Book Reviews

History of Psychiatry

Psychogenic Psychoses


Reviewer Rating: Not Recommended

Review by Alistair Munro, MD, FRCP, FRCPE, FRCPsych
Halifax, Nova Scotia

Since objective diagnostic criteria still largely elude us in psychiatry, the onset of a mental illness is often a time of diagnostic confusion. In the case of an apparent acute psychosis, the symptoms may be both protein and nonspecific, and the acuteness may sometimes be questionable because many psychiatric illnesses have quite insidious onsets. If the onset is more gradual than suspected, this may lead to faulty judgments about etiology: apparent causal factors not uncommonly turn out to be consequences of subtly disturbed mentation and behaviour in the illness’s earliest stages. Providing a prognosis is problematic, and deciding on treatment in such perplexing circumstances is often quite hit-and-miss. Nowadays (unlike the situation when this monograph was originally published), we are conditioned to think of any kind of psychosis as a candidate for neuroleptic treatment and for continuation of the neuroleptic if the patient gets better.

However, what if the patient really has a brief psychotic disorder, perhaps related to recent stress, which will—if given the chance—respond best to rest, minor sedation, and practically oriented psychotherapy? If that individual is placed unnecessarily on a powerful antipsychotic, the drug will likely be given credit for the improvement that would have occurred anyway and will be continued to no benefit and with all the dangers of severe side effects.

This is a scenario that can occur only too readily with the illnesses variously known as psychogenic psychosis, reactive psychosis, acute and transient psychiatric disorders (ICD-10), or brief psychotic disorder (DSM-IV). The psychiatrist has to be profoundly aware of the diagnostic features of this type of illness to recognize it accurately and treat it appropriately.

Whatever the nomenclature, the essence of the disorder is an acute psychotic episode (sometimes recurrent) of brief duration (if the stressor is relieved) and usually related to a combination of external stress and personality vulnerability. What constitutes a stressor is often debatable, and the significance of predisposing nonpsychotic personality factors is always difficult to place in perspective.

Scandinavian psychiatry developed the concept of reactive or psychogenic psychoses to a greater degree than most other nosological systems and allowed the period of psychosis to extend up to 2 years. Nowadays, many Nordic psychiatrists find this unsatisfactory; however, the concept of psychosis as a reaction to external or internal stress factors remains a lively topic of discussion in psychiatry generally, and assignment of causality will obviously markedly influence the direction of treatment.

The present work is the first English translation of a monograph by August Wimmer, a distinguished Danish psychiatrist, who published it locally in 1916. The translator, a present-day Danish psychiatrist who is clinical professor of psychiatry in the University of Adelaide, South Australia, has done a sterling job of translating it.

Having said that, Professor Wimmer’s prose proves to be of daunting density, and Professor Schioldann, the translator, has been forced to employ equally dense English. The subject is clearly interesting and significant, since one hopes for better definitions of the brief psychoses in future editions of the DSM and the ICD. Sadly, this volume is unlikely to help in that process because it harks so much to the past.

Only a very few specialized scholars are now able to think themselves back to a particular time when belief systems in psychiatry were so different from now and depended as much on abstract argument as on empirical observation and that belonged to a specific cultural context that could be quite parochial and to an acceptance of academic authority rather than experiment.

To me, the book only comes alive when Wimmer’s case vignettes are presented. These still represent recognizable, meaningful psychiatric disorders, indicating that the illnesses stay largely the same over time and distance but are rendered confusing for contemporary practitioners by the welter of speculation and specious word play that still characterizes too much of our specialty.

This book is a labour of love, both by the original author and by Professor Schioldann. As is obvious from the foreword by Dr Berrios, it is still of interest to the philosophers in our midst. To medical scientists, its interest must be largely historical.

Because of its contribution to one aspect of psychiatry, even if somewhat marginal in present-day terms, and because of its richness as a reference source for aspects of pre-World War I psychiatry, I suggest that the book usefully belongs in the archival section of psychiatric libraries. Sadly, I cannot recommend it to general psychiatric readers.

References

Psychotherapy

Long-Term Psychodynamic Psychotherapy: A Basic Text


Reviewer Rating: Excellent

Review by Daniel Greben, MD, FRCP
Toronto, Ontario

It is a pleasure to review this book. This compact text is the first in the series Core Competencies in Psychotherapy, of which Dr Gabbard is also series editor. The book is intended specifically as an introductory text, and as such it excels. From an educator’s perspective, this is a most noteworthy achievement, as texts well suited to the needs of novices beginning their psychodynamic training are hard to come by.

This text is characterized by a balanced, flexible, modern approach informed by wisdom and depth of knowledge on the practice of psychodynamic psychotherapy. It is these overall qualities, so difficult to impart in a book this short, that set it apart. This is important, in that early readings recommended to trainees represent an opportunity to influence their developing attitudes.

