

message to many different areas of the mind – like a politician or a scientist gaining access to the media. This notion of ‘publicity’ is the flip-side of Freud’s censorship metaphor, which describes how disturbing information is confined to isolated parts of the mind and kept incommunicado. Only one message can appear on the consciousness screen at once – hence, while publication is adaptive in gaining the attention of broad areas of the mind, conscious processes are serial, slow, and inefficient compared with unconscious processes.

The mixing of clinicians and academic theorists in this book is not always smooth. Baars, for example, spoils his otherwise convincing paper with his bizarre suggestion that as a research strategy a therapist might deliberately “overload the patient’s immediate memory by asking him/her to say three sentences about the three most important things on his mind.” Nevertheless, the authors persuasively argue the case for a psychodynamic cognitive science. There are some interesting general suggestions as to possible lines of enquiry and theory. Overall, however, this clinician is left very much with the impression that there is more promise than substance so far in this endeavour.

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**Countertransference Triumphs and Catastrophes.** By PETER L. GIOVACCHINI. London: Jason Aronson. 1989. 335 pp. £23.50.

Countertransference can be defined, in its broadest sense, as the therapist’s feeling response to the patient. Giovacchini’s book has much to offer any clinician who practises psychotherapy or analysis. Although what he writes is not new, at least in British schools of depth analysis, he writes well on the subject, and engages interest in the pitfalls awaiting the therapist who is not monitoring his or her countertransference. Some of the many examples are extreme – one is of a patient who shot his therapist dead. However, the exploration is always interesting.

Giovacchini is a Chicago-trained psychoanalyst, and thus from a traditional American Freudian analytic background. However, he has absorbed and pays tribute to the British objects relations school, and quotes Klein and Winnicott frequently. At times he misinterprets Winnicott, as when he describes children being treated by their parents as transitional objects. By this he means children who are used in various ways to enhance parental narcissism. This is a misuse of Winnicott’s term “transitional object”.

Following an opening chapter, “The therapist’s contributions to the course of therapy”, the book is divided into three parts. The first is called “Countertransference and disruption”. Giovacchini describes the ubiquity of countertransference, and points out that an apparent

absence of it is an indication of a problem. In writing of disruption of the process he treats of ways in which patients may provoke countertransference responses which, acted out in subtle ways, destroy the treatment.

The second, and by far the largest, section of the book is entitled “Countertransference in specific psychopathological constellations”. Although his thesis in general seems to be that the more primitive the psychic organisation of the patient, the more intense the countertransference, the author also argues for the difficulties in countertransference with depressed patients. He suggests, as a result, that depressive disorders will cause us to revise current attitudes to psychopathology and treatment.

The short final section is on “Technical treatment problems”. Giovacchini seems quite often to favour a direct use of the countertransference, i.e. the therapist describing his feelings to the patient so that they can look together at what has gone on. He is fairly scathing about the idealisation involved in the use of the term ‘classical psychoanalysis’. By mentioning this I do not mean to imply that his work with patients, as he describes it, is unanalytic. What I do feel, however, is that his theoretical framework does not come through clearly.

The strengths of this book lie in the full examples – it is a very clinical book – and in Giovacchini’s commitment to exploration of the ever-present phenomenon of countertransference. As he points out at the end, “The recognition of its effects and its role in the treatment interaction has broadened the scope of psychoanalytic treatment and has made the analytic interaction a human and mutually enriching experience”.

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**Problems and Solutions in Marital and Family Therapy.**

By JOHN CARPENTER and ANDY TREACHER. Oxford: Basil Blackwell. 1989. 271 pp. £9.95 (pb), £29.50 (hb).

This is a useful book, which should be recommended to beginning therapists. It contains much good common sense, and many practical tips. The first three chapters set out the basic model, which is principally borrowed (with due acknowledgment) from the ‘Brief Therapy Project’ at the Mental Research Institute in Palo Alto. The emphasis is on focusing on solutions, not problems, and on developing a therapeutic alliance. Chapter four is on the engagement of young children in therapy, and chapters five and six are on dealing with the specific problems of secrets in therapy, and of violence in the family. Chapters seven and eight are on the authors’ approach to the management of what they call ‘stuckness’ in the therapeutic and supervisory systems. The final chapter is about managing endings in therapy.