Psychoanalysis: The Major Concepts  
edited by Burness E. Moore, M.D., and Bernard D. Fine, M.D.  

Psychoanalysis: The Major Concepts is the culmination of the efforts of the editors in a lineage dating to 1967 with the publication of A Glossary of Psychoanalytic Terms and Concepts, a small but useful manual published in 2nd edition form in 1968 as a public information effort of the American Psychoanalytic Association and its Committees on Public Information and Indexing. The intent was to clarify for the public in plain language what was meant by psychoanalytic terms and concepts. That small book had 102 pages, and 74 contributors addressed 164 indexed terms. Embedded in the definitions were 149 other terms, separately indexed. The American Psychoanalytic Association was described, minimal standards for the training of psychoanalysts were outlined, and an introductory bibliography on psychoanalysis containing 16 references was offered. Many terms were defined in 4 or 5 lines, while some such as ego functions were given 3 pages. Although there is inevitably a limit to the plainness of language which can be used in this context, the Glossary succeeded in its public information function and was quite useful to the candidates of the era.

Moore and Fine’s next effort was Psychoanalytic Terms & Concepts, published in 1990 (after Fine’s death) by the American Psychoanalytic Association and Yale University Press. This represented the 3rd edition of the Glossary, but the name was changed to reflect the need for a compendium or mini-encyclopedia to deal with the explosion of psychoanalytic findings and propositions in the United States after the Second World War. This edition was greatly revised and expanded, as was its intent. Here the intent was to place each term within the framework of psychoanalytic theory, with emphasis on the historical development of the term and its relationship to other concepts. Although the work remained primarily Freudian and reflective of American psychoanalysis, it also included terms from the work of Jung, Klein, the British School, and Kohut. While still convenient in size, this book now contained 210 pages and had nearly 200 contributors. There was no index, a disadvantage, but each term now received 3 to 5 individual references. Compared to the size and scope of Psychoanalysis: The Major Concepts, Psychoanalytic Terms & Concepts seems to represent an intermediate step and a presage of what was to come.

Psychoanalysis: The Major Concepts is an impressive volume with an ambitious intent. The readership is expected to range from beginning students of psychoanalysis to the more sophisticated seeking a review, and the book seeks to provide for research scholars a systemic consensus regarding the scientific basis of psychoanalysis. According to the preface, the editors intend “to survey the field of psychoanalysis, specify the areas of human behavior to which it has been applied, reexamine its scientific underpinnings, review the progress made, and assess the result.” Subjects of central importance to psychoanalysis are discussed comprehensively in as many as 20 pages. The work was overseen by the same editorial board as Psychoanalytic Terms & Concepts, but it was removed from the aegis of the American Psychoanalytic Association. The book has 577 pages and 43 chapters written by 49 contributors, mostly training and supervising analysts from institutes sponsored by the American Psychoanalytic Association and located throughout the United States.

The book is divided into 2 sections. The first is devoted primarily to clinical psychoanalysis, and the second attends to theory, including Freud’s metapsychology. There is a topical table of contents and an alphabetical list of chapter topics. There is an extensive index through which the reader may locate references to terms and topics of narrow scope that are embedded in the broad chapters.

The first section, “Clinical Psychoanalysis,” is itself divided into chapters dealing with therapeutic applications (the technique of psychoanalysis, psychoanalytically oriented psychotherapy, child psychoanalysis), with technical issues (transference, countertransference, resistance, and acting out), and other issues (dreams, character, narcissism, etc.). Chapter 1, by Sydney E. Pulver, M.D., “The Technique of Psychoanalysis Proper,” is an especially clear and demystifying description of the structure of a typical psychoanalysis and the way of working of the typical American psychoanalyst. Psychiatric residents embarking on the journey of understanding the dynamic therapies will find these 20 pages, in conjunction with Pulver’s companion chapter 5, “The Psychoanalytic Process and Mechanisms of Therapeutic Change,” to be a fine starting point. Likewise, Pulver’s chapter on “Symptomatology” will assist the clinical student to understand the meaning of symptoms and the mechanism of their formation.

Moore’s chapter on “Narcissism” provides a lucid explication of Freud’s use of the term and of various authors’ views since Freud, including the similarities and differences between Kohut and Kernberg. It concludes that “there is no need for a new theory or terminology to understand so-called narcissistic disorders.” While this conclusion will be troublesome to some, it is consistent with the position taken by mainstream American psychoanalysis during the development of the self-psychology movement.

Clarity does not always prevail. For example, Leo Stone’s discussion of the genesis of transference is highly condensed. His unexplained references to concepts such as the Zeigarnik phenomenon, the primal object, and the primordial transference will cause some readers either to turn to the literature or to turn
Attention-Deficit Hyperactivity Disorder: A Clinical Workbook, 2nd ed.


This clinical workbook is designed to guide the medical professional in the assessment of attention-deficit hyperactivity disorder (ADHD). The focus is upon both childhood and adult ADHD. The workbook provides fact sheets to be given to parents and teachers of children with ADHD and adults with ADHD. These fact sheets consist of a summary of the DSM-IV criteria for ADHD followed by a brief discussion of the prevalence, etiology, and treatment options for the disorder. The next section provides instructions for numerous assessment forms.

