**Psychotherapy**

**Attachment Processes in Couple and Family Therapy**


**Reviewer rating:** Excellent

**Review by** Natasha Demidenko, MA

**Ottawa, Ontario**

Attachment theory was developed by John Bowlby as a theoretical framework to understand enduring emotional bonds that individuals develop in relation to certain people. It is only within the past 15 years or so that attachment theory has been recognized as a clinically valuable way of understanding significant adult relationships. From this understanding came research that demonstrated the meaningful link between attachment security or insecurity and well-being or distress. This edited text presents a broad look at the universal and evolutionary basis of attachment. They provide readers with a solid foundation in the assumptions underlying attachment theory, offering key definitions outlining secure and insecure forms of attachment, as well as a discussion of the nature of attachment and pair bonding in adults. Further, they put attachment theory into a context that challenges readers to think about the variations in human attachment that may occur over one’s lifespan and across cultures.

Section 2 introduces readers to clinical interventions that incorporate attachment theory into their model of treatment. Specifically, the authors discuss emotion-focused therapy (EFT) for distressed couples; the value of attachment theory in behavioural interventions; and the use of attachment theory in interventions with children, in adolescents suffering from depression, and in adoptive and families. In Sections 3 and 4, the authors expand on the discussion of clinical interventions, using an attachment-based framework. Separate chapters cover intervention with infants and mothers, adolescents and parents, heterosexual and same-sex couples, and older adults. The authors cohesively incorporate the research and theory components of their chapters with clinical illustrations such as case examples, session-specific therapist–client dialogue, and specific interventions. This allows readers to consolidate what they have learned theoretically with what they may see in their daily clinical practice. The authors demonstrate that attachment theory may serve as a valuable guide to clinicians when working with specific clients such as sexual abuse survivors and their partners, individuals with chronic pain and their partners, and women suffering from postpartum depression. Perhaps one of the most important points illustrated in the text’s final section is the systemic nature of attachment-based interventions. These interventions are aimed at treating individuals, families, and couples in the very context in which they live and interact with others. By definition, these interventions take the focus off the “identified patient” and his or her disorder and put the emphasis on underlying attachment insecurity in clients’ interpersonal networks.

EFT for couples and families is emphasized throughout this text as an empirically validated and effective treatment for distressed couple and family relationships. In comparison with other couple and family therapies practised today, EFT distinguishes itself. Because EFT is heavily guided by attachment theory, clinicians using EFT may better understand the links between current individual or couple distress; past family relationships; and individuals’ vulnerabilities, needs, and fears. Combining systemic and experiential approaches, this approach primarily focuses on affect and cyclical, self-reinforcing interactional response patterns. The process of EFT facilitates the expression of core emotions involved in relationship distress and urges each individual to become aware of how his or her negative affect is an extension of unmet attachment needs that maintain the negative interactional cycle. Central to EFT is the recognition that attachment and security within close relationships is a universal human need. This recognition normalizes dependency as an adaptive and healthy response, particularly in times of crisis or transition. With attachment needs and longings normalized, clients may experience a therapy that validates the very obstacles they are struggling to reconcile—fears of abandonment, desires for closeness, and needs for security. In its approach, the book challenges other, more traditional,
Western therapeutic approaches that have emphasized separation and individuation while simultaneously pathologizing dependency.

Overall, this is a comprehensive, well-written, and highly readable text for clinicians who may be new to attachment-based interventions for couples and families. It is an equally valuable addition to the library of clinicians who are well-seasoned in attachment-based interventions and wish to better understand the applicability of attachment theory and related interventions to various populations. This is an ideal text for clinicians who would like to better understand how to treat many common mental health problems as well as relationship distress, taking into consideration the complexity of their clients’ interpersonal contexts.

**Post-Modernism for Psychotherapists**


**Reviewer rating:** Excellent

**Review by** Joy Albuquerque, MD

Ottawa, Ontario

What does postmodernist thought have to offer psychotherapists? Can a philosophy that radically rejects labels be reconciled with medicine and psychology—fields renowned for their unending attempts to classify human beings and behaviour? The authors argue that postmodernist works can enhance the practice of psychotherapy and lead to a more relevant approach to the modern psyche.

