

Concise Guide to Psychodynamic Psychotherapy: Principles and Techniques of Brief, Intermittent, and Long-Term Psychodynamic Psychotherapy, 3rd ed.

by Robert J. Ursano, M.D.; Stephen M. Sonnenberg, M.D.; and Susan G. Lazar, M.D. American Psychiatric Publishing, Inc., Arlington, Va., 2004, 244 pages, \$32.95 (paper).

A Concise Guide to Psychodynamic Psychotherapy sounds like an impossible dream. However, the authors have managed to construct a volume of less than 250 small pages that is well written, easy to translate into useful and important clinical activity, and reasonably well referenced.

Among the many positive facets of the book are the provision of practical guiding principles for evaluation of psychotherapy (Chapter 3), a rich description of psychodynamic listening especially helpful to developing an approach to the particular activities involved in this process (Chapter 4), and defining the elements of a psychodynamic evaluation/formulation and how those elements will be put to use (Chapter 6).

Conceptualizing the psychotherapeutic relationship as an (in vivo) "laboratory" in which a therapeutic play space is created by both the therapist and the patient for their mutual examination is helpful not only to the novice therapist, but also as language to explain to patients some of the "artificial" elements of the relationship and therapist behavior. The authors define *abstinence* predominantly in terms of less verbal activity. I believe that misses the opportunity to introduce the concept of abstinence as referring to the limits on what a therapist legitimately derives from the therapeutic relationship: receiving compensation for the services provided and feeling masterful about a job well done. When the therapist begins to "use" therapeutic relationships for other purposes, such as compensatory intimacy, the exercise of power, and reaping other benefits not specifically part of the therapeutic contract, the therapist begins crossing and violating boundaries. While I believe these authors are quite mindful of such boundary issues, it would have been helpful to more explicitly explain the "big 3" therapeutic principles of abstinence, anonymity, and neutrality in the chapter on beginning treatment.

The chapter on countertransference is quite useful. The advice to "not take the patient's feelings personally" (p. 127) might have benefited from more elaboration. Transference distortions and countertransference reactions will always feel quite "personal." The trick is to maintain enough professional equanimity to help the patient "metabolize" very real and personal feelings by verbal means as opposed to behavioral action.

In the very fine chapter on termination, the authors do not make any mention of the role of professional writings about psychotherapeutic work. Those of us in academic settings are often in positions where there are professional pressures to write for publication about psychodynamic psychotherapy relationships. Such writing raises important clinical and ethical perspectives that these authors might develop in a fourth or subsequent edition of this volume.

The chapter on practice problems and their management is a very nice introduction to questions that either are on the mind of every new therapist or eventually will be. A discussion of this chapter in a psychotherapy seminar for residents or an ongoing study group for practicing psychiatrists would be extremely useful and illuminating. Such discussions might also help to avoid boundary crossings or violations and help to protect therapeutic alliance.

The chapter on borderline and other severe character pathology includes a description of schizoid patients that pertains to

only the rather small percentage of individuals who meet phenomenological criteria based on early and extensive disavowal of attachment needs. The construct of schizoid patients being "like quiet borderline patients" (p. 201) suggests a conceptualization of schizoid patients as being more like severe cases of avoidant personality disorder, in which the yearnings for attachments are something to nurture in a psychotherapeutic relationship. Most patients who have the phenomenological diagnosis of schizoid personality disorder are deficient in what Cloninger et al.¹ refer to as "reward dependence" and what others variously describe as an attachment hunger. Borderline patients combine relatively high reward dependence with another conflictual personality dimension such as harm avoidance or novelty seeking.

With the few small areas of potential improvement noted above, this text would be of great use to practitioners unfamiliar with psychodynamic psychotherapy (an increasing population) or training programs that are relatively resource-poor but looking for an inexpensive organizing text for the didactic portion of their curriculum in psychodynamic psychotherapy.

REFERENCE

1. Cloninger CR, Svrakic DM, Przybeck TR. A psychobiological model of temperament and character. *Arch Gen Psychiatry* 1993;50:975-990

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Functional and Neural Mechanisms of Interval Timing

edited by Warren H. Meck. In book series: *Methods & New Frontiers in Neuroscience*. CRC Press LLC, Boca Raton, Fla., 2003, 551 pages, \$149.95.

