

however, one also needs a degree of regulation of affect in the therapy, of containment of behavior and enhancement of ego strength. The therapist must be an active and interpretive force in the play, labeling feelings, giving descriptions of events, working in the manner of reconstructing a narrative to articulate with the child the vulnerability of being abused, the wish to identify with the aggressor as a way of preventing vulnerability and renewed abuse, and the guilt over being aggressive like the perpetrator. The therapist must notice, organize, and regulate affective states.

The author deals with the issue of indications and contraindications, as well as current institutional realities affecting the process of selection of appropriate candidates for this extensive and expensive treatment. He acknowledges that one can't know who will respond to it and who will not. Yet, he recommends that one must try, hoping for the best.

This is a thought-provoking book, ambitious in scope, yet somewhat unrealistic in its expectations in the current climate of funding cutbacks, and in the context of shrinking residential space. Still, it is worthwhile reading for all those in the mental health and human services fields who care for and about distressed and disturbed children.

Ossining, NY

FADY HAJAL, M.D.

ROBERT S. WALLERSTEIN: *Lay Analysis: Life Inside the Controversy*. Hillsdale, NJ: The Analytic Press, 1998, xv+511 pp., \$40.00, ISBN 1-56821-363-8.

This is a very interesting and unusual book. It contains 455 pages of a chronicle in detail of the evolution of lay analysis in the United States. Wallerstein was at the center of the tremendous controversy and acquaints us with every nuance of the legal and political battles that were involved in finally forcing the American Psychoanalytic Association to accept nonphysicians as complete equals in training and membership. He infuses into the book a good deal of his own personal history, which is not objectionable, because clearly his identity is involved with this controversy, as it should be. There is a special emphasis on his autobiographical material in chapters 4 and 7; it is rather abruptly introduced in chapter 4 without much of an explanation, and this may confuse the reader.

The centerpiece of the book revolves around the question of whether the exclusion of psychologists from psychoanalytic training by institutes affiliated with the American Psychoanalytic Association represented an attempt on the part of the medical psychoanalysts to maintain a monopoly over what at that time was a very lucrative profession, or whether it had to do with the whole issue of the identity of the psychoanalyst. Of course the legal case centered around the psychologists' claim that it was indeed a "pocketbook issue," but Wallerstein does not think so. From his point of view the problem arose from a collision between "two counterposed visions of what psychoanalysis is all about" (p. 454), with the balance at this time tipping in the direction recommended by Freud: "Psychoanalysis as a distinct discipline, a psychology with all the interfaces I have stated, rather than in the

opposed direction of a therapeutic arm of medicine in a particular area of its domain" (p. 454). This results in a change of identity for psychoanalysts over the course of these events, writes Wallerstein: "It is no longer 'I am a physician who has specialized in psychiatry and, within that, psychoanalysis, as a way of understanding and trying to ameliorate human mental and emotional distress', or that I am in the first instance a physician and secondarily a psychoanalyst. The fundamental shift has been to: 'I am a psychoanalyst, devoted to understanding the human mind psychoanalytically, in all its dimensions and activities, who has come to this endeavor by way of prior training and study in medicine, or in psychology, or in whatever' " (p. 455). Wallerstein implies in his book that this transition is essentially complete, although a substantial proportion of the members of the American Academy of Psychoanalysis, who recently voted against the admission of psychologist-psychoanalysts to that organization, would disagree.

What is stunning, as one goes over the intricate details of this controversy documented rather objectively and meticulously, almost obsessively, by Wallerstein, is the astonishing amount of politics and bureaucratic maneuvering that characterizes these psychoanalytic organizations, both medical and psychological.

The names of a great many contributors to the psychoanalytic literature are scattered all through this book, indicating that an enormous amount of time and effort has been spent on committee meetings, letter writing, and discussion and implementation of political matters and rules and regulations.

