Book Reviews

Psychotherapy


Reviewer rating: Good

Review by Llewellyn W Joseph, MD, FRCPC, Toronto, Ontario

Among the new approaches to therapy that developed from the 1950s to the 1970s was the client-centred approach. In it, the client–therapist relationship was marked by complete acceptance of the client—by finding congruence with the client to collaborate toward a solution. Solution-focused therapy (SFT) is a client-centred therapy marked by confidence and faith in clients’ abilities to find solutions to their problems. It focuses not on problems but on client strengths and resources to build a cooperative relationship and negotiate goals.

SFT was founded by Insoo Kim Berg and Steve de Shazer at the Brief Family Therapy Centre in Milwaukee. Partly based on the work of Milton Erickson, Gregory Bateson, Don Jackson, and Paul Watzlawick, among others, it has developed significantly over the years and is widely used in various counselling situations, including company employee assistance plans (EAP) and university and college mental health clinics in North America and the UK.

In this book’s preface, the author observes that SFT has gone on to become “world famous but often misunderstood and even trivialized,” mainly because of “an overemphasis on the techniques and the loss of the theoretical framework.” Her aim in writing is to “restore an interactional context to the techniques.”

It is essential for clients to feel that their therapist is listening and trying to understand. Over years of clinical practice, the author came to see that addressing emotions often enabled clients who were stuck to move forward. Therapy is both a humanistic (love-emoted) and a technical endeavour, but integrating these 2 elements poses a challenge for the SFT therapist.

The book falls into 2 major sections, titled “Theories and Practice” and “Applications.” The initial section’s first 4 chapters are foundational, addressing the author’s proposed theory of SFT, the client–therapist relationship, the importance of understanding the client, and the role of emotions in SFT. In Chapter 1, “A Theory of Solution-Focused Therapy,” the author presents the theoretical underpinnings of her view of SFT. It emphasizes the genetic and social development of human beings that, along with interpersonal interaction, determines their capacity to change. It sees problems as present-life situations that produce intrapersonal or interpersonal discomfort. It sees change as occurring “through language when recognition of exceptions and existing and potential strengths create new actions.” Following from this are the author’s 11 basic assumptions for SFT. Some of these are self-evident—for example, “everyone is unique,” and “nothing is all negative.” Others more specific to SFT include “there’s no such thing as resistance,” “there’s no cause and effect,” and “solutions do not necessarily have anything to do with the problem.” The theoretical or evidentiary basis for these assumptions is limited (from the point of view of research) and not systematically presented, even in the case of the author’s experience.

In a “Historical Detour,” the author describes her main influences: the ecosystems theory of the family, which implies that the family as a self supporting system contains its own solutions to problems arising within the system; the interpersonal theory of Harry Stack Sullivan; and the ideas of Humberto Maturama and Francisco Varola, including their cognitive theory suggesting that “our reality depends on who we are in terms of our structure, as well as our interactions with others,” along with the idea that living systems are autopoietic (that is, organized to survive and recreate themselves). As a solution-focused therapist, the author finds 2 of Maturama’s and Varola’s ideas most attractive: first, that “survival and adaptation is an interdependent process between living systems that is based on conserving what these interdependent living systems need to survive independently”; and second, that “we cannot know or act without biological dynamics we call emotions.” I was disappointed, however, that this chapter did not provide more evidentiary basis from research and clinical experience for the less self-evident assumptions.

The next 2 chapters mainly emphasize and demonstrate that the use of the interpersonal relationships and attending to emotions actually facilitate helping the client arrive at solutions. The remaining 2 chapters focus on the process within a session of SFT, from the initial clarifying of goals to the summation message and suggestions.

There is generous use of clinical case material to illustrate common errors SFT therapists make and to suggest more
therapeutically appropriate approaches, followed in some cases by a summary message. The voice is that of a confident, experienced therapist relying at least as much on her experience as on any relevant research. The style is conversational—more like a seminar than a lecture.

The second section, “Applications,” comprises 5 chapters on the various therapy formats to which SFT may be adapted, including couples therapy, family therapy, treatment of involuntary patients, and crisis situations.