Tick, tock. Tick. *Tempus fugit* (time flies) and flies keep time, but who really cares? As psychiatrists, we're accustomed to thinking about circadian rhythms, but we'll soon be finding that there's more to the story. The past several decades of research, as carefully chronicled in this field-unifying volume, have brought interval timing into its prime. Basic characteristics of the mechanisms that enable us to sense milliseconds or to pace ourselves through minutes have been established and accepted as independent of circadian clock mechanisms. As more is learned about this sixth sense—this ability to time events by changes in the brain's functional networks—it can be predicted that we will recognize distorted time percepts in psychiatric syndromes as key symptoms related to their pathophysiology. Time perception, accelerated or slowed, is involved in psychopathology. When melancholic patients report feeling that time is standing still, just what are they telling us?

The neurobiology of event timing still holds that secret; the mood rooms of the little house of mechanisms are not yet in the blueprint. However, the cornerstone of this house has been set: scalar expectancy theory emerged about 25 years ago and has produced consistent models of timing neurobiology throughout the vertebrate species. The effects of temperature, age, Parkinson's disease, cerebellar degenerative illnesses, drugs (including psychoactive drugs), and even deep brain stimulation on the scalar expectancy model have been studied, with many of the more intriguing findings reported in the latter chapters of this thorough and richly informative book. Brain imaging methods

have been applied and are reported here. Future directions are interestingly laid forth in the concluding section.

The earlier chapters will most likely be less exciting to readers from psychiatric backgrounds, especially in the repetitive portraits of that cornerstone (scalar expectancy theory). Still, for a novice in the field, each rendition reinforces and supplements the others with little redundancy or wasted space. Numerous sets of data, each carefully exposed and all pointing to similar sequences of accumulators and memory comparators, present the model with great conviction.

In all, 10 chapters in the first section describe functional mechanisms, followed by 11 chapters in the second section, all on neural mechanisms. Throughout the volume, the writing style gives a clear, even, concise, expository flow with an excellent balance of detailed methodology and findings of each study, with helpful interpretations of their juxtapositions to other studies. For the student in the field, this is a treasure trove. For clinicians or researchers in other areas who want a reference that will guide an understanding of this timely field, this will be invaluable and highly recommended. It's just a matter of time until these mechanisms are tied to differential reward and mood responses. We're all waiting.

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Doing the Right Thing: An Approach to Moral Issues in Mental Health Treatment

by John R. Peteet, M.D. American Psychiatric Publishing, Inc., Washington, D.C., 2004, 125 pages, \$24.95 (paper).

Dr. Peteet has written a slim, unpretentious volume about moral issues that face most psychiatrists every day. It is a wonderful introduction and a rich book.

He starts with a quotation from Churchill: "There is only one duty, only one safe course, and that is to try to be right" (p. 1). However, in our field, this effort is amazingly complex and difficult. Peteet asks enormously important questions: should a psychiatrist explore not only a patient's denial, but also the patient's lack of empathy or limited capacity to feel guilt? How should psychiatrists help patients deal with such unanswerable questions as whether it is right to opt for a divorce, whether or how to forgive a childhood abuser, or how much to sacrifice for an aging and debilitated parent? What should psychiatrists do with patients who cause risk or harm to others through unsafe sex or not being attuned to their children? It is very easy to say that we should be "neutral," but our words and actions with the patient are always value laden, however neutral we may seek to be. The usual nostrums are of little actual help in the arena.

In the first chapter, Peteet discusses the capacity for moral decisions and functioning and its importance in the patient's problems and worldview. He raises the issue of the therapist's directly addressing these issues. He moves on, in the next chapter, to a consideration of the values of the patient, psychiatrist, and sometimes third parties, and how those values affect treatment and functioning. The next chapter, which is outstanding, examines the whole problem of "caring" for the patient, and this has enormous implications. Caring can be viewed as feeling, as commitment, as nurturing behavior, as diligence, or as moral behavior, and these are not mutually exclusive. The fourth chapter considers how patients and doctors can actually deal, pragmatically, with moral dilemmas in their work together. The fifth

considers the horrific question of unfair suffering, while the sixth considers the way patients deal with guilt. The book ends with a reprise about the central role of a moral view in treatment—we may reject talking about values, and perhaps most of us do, but they are absolutely implicit in any medical encounter.