Postmodernism, a definition originally used within the field of architecture, is now comfortably discussed in philosophy, literature, theology, fashion, television, cinema, and virtually all other forms of art expression. Postmodernism attacks the notions of universals and encourages fluid multiple perspectives. It invites us to tackle complexity, contradictions, and paradox as essential aspects of modern consciousness.

Lowenthal and Snell openly admit that not all theorists have been included in this volume.

We are looking at the implications of some Continental, post-modern shift in European thinking for practice—we are interested in implication rather than application, in thoughtfulness rather than technique (p 1).

Current psychotherapies largely evolved during the 20th century, within an intellectual climate that saw the unprecedented rise of the “individual.” Conversely, the search for meaning in an increasingly interdependent era will likely move along different paths. Psychotherapies ought to evaluate the upshot of the postmodernist movement in terms of the therapist–client relationship. The assumption appears to be that psychotherapies need to evolve with the times, and perhaps, slightly veiled, it is assumed that the psyche is susceptible to cultural fruition.

The book is loosely divided into sections covering the major postmodernists and their intellectual roots, a section on Wittgenstein, and finally, critiques of the postmodernist movement. In many cases, the arguments will be new to therapists, so each section has an appropriate introduction. Secondary sources are used liberally and referenced. It would have been helpful, however, had the authors also included more plain-language notes and a glossary of philosophical terms to clarify highly condensed points in the texts. Including selections from contentious philosophers is a risky enterprise. For example, the Economist’s obituary for Jacques Derrida emphasized his controversial position within philosophy and his legendary inconsistency, an issue with which Derrida himself wouldn’t have disagreed, but one which he would have viewed as a nonissue (see www.economist.com/people/displayStory.cfm?story_id=3308320). In an effort to balance the readings, the authors highlight some key debates, including excerpts of critiques from several vantage points.

Philosophical thought in general, and postmodernism in particular, is a form of active discussion, and in this book, there is no shortage of debate. For instance, the authors’ state,

We would argue the case that professionalisation of knowledge in counseling, psychotherapy, psychology and related professions, can lead to less truth and justice, not more (p 180).

This quote appears after their discussion about Richard Rorty’s criticisms of postmodernism but seems to miss the mark by focusing on the association of knowledge and power. Rorty does not feel that objective truth is possible. Rather, “philosophy must reach towards ways of formulating the good” (p 180).

Many patients come for treatment, particularly psychotherapy, because they feel their lives have no meaning or their sense of the “good life” has dissipated—or perhaps has never been realized. While philosophical conceptions of knowledge have changed considerably since antiquity, humankind’s yearning for the good life has not. Philosophy has definitively separated the 2 constructs; however, it is not clear where the authors stand in terms of “the good.”

Any perceived weaknesses in the authors’ comments are easily overshadowed by the success of this approach to postmodernist philosophy. Making this
available to psychotherapists and challenging them to think deeply on cultural issues is a worthy accomplishment. There is a great need for books that take on philosophical complexities as they relate to the psychotherapies. By addressing relevant criticisms of psychotherapy and psychiatry from a unique vantage point, this book promises a breath of fresh air and delivers.

**Your Inner World:**
*A Guide to Psychodynamics and Psychotherapy*


**Reviewer rating:** Fair

**Review by** V Lantos, MD

**Ottawa, Ontario**

As students of psychology and psychiatry are painfully aware, the bewildering array of theories concerning development and its vicissitudes is confusing for the beginner and remains a challenge for the teacher. In this book, Dr Ahles sets out to create a systematic method that integrates these theories and teaches dynamic formulation in a didactic manner.

The book is divided into 3 main sections. Part 1, “Model of Psychodynamics,” explains the basic psychodynamic concepts—id and ego psychology, defenses, object-relations theory, and self-psychology—as well as attachment and affect theories. The author presents complex concepts clearly and simply, and the use of pictorial representation enhances the whole.