I found the chapter “Working with Involuntary Clients” to be most interesting. In several cases, the author both demonstrates and discusses how the therapist achieves cooperation with uncooperative patients mandated to therapy by their superiors or by various legal systems. One suggestion is to cooperate with the person, not with the sanctioned behaviour. In addition, an ecosystems perspective becomes particularly important in such situations.

The book ends with 3 paragraphs of “Final Thoughts” summarizing the book’s purpose: to “steer clinicians away from the arbitrary use of technique” and to “stimulate the reader to think about why they do what they do when they talk to clients.” We all should do that all the time!

This book reflects the confident voice of a wise therapist calling practitioners back to the basics of therapy. It is written in a form and language that is easy to follow and understand, with generous use of illustrative case material. It reflects a journey of rediscovery for the writer and calls errant SFT practitioners back to the core principles of psychotherapy—points I often wish to make myself! Therapy is about voluntary beneficial change. Emotions are the key to the process. Emotions indicate the salience of an issue. As well, they create the readiness to change. Therefore, are higher in developing countries.

An outstanding chapter in the second section is that by Dr Heinz Häfner, entitled “Prodrome, Onset and Early Course of Schizophrenia.” This chapter offers a thorough historical review of attempts to define prodrome and onset. Another chapter in this section contrasts schizophrenia first expressed at the 2 extremes of life: childhood and old age. This chapter examines prevalence, sex difference, phenomenology, risk factors, and brain abnormalities in the 2 groups—an innovative and welcome new perspective on the impact of development and cognitive–sensory deterioration.

The genetic epidemiology section is most informative, especially regarding issues of gene–environment correlation and interaction. The chapter by Dr Heinz Häfner, Dr Jim van Os and Dr Pak C Sham discusses genetic influence on exposure to various environments and differentiates gene–environment synergism, additive influences of genes and environment, and multiplicative influences. The authors conclude by suggesting interesting new approaches to genetic inquiry.

Special issues include mortality and physical illness in schizophrenia, along with suicide, substance abuse, and violence. The last 2 chapters deal with service planning and prevention, stressing systematic use of what we know about this illness put to the service of primary and secondary prevention and rational planning of community services.

The book’s purpose is to make us think about schizophrenia from slightly different points of view than are elaborated in most textbooks. Each chapter reviews what is known. New knowledge is not introduced, but the syntheses offered are fresh and up-to-date. The authors are all well informed; all write well, and the editors have done a good job of making the book coherent. The book is attractive, free of error, and reads well. I am certain that readers interested in schizophrenia, both clinicians and researchers alike, will come away with a renewed interest in this elusive illness.

Schizophrenia

The Epidemiology of Schizophrenia.

Reviewer rating: Excellent

Review by Mary V Seeman, MD
Toronto, Ontario

This well-edited book is divided into sections that include social epidemiology, developmental epidemiology, genetic epidemiology, special epidemiological issues, and emerging issues. A thorough examination of the epidemiologic differences between developing and developed countries is an example of subject matter from the first section. Here, the authors conclude that, when schizophrenia is defined narrowly, there is no difference in incidence among sites across the world. Conversely, when broadly defined, schizophrenia incidence is higher in developing countries. This may or may not partly account for the more favourable course and outcome of the disorder in developing countries. The authors of this section speculate that this more favourable course and outcome may also be due to the subsistence economies of developing countries, wherein reintegration into work is easier after an episode of illness. There is also greater community cohesion, less segregation of those with mental illness, and more family involvement. Mortality rates, however, are higher in developing countries.
Psychotherapy


Reviewer rating: Excellent

Review by Paul Ian Steinberg, MD, FRCPC, Edmonton, Alberta

This is a dense work with a helpful comprehensive summary completing each chapter. In the chapter, “Thinking About the Self: Structure and Consciousness,” 2 central paradoxes organize an overview of various theories of the self. The first paradox is that the self provides continuity of being yet is coterminous with an ever-changing consciousness. The second paradox involves the problem of objectifying the subjective experience of self. Here, Modell reviews relevant work of Freud, Federn, Fairbourn, and William James.