Reviewers get irritated by some features of any book, and this book is no exception. I occasionally found it just a bit pedantic, and I thought some of the flow diagrams were simplistic. On the other hand, the book is cohesive, has outstanding arguments and wonderful references—a very comprehensive list—and provides an enormous amount of thought-provoking material in 125 pages. I recommend this book to all residents in psychiatry and child and adolescent psychiatry, to their teachers, and to practicing psychiatrists. It poses huge and disturbing questions.

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The Brain Takes Shape: An Early History

by Robert L. Martensen, M.D., Ph.D. Oxford University Press, New York, N.Y., 2004, 247 pages, \$49.95.

What psychiatrist has not had occasional doubts regarding the fundamental validity of our conceptualization of mental illness? Indeed, physicians in general struggle with the proper definitions of health and illness. Manuals such as the *International Classification of Diseases* or psychiatry's DSMs do not address the dilemma, and slogans like "holistic medicine" or "body-mind dichotomy" fail to capture the complexity of the issues involved. In the days before we had parceled the body of intellectual endeavor into various sciences plus philosophy and theology, there was a field called natural philosophy. Natural philosophers sought to understand the essence of life. They used all the methods at their disposal to advance their insights and drew freely on classical scholars, religion, alchemy, and the emergent techniques of anatomy and histology.

The Brain Takes Shape is a new, learned book, written by a physician of our age, Robert L. Martensen, who takes us on a visit to the 16th and 17th centuries. Then, *philosophia naturalis* unified thinkers like Descartes, Harvey, and Newton, whom we would see today as laboring in completely unrelated fields of study.

This book is not for the faint-hearted. Martensen acquaints his readers with material most medical students did not come in contact with during their college education. This includes European history in the late Middle Ages and early Renaissance, the religious and political ideas preceding and sustaining the Reformation, and the classical thought, especially Plato and Aristotle, that influenced the Revival of Learning. However, complex as much of the material is, Martensen is a delightful guide and teacher, and, even for those of us who majored in chemistry and think of ourselves as practitioners of applied science, the rewards are invaluable.

The concept that firm structure is the substrate of function is relatively new. When physiological phenomena were understood to be manifestations of spirit, the architecture of organs or their microscopic characteristics were not of major interest. So the title of Martensen's work, *The Brain Takes Shape*, has a very literal dimension to it—it traces a conceptual course from ethereal essences to solid tissues and organs. The contribution that Harvey and Vesalius and others of their age (in contrast to the medieval Paracelsus) made was the anchoring of function in

form. The next generation, Willis, Descartes, and contemporaries, expanded the notion and put primacy on the brain rather than the heart in human behavior and emotions. The details occasionally strayed into blind alleys, as evidenced with Descartes' idea that the pineal gland was the supreme structure in the brain. The larger idea, however, persisted and laid the foundation for modern medical science.

In yet another enrichment of his discourse, Martensen manages to weave the historical context of early modern England, the Reformation and Oliver Cromwell's rise, into his text. None of the progression in scientific thinking could be understood without appreciation of the political and social context.

While fascinating as a textbook of medical intellectual history, the greatest thrill comes when the reader connects the historical material to his or her 21st century experience. The book's last section (which could have benefited from some expansion beyond its current 20 pages) stimulates this thinking by introducing some ethical issues, for instance the problems surrounding persistent vegetative states. The reader who may have thought he or she had come to terms with such a question quickly begins to waver when Martensen lays out the case, and, astoundingly, in the new-found doubts, reexperiences questions about function and structure that troubled the natural philosophers 400 years ago. Martensen does not present psychiatric dilemmas in his account, but it is not hard to extrapolate from the material he does include and apply it to our field. Obviously, there is no answer jumping out at us from the book—we will not learn whether schizophrenia is a neurotransmitter dyscrasia or a learned behavior or both—but the historical background helps us formulate our questions more wisely. Any psychiatrist, physician, healer, or therapist who seeks to increase his or her perspective beyond the constraints of current schools of thought will cherish this book.

