

important qui rappelle le *mauvais objet* que le psychanalyste consent si difficilement à devenir lors de moments charnières de la cure comme lors de sa terminaison. Qui veut être utilisé comme un *mauvais objet*, un objet de haine? Qui est prêt à reconnaître sa haine, son désir de meurtre, mêlé de sexuel? L'aveuglement est toujours possible.

On comprendra que l'analyse des trois textes majeurs du *Dossier Le signifiant* demanderait à elle seule un long travail qu'il faudra situer au cœur du langage, de la parole, du pulsionnel et donc, au cœur de la psychanalyse.

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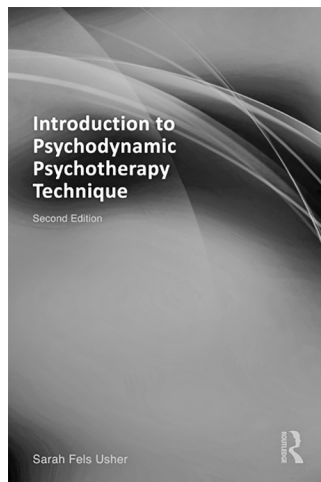
Introduction to Psychodynamic Psychotherapy Technique (2nd ed.)

by Sarah Fels Usher

New York: Routledge, 2013, 126 pp.

Sarah Usher's work is an excellent introductory text on psychodynamic psychotherapy technique. The book is very readable and describes complex psychoanalytic concepts in unusually clear language. Typical questions that beginning practitioners often have, but may be too afraid or embarrassed to ask, are addressed here, and practical answers that are useful and thought-provoking are provided. The book is written with humility, a sense of humour, and is, overall, very welcoming, particularly for the psychodynamic practitioner trainee or recent graduate. Moreover, this book could also benefit trainees involved in other types of psychotherapy.

The preface sets the tone for the book and provides critical information for contemporary audiences. Usher states, "Rumours that long-term treatment is dead have been greatly exaggerated" (p. ix). This is a nice way of recognizing the challenges faced by psychodynamic practitioners, while at the same time providing hope. The author offers empirical evidence for the



efficacy of psychodynamic therapy, and outlines core features of psychodynamic treatment, as defined by Shedler (2010). While clearly an adherent of psychodynamic therapy, Usher is not doctrinaire and acknowledges the benefits of other forms of therapy. She states, “An understanding of psychodynamic concepts—such as transference and counter-transference—will be a good base to build upon, whatever theoretical approach you may wish to adopt” (p. x). This book will whet the appetite of the psychodynamic trainee, and also of other clinical practitioners who want to learn more about the psychodynamic approach.

Chapter 1 is the most theory-focused chapter of the book, reviewing core psychoanalytic concepts, such as transference, counter-transference, defence, resistance, empathy, and offering beginning suggestions for technique. Usher anticipates common trainee dilemmas in a uniquely empathic manner and includes examples from her own practice, thereby providing the student with concrete suggestions for what to do and what not to do in emotional situations. For example, she acknowledges that “there are times when a therapist may be moved to the point of tears, and that is fine, as long as it isn’t too frequent . . . [but] it doesn’t help if the therapist is sobbing too” (p. 4). Her discussion of transference is particularly helpful: she warns, “While a positive transference may feel great, if negative feelings are never expressed, this is not a good sign” (p. 8). Her examination of defences and resistance is informative. She illustrates common defences, and ways to understand and work with them. She takes a core concept such as empathy, provides a cogent definition and examples, but also illustrates the limitations of technique in this area. This is a good first chapter—thoughtful, pragmatic, and poignant.

In chapter 2, appropriately entitled “Starting Out,” she discusses the anxieties and challenges faced by beginners. Certain basics are addressed, such as how to greet the patient, the use of first names, how to set up your office, where to sit, how to begin the session, take notes, and end the session. She offers practical advice but also encourages the trainee to think independently: “The goal of the first session is to attempt to make your patient as comfortable as possible so that they can talk about what they need to talk about—your goal is to get as clear an understanding as possible about what is troubling them” (pp. 25–26). Usher describes the difficulty inherent in the need to gather data and the need to engage the patient. She offers useful tips on assessing depression. She reminds the trainee about the importance of listening to the patient and demonstrates how one can begin to identify early counter-transference and transference reactions even during the first session. This chapter equips the trainee with

core information about this session that will definitely help to decrease the anxiety of the beginning therapist.

Chapter 3, "History Taking and Formulation," is very valuable. Here Usher covers core aspects of how to take a good history and includes specific recommendations on what to ask, how to ask it, what key information is useful, and how to educate the patient about the process. She discusses basic components of a mental status exam. Again, signs and signals of possible transference reactions are helpfully identified at this early time. The formulation section is especially valuable. Usher understands "formulation phobia" and provides clear guidelines for preparing a concise formulation that make this challenging task very much more manageable. This chapter might have been strengthened if the author had discussed in greater detail how the therapist's theoretical framework can affect the assessment of the patient. Usher's format seems to reflect an implicit relational perspective. The chapter could also have been enriched if she had provided examples of questions that could further capture, or more deeply assess, intra-psychic conflict and related dimensions such as sexual experience (inhibition / capacity for pleasure), impulse regulation, guilt/superego, and resolution or lack of resolution of Oedipal issues.