“Public and Private Selves” deals with James’ tripartite notion of the self and Edelman’s neurophysiological model of the biological self. Observations of infants support Winnicott’s belief in twofold organization of the self: true self and false self. The idea of a private self is an ancient concept. In this context, Modell emphasizes attaining joy from within through mastery. Seeking efficacy is a primitive biological endowment as basic as the satisfactions accompanying feeding or sexual gratification. Such joys can be experienced in solitude when “the other” is absent or merely a silent presence.

In “The Private Self in a Public Space,” Modell suggests that periods of nonrelatedness are as necessary and vital as states of relatedness. For individuals who must cope with dreadful environments, private space can be the place in which alternative worlds are created that guarantee psychic survival.

Some artists use their art to transform the miseries of childhood, preserving their private self. With regard to therapy, patients reestablish contact with their private selves when a state of noncommunication and nonrelatedness exists between therapist and patient. Thus, clinical improvement may occur without any specific interventions on the therapist’s part: the absence of intrusive interventions in itself facilitates therapeutic change.

In “The Dialectic of Self and Other,” Modell considers the self and the other as an intersubjective system with 2 major attributes: the extension of the self into the other and the asymmetry of the self and the other based on the inequality of need and desire. Merging with and idealizing the other are expressions of love, whereas reestablishing separateness may be an expression of hatred that is essential for preserving one’s autonomy. In “Solitude, Passionate Interests, and the Generative Aspects of the Self,” Modell observes that “one’s capacity to sustain the self in states of solitude appears to be related to self-generated passionate interests and moral commitments” as well as “a muse-like maternal presence who may be an actual or imaginary person.” In “Process and Experience: The Unconscious Structure of the Self,” Modell claims that unconscious structures of the self are organized around salient affective memories of interaction between individuals and their caretakers.

He argues that the self likely employs a scanning function to determine the salience or meaning of current experience when matched with past categorical memories.

In “Private Meaning and the Agency of the Self,” Modell suggests that the process of psychoanalysis extends the agency of the self through the creation of new personal and private meanings. Through the creation of new meanings, the coherence of the self is examined. This requires that memories be recategorized. Identifying and naming the ideational content of affects also facilitates the sense of agency. Creating new meanings through recategorization affords individuals a certain degree of freedom from the domination of the past.

In “Value, ‘Instinct,’ and the Emergent Motives of the Self,” Modell suggests that instinct theory is incongruent with contemporary notions of biology and that the psychology of the self encompasses emergent motivations of a very different conceptual order from that of instinct theory. He argues that Edelman’s neurobiological theory of evolitional value can substitute for the discredited concept of instinct. The homeostasis of the self, expressed as a need to maintain coherence and continuity, is a vital urge of no less importance than sexual desire or the need for attachment to others. In adult life, coherence and continuity of the self becomes less dependent on others because it is largely self-created through moral commitments, passions, or interests, as well as through the assimilation and construction of personal and social narratives.

This book offers useful and original ideas, presented clearly. Like Modell’s other works, it is rather dry and could be enlivened by more case examples. Reading this relatively short book is hard but rewarding work. As a modern approach to the psychology of the self, I recommend it highly to anyone interested in psychodynamic psychotherapy and psychoanalysis.
Psychotherapy


Reviewer rating: Good

Review by Gilbert Pinard, MD, FRCPC Montreal, Quebec

This relatively short book describes what is called the Planning Assessment in Clinical Care (PACC) approach to treatment planning. This system outlines a treatment-planning method guided by information about each client. It provides a step-by-step organizational structure for identifying and prioritizing problems, as well as a way to conceptualize the phases of treatment, to establish treatment aims, and to measure treatment progress. The PACC approach has 2 basic principles: evidence-based practice and eclecticism. This book aims to provide clinicians with a system of scientific tools for evaluating the degree to which therapy is progressing.

Because the system is eclectic, it is integrative and does not focus on a single approach to psychotherapy. It therefore also criticizes randomized clinical trials, which are essentially monotheoretical and rigid. It proposes that using several theoretical approaches is valuable as long as progress is measured. Assessment should be ongoing throughout treatment and should measure progress toward goals that are explicit, written, and agreed upon between client and therapist. Obviously, empirically tested treatments have priority, but the system borrows willingly from other strategies. The authors also propose that therapists should be accountable for offering procedures in routine practice.