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Marijuana and Madness: Psychiatry and Neurobiology

edited by David J. Castle, M.D., and Robin Murray, M.D.
Cambridge University Press, Cambridge, U.K., 2004,
218 pages, \$80.00.

Marijuana and Madness is an excellent book that clearly and thoroughly explores the subject from every point of the biopsychosocial spectrum. The general reader gets an in-depth view into the techniques and thought processes of specialists, which is unavailable in the limited space of journal articles and weekly lectures.

Twenty-nine contributors in 13 chapters address subjects such as the chemistry of Δ^9 -tetrahydrocannabinol (THC), the naturally occurring cannabinoid system in the brain, and how marijuana affects cerebral functioning and overall behavior. The microscopic science and subjective experience are both addressed, as well as fundamental concerns about issues relevant to clinicians caring for patients who smoke marijuana.

Ever hopeful, I turned to the last chapter first in search of the answers. No surprise—there are no simple responses, as in all fields of human knowledge. But along the way I learned and relearned a lot. One hundred years after J. J. Moreau described the result of ingesting THC, its effect on mental disorders remains uncertain.

The subjective experience of marijuana use varies from one person to another, depending on dose, environment, and expecta-

tations. The same is true of LSD. If you expect a religious experience you are likely to get one, and if you fear a bad trip one may happen.

The most common benefit, users report, is relaxation and relief from stress, but at the price of impaired memory and occasional paranoia and loss of motivation. Heavy users become dependent, crave and search for it, and, when deprived, lose sleep, appetite, and weight. Occasional smokers do not seem harmed. Marijuana produces euphoria and laughing, prolongs the sense of the passage of time, impairs immediate recall, and induces detachment from reality. Whether it destroys motivation remains controversial.

While depressed people are more likely to smoke marijuana, doing so does not cause depression. The drug is neither a necessary nor sufficient cause of schizophrenia, but may be a component in those otherwise susceptible to it.

Having been exposed to countless grand round lectures and journal lectures in which narrow subjects are presented without time for supporting evidence and with force of truth, I found this book refreshing, especially Harrison Pope and Deborah Yurgelun-Todd's chapter at the end advising caution because of the many complexities involved in answering what seem like simple questions. When asking whether marijuana causes schizophrenia, one needs to know what constitutes a cause and what is schizophrenia. Reading *Marijuana and Madness* will make you humble and wary of scientific and clinician zealots and will increase your wisdom.

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Molecular Neurobiology for the Clinician

edited by Dennis S. Charney, M.D. In book series:
Review of Psychiatry, vol. 22, no. 3. American Psychiatric
Publishing, Inc., Washington, D.C., 2003, 250 pages,
\$34.95 (paper).

This edited book, published in 2003, summarizes selected aspects of molecular neurobiology in terms of their relevance for psychiatric clinicians. Disorders covered include childhood- and adolescent-onset disorders, schizophrenia, drug addiction, and mood and anxiety disorders. In addition, there is a chapter on the role of molecular genetics in the diagnosis and treatment of psychiatric disorders. Clinicians unfamiliar with the area of molecular neurobiology will find most chapters readable and will be usefully educated. In this context, the book is highly recommended.

The first chapter, "Molecular Neurobiology of Childhood- and Adolescent-Onset Psychiatric Disorders," is a major contribution to the field and discusses a variety of approaches to studying such disorders as attention-deficit/hyperactivity disorder, Tourette's disorder, and obsessive-compulsive disorder. Chapter 2, which reviews the current status and challenges of molecular-genetic research on adult-onset psychiatric disorders, includes both advances and challenges that the sequencing of the human genome presents. The third chapter discusses schizophrenia, which has long been a disorder, or set of disorders, of great interest in terms of its potential molecular genetic basis and how this might be related to synaptic/neuroanatomical changes that in turn can affect neurobehavioral functioning. There have been rapid research advances in the area of addictions, and some of the important approaches are creatively discussed in Chapter 4. The area of mood and anxiety disorders is

ably summarized in Chapter 5 in terms of some selected areas of cutting-edge molecular neurobiological research.

