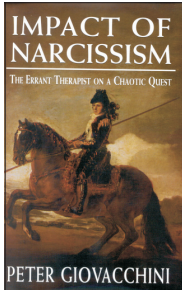


Psychotherapy



Impact of Narcissism—The Errant Therapist on a Chaotic Quest. Peter Giovacchini. Northvale (NJ): Jason Aronson Inc; 2000. 324 p. US\$40.00.

Reviewer rating: Very Good

Review by Douglas H Frayn, MD,
FRCPC *Toronto, Ontario*

This book is written by a renowned psychoanalyst who is best known for his American object relations point of view and his work with patients with borderline and narcissistic personality disorders. He is now in the twilight of his career and looks back at the theoretical, technical, and political changes that he has seen over 45 years of practice as a psychotherapist. Giovacchini trained in Chicago and is familiar with Alexander's brief therapies in the 1940s, which were based on "corrective emotional experiences." As a close friend of Heinz Kohut, he saw the rise of the self psychology movement and its cultish followers in the 1970s. Thus, he is well aware of unorthodox revisions and of the weaknesses and strengths of the classic approach and the practice of psychoanalysis and its psychotherapies over the past half-century.

Giovacchini stresses that it is the integrity of the "intrapsychic" aspect of object relations that is the most important psychodynamic feature when assessing and treating patients, rather than the individual's objective environmental and traumatic experiences. By intrapsychic, Giovacchini means the mental

representations of the self and our objects, past and present, and how the ego manages contradictory images that we have internalized. He laments that, in contemporary society, "everything seems to be on the surface." Further, he notes that many patients with narcissism lack repression or guilt and tend to be supported by a society that sees victimization by our environment as the problem, rather than the individual's participation in making choices and possessing unwarranted feelings of entitlement. Unconscious motivation is ignored in some quarters; psychophysiological explanations are most popular, appearing initially to relieve the patient and the therapist of personal responsibility for character traits and symptomatic behaviours.

The role of narcissism and its new ascendancy in theories are foremost in his writings. He focuses on 3 contemporary approaches to narcissistic pathology: self psychology, intersubjectivity, and relational psychology. Generally, he finds that these theories, and even techniques, are at best "old wine in new bottles," although he is more accepting of Stephen Mitchell's intrapsychic relational model. He also writes of the pedantic "philosophers at the gate," which represents the Lacanians and the postmodernists, neither of whom have clinically relevant formulations to offer therapists and whose esoteric linguistic and philosophical systems do not warrant their inclusion as psychodynamic schools of thought. The investigators of intrapsychic phenomena make 2 scientific assumptions: 1) there is an inner world (the world of the unconscious), and 2) this intrapsychic world functions according to certain laws and principles, based mainly on Freud's early concepts of the mind. Giovacchini views this as the primary philosophy that is still necessary to understand present-day behaviour and mental functioning.

The chapter on self psychology is the author's devastating personal recall of Kohut's weaknesses, as well as some of his strengths. That Kohut's own grandiosity should be coupled with his

theory stressing grandiosity amuses the writer, but he makes a serious charge about Kohut's articles concerning a patient (Mr Z) who had 2 analyses: the success of the latter one was a fraud. In the same way, writing about his own case history perpetuates serious scientific concerns about the basis of self psychology itself. More condemning, Giovacchini states that those close to Kohut knew of his confabulations and accepted them. Recalling the words of his friend and colleague, Arnold Goldberg, one must remember that Kohut was the only national monument that contemporary American psychoanalysis had. He credits Kohut with being a superb teacher, clinician, and scholar. He also credits Kohut with bringing the problems of narcissism to the forefront of psychotherapy, with expanding techniques for dealing with narcissistic transferences, and with recognizing the usefulness of empathy prior to making definitive interventions, such as clarification and interpretation. Self psychology focuses on the initial need for idealization and gratification of the developmentally injured self-representations, a preoedipal emphasis, and the avoidance of confrontations concerning infantile needs and expectations of the subject with narcissism. By encouraging positive (self-object) transferences, maturational growth occurs, so later "debunking" of the grandiosity and mutual idealizations can occur without catastrophic regression. Like many practising analysts, Giovacchini's concern is that some therapists have interpreted mirroring and idealizing "self-object" transferences as a maneuver that the therapist does, rather than as the patient's unfettered expression of narcissistic transference as a precursor to more sustained object transference and as a way to relate to people outside of himself or herself.