The book addresses a range of topics relevant to its stated purpose. I particularly appreciated certain sections, including those entitled “The Nuts and Bolts of Psychotherapy: Getting Started,” “Therapeutic Interventions: What Does the Therapist Say and Do?,” “Goals and Therapeutic Action,” and “Working Through and Termination.” These chapters deal explicitly with specific issues of concern and interest to aspiring psychodynamic therapists. They are handled in a straightforward way that avoids imprecise use of theoretical jargon. The balanced perspective noted above is apparent in the approach taken to this material.

A strength of the book is the use of well-selected, illustrative clinical examples throughout. Many of these speak directly to situations faced by trainees and therefore should be meaningful to the intended audience. An interesting feature of the book is its inclusion of a neurophysiologic perspective in addition to theoretical understandings of certain psychodynamic phenomena. Two final chapters on supervision and evaluation consider only briefly other aspects of the educational endeavour of which the book is meant to be part.

Dr Gabbard is eminently suited to authoring a book of this nature. His deep knowledge of psychodynamic psychotherapy and his extensive writing experience have allowed him to convey this material in a concise, articulate fashion accessible to the beginner. The book is laid out clearly, with appropriate use of tables and figures. The total length is in keeping with its intended use, as is its price.

The limitations one encounters in reviewing this text are primarily a consequence of its focused, introductory approach to a highly complex clinical domain. Many issues are necessarily addressed in a manner that more experienced readers will find cursory. In the “Introduction,” Dr Gabbard acknowledges some of the space-related limitations. Nonetheless, he succeeds in imparting a great deal of clinical wisdom on a wide range of core issues, given the format which has been chosen for this series. All told, the book’s content and approach will provide a valuable complement to the education provided through supervision. I strongly recommend that psychodynamic psychotherapy supervisors and educators with a programmatic interest in psychotherapy training consider this text.

Somatoform Disorders

Somatoform Disorders: A Medicolegal Guide


Reviewer Rating: Excellent

Review by Allan Abbass MD, FRCP
Halifax, Nova Scotia

This book is a balanced and clearly written resource for clinicians, employers, lawyers, and adjudicators working with people with somatoform disorders. Trimble examines the history, classification, assessment, mechanisms, and medicolegal issues of somatoform disorders. As well, he addresses consciousness in regard to these disorders. Each chapter begins at a general level suitable for a layperson and becomes more in-depth, providing a book suitable for a broad range of readers.

Trimble explores the history of somatoform disorders and discusses the evolution of medicolegal issues related to this area. Starting with the “wandering uterus,” Trimble notes that symptom complexes seen today are similar to those described over 2000 years ago. The emergence of this problem as a medicolegal issue began with cases of “railway spine,” in which legal and physician experts became involved in cases of disability and injury. Later, war neuroses, shell shock, and other conditions emerged and eventually were found to have indeterminate causes.

Along with clinical descriptions and theory, Trimble addresses diagnostic criteria and the limitations of existing diagnostic systems. He discusses the overlap of diagnoses such as
personality disorders with somatoform disorders. He describes how some patients explain things somatically, whereas others explain things psychologically. Trimble also critiques the major limitations of rating scales as measures of somatization and other psychological functions.

Throughout, Trimble maintains balance and due respect for the sufferer. This balance is extended to his treatment of malingering, false memory syndrome, and patients with borderline personality disorder. The focus is on understanding experience and behaviour in such complex cases. A partial review of the literature on long-term outcomes in patients with somatoform disorders highlights the morbidity and increased mortality seen in these patients, underscoring the fact that these disorders can be severe and debilitating.

Trimble covers the areas of memory, will, and consciousness. Beginning with the biology of memory, he reviews false memory syndrome, suggestibility, fugue, dissociation, personality disorder, and malingering. These concise chapters may serve as course materials for administrators, lawyers, psychiatrists, and judges.

The chapter on medicolegal context covers the nature of the legal system and the experts’ role in regard to these cases. He reviews landmark cases regarding claims for psychiatric injury in several countries. The issue of “proximity” to a trauma and resulting psychological damage is discussed. Further, the “eggshell skull” case, the use of video evidence, and the issue of compensation in general are reviewed. This section is a great introduction to the physician thinking of serving the court as an expert in this type of case.

If there is any area the author appears to feel strongly about, it is the impact of “lexigenic” factors (that is, factors related to the legal process) in worsening the outcome in somatoform disorders. He states that, even though legal involvement generates increased morbidity and prolonged illness courses, the financial and other reinforcements to the litigator seem to override this deleterious effect in favour of winning a settlement. Lawyers are described as having different roles in the life of their client; thus, the rules of “doing no harm” and “best practices” do not apply in law as they do in medicine. In part, this book appears to aim to educate the legal profession about this issue.

