

The Psychospiritual Clinician's Handbook: Alternative Methods for Understanding and Treating Mental Disorders

edited by Sharon G. Mijares, Ph.D., and Gurucharan Singh Khalsa, Ph.D. The Haworth Press, Binghamton, N.Y., 2005, 372 pages, \$49.95 (hardcover), \$34.95 (softcover).

For most of the history of psychology and psychiatry, there has been a focus on the negative aspects of mental health, involving the diagnosing and treating of diseases and disorders. In recent years, however, there has been a move toward "Positive Psychology," in which (as the name implies) the focus is on the positive aspects of mental health. Psychological changes and symptoms throughout the life span are seen as having the potential for positive growth that can be incorporated into the treatment process rather than a pathologic process that needs to be eliminated or suppressed. Additionally, over the past few decades, practitioners are seeing more and more people who may not have a clinical diagnosis yet feel there is something "missing" in their lives.

For too long, mind and body were considered separate entities, but great strides have been made in the past few decades with regard to recognizing the interconnections between the mind and body in disease and health. However, many practitioners are still neglecting a third entity—the role of spirituality in health and healing. Recent research is indicating that spirituality plays a significant role in health and longevity. (Granted, more research needs to be done, and many studies are in process, as described in the book's Introduction.) Yet, spirituality is rarely present in the therapy session.

Spirituality should not be confused with religiosity, as the 2 vary in distinct ways (and this distinction is discussed throughout the book). When utilizing spirituality in therapy, the practitioner must take into consideration the individual's personal belief systems and help him or her derive a concept of spirituality that is a unique fit. The client's religious views (or lack thereof) may or may not be related to his or her spiritual philosophies. As John E. Mack, M.D., points out in the first chapter, "Clinicians must be able to approach individuals who present with unfamiliar or extraordinary experiences from a perspective that is unbiased and open-minded" (p. 18). Chapter 1 proceeds to describe the elements of such a perspective and the implications for diagnosis, clinical work, and research.

Chapter 2 describes how to take the psychospiritual approach and apply it to adjustment disorders, which the author suggests might be a "summons to new life adventure" rather than a poor response to a life situation (p. 33). Chapter 3, by Selene Vega, M.A., M.F.T., takes the psychospiritual approach and applies it to anxiety disorders. The author succinctly describes how our post-9/11 world is one that holds more fears, worries, and uncertainties than previously—essentially more anxiety in general. Although much of the chapter focuses on generalized anxiety disorder, the approaches Vega covers apply to other anxiety disorders, as well. She also does a thorough job of laying out how to incorporate a spiritual approach into treatment in general, again focusing on the need for individualistic approaches. She writes, "Our clients are unique, and paying attention to the spiritual paths and beliefs that are part of their history and current worldview will help us determine the approach

to take and how overt our psychospiritual perspective should be" (pp. 59–60).

Chapter 4 describes how to use a psychospiritual approach in those who have experienced trauma. The author (also an editor), Sharon G. Mijares, Ph.D., presents the idea that, when viewed through a spiritual approach, trauma can be viewed as "an opportunity for a quantum leap in consciousness" (p. 76). How many practitioners have worked with a client who has experienced severe trauma and who, months or years later, asserts that he or she wouldn't go back and "undo" the trauma if such a thing were possible? The client has learned something so profound, or become someone so different, that he or she is sometimes actually thankful that the trauma occurred. Some rare individuals are able to do this on their own, but many may need psychospiritual guidance to achieve this state of acceptance and contentment. Mijares provides specific treatment approaches and case examples to clearly define the psychospiritual approach as it relates to trauma.

Chapter 5 focuses on eating disorders and how many treatment approaches focus on the obvious (e.g., the food, weight, fat, and body image) but fail to recognize that the physical eating disorder may represent a spiritual need to be fed and nurtured. According to the authors, "Therapy then becomes a process of revealing the unseen, unknown, and as yet unstored, mystery" (p. 99). Again, the emphasis is that the treatment approach has to be individualized to each client's history—his or her story—and the etiology of the development of the eating disorder used in developing a treatment plan. The approach is unique, and hopefully we will see more research that supports the treatment, as eating disorders are known to be difficult to treat, with a high recidivism rate.

