

appearing as part of a new, extraneous happening—and therefore due to a psychotic “process”. There is also a discussion of the very controversial concept of the psychogenic psychoses, which has taken root in Scandinavia. The papers on “Hallucinations” and on “Vivid Physical Awareness” are exercises in phenomenology and in their practical examples bring the method vividly before the eye.

The publishers have rendered a great service in bringing together these papers, which so far have only existed in journals, perhaps somewhat difficult of access, but it is a pity that they have omitted the rest of Jaspers’ writings on psychopathology. They have failed to include not only the pathographies on Van Gogh, Hölderlin, Swedenborg and Strindberg, which it is true have previously appeared in book form, but also a number of other interesting papers, which have appeared in various journals. In fact there is so much omitted that “Selected” rather than “Collected” writings would perhaps have been a better title for the volume. The short foreword by the publishers does not mention the reason for this selectiveness. Jaspers is better known to the general public as a philosopher than as a psychiatrist, and it is not surprising that most publications, articles and appraisals of his work which appear in his octogenarian year concern themselves with his philosophical works. It is all the more welcome that the publishers partly redress this on-sidedness by bringing out the present volume. Perhaps one may hope for a companion volume containing the rest of Jaspers’ writings on, or relevant to, psychopathology; in particular, these should include certain passages embedded in his voluminous philosophical writings, which would make very profitable reading for psychiatrists, but are perhaps even more difficult of access than were the present selection before the appearance of this book. One thinks of his “Nietzsche” which is a masterpiece of pathography, and of passages in “Die Philosophie der Weltanschauungen”, as well as of the debate with Koller in “Lives of Contemporary Philosophers” and parts of “Reason and Unreason in our Time”. There is of course much else that could be included, as all his work seems permeated by his early experience as a psychopathologist. In his autobiography he writes: “In retrospect it seems a remarkable thing, that the final decision to change over to the philosophical faculty, which was forced on me at the time by my illness (he turned down an offer to succeed F. Nissl to the Chair of Psychiatry) and which I did with reluctance, turned out most happily for me by opening out opportunities for my work which led me further and further into philosophy. But I always remained faithful to the work of my youth. I have

never become indifferent to psychopathology.” (*Werk und Wirkung*, Piper and Co., 1963.)

J. HOENIG.

**Psychopathologie und Psychotherapie.** By C.-F. WENDT. Berlin: Springer-Verlag. 1962. Pp. vii+81. Price DM14.80.

This interesting monograph begins with a critical review of the three major schools of psychopathology, i.e. psychoanalysis, Jaspersian phenomenology and existential analysis. Having shown the limitations of these approaches, the author presents his own psychopathological theories. He claims that there is a “twofold mode of experiencing” so that there is an “experiencing of totality” and an “experiencing in the subject-object perspective”. He then describes the changes in the modes of experiencing in neurosis and schizophrenia and goes on to explain his experiences in the psychotherapy of schizophrenia in terms of his theories. He claims that there are two phases in the acute schizophrenic shift. In the first phase the psychological symptoms are the result of a somatic disorder, so that physical treatment is indicated. However in the second phase the psychological disorder although released by the physical process has become independent of it, so that the correct treatment of this phase is psychotherapy.

Wendt seems to have extended Bleuler’s concept of primary and secondary symptoms by suggesting that the secondary symptoms become autonomous and consequently are susceptible to psychotherapy. Professor Wendt’s results in the psychotherapy of schizophrenia are obviously very good, but this, of course, raises the difficult problem of the diagnosis of schizophrenia. It is well known that the Heidelberg school, to which the author belongs, has a very wide concept of schizophrenia. One is bound to consider the possibility that the author’s theories are largely based on the treatment of disorders which might be diagnosed as “atypical psychoses”, “cycloid psychoses” or “reactive psychoses” in other clinics, or in other words illnesses with a natural tendency to recovery.

FRANK FISH.

