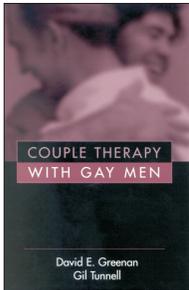


Psychotherapy



Couple Therapy with Gay Men. David E Greenan, Gil Tunnell. New York, London: The Guilford Press; 2003. 214 p. US\$30.00.

Reviewer rating: Excellent

Review by Peter Moore, MD, FRCPC
Toronto, Ontario

Seeing 2 men in a tender kiss is cause for most people to flinch. Guys don't do that. Guys obey their gender script. Guys work at being strong and competitive, not soft and mushy—and certainly not with other guys.

Many boys, although not yet certain they're gay, are sure that they don't like their assigned rough-and-tumble role. They also know, or soon learn, that shirking this role risks shame and danger. For most, faking is the way to survive. Unique among minorities, gay youths carry their shameful secret isolated, without support from family or friends, and always fearful of being unmasked. By their teenage years, they've faked their way to polished inauthenticity. What then is their chance for a healthy connection with the one they long to love—their chance for an honest and intimate partnership? It is slim. Further, if the loved one does come along, who honours their union?

This welcome book explores man-to-man love and the sabotage that awaits, both by a homophobic society and by the men themselves. It also offers hope for abandoning sabotage and for building in its place strong,

self-respecting, and respectful partnerships.

Eight aptly structured chapters lead the reader through “The Marginalization of Gay Couples” and the “Implications for Man-to-Man Closeness from Growing Up Gay.” A distillation of these first 2 chapters has already been offered in this review's introductory comments. The third chapter, “Structural Family Therapy,” presents the authors' 3-stage model for family therapy which, as they remind us, is what couple therapy really is: a couple is a family. The model explains “1) how to join with the couple, 2) how to create enactments, so the therapist can observe the couple's complementary roles that maintain their presenting problem, and 3) how to unbalance and expand the couple's preferred style of relating to each other.”

Joining with the couple depends on the men's growing trust in the therapist's respect that same-sex spouses are as valid as wives and husbands, that gay and straight unions both falter, and that both need work. However, few gay men have learned this work. When conflict arises, they often point to the other as the troublemaker. An early task for the therapist is to reframe the one-sided claim “he never pulls his weight” with a view that encompasses each partner's harmful contributions. When the therapist asks “How can I help you as a couple?” the couple's relationship as a viable system, a family system, is endorsed. Exploring this system, the therapist begins to identify the couple's dynamics—the complementary behaviours that lead them repeatedly to a clumsy dance. Learning different dance steps, in fact, is the metaphor that the authors use for how the therapy progresses. Throughout the therapy, the challenge “you can do better” is reinforced.

The clumsy dance, of course, is the mutual invention of both partners. Creating an enactment exposes their invention. Seated facing each other, the couple discusses a recent troubling incident. From this discussion (enactment), complementary patterns emerge. One man, for example, is bossy, while the other is

rebellious. The therapist's asking “What brings out his bossiness?” challenges the rebel to analyze his own role in the dyad. A similar challenge is offered to the other: “How have you made your partner into a rebel?” Such questions encourage the partners to struggle for new, more adaptive ways of communicating.

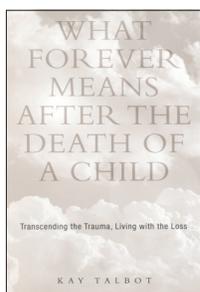
New, too, is the task of unbalancing. To substitute helpful patterns for damaging ones calls for imaginative leaps. If we stay with the bossy-rebellious model, the therapist might ask the bossy one “Can you tell him what you appreciate about him?” and the rebel “Could you tell him what would draw you closer to him?” If it is understood that gay men's own homophobia makes them wary of trusting other men, then it is understandable that they shrink from man-to-man connectedness. However, connectedness gives them a permission never known before—permission to love another man and, in loving him, to feel safety in showing dependent, vulnerable, and tender feelings.

Of the last 2 chapters, the penultimate is a moving case study of 2 men who, as they learn to unbalance their old ways, discover new ways of relating to each other as 1 partner is dying. Here we see demonstrated the principles that were laid out earlier in the book. We especially see the therapist's sensitivity, both for intervening when appropriate and for keeping quiet when the couple needs to do the work themselves. Creating intensity and asking the men to help each other, the therapist avoids taking sides while consistently offering gentle encouragements. This chapter provides a convincing picture of the authors' highly effective model—a model that, in its seeming simplicity, is deftly elegant.