In addition to lexigenic factors, Trimble addresses the multiple mechanisms that can generate nonorganic somatic symptom complaints. These include dissociation, repression, suggestion, information-processing problems, and sociocultural reinforcement. He notes that, although the pendulum of causation for these conditions has swung back to psychological theories, brain-based research may yet again bring organic causative factors back into favour. In summary, he states that “while many suffer from accidents . . . overdiagnosis, oversolicitous behaviour, excessive dependence and inappropriate prognostication contaminate the waters of the healing well” (p 216). This opinion is expressed in several ways throughout the text.

Trimble reserves the final chapter for a review of causation and consciousness from medicolegal and psychiatric perspectives. Was the insult “the straw that broke the camel’s back?” Would this have happened “but for” the injury? He reviews the challenges posed when a psychiatrist is asked by a lawyer “But was it conscious, Doctor?” Following a masterful discourse on this matter, he concludes that “calamity, conflict, constitution” and “compensation” all “impinge on human consciousness and have a bearing on causality” (p 240).

In conclusion, this is a very well-written book, obviously crafted by an observant man who is concerned about the care of these patients in our system. It is a succinct guide for those involved in similar legal cases. It is an excellent summary for any psychiatrist or physician interested in becoming an expert witness. Finally, it should become required reading for those prosecuting or defending somatoform disorder patients and those writing ethical and legal guidelines regarding these cases.

AIDS

The Psychiatry of AIDS: A Guide to Diagnosis and Treatment


This book’s author, Dr Glenn Treisman, has led the Psychiatric Services for the Johns Hopkins HIV/AIDS Care Program for more than 12 years, while its coauthor, Dr Andrew Angelino, has broad experience in the field.

The preface, by Dr Treisman, sets the tone. He acknowledges the work of his colleagues with profound understanding, stating, for example, “These are the trenches . . . these clinicians have waded into the mud of psychiatric illness and dragged patients out one at a time” (p xii). The book is upbeat and optimistic, yet realistic and deeply human.

There are 9 chapters: “Why AIDS Psychiatry?” “HIV and Major Depression,” “Other Psychiatric Diseases in the HIV Clinic (including AIDS dementia),” “Personality in the HIV Clinic,” “Substance Abuse and HIV,” “Sexual Problems and HIV,” “Life Story Problems in the HIV Clinic,” “Special Problems: Hepatitis C and Adherence,” and “How to Fight AIDS.” These are interspersed with case studies that illustrate and bring to life the didactic material.

The authors approach the topic of each chapter by focusing on how clinicians can understand the psychiatric condition in a way that opens new therapeutic possibilities rather than one that fosters pessimism. The paradigms discussed are refreshing and enlightening. For example, in discussing substance abuse, the authors explore the inherent reinforcing properties of the substance but also raise the questions of why, if these substances are reinforcing, does not everyone who experiments with them become addicted? Why do some people not become addicted? Without specifically promoting gentle (and sometimes not so gentle) confrontation, this

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Review by Marie-Josée Brouillette, MD, FRCPC Montreal, Quebec

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is clearly the favoured approach in the context of a supportive relationship. While this straight-talk style may not suit the personality of every clinician, the examples do debunk the myth that confrontation will inevitably hurt the therapeutic alliance. For example, consider the following exchange:

“Why did you miss your last appointment here at the clinic?”

“It was snowing.”

“Would you have gone out to ‘cop’ if you were using?”

“Of course.”

“Well, you have to be willing to go out in worse weather to get sober than you would to ‘cop,’ because it is harder to get sober than to stay an addict” (p xiii).

The difficulties encountered by medical personnel in treating HIV in the presence of psychiatric comorbidity are amply explored; ways in which the relationship can be supported through interventions with both patients and members of the medical team are suggested in several illustrative cases. In my experience, this is a crucial aspect of providing psychiatric consultation in an HIV clinic: it decreases staff frustration and burn-out and consequent disruptive staff turnover, while also limiting the destructive dynamic of the unpleasant-to-treat patient being tacitly encouraged to discontinue treatment and disappear.

The target readers are both HIV/AIDS professionals and mental health experts. For that reason, psychiatrists may find some of the information too basic and may decide to skip over some sections.

The book is not a literature review but rather a presentation of paradigms that have been found to be useful. Nevertheless, one sometimes wonders whether this approach is carried too far and focuses on the author’s idiosyncratic interest. For example, the chapter on “Personality in the HIV Clinic” is built around the introversion–extraversion dimension of temperament. Other approaches could have been presented as well, drawing, for example, from the literature on the treatment of patients with borderline personality disorders.