Chapter 6 is dedicated to the use of spirituality as an approach to attention-deficit disorders. In today's increasingly mobile, high-tech, and almost forced-into-multitasking world, these disorders are being diagnosed at higher and higher rates, both among younger and younger children and adults. This chapter discusses not only etiology but also treatment approaches and case examples. Especially helpful are photos of various poses used for meditations to help increase focus and clarity of thought.

Chapters 7 and 8 deal with the difficult-to-treat dissociative identity disorder (DID), borderline personality disorder (BPD), and narcissistic personality disorder (NPD). As with the other chapters, the psychospiritual etiology of these disorders is discussed, followed by treatment approaches and case examples. The authors acknowledge that research on the success of using a psychospiritual treatment approach is limited in these areas, but research on other successful treatment approaches is also limited. In the discussion of BPD and NPD, the author outlines current treatment approaches (such as the work of Marsha Linehan, Ph.D., in BPD) and how to integrate these techniques with a psychospiritual approach. Again, photographs and detailed meditation instructions are included so that even those unfamiliar with meditation have sufficient information to try the recommended poses.

Chapter 9 uses the same format with conduct disorders, beginning with recommendations for a multifaceted assessment (e.g., physiologic, environmental, academic, behavioral, social, and spiritual). Comorbidity with low self-esteem and overall psychological functioning in the child are discussed, as well as the need for positive role models and the willing participation of the family of the client. The

rationale and treatment protocol for using a spiritual approach in conduct disorders as well is provided in detail.

Chapters 10 and 11 focus on the psychospiritual approach to bipolar disorder and psychotic disorders. The chapter on bipolar disorder, by Jeffrey Rediger, M.D., M.Div., focuses primarily on integrating a spiritual approach with conventional treatment methods and includes a discussion of what the author describes as a “narrow Western ontology” that leaves many patients “feeling lost or unfairly pathologized” (p. 206). Rediger’s integrative approach is designed to avoid this outcome, although again, research into the treatment is needed.

The chapter on psychotic disorders discusses the relationship between psychotic processes and spiritual experiences and how modern Western society tends to pathologize certain experiences, whereas other cultures view such experiences as opportunities for spiritual insights and growth. The author writes of psychotic episodes as “spiritual emergencies” and provides case examples of how a client can be further traumatized by a typical intervention for a psychotic “break.” The author goes into detail regarding an alternative treatment approach. Again, further research into the success of such an approach would be welcome.

Chapter 12 focuses on the Sufi technique for “healing” depression. Sufism is described as “an ancient wisdom tradition that has existed for over 1400 years. Sufism contributes a theoretical foundation from which we can understand the etiology, symptoms, and treatment of depression” (p. 265). The Sufi-based psychospiritual approach is one that requires additional training and experience, and the chapter provides primarily an overview for the theory and use of Sufism. This was one of the few chapters that left me feeling woefully inadequate in attempting to utilize the technique with my clients.

Chapter 13 is an interesting discussion of the neuroplasticity of the brain and using “mindful awareness” to integrate psychospiritual and biological approaches to mental health. Although there is some focus in the chapter on the use of these concepts in the treatment of obsessive-compulsive disorder, the chapter is a good outline on using cognitive treatments in conjunction with the practice of mindfulness in daily life.

Chapter 14 explores the combination of spirituality and sexuality to achieve healthy sexual relationships. Although a clear distinction is made between spirituality and religion, the role of religion in the development of sexual difficulties is discussed. The need to discuss the origins of the role of religion (if present) and incorporate the client’s current religious views into the therapy is explained, as is the ability to use one’s spirituality to enhance the sexual experience beyond what has been known previously.

Chapter 15 discusses an integrative medical and spiritual approach to the treatment of Alzheimer’s disease. The author discusses the role of physical exercise, cognitive exercise, and good nutrition and supplementation (e.g., Omega-3 essential fatty acids) in keeping the brain healthy and well functioning. The author also reviews the benefits of meditation, mind/body exercises (which are detailed in the chapter), and medications and hormones, with specific suggestions for what the research has found to be helpful in avoiding, delaying, or slowing the symptoms of dementia.