The first half of the workbook addresses evaluation of children and adolescents, and the second half addresses evaluation of adults with ADHD. The format of both parts of the book is similar, but the section on evaluating adults provides forms that can be given to friends and family to aid in the assessment and questionnaires to be completed by the adult patient.

The portion of the workbook focusing on youth also provides questionnaires to be completed by the parents as a method of obtaining developmental and medical history. The questionnaires are followed by a fairly lengthy description for parents on how to prepare for the evaluation of their child. A form is also supplied for the clinician to use in obtaining the clinical history as well as forms for the assessment of potential comorbid disorders. Each disorder is listed with a DSM-IV criteria checklist. A final section on children addresses the child’s behavior in school.
and includes a form to be used to obtain a daily report of the child in the school setting.

The workbook provides much information that is useful in the evaluation of ADHD, although it is presented in a cookbook fashion, targeting the professional who is in need of guidance in the basic process of performing a clinical interview. The format ensures that all aspects of the clinical interview are covered; for the practicing psychiatrist, though, the information should already be a standard part of the interview based upon good knowledge and understanding of DSM-IV.

The assessment scales and the sections providing instructions for the forms are both useful features of the workbook. However, no references to the page numbers of the assessment forms are provided in the instructions for using the forms. The reader is then left searching ahead to find each form when reading the form instructions.

The workbook’s strength is the information provided about assessment tools. The workbook’s weakness is the format in which that information is provided. The workbook provides much useful information to parents and patients, although the amount of written information may be prohibitive if the user has difficulty reading an extensive body of written information. It appears to be targeted at professionals who need a form to guide them through clinical interviews, and is written in such a way that the clinician can use sections of the workbook applicable to his or her own practice without needing to use the book as a whole.

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The MGH Guide to Psychiatry in Primary Care

The MGH Guide to Psychiatry in Primary Care can be used and appreciated by the primary care physician, consultation psychiatrist, and general psychiatrist. It addresses the evaluation and management of commonly encountered clinical problems in a comprehensive, thoughtful, and practical manner. The editors have overseen collaboration between their colleagues, most of whom are from the faculty and staff of the Massachusetts General Hospital (MGH) and contribute a diverse clinical expertise. The MGH Guide to Psychiatry in Primary Care does not assume advanced training in psychiatry. Each chapter is either coauthored or reviewed by a practicing primary care provider and represents an interdisciplinary collaboration between a psychiatrist and nonpsychiatrist. This process results in a well-blended text, which conveys information, both experience- and data-based, from seasoned practitioners.

The MGH Guide to Psychiatry in Primary Care is presented in a problem-focused, handbook format. Chapters are loosely grouped by topics of pain, neurology, obstetrics, gynecology, psychiatry, geriatrics, health-promotion strategies, and several others. Some chapters discuss the approach to the patient with a specific disorder, for example, headache, impotence, bulimia, postpartum mood disturbance, or cancer. Other chapters discuss the approach to more nonspecific complaints, such as anxiety, mood disturbance, or fatigue. The chapters describing the management of patients receiving psychotropic medications or with antidepressant side effects provide several useful “pearls” and tables. Several chapters focus on techniques, “Quick Diagnostic Probes at the Bedside,” “Use of Neuroimaging Techniques,” or “Personality Disorder: General Approach to the Difficult Patient.” There are interesting chapters regarding less common clinical challenges, “Approach to the Patient Undergoing Organ Transplantation” and “Practical Approaches to the Celebrity Patient.” Finally, there are specific chapters regarding the professional interface between colleagues, “Approach to Collaborative Treatment by Primary Care Providers and Psychiatrists,” and legal issues, “Approach to Informed Consent.”

The format of The MGH Guide to Psychiatry in Primary Care combines tables and algorithms, which are useful for reference, with a more substantial text. Generally, there is a brief section on the characterization, pathophysiology, and epidemiology of the problem of interest. The bulk of the chapter is then focused on the evaluation of the patient, related clinical points of particular importance, differential diagnosis, treatment, and management. References for further reading are also provided. For example, the chapter entitled “Approach to the Patient With Seizures” begins with a brief introduction and is followed by a substantial section on evaluation, including specific recommendations regarding the diagnostic process with detailed tables highlighting the classification of seizure types and drugs associated with seizures. The characteristics of partial seizure types, which may include psychic symptoms, are particularly emphasized. Next is a concise description of the differential diagnosis followed by treatment strategies, including details of pharmacologic treatment and a brief discussion of epilepsy surgery. The table, which lists the characteristics of seizures versus pseudo-seizures, is useful. This chapter is helpful to the neurologist, primary care physician, and the psychiatrist to manage disorders and medications common to each of these fields.

In a few cases, such as the chapter on acute or chronic pain, the information seems to be more directed toward the pain specialist than the primary care doctor or the psychiatrist. However, this bespeaks the comprehensive and ambitious content of this endeavor. It is also one of the strengths of this text, that it attempts to get us all speaking the same “language,” in detail, from the appropriate dosages of pain medications to the diagnostic criteria for major depression. The chapters might be grouped into more cohesive sections. However, the way that they are presented represents a realistic view of the challenges facing practitioners in the clinic and hospital. Additionally, The MGH Guide to Psychiatry in Primary Care has an excellent index.

I enthusiastically recommend this text to clinicians, from those beginning medical training to those with much more experience. The collaborative spirit advanced by the editors of The MGH Guide to Psychiatry in Primary Care can help us all to take more comprehensive care of the patient.

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