In addition, the crucial information acquired here would be best complemented by another, more comprehensive source of factual information. For example, in the discussion of AIDS dementia, the impact of executive dysfunction (the main type of cognitive impairment found in AIDS dementia) on the capacity for independent living is not discussed. Similarly, the section on methadone does not mention the clinically problematic interactions with several antiretrovirals; a clinician prescribing disulfiram needs to know that alcohol is present in the liquid form of one of the antiretrovirals.

In conclusion, this book is well worth reading. It contains the wisdom usually transmitted by an experienced supervisor who works in this difficult field, loves it, and is always looking for new approaches that will improve outcomes. It is informative, energizing, and inspiring.

Gérontopsychiatrie

La maladie d’Alzheimer de la tête au cœur


Évaluation : Bon

Reçu par Alain Lesage, MD, MPhil, Montréal, Québec

Ce livre fournit de l’information scientifique accessible d’abord aux familles et aux proches, mais également au personnel soignant. La société d’Alzheimer du Québec contribue à ce livre. Vous le recommandez aux proches, aux patients et au personnel soignant des centres impliqués auprès de personnes souffrant de maladie d’Alzheimer. Comme psychiatrie, vous n’y apprendrez rien sur l’étiologie, la pathophysiologie, le diagnostic différentiel ou le traitement et le pronostic de la maladie d’Alzheimer, mais vous y apprendrez le souci du soin de la personne souffrant de la maladie d’Alzheimer, et y verrez des problèmes, des questions et des réponses possibles pour cette personne et les proches, dans leur quotidien. Il vous permettra, comme psychiatre, d’apprécier le travail quotidien pour les personnes souffrant de maladie d’Alzheimer et comment, comme spécialiste consultant, vous pouvez contribuer votre expertise.

Bernard Groulx est professeur au département de psychiatrie de l’Université McGill, il se consacre principalement à la psychogériatrie et œuvre depuis longtemps à l’hôpital Sainte-Anne-de-Bellevue à Montréal, hôpital pour anciens combattants reconnu pour la qualité de ses soins. Il a été soutenu dans son écriture par Jacques Beaulieu, spécialisé en communication scientifique et en vulgarisation médicale.

Ce livre de 200 pages se divise en 2 grands volets. Le premier parle d’abord aux familles, aux personnes atteintes mais aussi aux soignants, au public et leur fait apprécier ce que la maladie d’Alzheimer inflige aux personnes atteintes et aux proches. Il commence par parler des déuils, de la perte progressive d’une personne aux prises avec une maladie qui s’étale sur 10 à 20 ans, suite au diagnostic. Il utilise des modèles scientifiques du fonctionnement et de la rétrogradation de l’âge adulte vers le petit enfant pour illustrer les pertes cognitives, puis motrices qui affectent la personne souffrant de la maladie d’Alzheimer. En passant par les 7 stades, l’auteur produit également les échelles cliniques comme le Mini Mental State, les critères de la dépression, l’échelle globale de détérioration cognitive pour informer tant les proches que les personnes atteintes du mode de raisonnement clinique, et pour en faire des participants actifs au processus plutôt que de simples patients. Au stade plus avancé, le temps est venu d’un soutien des centres hospitaliers de soins de longue durée (CHSLD, autrefois appelés centre d’accueil). Et de souligner qu’à côté de la caricature de proches délassant leurs vieillards aux urgences, l’auteur a plutôt déployé des efforts de persuasion auprès de proches qui se brûlaient à donner des soins. La section se complète d’un chapitre sur la médication et celle-ci est présentée pour son apport aux soins et l’amélioration de la qualité de vie.
La seconde section est un recueil de 6 articles parus dans la *Revue canadienne de la maladie d’Alzheimer*, et est d’abord destinée au personnel soignant, dont les médecins de famille. Ils portent entre autres sur les troubles du comportement, la dépression et les troubles du sommeil.

Le livre est préfacé par le Docteur Serge Gauthier, neurologue et auteur d’un livre qui fait autorité scientifique sur les aspects cliniques de la maladie d’Alzheimer. La postface est signée par un représentant des fédérations québécoises des sociétés d’Alzheimer qui souligne que lutter contre la maladie, « c’est commencer par reconnaître les personnes qui en sont atteintes, le droit d’avoir un avenir et de le vivre dans la dignité et le respect ». Il souligne en particulier leur lutte et dit que leur mouvement considère « comme une atteinte aux droits fondamentaux et à la dignité de la personne souffrant de la maladie d’Alzheimer, toute approche ou intervention qui vise à empêcher ou à éliminer des comportements par la contrainte et le contrôle; toute approche ou intervention qui vise à contrôler ou à contraindre les patients; ainsi que toute approche qui porte atteinte aux droits, à l’intégrité et à la dignité des personnes atteintes ». 

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