The final chapter focuses on the increasing number of centers dedicated to supporting spiritual approaches to psychotherapy that have sprouted up in the last few years. Information on current centers and programs is provided, as is a vision for the future of psychotherapy in spirituality.

As noted above, most chapter authors incorporated other therapeutic techniques into the use of their particular psychospiritual approach to a given problem. Some discussed how

to incorporate methods such as cognitive therapy, dialectical-behavioral therapy, and self-psychology into a spiritual approach in great detail, whereas others only lightly touched on other interventions or did not discuss them at all. I found the chapters that discussed integrative therapies in depth to be most helpful, as they provided a foundation on which to base use of a new approach to an “old” problem. There was very little discussion of the use of pharmacotherapy in conjunction with the psychospiritual approach, and I was left with the impression that the 2 approaches were not necessarily compatible—or that the use of a certain psychospiritual technique could circumvent or eliminate the need to utilize pharmacotherapy altogether. I will leave to the reader’s personal beliefs the decision as to whether this is a good approach to the treatment of various disorders. However, a discussion of how to work with someone who is taking psychotropic medications would have been helpful. (This topic was discussed briefly in some chapters, but never in great depth.)

When I agreed to write this book review, I underestimated the time that it would involve. Writing the actual review was hardly time-consuming, but what took a great deal of time was reading the book. I frequently found myself stopping for several minutes at a time, thinking about the implications of what I was reading and how I might apply the concepts to specific clients and to my own personal growth. Some of the concepts I was familiar with; some were new and required closer reading to understand how to incorporate them into a particular therapeutic context. With few exceptions, I think readers will find *The Psychospiritual Clinician’s Handbook* a fascinating read. Even if they choose not to personally adopt all of the approaches into their work with clients, the book will educate them about the spiritual approaches out there and, along with the multiple resources provided, allow them to make a referral to a provider who is more skilled in the psychospiritual approach.

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Standards in Dementia Care

edited by Alistair Burns on behalf of the European Dementia Consensus Network (EDCON) Group. Taylor & Francis Group, New York, N.Y., 2005, 224 pages, \$99.95.

In a world with a gradually aging population, dementia is a global problem that is becoming increasingly common. According to Alzheimer Disease International, there are 18 million people worldwide with dementia, of whom almost 25% live in Europe.¹ The current state of dementia care in Europe is, therefore, of great interest.

Controversies in the evaluation and treatment of dementia in the United States have led to an abundance of guidelines from geriatric, family medicine, neurology, and psychiatry organizations. *Standards in Dementia Care* is an ambitious effort from the European Dementia Consensus Network, or EDCON, to summarize and synthesize current practices and guidelines for the treatment of Alzheimer’s disease across Europe. EDCON’s members are drawn from the United Kingdom, the Netherlands, Switzerland, Spain, and Denmark.

This book is divided into 6 sections: an introduction, a European perspective on the practice of dementia care, multi-

disciplinary working, carer stress, services, and ethical/legal issues. In most chapters, perspectives from different European countries are presented.

In the introduction, titled "Standards of Care in Dementia in Europe—A Consensus," EDCON gives 6 general recommendations for the care of patients with dementia: standardization in care; standards that are evidence-based and applicable to the different sites of care (home as opposed to a long-term care facility, for example); a partnership between patients, their caregivers, and their health care and social workers; carefully planned services; preservation of the dignity of the patient; and support of the caregiver.

