evaluate from the information given in the book and there is little theoretical justification offered for its basic postulates.

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**Counselling in Rehabilitation.** By WILLIAM STEWART.  
Beckenham, Kent: Croom Helm. 1985. Pp. 315. £10.95.

This book is aimed at wide readership of therapists and others engaged in the rehabilitation of disabled people. It describes the 'Wessex Model' of individual counselling which promotes self-awareness and insight, combined with a problem-solving approach, and it also highlights the differences, as well as the similarities, in the application of this model to rehabilitation practice. Some of the moral and ethical problems inherent in the process of rehabilitation are briefly considered, and some of the psychological aspects of pain, stress in surgery and sensory loss