Although the book does not propose a manualized approach, it does offer clear strategies. The first of these is to develop a problem list, and the relevant chapter contains several specific and helpful hints on how to develop this. The authors then describe treatment planning using a phase approach that moves from problem identification to problem solving. They recommend following clinical practice guidelines when these are available and also discuss effectiveness in the phase models of therapy. Again, it should be stated that this book does not propose a single therapeutic strategy or theoretical approach. The authors have used clinical vignettes generously to clarify their material—indeed, the last chapter is essentially a clinical demonstration carried through several phases of treatment with a single patient.

There are chapters to show how to measure progress, particularly idiographic single-case designs. A generous appendix offers different scales that are particularly well validated. The book also shows how to graph progress day-by-day for visual review by both patient and therapist. It illustrates the use of decision trees that help therapist and patient to know when to proceed to a new phase or, indeed, to a new approach.

This is essentially a “how to” book that contains little help for therapists looking for a specific approach to specific problems. Conversely, it does propose a structure that will help busy clinicians to develop a treatment plan that will assure each patient a thorough evaluation, an assessment of needs, a list of problems that need to be addressed with specific strategies, and tools to measure progress toward therapeutic aims. As such, it can be a useful tool for clinicians.

It is concise, well written, voluntarily atheoretical, and clear. The layout of the book is clutter-free, attractive, and easy to read. Its price is accessible.

Psychopharmacology


Reviewer rating: Very Good

Review by Gustavo Turecki MD PhD Montreal, Quebec

Why do some patients respond to a certain drug, while others with the same condition do not? Similarly, why do some patients develop certain side effects and not others? Genetic variation controls to a great extent how we respond to interactions with the environment, and the influence of genes on individual pharmacologic response has long been demonstrated. Further, over the last decades, there have been great advances in our understanding of how our genes and genome are structured and function. It is therefore natural that much interest is directed to a better understanding of these important and clinically relevant questions. It is not surprising that in recent years the number of publications reporting pharmacogenetic studies and the number of journals specializing in this subject have increased exponentially. This book provides a handy, timely, and
very good review of the current knowledge about the pharmacogenetics of psychiatric disorders and their treatments; as such, it is both an excellent starting point for beginners and an excellent point of reference for those already working in the field.

Divided into 7 different sections, this book offers useful information varying from description of the basic concepts of genetics and pharmacogenetics to discussion of how pharmacogenetic strategies may be applied to the study of psychiatric disorders. Pharmacogenetics and pharmacogenomics are terms that are often used interchangeably. What is the difference between these terms? The editor’s introductory chapter carefully answers this and other basic questions in a useful, although not exhaustive, review of basic terminology and concepts.

Section 2 focuses on clinical background and research design and presents an interesting discussion of some fundamental methodological and conceptual issues involved in pharmacogenetic studies. Reviewing the methodology of pharmacogenetic studies, the authors offer a critical and historical perspective on psychiatric nosology; they propose that current classification systems be thoroughly revised to provide a pharmacologically based disease classification system. A chapter reviewing statistical approaches in pharmacogenetics is also included. However, what is notably missing from this section is a chapter reviewing and discussing, more than superficially, basic concepts of pharmacology—pharmacokinetics and pharmacopharmacology. Such a chapter would have been a useful tool for readers less familiar with the subject. This absence contrasts with the book’s ubiquitous, sometimes excessive, and occasionally repetitious review of basic genetic concepts. Sections 3 and 4 selectively discuss topics on molecular targets and processes that may be relevant for pharmacogenetic studies of psychiatric disorders and studies of the genetic variation controlling the pharmacokinetics of psychotropic drugs.

Section 5 is the longest part of the book, with chapters reviewing available data on pharmacogenetic studies of specific psychopharmacological treatments for psychiatric disorders. Different chapters review studies on neuroleptic response and side effects, on genetic factors and long-term prophylaxis in bipolar disorder, on pharmacogenetics of anxiolytic drugs, on genetic influences on responsiveness to anticonvulsant drugs, on substance dependence, and on Alzheimer’s disease. There is also a chapter on alternative phenotypes and the pharmacogenetics of mood and anxiety disorders. However, there is no chapter on the growing number of pharmacogenetic studies in major depression. Although this subject is briefly and indirectly addressed in other chapters, a discussion of these studies, including their limitations and promises, would have been interesting—particularly considering that antidepressants are by far the most widely prescribed psychiatric drugs.