The second section consists of a general review of dementia care in the 18 European countries. This is perhaps the most interesting section, as an incredible variability in services between countries is displayed. Nations that are wealthier and have socialistic health care offer more detailed and comprehensive services that are government funded. Some countries have government-sponsored research related to dementia care and a national health policy in which geriatric and dementia services are provided. Some countries have guidelines about the diagnosis of dementia, including the role of investigations such as magnetic resonance imaging. The coverage of medications for dementia is also quite variable. Coverage of expensive cholinesterase inhibitors is not universal, and in some countries such as Denmark, only a neurologist can prescribe them. Services such as day care, nursing home care, hospitalization, and respite care are often available, but inadequate funding is common. Subspecialty services are frequently limited, or even nonexistent (for example, only the United Kingdom has a well-developed "Old Age Psychiatry" service). In Germany, there is an acute shortage of geriatricians, with most of them concentrated in university settings. In Belgium, *Ginkgo biloba* is covered and there is even a law allowing euthanasia in very special circumstances. Ukraine is a country where both funding and national guidelines are at inadequate levels. Perhaps as a result of this, Ukraine has a high suicide rate among patients with dementia.

The third section, "Multidisciplinary Working," includes 13 diverse chapters covering the issues of the different disciplines involved in the care of dementia. Some discuss how the discipline operates in the author's home country, while others discuss the value of the discipline in general. For example, in chapter 23, Dr. Alistair Burns, a member of EDCON and Professor of Old Age Psychiatry in the United Kingdom, explains the role of the old age psychiatrist, although this subspecialty is not found in most of Europe. The authors give a good overview of how primary care physicians, subspecialists, nurses, social workers, and others who care for and treat dementia patients can and should work together to improve the quality of care received by a patient with dementia.

The fourth section is about caregiver stress. It is interesting to note that in Europe, as in the United States, most caregivers are female and deal with "substantial psychological strain." The chapters give an overview of caregiver stress, organizations that support the caregiver, and elder abuse. Each chapter summarizes the topics and gives practical recommendations. For the most part, the chapters do not excessively detail the issues or resources in any one country, but instead provide a more global perspective.

The fifth section is titled "Services," and these 7 chapters focus on the availability of certain services in a particular country. The main offerings are memory clinics and dementia service

centers. An overview of memory clinics is accompanied by recommendations on how these should be developed. The dementia service centers, on the other hand, are discussed in 2 chapters, one about services in the United Kingdom and one about services in Norway. Similarly, government perspectives on dementia care are discussed as they exist in 2 European countries, England and Germany.

The sixth and final section deals with ethical and legal issues with respect to autonomy, end of life care, mental incapacity, and hospital/nursing home settings. The content of some chapters is based on the author's research of the situation in his or her own country (e.g., the Netherlands, England). Most of these topics are reviewed in general, and practical recommendations are made. The first chapter is about autonomy and the dignity of people with dementia and discusses the recommendations of the nonprofit organization Alzheimer Europe. Another chapter is about mental incapacity in England and Wales and gives a nice review of the 2004 U.K. Mental Incapacity Bill.

The attraction of this book is that it gives the reader some idea of the current state of and future directions for dementia care in Europe. The second section has input from each of the 18 European countries involved. Although the topic of dementia care from the standpoint of epidemiology, evaluation, and treatment was covered in detail in some chapters, in others the review was minimal at best. I would have liked these authors to have used a standardized format to make it easier to compare differences in areas such as government funding, existence of a national health policy, and approved investigations in the initial evaluation of a dementia patient.

In latter chapters, some topics are discussed only from the perspective of how the issue is handled in the author's country. Although an overview of how this issue is handled differently in all 18 European countries may have been too unwieldy, after reading about dementia care centers in England and Norway one wonders if they exist and to what degree in other countries, such as Spain or Belgium. Overall, the book is well written. Several authors are involved, and although there is considerable overlap there is very little disagreement and the message is usually quite clear. There are occasional words that differ on this side of the Atlantic, such as *carer* for *caregiver*, but these are few and do not interfere with the message.

This book will be an interesting read for anyone involved in the care of patients with dementia, whether based in Europe or elsewhere or whether involved in primary or subspecialty care. As a physician working in the United States, I find it interesting to read the European perspective on the diagnosis of dementia and its treatment (both pharmacologic and nonpharmacologic). It is refreshing to see the high standards set by EDCON. It will, however, be a challenge for Europe, with its economically diverse nations, to afford the cost of the detailed and comprehensive care EDCON has recommended.

REFERENCE

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