There is no question that molecular neurobiology, including genetics, is highly relevant to understanding the major psychiatric disorders, and the authors of the various chapters highlight some of the approaches being tried in the different areas. The complexities, controversies, and alternative lines of work and/or interpretations are sometimes not sufficiently acknowledged, but this need not detract from the central message of the book, namely, that advances in molecular neurobiology need to be appropriately incorporated into our field.

Some words of caution are in order for the readers of this book. We are dealing with complex multifactorial disorders and have to be careful not to promise too much too quickly. Parts of this book have such overtones. For example, assertions are made that in the very near future our diagnostic system will be primarily based on molecular neurobiological research. For this to happen would require an exponential and rapid increase in findings that are stable, reliable, and specific. These fields are, understandably, still in flux, and for a diagnostic system to be based on that is premature. This does not mean that reproducible molecular neurobiological findings should not be incorporated into our thinking about diagnosis, but they are not yet ready to form the major cornerstone. Likewise, one needs to be cautious not to promise too much too quickly regarding new treatments based on advances in molecular neurobiology. That said, we are in a very exciting time, and psychiatrists and other mental health professionals need to fully utilize resources such as this book in our continuing education.

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Somatoform Disorders: A Medicolegal Guide

by Michael Trimble, M.D. Cambridge University Press,
New York, N.Y., 2004, 254 pages, \$75.00.

With evidence-based medicine increasingly dominating our healing art, it is easy to forget that diagnostic categories and treatment approaches have historical and philosophical roots. Our basic premises affect the methods of studies and the interpretation of results. This is most certainly the case with conditions such as chronic fatigue, fibromyalgia, chronic pain, and conversion disorders. These conditions and others that appear medical, but are medically unexplained, are the stuff of somatoform disorders.

Michael Trimble, the eminent professor of behavioral neurology at the Institute of Neurology in London, has produced a gem of a book on somatoform disorders that is quite scholarly, but far from dry. The book seems most suitable for forensic psychiatrists, but consultation-liaison psychiatrists and general psychiatrists interested in somatoform disorders will also particularly appreciate this book. It is too medically sophisticated for the lay public, and too wide ranging and not focused enough on specific disorders for medical students. Some of the chapters will be useful to lawyers. The medicolegal discussions have to do with British law and precedent, but this will not detract for the American reader, since our workers' compensation laws derive from the British and the issues for forensic psychiatry are much the same.

The book reviews key literature and provides a good overview of contemporary knowledge about classification, diagnosis, treatment, and prognosis of somatoform disorders. The references are current through 2002, but also cover the past century, documenting observations pertinent today. They are not exhaustive but are well selected, and will be very useful to academics.

What the book does not do is teach nosology, or even give guidelines on how to diagnose, treat, or testify about somatoform disorders. Instead, it provides a rich historical and philosophical context to our current medical and legal conceptions about somatoform disorders, particularly following injury. It also strays into areas seemingly tangential to the title, including memory and the nature of consciousness, but these are fascinating in themselves.

The book brilliantly brings historical perspectives and up-to-date evidence together. Trimble's work is remarkably intellectual. He quotes literature from Aeschylus to Shakespeare to T. S. Eliot. He discusses the philosophies of Aristotle, Kant, and Nietzsche, among others. At times, the prose is so good that it made me want to continue reading page after page, a rarity for me in a clinical tome. Examples of memorable, pithy phrases include: "our memories, like the eggs we eat for breakfast, are also friable" (p. 109), "the basis of civil law is revenge, a motive as old as human history" (p. 168), and "truth and meaning are different concepts for the human mind, and meaning always takes precedence" (p. 241). By the end of the book, the reader can well appreciate Trimble's concluding warning that "overdiagnosis, oversolicitous behaviour, excessive dependence, and inappropriate prognostication contaminate the waters of the healing well, which is often made out to be deeper than it need be" (p. 216).

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