**Contact with Jung.** Edited by MICHAEL FORDHAM. London: Tavistock Publications. 1963. Pp. 245. Price 42s.

Following C. G. Jung’s death, centres of analytical psychology all over the world were asked to submit papers. It was suggested that contributors might consider what had been the most significant stimulus that each had derived from Jung, but that articles describing the development and future prospects of

analytical psychology in various regions might also be welcome. Instead of appearing as a memorial supplement to the *Journal of Analytical Psychology*, the contributions were published in book form, as it was thought that they would appeal to a wider readership. This is certainly the case where those papers are concerned which describe personal contacts with Jung, and which clearly reflect many facets of his outstanding, warm and powerful personality. It is, however, unlikely that general readers will find the development of Jungian centres in various countries, or in the case of the United States in various regions, of absorbing interest. Finally, there are a number of original contributions, which seek to shed fresh light on some particular concept of analytical psychology; these may prove too technical for the non-Jungian. There are some exceptions. The attempt by Roland Cahen (Paris) to strengthen the links between various schools of depth psychology, with which the book opens, is easily followed. The general trend, at any rate, of L. Stein's (London) arguments relating Jungian archetypes to linguistic problems is comprehensible. Certainly, Ernst Bernard's (Rome) derivation of Italian character and history from the all-pervading influence of the Mediterranean Great Mother is easily, perhaps a little too easily, understood. There are 42 contributions, which cannot be reviewed separately, but which appear to yield a representative picture of the state of the Jungian movement.

FELIX POST.

#### **Psychotherapeutic Techniques in Medicine.**

By MICHAEL and ENID BALINT. London: Tavistock Publications. 1961. Pp. 236. Price 21s.

This book for G.P.s, physicians and consultants examines some fundamental psychotherapeutic principles and their application in the various settings of general medical practice, and of medical specialities other than psychiatry. Its first theme is that each medical setting offers its own particular possibilities and limitations for psychotherapy, and that the setting itself largely determines the techniques that may be used and the results that may be achieved. The authors argue that any doctor wishing to involve himself in the psychological issues of his patients' problems must not seek to develop techniques borrowed from a different branch of medicine, e.g. psychiatry, but must acquire skills that are appropriate to his own particular setting. The G.P.s position of continuity of contact with his patient over long periods of time, concerning a variety of illnesses and conducted under varying conditions of

surgery and home consultations, allows him psychotherapeutic possibilities which would be denied to the specialist. The specialist's role in its turn offers a position of detachment which makes possible psychotherapeutic transactions that would be difficult in the G.P.s setting. Several cogent case-histories demonstrate the influence of the setting on the work that could be achieved.

Part Two examines some basic psychotherapeutic principles applying to all settings, particularly the requirement of the active involvement of the patient in the process of diagnosis and therapy. The authors remark that in most spheres of medicine the patient is passive while the doctor examines, diagnoses and treats, for it is not required that the patient should understand his illness beyond the point necessary for eliciting his co-operation. In psychotherapy the task is described as a mutual one, and the book develops well the theme that doctor and patient together must seek explanations that make sense to both. The book also argues that the psychotherapist's task is more than an intellectual one, the doctor needing to understand his own emotional response to his patient, regarding the emotions engendered in him as signs of his patient's illness.

In Part Three problems of communication of insight to the patient are considered, and some guidance on how the doctor may create favourable psychotherapeutic conditions is offered. It is here that the limitations of this book become most apparent, for the guidance offered is more in terms of what the doctor is required to do rather than how he can develop the skill to enable him to do it. The central issue, the understanding and handling of transference and counter-transference, is barely touched upon, and the only constructive advice given is that any doctor interested in working psychotherapeutically should attend a series of training seminars within which his skill could be developed.

In Part Four the authors turn aside from the problems of psychotherapy and address themselves to psychiatrists and psychoanalysts and to the problem of the initial psychiatric interview. Their thesis is that psychiatrists have paid too little attention to the specific problems of the initial interview. The idea that a psychiatric interview demands nothing more than a thorough history-taking, or is nothing more than a particular kind of psychoanalytic session, is vigorously challenged. They claim that psychiatrists fall back on the defences of denial (of their ignorance) and idealization (of their own method), defences which in the authors' view are commonly erected to conceal a profound lack of understanding of the issues involved. The authors present the problems of the initial interview, but