The final chapter looks to a future when gay unions gain the same status as heterosexual marriages. The same tolerance demanded by life in our burgeoning multicultural world must apply in deconstructing the reflex bias still activating society's homophobia. Yet, gay

men themselves are biased. Their task is to honour themselves enough to take up the challenge to build health into their partnerships—the health that all partnerships need if they are to thrive and to deepen.

Psychotherapy



What Forever Means After The Death of a Child. Kay Talbot. New York: Brunner-Routledge; 2002. 261 p. US\$29.95.

Reviewer rating: Good

Review by Philip Cheifetz, MD, FRCPC *Ottawa Ontario*

The purpose of this book is to answer key questions about the emotional responses of parents following the death of an only child. This book fulfills its purpose only in part: it deals primarily with the responses of mothers, not fathers, to the death of an only child. Although understandable, owing to the structure of the research design, the title and introduction lead us to anticipate reading about the reactions of both parents.

The competency of the author is related to her personal experience and extensive research on this subject, which has been published in *Omega: Journal of Death and Dying*. The personal experience was the death of her only daughter, the circumstances of which are unique to her. One does get the impression that the research and the book constitute her working through her own grief, which gives the book a subjective point of view. This is not meant to diminish the authority and the validity of the study, but it does make objectivity an issue of concern

for clinicians who read the book for practical purposes.

The structure of the book is well organized and follows its goals and aims. It begins with a personal statement, followed immediately by the research design and subsequently by accounts of the different and various ways in which the mothers in the study responded to the death of their only child. The key point is the division of the group called “Mothers Now Childless” into 2 groups reflecting how women react in 2 strikingly different ways to the death of their child. This is amplified throughout the course of the book, leading to the clinical task of grief management in this most tragic event.

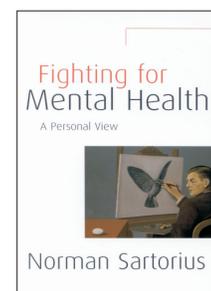
The chapter on research design discusses the battery of questionnaires, the sample of mothers, and the final division into 2 groups of 5 mothers each, representing the more adapted and the less so. It is important that, in most cases, the circumstance of the death was accidental, thus causing a different set of responses in these families. This, unfortunately, is dealt with only briefly.

It was helpful to read in subsequent chapters about several comparative studies that affirm the author’s findings. There is, for example, a detailed reference to an integrated model of adult bereavement derived from a controlled research study of adult grief. The book, however, becomes repetitive in the chapters that follow, in that the modes of adaptation, including, for example, “meaning making”—the relationship of the bereaved to the surrounding social structure—are dealt with again under the heading of spiritualism, existential crises, and personal growth. It seems that these are similar processes but with different names. As the book ends, the significant message from the author is that the process of grief never really ends and should be experienced as a crisis of personal growth, rather than as a clinical problem. The now childless mother should not be asked to detach herself from the memory of her child and to accept her loss; rather, to build a new relationship with the deceased offspring, she should be helped to understand how to identify with and incorporate the child’s best characteristics—a difficult task. Despite these criticisms, the insights offered in the book draw back the curtain of

darkness in a tragic story, which may assist individuals whose work is primarily directed toward the alleviation of suffering borne of unending grief.

The writing is clear and free of jargon, and the book’s cost seems appropriate to the labour that it represents.

General Psychiatry



Fighting for Mental Health: A Personal View. Norman Sartorius. Cambridge (UK): Cambridge University Press; 2002. 256 p. US\$45.00.

Reviewer rating: Very Good

Review by Paul Grof, MD, FRCPC *Ottawa, Ontario*

Dr Norman Sartorius is an eminent psychiatrist who, for a couple of decades, directed the Mental Health Division of the World Health Organization (WHO). In this collection of essays, he reflects on many critical challenges facing psychiatry and mental health globally.

In the preface, Dr Sartorius explains that, in his professional life, he has attempted to strengthen psychiatry ethically and scientifically and has sought ways to bring psychiatry closer to medicine, for the benefit of both. He has also explored how political tools can be used to develop mental health programs and improve education, research, and training in the field of mental health. When one’s goal is to significantly improve the fate of most of the 500 million people with mental illness and their families, one clearly deals with a different dimension of problems than does a psychiatrist facing a single patient.