Large segments of modern psychiatry have given up on drive and conflict theory, even though they still tend to revert to the outmoded idea that prohibitions stultify creativity and cause anxiety. The intrapsychic focus has been obscured, and the idea of an individual's internal

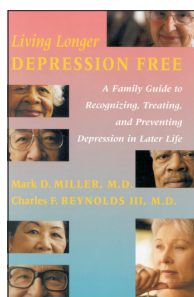
problems has given way to focusing on external difficulties and solutions. Some of the recent schools reflect the attitudes that we are primarily a product of our environment and of our genetic makeup and that it is necessary for a change in society or in neurohumors to occur before we can liberate ourselves. This type of thinking is the product of the ascendancy and attempted marriage of social psychology and medical neuroscience, as taught by medical schools under the rubric of the supposed “psychosocial biological approach.” There is little mind or soul (psyche) in this mind-or-brain paradigm. It has limited usefulness in the practice of psychotherapy, and the individuals are internally aware that something is not right within, in their way of seeing themselves, and in functioning in their work and love life that is greater than unappreciative parents, spouses, and bosses.

Giovacchini also sees that the successful struggle of nonphysicians, particularly women, to gain entrance into training programs previously run primarily by male psychiatrists, has changed the face of psychotherapy. The “male medical model” has been attacked as tyrannical and authoritarian, and this has led to many positive changes in our thinking and approaches to patients, as well as to some changes in practice that may not benefit. Shorter hours, smaller case loads, and poorer pay accompany the contemporary therapist’s wishes to work part-time, to place family demands first, and to prolong therapies as long as insurance coverage continues. Conversely, many psychiatrists who have been trained in psychotherapies, including psychoanalysis, complain that they cannot earn a competitive medical wage and have turned to brief interventions and to forensic, insurance, and drug-related practices instead. New students in psychotherapy programs are predominantly women.

This book’s last chapter on narcissism and creativity is charming and fresh. It resembles a work of love. It concerns 3 of George Bernard Shaw’s famous plays (*Pygmalion*, *Major Barbara*, and *Anthony and Cleopatra*), which cleverly portray how narcissistic investment may misfire for all concerned. It alone is worth the price of the book and should be on all reading lists concerning drama, psychotherapy, and political science studies.

This very good book could have been edited to make repetitious themes briefer. Being brief and succinct, however, is not a trait of the older scholar. Perhaps, one hopes to finally say what hasn’t been listened to earlier, with urgency, before the “higher power” says, “Our time is up!”

Geriatric Psychiatry



Living Longer Depression Free. Mark D Miller, MD, Charles F Reynolds III, MD. Baltimore: The Johns Hopkins University Press; 2002. 177 p. US\$17.95.

Reviewer rating: Excellent

Review by Matt Robillard, MD, FRCPC *North York, Ontario*

This book is a family guide to recognizing, treating, and preventing depression in later life, and it clearly fulfills this purpose. Further, it is an excellent guide for anyone who cares for the elderly; namely, professionals who are trained in therapeutic recreation, psychology, social work, nursing, occupational therapy, and medicine. In this book, 2 of the pioneers in the diagnosis and treatment of depression in older individuals—Dr Miller and Dr Reynolds, at the University of Pittsburgh School of Medicine—present the most recent information about the state of our knowledge in this important consideration. This book is thorough, carefully written, responsible, and useful. It is easy to read and to understand, without being simplistic. In addition, the book is attractive and free from production errors. The cover is beautiful and has vibrant faces and images of older adults from many cultures.

This comprehensive up-to-date guide begins with a discussion on the different types of depression, their causes, and their symptoms. The authors then describe how doctors evaluate depression; how they present the treatment options available to patients today, including psychotherapy, medication, and alternative treatments; and how they offer strategies for achieving long-term mental health. What impressed me was the section on bipolar illness, for which I have seen limited appropriate reading material for older adults. The authors included many interesting facts and thoughts on how to deal with the stress of the September 11, 2001, aftermath. In addition, they included many useful lists on important topics that we are sometimes called upon to talk about in public forums (such as 20 tips for good grieving; 10 tips for better sleep hygiene; and 10 practical strategies for patients, families, and caregivers in living with depression or living depression free for the long term). The sections on complementary or alternative treatments were interesting and helpful, and these will certainly be useful, because some of us see issues related to this topic in our daily clinical work.