Psychopathology is introduced as the logical consequence of different degrees and levels of failure in the separation-individuation process. I would have liked more acknowledgement of the fact that the psychodynamic model has severe limitations in explaining psychosis. His object relations model provides an excellent clinical perspective on borderline pathology, but there is little mention of the related neurobiology of secure attachments contrasted with orbitofrontal–amygdala dysfunction in rage states.

In the same vein, while discussing development, he gives little credit to the enormous impact of early caregiving on the size, structure, and agility of the brain itself and far too much to constitutional and genetic factors. Indulgent detail is of course beyond the scope of this book, yet these aspects are vitally relevant.

The second part deals with development in more detail: What are the building blocks of a healthy sense of self? How do patterns of relating form and evolve along one’s lifespan? What kind of interference will lead to the pathology of the self and to the most common patterns of attachment failures?

Using the previously established psychodynamic concepts, the author demonstrates how to visualize the inner representational world of the illustrated clinical examples, thus laying the foundation for psychodynamic formulation. This is a difficult task to teach. One has the impression that the demands of didactic necessity—of keeping it all simple—prevail; the resulting discussion is unfortunately somewhat mechanical, repetitious, and sketchy.

The third and final section, “Psychotherapy,” begins with the method of history-taking to arrive at a descriptive (that is, DSM-IV) and psychodynamic diagnosis. It is followed by a pragmatic list of treatment options and techniques. The goal is symptomatic improvement (according to the DSM-IV) or, often, personal growth, as in most psychotherapies. We learn about the necessary ingredients of general and specific interventions in psychotherapy; then, through a series of case histories, Dr Ahles demonstrates how to implement those formulations and techniques in the hope of repairing pathological attachment patterns and their manifestations in the present.

The author emphasizes that this guide does not attempt to offer an exhausting discussion of its subject: it is clearly meant as an introductory reference. However, its generous use of professional jargon and formal correctness notwithstanding, it left me somewhat disappointed. There are several reasons for this: it is lax in its use of values and their relevance to the process; vital issues have been omitted (for example, patient candidacy, therapist quality, and the issue of “fit” between them); and the clinical summaries are dry and schematic (with fairytale resolutions). Most of all, I regret that it fails to convey a sense of the art of therapy and the magic that can take place between 2 human beings—the patient and the therapist—when they embark on this journey.

**Handbook of Affirmative Psychotherapy With Lesbians and Gay Men**


**Reviewer rating:** Excellent
Review by Peter Moore, MD, FRCPC
Collingwood, Ontario

Despite opposition that is often hateful, and sometimes murderous, gays and lesbians are inching their way toward greater social acceptance. Still, they push against continued resistance. Recently, Canadian Anglicans decided that they could not endorse same-sex relationships, and lamentably, Albertan and American conservatives continue their jeremiad that same-sex anything rips at the roots of society. We live in a heterosexual world jealous of its privilege but nervous about its safety.

Safety, both of body and spirit, is of course an ongoing concern for lesbians and gays, all of whom will at some time have known violence, either physical or, more likely, emotional—for example, the violence of being repeatedly scorned. Affirmation is precious for them, and this admirable text offers a fine guide for therapists who want to learn affirming approaches and gain the understanding needed to help lessen the negativity that has surrounded same-sex issues.

Not surprisingly, lesbians and gays use mental health services more than do heterosexuals, and most therapists, knowingly or not, have met them. Whether socially withdrawn, suspicious, insecure, or self-hating, lesbians and gays harbour the traits of the persecuted. In the first of the 4 large sections of this book, “Social, Developmental and Political Foundations,” the authors outline the persecutory nature of heterosexist stereotypes and how they contribute to debilitating stress, the self-hatred of internalized homophobia, and the emotional stuntedness of “passing” as heterosexual. We read about how society forms its judgments regarding what is “normal” and what is not and about how those deemed abnormal are open to discrimination socially, in employment, in housing, and in parental rights.