The book is divided into 3 sections: “The Context of Health and Mental Health Programs,” “Mental Health and Medicine,” and “Psychiatry and Mental Health Programs.” No reviewer can do justice to topics of this scope, and I will focus on a few examples that illustrate what fascinating reading this book represents.

The first 7 essays deal with the context of mental health programs. Given the set of problems one encounters at a global level, it is important to start with the right principles. Dr Sartorius clarifies that this context includes some basic principles of society that are important for mental health programs: equity, solidarity among people, and the recognition of duties and rights of the society’s members, including those who have mental illness. These principles sound abstract and philosophical but are indeed of direct relevance to psychiatry. The interesting differences between ethical principles, societal morals, and local laws emerge quite clearly when one deals with practical issues, such as the certification of mentally disturbed persons in different countries under different circumstances and how the process has been changing over time. Particularly intriguing are 2 essays discussing Dr Sartorius’ pessimism with respect to the potential impact that currently funded research can have on speeding up progress and to health systems’ capacity to learn from examples or advice based on other peoples’ experience. Another challenging set of problems for mental health emerges from increasing global urbanization.

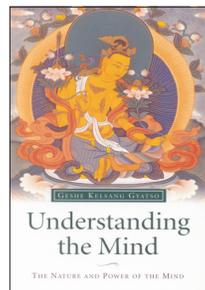
The second group of essays deals with issues at the border between medicine and mental health. Incorporating mental health elements into primary health care emerges as both critical and challenging, and it is important to define the limits of a sound interpenetration of mental health and general health care services. The example of how difficult it has been to develop the mental health division within the WHO over the past 50 years tellingly illustrates the problems and misunderstandings one encounters and the persistence needed to put the mental health domain on a solid, stable footing.

The third part of the book focuses specifically on psychiatry. It points out how

important, yet challenging, it is to assess mental health needs—a task essential to building services that respond to these needs. Dr Sartorius points out that many measures for primary prevention of mental disorders are the responsibility of several sectors other than health and require solid interdisciplinary collaboration.

What will happen to psychiatry in the years to come is the question that particularly preoccupies him. He concludes that, for ethical and immediate practical reasons, we cannot abandon established mental health programs. Rather, we must achieve a change of emphasis for them: we must elevate mental health on the scale of values of individuals, communities, and governments. Because of what we, as individuals and as a society, owe to people with mental illness and to their families, psychiatrists must help their patients and must fight the necessary social and political battles to improve the fate of people struck by mental illness. The message emerges that psychiatrists must make psychiatry and related disciplines useful to society and responsive to its ethical duties. These principles sound abstract when offered in summary; however, with his unique international experience, Dr Sartorius converts them into intensely captivating reading.

Psychotherapy



Understanding the Mind: The Nature and Power of the Mind. 2nd ed. Geshe Kelsang Gyatso. Cumbria, England: Tharpa Publications; 2002. 312 p. US\$17.95.

Reviewer rating: Good

Review by Scott Bishop, PhD, CPsych
Zindel Segal, PhD, CPsych
Toronto, Ontario

This book presents a model of the mind as understood from the perspective of Buddhist psychology. The central tenet of Buddhist psychology is that all happiness and suffering depends on the mind, so if we wish to avoid suffering and find happiness, we need to understand how the mind works and use that understanding to reorient ourselves in relation to our inner experiences and external circumstances. Meditation practices, which facilitate intensive self-observation, are used to gain insight into the nature of the mind and to transform it. Buddhism is a hermeneutic tradition of inquiry and, like contemporary psychoanalytic traditions, uses introspection to gather data and formulate a model of the structure and function of the mind. The mind has been at the centre of inquiry of Buddhism for over 2500 years, and based on the experience of generations of practitioners and scholars of meditation, a complex, multilayered model of a mind that can reflect upon and change itself has evolved. This book provides detailed descriptions of the nature of the mind as conceptualized from a Buddhist perspective and illustrates how to apply a greater understanding of the mind to reduce one’s suffering.

