

It is unfortunate that this information is no longer central to psychiatric training because buried in Weinshel's papers are a number of clinical pearls and valuable bits of information that a practicing psychotherapist would be well advised to take into consideration. For example, Weinshel's most frequently quoted paper, "Some Clinical Consequences of Introjection: Gaslighting," published in 1981 and written with Victor Calef, deals with the issue of driving a person crazy. The title is taken from the famous movie *Gaslight* with Charles Boyer and Ingrid Bergman, but the paper goes much deeper than that because it addresses the situation where one of the partners is *unconsciously* driving the other person crazy. It links up to Searle's work on driving people crazy, a familiar milestone in the psychoanalytic literature depicting situations that are commonly seen in the psychiatric clinical consulting room today.

Another outstanding paper, also coauthored with Calef, is "The Analyst As the Conscience of the Analysis," published in 1980. This could well be mandatory reading for psychiatric residents and any psychiatrists who are still interested in what patients have to say rather than simply prescribing psychopharmacological agents. The authors write that the student

will have to learn to differentiate between "taking care of patients" and "a care for patients."...and he will learn to differentiate the "*furor therapeuticus*" from the more realistic physicianly attitude....The demands on an analyst go beyond the ability to establish an adequate doctor-patient relationship, an ability which in itself requires that he operate within the bounds of an analytic relationship while simultaneously concerning himself with the patient and the patient's illness. The "conscience of the analyst" includes that which is demanded by any other "healing" profession, but...he will recognize and be able to withstand, for example, the power of the transference...and thus maintain an optimal distance from the patient and the analytic material without becoming indifferent to either...and develop the capacity to handle appropriately the impulses which are stimulated by the analytic work; impulses which press forward from his own unconscious and from that of his patient. (p. 252)

An increasing aspect of humility creeps into the papers as they move from 1970 to 1992. For example, Weinshel points out, "It is extremely difficult to determine with any degree of certainty how much direct value all this material about ego strength and the strength of the various ego functions has for the day to day clinical work of the analyst" (p. 208) and "Psychoanalysis as a treatment...must best be viewed as a specific technical procedure which has therapeutic potential for a limited array of psychological disorders" (p. 230). The increasingly modest claims for psychoanalysis, a topic too lengthy to discuss in a brief book review, are outlined in chapter 12 and chapter 14.

Another valuable pearl is Weinshel's emphasis on the hidden gratification of narcissistic and pregenital aims that interferes with good psychotherapeutic work. So, "Each analyst must differentiate...between those of his gratifications which do not interfere with the work and those which 'exploit' his patients and the analytic situation for the satisfaction of his irrational needs" (p. 254). This is a very difficult thing to do,

and success in it is largely a function of one's personal psychoanalysis. The problem has been dealt with at great length in the current psychiatric literature, but it should be noted that the quotation just given comes from a paper written in 1980.

Finally, in chapter 14, "Therapeutic Technique in Psychoanalysis and Psychoanalytic Psychotherapy," published in 1992, Weinshel points out, "The course of an analysis is not determined solely by the analyst's interpretations or his general behavior" (p. 335). There are many patients who are unable to participate in the psychoanalytic process, and this failure may be the consequence of the analyst's shortcomings, countertransference, etc., or technical blunders or inability to understand the patient's problems. The patient's inability to participate may also be a function of different psychic defenses that the patient has developed. Such patients usually end up in psychotherapy, often with another therapist. It is the mark of the analyst's conscience, as Weinshel would put it, not to prolong a psychoanalysis with a patient who has this inability but to find a suitable psychotherapist for that patient and refer the patient to that therapist.

In summary, this is an excellent book, but it is not for the ordinary practicing psychiatrist. For those with a background in the field of psychoanalysis it will be valuable. I should only have such friends as Shengold and Wallerstein, who have produced a beautiful volume in honor of their colleague.

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***Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*, by Eric J. Engstrom. Ithaca, N.Y., Cornell University Press, 295 pp., \$49.95.**

Just as French used to be the language of diplomacy, the language of psychiatry was once German. The foundation of modern psychiatric nosology as well as the study of mind-brain relations was laid in the state hospitals and university psychiatric clinics of the German Empire. German journals once enjoyed the status that American psychiatric publications have today, and it was to the university psychiatric hospitals of Heidelberg and Berlin rather than to Bethesda that keen young research-oriented psychiatrists the world over flocked.

Today, however, in scholarly terms, almost nothing is known about the history of psychiatry in Germany. Historians of psychiatry have tended either to entomb themselves in Freud's Vienna or to muster rather dull histories of individual asylums, perfect for doctoral dissertations but otherwise rather limited. The great accomplishment of Engstrom's book is that it dissects the guts of German academic and asylum psychiatry from the 1860s until the First World War. No other historian has Engstrom's magisterial command of the primary published sources—decades of journal articles' worth—nor has anyone forged into the archives as has Engstrom, looking at government and university administrative correspondence on the foundation of some 18 university psychiatric clinics before World War I. These clinics were the seedbed of modern psychiatry, and this book, therefore, is must reading for those interested in this history.

Readers will have to get past the first chapter, however. Able though Engstrom is as a historian—he teaches the history of psychiatry in Berlin—his own orientation is thoroughly anti-

psychiatric, and the book seeks to answer the question, How in the world did psychiatry ever get to be an independent profession? The answer, taken directly from French antipsychiatry historian Michel Foucault, emphasizes “discipline” and “control.” In this view, there is no such thing as actual psychiatric illness but only cultural perspectives endorsing a quite illegitimate power grab on the part of a bunch of control-hungry professors out to do society’s bidding or, even better, “capitalism’s” bidding, but most of all to expand their own influence over society. According to Engstrom, “The profession’s cultural machinery was designed to solve the so-called problem of insanity.” Insanity was a “problem” because the educated upper middle classes cherished reason, and “the madman’s flaunting negation of that concept became an object of particular consternation.”

Insanity, says Engstrom, has some positive aspects as well as problematical: “Obviously, it could also enrich the lives of those who confronted it....Insanity could be seized as an opportunity for expanded self-understanding or alternative lifestyles” (p. 11). This will come as news to many patients as well as to most psychiatrists.

Readers willing to confront such postures will find definitive accounts of the foundation of Wilhelm Griesinger’s clinic in Berlin, where modern biological psychiatry began, and Emil Kraepelin’s years at Heidelberg, where the nosological concepts that ultimately gave rise to DSM-III in 1980 took form.

Putting Engstrom in the antipsychiatry school is not really a criticism of the book, any more than calling someone a Rosicrucian would be. It is a kind of global perspective that one either agrees with or not. Engstrom is so wrapped up in academic politics, however, that he loses sight of psychiatry as a discipline and argues, for example, that the university psychiatric clinics were little involved in actual patient care and little involved in therapeutic innovation. Both statements are wrong. There was scant therapeutic novelty in psychiatry before World War I, but thereafter the main innovations in treatment—Wagner-Jauregg’s malarial therapy for neurosyphilis, Klaesi’s deep sleep therapy, Sakel’s insulin therapy, Meduna’s Metrazol, and Cerletti’s ECT—came from university clinics (none, to be sure, in the German Empire but all profoundly influenced by German academic psychiatry). As for not being directly involved in patient care, university psychiatric hospitals had large numbers of beds. The Germans became world leaders in psychopathology because they studied their patients so carefully.

No historian of psychiatry has done such a careful job on the politics and sociology of these crucial decades in Germany, and Engstrom’s book will be on the shelf of any serious reader of psychiatric history.

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.