Chapter 4 enhances the therapist's knowledge of the assessment process. Entitled "Selecting Appropriate Patients," it could aptly include a subheading: "To Be Forewarned Is to Be Forearmed." This chapter reinforces the importance of a good assessment and provides useful hints about what to look for in the patient candidate. Important elements of an "ego function assessment" are explicated (although she does not use that term), and additional components not covered in her history-taking chapter are addressed. Usher clearly recognizes the importance of transference and counter-transference, and consultation, in assessing and choosing patients. She does not view dynamic therapy as the ideal treatment for everyone and provides a warning for those "white knight" trainees who have rescue fantasies.

Chapter 5, "Working Through," is very rich, bringing all of the drama and tensions of the clinical arena alive. Students who want to know what you actually do during treatment and what processes are involved in "working through" will find this chapter both educational and entertaining. In addition, the author adds a critical component. Trainees often are hungry for techniques and may neglect the link to theory and clinical deliberation. However, Usher lets the reader into the details of how she thinks when she is working with a patient. This should help the student appreciate the careful clinical thought processes, combined with knowledge

of theory, that underlie good technique. She is at her best when she describes highly charged transferences and counter-transference. There are clear guidelines for how to listen both cognitively and affectively, as well as warnings of the dangers of premature interpretations, and she prepares the trainee for living with uncertainty. Usher also provides useful advice on awkward situations; for example, she describes how she handled running into her patient in the locker room of her gym, when she was naked, and her patient was fully dressed! Usher's enthusiasm for and enjoyment of clinical work are evident throughout the book.

Chapter 6, "Stickhandling Defensive Patients," deals with challenging patients/situations, including those who are devaluing, intrusive, seductive, aggressive, grateful, ungrateful, or perfect. She emphasizes and explains the defensive component of their behaviour, providing recommendations for helpful technique. Again, she preaches the importance of timing and tact, enlisting the patient's involvement in understanding the defence, and pays special attention to the transference and counter-transference.

Chapter 7, "Ending," focuses on termination, a topic that often gets short shrift in books on technique. The author is adept at illustrating how transference and counter-transference dynamics affect endings. She discusses criteria for how and when to end, and alternate ways to manage endings. She provides good examples of smooth and rough endings. Her stress on the uniqueness of each ending and the importance of therapist flexibility highlight useful guidelines to technique. The only reservation I had with this chapter was her degree of latitude with some ending situations; although she reminds students to use their judgment, especially if there is an erotic transference, she adds, "[T]here is nothing wrong with a quick hug good-bye as long as it is clear what it is" (p. 98). Dr. Usher is very clear about boundaries and the frame throughout her work, so this recommendation seems out of place. Perhaps it reflects a contemporary relational viewpoint/bias. At the very least, her suggestion is controversial and it would have been best to acknowledge that.

Chapter 8, "Using Supervision," focuses on a topic that is usually neglected in books on technique for students: how the supervisee (rather than the supervisor) can make the best use of supervision. She discusses important topics such as supervisor/supervisee transference and counter-transference dynamics, narcissistic issues, and parallel process, and she even advises the supervisee on when to schedule the hour. Usher normalizes this unique relationship for the student, perhaps contributing to a more productive experience for both members of the supervisory couple.

Books

In sum, this short but comprehensive book covers key aspects of introductory psychodynamic therapy technique that are rarely addressed in such a candid, pragmatic, and entertaining fashion. There are far too few books on psychoanalytic technique in general, let alone books aimed specifically at the beginner (Cabaniss et al., 2011; Fenichel, 1941; Volkan, 2011). I anticipate that students will come away from this book feeling as if they had a conversation with an experienced, thoughtful, and very human supervisor/instructor. Usher's willingness to show her own vulnerabilities and sense of humour may help to decrease the trainee's desire for omniscience and omnipotence, ease his harsh work superego, and reduce his anxiety. Her first edition on psychodynamic psychotherapy technique (Usher, 1993) was very well received, and I predict that today's clinicians will eagerly acquire this updated version.

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The Age of Insight

by Eric Kandel

New York: Random House, 2012, 636 pp.

Eric Kandel left Vienna when he was nine years of age, went into analysis when he was in college, and then went to medical school, because at that time medical school was a prerequisite to becoming a psychoanalyst. He then changed course and became a neuroscientist and received the Nobel prize in physiology or medicine in 2000 for his work on memory. In this book, Kandel argues for more interaction between the arts and humanities