The book includes a good section about the various types of professionals who provide care for the elderly. In fact, people often ask me how psychologists and psychiatrists differ. The book states,

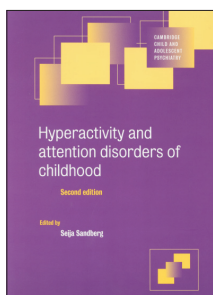
Psychologists do not have medical degrees, and therefore they consult with medical doctors or psychiatrists to assess the need for medications or to explore any mental changes that could be caused by medical disease.

The mention of a sense of cooperation and collaboration among the many health disciplines in various parts of the world impressed me. The sections on medication, electroconvulsive treatment, and psychotherapy were excellent. Likewise, I am pleased that the authors mentioned electroconvulsive treatment—a topic that is often overlooked. Its description was easy to read and to understand. This book would be ideal reading for any patient or family member who is considering this important treatment modality. I am hard-pressed to think of anything that I would like to see different in this book. Perhaps, the authors could have mentioned some ethnocultural issues (that is,

special considerations for understanding the many different cultures we see in our work).

I rate this book as being excellent, and the price seems quite reasonable and affordable for most people.

Child Psychiatry



Hyperactivity and Attention Disorders of Childhood. 2nd ed. Seija Sandberg, editor. Cambridge: Cambridge University Press; 2002. 504 p. US\$65.00.

Reviewer rating: Very Good

Review by Margaret Weiss, MD, PhD, FRCP *Vancouver, British Columbia*

The first edition of this text was published in 1996. This fully updated revision brings together a truly international perspective on new research on attention-deficit hyperactivity disorder (ADHD) in the last 5 years. This in itself represents a unique contribution, especially for North American readers who are unfamiliar with research being done elsewhere. The authorship list includes experts from Britain, the Netherlands, Hong Kong, Australia, Canada, and the US. Thus, the tone of the book establishes a sense of a worldwide scientific community dedicated to a better understanding of this disorder from various perspectives.

The book's topics include areas of new research or controversy. The first chapter, by the editor, reviews the historical development of our understanding of this disorder, allowing the reader to place subsequent discussion into a useful historical context. Her review is original

and well researched. Other topics include reviews of epidemiology, sex differences, classification, and the role of attention. The chapter on cross-cultural and ethnic aspects of ADHD is an original contribution. In addition, Michael Rutter's chapter on institutional care as a risk factor for inattention or overactivity was unique and insightful. The chapter by Castellanos and Swanson, "Biological Underpinnings of ADHD," and the chapter by Peter Jensen on the Multisite Multimodal Treatment Study of Children With Attention-Deficit Hyperactivity Disorder (MTA) study represent the most current and competent reviews on these subjects. This is the only textbook that I am aware of that combines an international and a truly biopsychosocial viewpoint in a well-researched volume. In some ways, this reflects the evolution of the field itself.

Weaknesses are evident in both overlap between chapters and in the quality of some chapters. Several chapters begin with a discussion about the differences between DSM-IV and ICD-10 that makes for tedious reading when the book is read as a whole but that could be seen as necessary for the integrity of each chapter in its own right. The book does not attempt to be comprehensive, but the various discussions of developmental issues in preschool, adolescence, and adulthood are weak relative to the sophistication of other sections. One of the difficulties here seems to have been the editor's perspective.

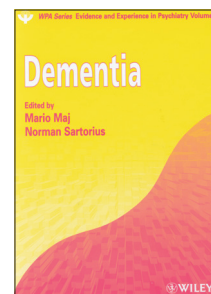
Many authorities, however, continue to question the very existence of the disorder in adults, and there are keen debates about its prevalence and indications for pharmacological treatment (p xiii).

Discussion of presentation in older age groups seems to focus more on grown-up ADHD children, rather than on cross-sectional studies of older populations.

This volume represents a significant contribution that will interest those who wish to remain current with new trends in understanding attention disorders and those who wish to broaden their perspective beyond the American literature. Sections of the book represent outstanding scientific reviews or original

publications. The emphasis is academic, not clinical, and there are relatively few attempts to draw out the possible clinical implications of new research findings. The volume is more useful as a reference to individuals who are already familiar with this literature than it is as an introductory text or a guide to clinical work. I rate it as very good.

Geriatric Psychiatry



Dementia. Mario Maj, Norman Sartorius, editors. Chichester (UK): John Wiley & Sons, Ltd; 2000. 392 p. US\$95.00.