From my point of view, the shift of psychoanalysis in the United States, from a medical discipline to one which is increasingly dominated by non-physicians, is part of a general trend in our country of the depreciation of physicians and the reduction of the stature of the medical profession. Whether this is for the good or is unfortunate remains to be determined.

Wallerstein traces the whole issue of lay analysis from the famous monograph by Freud to the current day, and anyone interested in this topic will benefit from the study of his book. One has to keep in mind that Freud was hostile to physicians, regarding the medical profession as having ostracized him because of his psychoanalytic views, and he had nothing but contempt for Americans, as Wallerstein documents. In the rest of the world lay analysis was accepted, but in the United States, where early in the 20th century there were problems with diploma mills turning out quack physicians, a great deal of concern led to strictness on matters involving individuals who were being allowed to practice some kind of "therapy" on the public. Nothing was changed essentially until forced by a very vigorous and hostile and expensive lawsuit launched by the psychologists, who claimed with Thurman Arnold, "most times when people say it's a matter of principle, it's a matter of money" (p. 166). Wallerstein feels that the psychologists have brought about a "wrenching sociohistorical change" (p. 359) of an "enduring" (p. 359) nature. He brings the story up to 1996, at which time he feels "the longstanding controversy over unfettered access to full clinical psycho-analytic training in the United for qualified individuals in all the mental health professions

seems finally and definitively put to rest" (p. 441). At the same time he concedes, "today we live in a pluralistic psychoanalytic theoretical world, with each theoretical perspective offering its own declaredly distinctive therapeutic approach, as well as a world in which the distinctions between proper psychoanalysis and the whole array of psychoanalytically based psychotherapies have become much more problematic and ambiguous on both clinical and theoretical grounds (p. 450). One cannot help wondering what Sigmund Freud would think of all this.

*Evanston, IL*

RICHARD D. CHESICK, M.D., PH.D.

TERRY D. HARGRAVE, PH.D. AND SUZANNE MIDORI HANNA, PH.D., EDs.: *The Aging Family: New Visions in Theory, Practice, and Reality*. Brunner/Mazel, New York: 1997, 338 pp., \$39.95, ISBN 0-87630-841-8.

This edited book contains several well-written and informative chapters covering family issues in the theory and practice of gerontology. In any book, however, the organization as well as the content is important. *The Aging Family* sets the stage by beginning pessimistically. The prologue, "One Family's Struggle with Alzheimer's Disease," describes the despair and unsuccessful coping methods of a husband whose wife developed early-onset Alzheimer's disease. The husband was unprepared for the illness and, in addition, did not receive proper help and support. The result was a nightmare that ended mercifully with the death of the patient.

It is unfortunate that Hargrave and Hanna chose this account to open their work. Their prologue seems to reflect their own ambivalence, which also colors their chapter, wherein they emphasize the problems that the elderly present to their families and society, but not the benefits of their wisdom, knowledge, and sheer presence. They conclude that, "it is difficult not to feel overwhelmed by the prospects of doing therapy with an aging family."

Despair is the most destructive barrier to understanding and helping the aged and all those involved with them. Fortunately, in the chapters by other contributors, the despair is mixed with more positive attitudes. Three such chapters make this work worthwhile for those of us involved in psychotherapy. They are valuable sources on dealing with the problems of old age, and, occasionally, the pleasures of aging well.

A wonderful counterpoint to negative accounts of Alzheimer's is presented in "Alzheimer's Disease and the Family," by Janie Long, whose father died of the illness. It is elegant, thorough, and smoothly written. It gracefully summarizes the neurology, personality, and behavior changes in the patient, and the constructive implications for professional treatment. The effects upon the family and how the relatives can best deal with the illness were covered compassionately, with empathy and a hopeful message. Long is an excellent writer. Her chapter can be read profitably by gerontologists and gerontology students, therapists, research professionals, and the interested general public. I was reminded of *Elegy for Iris* by John Bayley (1998), about his marriage to the novelist Iris Murdoch, and how they both coped with her Alzheimer's illness.