Indeed, the right to selfhood is a given for most people but is an enviable luxury to girls or boys struggling to belong in a world where they know they don’t fit in. Selfhood, for them, is a patchy business, and they lack the stable sense of self on which mental health is founded. For the sissy boy or the tomboy girl, disapproval waits around many corners. They learn they must be something other than what they are. Thus, as elaborated in the book’s second section, they construct an identity that falters toward a poor semblance of adequacy, an identity that, for sexual-minority adolescents dealing with their burgeoning sexuality, turns out to be a flimsy affair. They shamble along with a self that hides, or masquerades, or gets lost in drunkenness and drugs. If we learn of these kids dropping out of school, selling themselves for sex, getting sexually transmitted diseases, or attempting suicide, we can infer some basic causes of their later battle for respect, both in their own eyes and in the world’s.

Not, one must thankfully say, that there aren’t young gays and lesbians these days making very healthy adjustments. Among their less healthy counterparts, however, many have survived by adopting cumbrous defences—the idealization of the perfect body, leading to compulsive exercise; the denial that masks their age-old rage; the excessive use of alcohol, especially among lesbians; the devaluing need to please, among gay men, that even results in submission to unprotected anal penetration (“barebacking”)—all of which may not only try the patience but also rouse indignation in the therapist. Affirmative practice demands, however, that one’s own values and feelings be set aside. The best possible care calls for objectively informed approaches based on therapists’ searching appraisal of their own biases, on diagnostic expertise (Are we dealing, for example, with paranoia or with a reasonable response to recurrent stigmatization?) and on familiarity with the developmental trajectory leading to the patient’s current adjustment. In the book’s third section, these issues are fleshed out, leading to considerations of same-sex relationships in minority populations; of career struggles; of the fact of, and reasons for, lesbians’ and gay men’s more frequent use of health services, compared with heterosexuals; and, finally, of the role of religion, either helpful or harmful, in patients’ lives.

The book’s fourth and final section addresses families—families of origin, the 2-person family a same-sex couple creates, and families in which one parent, or both, is lesbian or gay. Affirmative practice is put to the test here, for many therapists may still expect a family to be a mom, dad, and kids, generation after generation. Families who share these therapists’ expectations may reject their lesbian or gay offspring, often for fear of being “outed” themselves to extended family, friends, or neighbours, and therapists may be torn between identifying with the parents while trying to help the patient. Couple families, same-sex or opposite-sex, have much in common, for all people bring their own background and their own backlog of behaviours out of which a couplehood will be built, for better or worse. Money and sex, as for all couples, will be the commonest causes of concern, although more and more often among gay couples, and especially among lesbian couples, children are a cause of concern as well. Whether from a prior heterosexual union or from a biomedical and (or) adoptive initiative, studies show that, if raised with love and authenticity, these children’s adjustment will be no different from that of children from a male-female union. If the various concerns arising from these nontraditional social constructions are viewed by therapists from a multilevel, multicausal perspective, they will bring the best orientation for affirmative practice.

This book is clearly written and attractively and helpfully laid out. It offers a copious appendix of resources—publications, legal advocacy, and health services—followed by 63 pages of references. It is well worth the price. At a time
Gender Issues

Caring for Lesbian and Gay People: A Clinical Guide


Reviewer rating: Excellent

Review by Peter Moore, MD, FRCPC

Toronto, Ontario

Here is a long overdue and very necessary book. Dr Peterkin and Dr Risdin present, with admirable care, a practical and evidence-based text covering topics as various as the doctor–patient relationship; lesbians’ and gay men’s physical and sexual health; the management of disease, mental health, and substance abuse; and the pressing needs of gay and lesbian adolescents.

Engaging vignettes introduce each chapter, and from the first, when we read of a gynecologist who hasn’t learned his patient is lesbian and reproaches her for not using some form of birth control or the ophthalmologist, consulted for glaucoma, who turns his inquiry to AIDS and sexually transmitted diseases (STDs) when he learns his male patient lives with a man, we catch a glimpse of why a clinical guide for lesbian and gay health is needed. Whether they know it or not, all health care providers deal with plenty of lesbians, bisexuals, and gay men.