Reviewer rating: Good

Review by Andrew Wiens, MD *Ottawa, Ontario*

This book is part of a series edited by Dr Maj and Dr Sartorius and sponsored by the World Psychiatric Association. It is well laid out and contains few production errors (none that are noticeable). As are many medical texts, it is quite expensive, and for this reason, I would find it difficult to justify its price for most individuals. Its back cover invites readers to "be guided by the evidence," stating that the book contains "urgently needed" reviews of current research and clinical practice and that it will be invaluable for a whole range of health professionals, as well as for managers and policy-makers. The editors suggest that the less lofty and more realistic goal is to "bridge the gap between research evidence and clinical practice."

The main editors are not considered experts in dementia. The contributors to this volume, on the other hand, are well known to those in the dementia field. The book contains 6 main reviews that cover 6 areas: 1) definition and epidemiology of dementia, 2) clinical diagnosis of dementia, 3) neuropsychological and instrumental diagnosis of dementia, 4) pharmacologic treatment of dementia, 5) psychosocial interventions for dementia, and 6) costs of dementia.

Only the Chapter 1 review, however, attempted to cover dementia. The remaining reviews should, for the most part, have the term “dementia” replaced by “Alzheimer’s disease,” especially the review in Chapter 2. Nonetheless, this latter review on the clinical diagnosis of dementia (Alzheimer’s disease), by Dr Reisberg, and the epidemiology review, by Dr Henderson and Dr Jorm, were the most comprehensive and useful. The review of pharmacology, although relatively complete, shows its age. It is more a testimony to ongoing advances in the field than to any deficit in the review itself. The section on dementia costs showed wide differences in cost of care for patients with dementia in developed countries; these costs would likely be unbearable in underdeveloped countries. Beyond health economists or for interest’s sake, I’m unsure about how useful the review is; for clinicians, it provides less assistance than do other chapters in the text.

The reviews alone would not have contributed much to the literature of dementia, because similar reviews were already available when this book was published. The cost to assemble these for a personal reference file would be considerably less than the cost of this book. The most striking fact gleaned from this volume is the tremendous growth in the number of

patients with dementia foreseen in the third world, coupled with the inability to fund the type of dementia treatment as studied in mostly developed countries.

What raises this volume from the ordinary, mainly for those who allot a substantial portion of their career to dementia care, are the 7 to 14 commentaries after the main review in each chapter, ranging from 2 to several pages each. They provide a depth of knowledge for different types of dementia and from various perspectives. They give the book a similar feeling to that obtained at conferences, during the discussion period following the delivery of a paper or during provocative hallway discussions with experts. These discussions find different and compelling ways to look at data, sometimes in ways contrary to what is commonly presented. They also provide a peer-reviewed feel to the process of reading the text.

A good example of this is the commentary entitled, “Dementia: The Challenge for the Next Decade,” by Anthony Mann (p 59–62). In one segment of his contribution, he comments on findings that the apolipoprotein, E4, is associated with a higher risk of Alzheimer’s disease. Another apolipoprotein, E2, is often classified as being “protective,” though it is associated in some studies with a higher incidence of cardiovascular events. Anthony Mann proposes an alternative:

If E4-based dementia were associated with a longer course compared to others, then the associations could have a different explanation.

For example, perhaps those with E2-based dementia are “killed” before they can develop the full-fledged syndrome.

Whether or not this is true, perspectives such as this one allow us to develop more critical eye, greater wisdom, and

curiosity when reading, listening to, and evaluating information presented to us in any field of study. I may challenge residents with these alternative views when they seem too certain about a particular something, with the intention not to berate them but to illustrate that we don’t always know. For this reason, we need to be prepared to deal with uncertainty and to look at new ways to resolve problems. Some of these views may turn out to be wrong, but the process of understanding helps us learn more.

The opportunity to look at different perspectives makes parts of this book compelling; however, it does suggest a more limited audience than the publishers would hope for—one that comprises experienced clinicians who desire a more in-depth knowledge of the illness and who want to be stimulated by alternatives. Personally, it helps me to have a mind open to alternative possibilities and helps me to better understand how the perspectives of this devastating illness differ with respect to families and caregivers (even though this was not specifically addressed in any of the commentaries). Unfortunately, general readers may have insufficient background knowledge, and these commentaries will be less illuminating to them.

In summary, this is a book to stimulate those in the field, but it is not likely to be used as a reference. With the rapidly advancing knowledge in dementia, it is unlikely that its use will often move beyond this initial contact. It is doubtful that people who deal with dementia beyond the specialist group will find the book useful.