Finally, sections 6 and 7 include an interesting chapter on the potential use of brain-imaging techniques in pharmacogenetic studies, together with some discussion on the use of pharmacogenetic strategies in the industry.

Although most of the discussion could have been slightly more critical and attentive to the lessons learned from past experience in psychiatric genetics, particularly to avoid false expectations, this book in general offers a very good review of current data and of pharmacogenetic strategies applied to psychiatric disorders. It brings good value for the price.
psychologists providing longer-term care in a psychotherapy practice.

The challenge is that this is the age of reductionism in psychotherapy. As we try to improve the scientific basis of our psychotherapies and better prove their efficacy through high-quality research, the focus has shifted to further refining and narrowing technique in the quest for rigorous, replicable, and controllable research designs. This movement is of course important, because psychotherapy has often seemed to be more religion than science, with schools of belief rather than schools of thought. Tremendous gains have been made with the increasing quality of psychotherapy research. At the same time, the focus has often been on what separates approaches to psychotherapy rather than on what unifies different modalities—an important distinction if one is to demonstrate a differential effect. The search for that which distinguishes treatment A from treatment B leads to a tendency to ignore the rather formidable base of technique common to most forms of psychotherapy. Yet, this base is itself probably an active treatment component, encompassing such concepts as the therapeutic alliance, the communication of hope, and the provision of a new belief system for understanding experience and symptoms. If anything, Tantum’s book focuses on the base of necessary technique that underlies much psychotherapy, and hence, I suggest that it is valuable to anyone who practises the talking cure, regardless of ultimate technique.

The value of this base technique is not neglected. Many certification programs in psychotherapy, for example, the Beck Institute for Cognitive Behavioral Psychotherapy program or the National Group Psychotherapy Certification Program, require certificants to have a masters degree in a relevant mental health field as a prerequisite to training. This requirement recognizes that one needs to start with a firm base in the common techniques of therapy before developing the specific skills of a modality, and yet, with the focus on the end methodology, we often neglect the body of work that comprises this base.

Tantum writes well and clearly. He uses frequent, well-designed case illustrations to clarify the preceding theoretical discussion, and consequently, the reader is never overwhelmed by theory. He does not introduce any revolutionary ideas, but his smooth referencing of works from many eras and from greatly diverse authors gives the book an impressive breadth. I suspect few psychotherapists will read this without gaining new perspectives from authors they had previously not recognized.

This book is valuable to many who talk to their clients with a goal of helping them. It is especially valuable now to remind us that we need good basic technique, well grounded in the broad literature of psychotherapy and incorporating ideas from many sources, before we build the specific, empirically supported techniques that receive so much attention today.

### Psychotherapy

*Oedipus and Beyond: A Clinical Theory*.


**Reviewer rating:** Excellent

**Review by** Paul Ian Steinberg, MD, FRCPC, Edmonton, Alberta

Greenberg’s problem with classic theory of motivation is that 4 basic motivational principles are condensed into a single principle related to “the operation of biologically rooted, phylogenetically determined sexual and destructive needs” (p 3). That is, rarely do references to conflict not imply that sexual or destructive impulses are parties to conflict. Conversely, Greenberg suggests that motivational aspects of perception, memory, and objective self-description cannot be explained simply as transformations of sexual or destructive impulses. This constitutes an argument for dropping the libido-aggression theory while retaining the principles of psychic determinism, unconscious motivation, and ubiquitous conflict. Greenberg describes development from the ages of 3 to 6 years in refreshingly jargon-free English, acknowledging Freud’s achievements and their limitations. He proposes a “new Oedipus Complex [that] would recognize the range and complexity of motives, emotions, and impressions that contribute” to it.