However, homophobia is one of the main barriers to their care, and all of us are tarnished by it. Since heterosexuality is seen as the social norm, many health care workers assume that their patients fit this norm. Further, reluctance to raise sexual topics often keeps health care providers unaware of salient realities of their patients’ lives. In Chapter 2, the authors challenge readers to examine their attitudes and offer suggestions for learning appropriate details of their patients’ sex lives—starting, for example, with the question, “Is your partner a man or a woman?”

Lesbians have a lower profile than gay men and are frequently shortchanged by the medical system. Compared with heterosexual women, they have higher rates of smoking and drinking and a higher body mass index, but despite these risk factors, they are failed by providers who neglect to investigate for STDs, cancers, and coronary disease, as well as for reproductive health concerns. As in the following chapter, which deals with gay men’s physical and sexual health, we find extensive tables detailing sexual practices, risks, and risk reduction. Risks, indeed, are blithely taken by many gay men; in these pages, doctors will find critical information about appropriate screening and treatment for, among others, STDs, HIV, cardiovascular disease, and cancers, together with suggestions about preventive counselling, especially for sexual health.

For gays and lesbians, adolescence is filled with challenges. Family rejection, social hostility, and antigay violence are only a few of the hurts and insults they face, and consequent low self-esteem, even self-hate, can lead them not only to lasting self-fakery but also to drug abuse and suicide. The chapter on adolescent physical and mental health will prepare readers to offer compassionate help, ranging from sexual identity counselling to physical, sexual, and mental health interventions, always emphasizing the message that these young persons have the right to respect and that “you [the provider] are there to give facts and not to judge.”

Two chapters deal, respectively, with STDs and HIV. The first stresses the importance of careful screening, starting with inquiry into the number and sex(es) of partners, types of sexual activity, drug use, prostitution, and sex abuse (that boys and men also get raped is still not widely known). Syphilis, gonorrhea, human papilloma virus, herpes, chlamydia, genital warts, and the hepatitis are all relevant to this population, and the authors discuss meticulous screening and treatment for both women and men. Turning to HIV, we find a chapter replete with aids to competence for various providers—psychiatrists, family doctors, medical and surgical specialists, and all other workers in health care.

Workers in health care will also be confronted with the emotional problems of many lesbians and gay men. Expressed as substance abuse, low self-esteem, body image concerns, eating disorders, and depression and suicidality, these problems are more common among gays and lesbians, compared with heterosexuals, owing to the ordeal of lifelong stigmatization. Approaching mental health services, gays and lesbians are still dogged by stigma that is often shown as insensitivity, such as when a patient’s sexual orientation is the chief focus of the provider’s interest instead of the problem the patient presents with. Three chapters addressing, respectively, mental health, substance abuse, and body image offer suggestions for thoughtful counselling, including the crucial suggestion to use the heft of one’s professional status to endorse the normalcy of same-sex feelings and actions.

One of the most normal of these actions is to find a partner. Just as heterosexual couples face conflicts about family,
money, sex, and power, so do gays and lesbians. However, no helpful role models guide them, no celebration strengthens their union, and no support is offered to help with their relationship problems. Providers are enjoined to examine their own notions of couplehood, and to be open to, and helpful with, the ways same-sex couples arrange to work together most harmoniously.

Among the last 3 chapters, “Special Populations” reminds providers that there is not a common gay identity, and that experiences will vary greatly for ethnoracial minorities, the aged, the disabled, the transgendered, and the transsexual. Another chapter, “Professional and Training Issues,” looks at ways that professional training might dispel myths (for example, about whether homosexuality is a sickness, a sin, or a choice). Finally, in “Legal Issues,” consideration is variously given to the legal rights of gay and lesbian youth, the legal agreements between same-sex couples, the legal needs of the incapacitated, the drawing of wills, and the problems of workplace discrimination.