Buddhism has much in common with the Western hypothetico-deductive (empirical) traditions of modern science. Buddhist teachings eschew dogma in favour of basing one’s insights on evidence gained only from direct observation of the mind and objective validation. Buddhist teachings are presented as hypotheses that can be tested in the laboratory of meditation practice. Not surprisingly, there are striking parallels between Buddhist psychology and contemporary psychological constructs supported by the Western empirical method (1–2). Yet, Buddhism offers a unique perspective on the mind—one that, rather than being antagonistic to more contemporary views, could lead to considerable conceptual and methodological innovations in psychological theory and practice, if we approach this system with openness and a willingness to

examine it objectively. Of course, if we choose to borrow from these traditions, then we must fit the concepts and technological innovations into our field theoretically and subject them to a recursive process of analysis and revision based on empirical scientific methods, without being limited by their religious or spiritual past. Mindfulness-based cognitive therapy for prevention of relapse in major depression (3) and dialectical behaviour therapy for borderline personality disorder (4) are 2 examples of successful integrations of Buddhist concepts and practices into contemporary psychotherapy. In our own work, we have taken the position that such concepts and technologies—particularly those based on Buddhist mindfulness practices—can be theoretically integrated with current models of psychopathology, possibly leading to innovations in treatment (5).

For those interested in Buddhist psychological principles, this book will provide a fascinating view of the human mind as conceptualized from another empirical

tradition. For the uninitiated, however, this is a difficult book to read. The text is replete with unfamiliar terminology and concepts, and although the terms are defined and examples are provided, the narrative presupposes at least some familiarity with the basic tenets of Buddhist teachings. Those unfamiliar with Buddhist thought may find the concepts somewhat hard to grasp. Further, this book does not attempt to fit a Buddhist model of the mind within a more contemporary psychological science. This is understandable, because the author is not an academic in the Western sense but rather a well-respected Buddhist monk and scholar. Although the book is well written and the author is obviously highly knowledgeable, readers are left on their own to compare, contrast, and fit Buddhist ideas on the nature of the mind within a more contemporary framework.

How relevant is this book to contemporary psychiatry? The answer depends on the purpose of inquiry. For those who wish to gain some understanding of the

nature of the structure and function of the mind as conceptualized from Buddhist psychology, this book will be an interesting, if not thought-provoking, read. This book will be of less interest to those looking for something more academically focused; that is, something incorporating or synthesizing Buddhist psychological concepts with contemporary science.

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4. Linehan MM, Armstrong HE, Saurez A, Allmon D, Heard HL. Cognitive behavioral treatment of chronically parasuicidal borderline patients. *Arch Gen Psychiatry* 1991;48:1060–4.
5. Bishop SR, Lau M, Shapiro S, Anderson N, Carlson L, Segal ZV, and others. Mindfulness: a proposed operational definition. *Clin Psychol* Forthcoming.

Books Received

The following books have been received; the courtesy of the sender is acknowledged by this listing. Books of particular interest to readers of the *Journal* will be reviewed by selected individuals. Not all books are available for review.

Schema Therapy: A Practitioner's Guide. Jeffrey E Young, Janet S Klosko, Majorie E Weishaar. New York: The Guilford Press; 2003. 436 p. US\$45.00.

Release Decision Making. Christopher D Webster, Stephan J Hucker. Hamilton: St. Joseph's Healthcare; 2003. 202 p. CAN\$30.00.

Alderman, Cognitive, and Constructivist Therapies: An Integrative Dialogue. Richard E Watt,

editor. New York: Springer Publishing Company; 2003. 160 p. US\$35.80.

MCQs in Psychiatry. David McNamara. London: The Royal College of Psychiatry; 2003. 250 p. CAN\$40.00.

Psychiatry on Trial. Ben Bursten. Jefferson: McFarland & Company Inc.; 2001. 210 p. US\$35.00.

Ethics Case Book of The American Psychoanalytic Association. Paul A Dewald, Rita W Clark, editors. New York: The American Psychoanalytic Association; 2002. 106 p. US\$20.00.

Integrated Treatment for Mood and Substance Use Disorders. Joseph J Westermeyer, Roger D Weiss, Douglas M Ziedonis, editors. Baltimore: The Johns Hopkins University Press; 2003. 199 p. US\$39.95.

Mastering Forensic Psychiatric Practice: Advanced Strategies for the Expert Witness. Thomas G Gutheil, Robert I Simon. Washington: American Psychiatric Publishing, Inc.; 2002. 150 p. US\$30.95.

Guides to the Evaluation of Permanent Impairment. Linda Cocciarella, Gunnar BJ Andersson. Atlanta: American Medical Association Press; 2002. 613 p. US\$149.00.

Listening Perspectives in Psychotherapy. Lawrence E Hedges. Northvale: Jason Aronson, Inc.; 2003. 329 p. US\$40.00.

Dementia: Presentations, Differential Diagnosis, and Nosology. V Olga B Emery, Thomas E Oxman. Baltimore: The Johns Hopkins University Press; 2003. 533 p. US\$99.95.