

Despite these potential shortcomings, *Children in family contexts: Perspectives on treatment* is a valuable resource for practitioners and educators. For those involved in the provision of service, the book provides a concise approach to the conceptualization and intervention with children and families around child-focused issues. For the educator, the work offers a systemic addition to traditional, intrapersonal counselling with children. In addition, the case studies offer to the student a concrete example of the application of the approaches discussed.

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Richard C. Robertiello and Gerald Schoenewolf (1987). *101 Common Therapeutic Blunders; Countertransference and Counterresistance in Psychotherapy*. Northvale, New Jersey: Jason Aronson Inc.

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*Reviewed by:* Judith Rae, M.S., M.A. Therapist in private practice, Indianapolis, Indiana.

Do you have countertransference and counterresistance? Of course you do, Richard C. Robertiello and Gerald Schoenewolf state emphatically in the educational and entertaining *101 Therapeutic Blunders; Countertransference and Counterresistance in Psychotherapy*. Beginning therapists can expect countertransference reactions to almost all of their patients, the authors suggest. And "minor countertransferences or counterresistances occur daily, even to the most experienced therapist." (p. 292)

What can therapists do about these inevitable reactions? Plenty, Robertiello and Schoenewolf say. Their book presents extreme examples to teach therapists about the effects of countertransference and counterresistance. The 101 blunders presented include 61 stories of countertransference and 40 stories of counterresistance. These fictional case histories were based mostly on the clinical experience of the authors or of therapists under their direct supervision. A few were based on ideas suggested in the writings of well known psychoanalysts.

Titles of erotic countertransference blunders include "The Therapist Who Gave Hugs," "The Therapist Who Feared His Sexual Feelings," and "The Jealous Therapist." Sadomasochistic countertransference examples include "The Therapist Who Had To Be 'The Boss,'" "The Therapist Who Was Concerned about Money," and "The Therapist Who Sexually Abused His Patient." Narcissistic Countertransference stories include "The Infantilizing Therapist," "Pushy Mothers and Pushy Fathers," and "The Therapist Who Needed To Be the World's Greatest Authority." Under characterological counterresistance cases are "The Therapist Who Went To Sleep," "The Therapist and the Ugly, Disgusting Patient," and "The Passive-Aggressive Therapist and the Passive-Aggressive Patient." And last, the following titles are examples of cultural counterresistance blunders: "The Draft Dodger and Viet Nam Veteran," "The Italian-American Therapist and The Puerto Rican Patient," and "The Conservative Therapist and The Communist."

A majority of the stories have bad endings. One therapist had rigid rules, one of which was not talking to patients on the phone. As the result of refusing to talk to a patient who pleaded with her to make a one-time exception to her telephone policy, the patient (who had just been raped and was in shock) terminated therapy, sued the therapist for abandonment, and won a several-thousand-dollar settlement. In some cases therapeutic alliances were delayed for several months. After one therapist continued to interpret to a patient who strongly did not want interpretations, the enraged patient quit therapy and never paid his bill of over a thousand dollars. In several examples the therapists' interpretations were accurate, yet the timing was poor: Interpretations were delivered before patients were ready to hear them. For example, a therapist who had recently graduated from an analytic institute wanted to apply what he learned by analyzing a borderline patient in spite of the patient's not being ready for analysis. In addition, the therapist avoided setting boundaries for the patient until he finally did so in an angry, judgmental way which drove the patient away.

In many case histories the "blundering" therapists took their situations to supervisors who pointed out the countertransference or counterresistance. Often the therapists saw their supervisors were correct and then explained to their patients what was going on.

Therapy then got better. However, in some examples the therapists continued to deny their part, and the therapy continued to be fruitless or the patient terminated therapy.

At the end of some of the stories the authors suggest better ways the therapists could have handled the countertransference or counterresistance. For example,

A proper therapeutic response would have been for the therapist to be empathic to the patient's anger at having been deprived of 'good enough mothering,' to provide a holding environment that was missing in the patient's childhood, and allow her to work through the negative feelings so she could get in touch with the longing underneath. (p.164)

Occasionally the illustrative therapist properly took care of his or her countertransference or counterresistance without the assistance of a supervisor. One therapist recommended termination and that the patient find a more experienced therapist. Then the therapist went back into therapy. A male therapist who tried to specialize "in reforming call girls," merely succeeded in alienating them. Eventually all who responded to his ad for women "in the life" terminated therapy; he gave up his specialty and returned to supervision. And one therapist "began silent self-analysis and discovered that he was acting out a counterresistance." After "this mini-analysis, he was able to regain his feelings and to help the patient to do likewise." (p. 219)

In addition to the 101 stories, the authors have included 33 pages of discussion of what countertransference and counterresistance are, how to diagnose them, and how to treat them. Particularly beneficial are questions to ask yourself about countertransference and counterresistance, clues that suggest you are dealing with one, and what to do when you are. Robertiello, in detail, uses himself as an example in figuring out "What kind of counter-

transferences and counterresistances am I prone to?" His discussion is most helpful to readers so that they can do the same concerning what Robertiello refers to as "their psychopathology."

I think all therapists will find *101 Common Therapeutic Blunders* of interest and will likely come to the conclusion that doing therapy is an enormous responsibility that requires we accept countertransferences and counterresistances are inevitable, supervision of some kind is necessary, and returning to our own therapy is at times advisable.

Therapists who are not trained in psychoanalysis may be turned off to the frequent referrals to Freudian theory and terminology. Feminists will dispute the authors' claim that feminism is an example of "one of the more prevalent and potentially harmful forms of cultural counterresistance." (p. 184-185.)

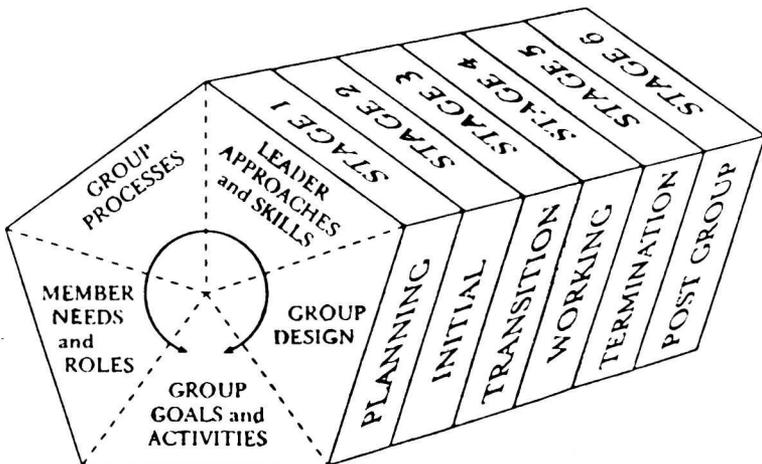
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Norman E. Amundson, William A. Borgen, Marvin J. Westood, and Diane E. Pollard (1989). *Employment Groups: The Counselling Connection*. Ottawa, Ontario: Employment and Immigration Canada.

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There is much meat in this "sausage" model of employment group counselling developed by Amundson, Borgen, Westwood and Pollard.



This is a book for the practitioner who wants to have a practical model for thinking about groups in order to plan for better groups and to analyze what is happening during the stages of group development.

The end of the "sausage" represents the five basic group components: group goals and activities, member needs and roles, group processes, leader