
In this unique book thirteen prominent psychotherapy clinician-researchers (all but one a psychologist and only one a psychoanalyst) reflect candidly and often humorously on the "dynamic tension" of engaging in these two very different pursuits, personally balancing two different orientations to accruing and applying knowledge and understanding what works in psychotherapy. The editors note the difficulty they had in finding willing contributors to the volume, clinical researchers who were comfortable writing about their personal balancing act in conducting their activities. The resulting volume is a valuable set of essays on the value and difficulty of conducting valid clinically relevant research, and the necessity of informing research with insights from practice and vice versa. It also is an excellent resource for clinical researchers interested in selecting measures for their own research, as the contributors reflect and evaluate what symptom scales, coding systems, and observational techniques have been useful in their work on understanding the process and outcome of psychotherapy. While the authors represent a range of theoretical and clinical orientations, many of the qualitative techniques and design issues are of interest to the psychoanalytic clinical researcher.

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The contributors are quite open about their personal development as clinicians and researchers and provide many personal vignettes regarding research studies which fail to confirm deeply held convictions, and the pitfalls of applying research-based techniques too rigidly in work with individual patients. They emphasize the value of testing intuitive clinically-based hunches and conclusions with systematic research as well as the importance of the "hunches" in the first place in directing research questions. Many (e.g., Winter, Elliott) discuss the lack of ecological validity of traditional random assignment outcome research and a number of authors emphasize the importance of process research (e.g., Goldfried Elliott, McCullough, Soldz). Citing his own experience, Soldz notes that while much was learned from process studies of short-term group treatment, none of the findings led to treatment recommendations and further research is needed. Soldz also provides a number of examples of fruitful collaboration between clinicians and researchers in evaluation research, emphasizing the importance of recognizing and working with the resistance of each group in engaging in this kind of collaboration. Psychoanalyst readers would also enjoy the chapter by Dahlbender and Kaechele presented as a dramatic dialogue between two clinical researchers who note among other observations, that early German psychoanalysts saw the value of providing outcome data and this data led to the inclusion of long-term psychotherapy as a treatment method supported by health insurance. Benjamin’s chapter advocates for more research on the effectiveness of long-term therapy and the need to broaden outcome measures to include less symptom specific and more global variables such as functioning in the workplace (e.g., number of sick days) and psychiatric hospitalizations. Some authors also advocate the use of self-designed single case methodology (e.g., McCullough).

The editors conclude that there is a need for real collaboration and communication between researchers and clinicians in research design and theory building as well as training of clinicians, and a need for improved process research. They also note an increasing need for collaboration in program evaluation and demonstration of treatment effectiveness. The book makes the point that psychotherapy research is more than randomized treatment outcome studies and is of value to clinicians of any orientation. Both clinicians and researchers want to understand what leads to change, what is effective with what character type/problem. The authors agree that researchers and clinicians have a great deal in common including a real passion to understand, and without this passion, neither group is very effective. Though psychoanalytic readers may have difficulty with some of the treatment approaches studied and may take a few of the authors’ laboriously
researched conclusions for granted, the attempts to operationalize important change variables as well as aspects of the treatment process are relevant to any clinician-researcher. In addition, the open discussion of the authors’ personal experiences makes the book a good read.

*Jane Snyder Gutowski*


This is an informative and thought-provoking book. Subtitled “A post-Kleinian approach to the treatment of primitive mental states,” it offers an integrated presentation of the key concepts and theoretical formulations of Wilfred Bion, Frances Tustin, Donald Winnicott, Esther Bick, Donald Meltzer, and other post-Kleinian British psychoanalysts of the Independent School. These formulations—“the container and the contained” (Bion), the formation of a “second skin” and “adhesive identification” (Bick), “autistic encapsulation” and “autistic shapes” (Tustin), “fear of breakdown” and “primitive agony” (Winnicott)—have to do with the earliest stages of mental development and the dynamics of the mother–infant dyad. Much of this work, particularly that of Frances Tustin, with whom Dr. Mitrani has had extensive communication, derives from the study and treatment of autistic and psychotic children. Dr. Mitrani contributes new conceptualizations of her own, e.g., “adhesive pseudo-object relations” and “unmentalized experience,” in the process of demonstrating the application and utility of these ideas to the treatment of “ordinary” adults who reveal a hidden, shut-away part of themselves stemming from some very early embryonic, fetal, or infantile experience of unbearable suffering or traumatic separation. In defense against such suffering they have evolved “extra-ordinary protections”—somatic, autistic, and psychotic—for purposes of psychic survival:

In the face of unbearable happenings occurring before birth and beyond, certain experiences are never had by the infant, and mental and emotional growth is subsequently truncated. However, such happenings do remain alive-if-encapsulated. Maintained in a kind of stasis, these are often reactivated by ordinary and extra-ordinary life events and, in the course of the psychoanalytic process, the opportunity arises for them to actually be experienced in the transference. Subsequently, development may once more be set in train. (p. 157)