This book is attractively laid out, accompanied by many comprehensive tables, and written with clarity and vigour. I cannot recommend it too warmly. For a vast population that has been burdened with second-class status, here is a gallant, and potentially lifesaving, advocacy.

Clinical Aspects of Sexual Harassment and Gender Discrimination. Psychological Consequences and Treatment Interventions


Reviewer rating: Good

Review by Dr Anne Josiukas
Collingwood, Ontario

Gender discrimination and sexual harassment in academia and the workplace can result in serious psychological damage leading to illness and disability. Dr Sharyn Ann Lenhard is a noted forensic expert in women’s mental health. Her book is designed for clinicians, managers, attorneys, and others interested in this field. Background information on the phenomena of discrimination and harassment is used as a springboard for discussion of psychological sequel are in this small, reasonably priced hardcover.

The book is not intended to be exhaustive or to summarize all the current research, although the citations of previous work are extensive. It starts with definitions of gender and sex, discrimination, and sexual harassment, noting that gender discrimination is usually perceived as a women’s mental health issue. Sexual harassment and gender discrimination appear together and are deliberately joined throughout the text. Authorities note that women who tend to transcend traditional female roles are more likely to be aware of harassment and discrimination. Women who report sexual harassment in their workplace also tend to believe their organization discriminates against women.

The book is organized into 8 chapters discussing gender trends in the workplace, the dynamics of victim–perpetrator interactions, and the physical, emotional, and psychiatric disorders that may result from sexual harassment and gender discrimination. A chapter is devoted to understanding the legal process in the US. This is geared to a clinician who has never been involved in legal action. Separation of the therapist role from that of the expert witness is stressed. The last 3 chapters focus on a 9-step treatment approach, subdividing intervention into 3 stages of alliance building and crisis intervention; processing affect and cognitions with formulations of an effective plan of action; and the final stages of mourning, recovery, and reinvestment. The book has many case vignettes, which Dr Lenhart perfectly places to pace the reading of the text. Just when the reader is feeling overwhelmed with a concept, a vignette appears and makes it real. The author acknowledges that these are composites of cases; some vignettes are strikingly similar. Unfortunately, some of the cases are disturbing. Many describe accomplished women in academic or medical establishments who have suffered unthinkable situations. The parallels between these and the circumstances of spousal abuse are well made.

The vignettes also raise the topics of boundaries in the workplace. This serious topic is rarely discussed, except in women’s magazines—usually in the Christmas issue involving the do’s and don’ts of the office party. This discussion of boundaries makes the book worthwhile for student advisors or mentors, as well as for senior female staff who may act as role models. Organizations’ administrators and policy-makers may find useful information as they review their written and unwritten workplace expectations.

Generally, the public feels that sexual harassment can and should be handled by the individual herself speaking directly and assertively with the harasser. Interestingly, the empirical evidence does not support the view that this approach is effective and beneficial for the victim. In fact, a series of studies have shown that assertive, direct approaches can result in continued harassment and a high incidence of punitive responses from the harasser in the work environment, resulting in more distress to the victim. This type of information may be useful to clinicians working with women who have been harassed. Chapter 7 is a helpful tool, even for experienced therapists, as the patient weighs her options for action in the workplace. The advantages and disadvantages of directly confronting the harasser or of employing indirect
methods of approach (such as accessing third party assistance), formal complaints, and legal actions are all reviewed. A section on special approaches allows for consideration of individualized action plans.

The last chapter focuses on the final phase of treatment, which is often ignored or dismissed after the complications of harassment are over. Most women suffer significant losses in the course of their discriminatory experiences. These losses may be material (loss of job, income, status), personal (marriage or friendship) and internal (shattered beliefs). Significant work must be done in this arena before a woman can reinvest in her future.

Reading a textbook is often approached with some degree of trepidation, but this book is only 233 pages, written in an easy-to-read style, and punctuated by case vignettes. As a clinician and teacher, I found reading it to be time well spent. It has caused me to revisit our hospital’s harassment policy and our mental health clinic’s response to victims of harassment.