This book is divided into 3 sections. The first, “Drive Concepts,” begins with a chapter titled “The Interpretative System of Psychoanalysis.” This chapter describes steps in the development of drive theory from symptoms to the unconscious, from the dynamic unconscious to instinct or drive, and from the life of the instincts to sexuality. Greenberg suggests that “the drive model (but not the libido/aggression theory) is the core of an interpretative system that powerfully supports” central psychoanalytic assumptions (p 38). In the chapter “Drive Without Meaning,” he describes 5 strategies by which Freudsians attempted to retain the term “drive” while altering its implications. This cogent summary of Freud’s heirs’ revision of drive theory is well argued and comprehensive, but perhaps more than many psychiatrist wish to read. Greenberg emphasizes that “drive is a motivational system that emerges from the earliest social experiences” (p 61). The chapter “Drive and the Relational Model” describes the
implications of object relations theory and self psychology. In the chapter titled “The Somatic Strategy,” Greenberg states that “Freud built psychoanalysis on the assumption that the body moves the mind” (p 100), that organic stimuli drive the mind and therefore initiate and colour all psychological experience. For Greenberg, this is only strategy—“a theoretical option, not an a priori necessity in building psychoanalytic theory” (p 101). Greenberg concludes that the somatic origin of the drives is held necessary to account for needs that are preemptory but that there are some needs that are too preemptory “… to be accorded a fundamental role in the structure of psychoanalytic theory (p 104).

Here, he adds that a range of human motives exercise a more preemptory influence on human growth and development than do sexual and aggressive discharge. Abandoning the somatic strategy, Greenberg does not think of a drive as something that accumulates and requires discharge but, rather, as a directness that governs human behaviour, a tendency that underlies motives and through which stimuli require meaning. In the chapter “Dualism Redux,” Greenberg replaces the libido–aggression theory with another 2-drive system: safety and effectance (that is, a sense of agency). He describes this as follows: “the feeling state that is the aim of effectance is characterized by a sense of self-sufficiency, autonomy, and individuality” (p 137). The effectance drive explains the existence of antagonism that is neither a reaction to the object’s failure nor the derivative of a primary endogenous destructiveness. Greenberg describes intrapsychic and interpersonal conflict apropos this new dualism, concluding that every motive and every function is potentially a source of conflict.

Section 2, “Structural Concepts,” begins with the chapter “Clinical Structure and Psychic Structure.” This chapter describes repression and the sense of self, psychic conflict and structural models, and repression and the drive model. The section concludes with “Structural Models, Procrustean Beds,” wherein Greenberg reflects on the concept of meaning analysis (1). In the chapter “Wish, Affect, Representation,” Greenberg offers a model of mental contents and the dynamic relationships among them that come into play in the course of treatment. He describes the construction of mental representations, concluding that “the outcome of any event as it is experienced by the subject alters the shape of both the self and the object representation” (p 174). Here, he is consistent with Horowitz’s work on schemata (2). Greenberg interprets triangular events thus:

“The psychological significance of triangular relationships lies in the representation of a social network; the triad embodies not just a third person but all those not immediately present (p180).

That is, in triangulation, the subject has some experience of the effects of his wishes on distant events, which greatly increases the impact of fantasy. In “Repression,” Greenberg shows that “people keep certain mental contents out of conscience because these contents evoke intolerably painful self-representations” (p 188). He emphasizes that re-represented experience is inevitably triangular.

Part 3, “Technical Implications,” begins with a chapter titled “Theoretical Models and the Analyst’s Neutrality.” Analysis promotes therapeutic change in the observing self, and Greenberg’s representational model has implications for the analyst’s stance. His approach to neutrality includes both the inevitability of the analyst’s participation in the clinical process and the therapeutic value of the analyst’s impartiality.

In “Freud’s Playground Reconsidered,” Greenberg distinguishes between transference of impulse, in which the analyst comes alive for the patient mainly as an object of desire, and transference of conviction, which revolves around the patient’s ideas of the analyst. Greenberg sees transference more as the patient’s creation than as a distortion. He describes phases in the resolution of the transference and deals with counter-transference, including the analyst’s vulnerability to his patient’s convictions.

This well written and engaging text provides an excellent constructive critique of classic psychoanalysis. Despite his involvement with object relations theory (3), Greenberg does not hesitate to expose the limitations of the relational approach. I found little to criticize in this book, apart from the annoying absence of a couple of references from the reference list. All mental health professionals interested in psychoanalytic psychotherapy will find this text to be a clear and useful review and revision of motivational theory. I warmly recommend it to a wide readership.

References