

### Cognitive Therapy of Schizophrenia

by David G. Kingdon, M.D., and Douglas Turkington, M.D.  
In book series: Guides to Individualized Evidence-Based Treatment. Guilford Press, New York, N.Y., 2005, 219 pages, \$35.00 (cloth).

*Cognitive Therapy of Schizophrenia* is the first book in a series entitled "Guides to Individualized Evidence-Based Treatment," which has the broad aim of facilitating the translation of evidence-based therapies into clinical practice. Using 4 case examples throughout the book, the authors describe cognitive intervention techniques corresponding to subtype-specific formulations in a manner that is user-friendly and clinically applicable. Reviewing the empirical literature on therapeutic interventions for psychosis, the authors cogently argue that cognitive intervention techniques can successfully augment pharmacotherapy in the treatment of patients with schizophrenia.

The first chapter outlines the authors' cognitive conceptual model of schizophrenia, with a focus on defining the core features of 4 common clinical subtypes. The second chapter describes empirical evidence on the efficacy of pharmacologic and cognitive intervention approaches to schizophrenia. The effectiveness of cognitive therapy in patients with persistent psychotic symptoms is discussed; the authors emphasize study findings of reduced hospital days, relapse rates, and both positive and negative symptoms.

In the third chapter, the authors effectively argue for the potential utility of cognitive therapy aimed at minimizing progression of early symptoms of psychosis. Chapters 4 through 8 introduce the process of initiating therapeutic intervention with a psychotic patient. The goals and elements of a thorough biopsychosocial assessment are described in chapter 5, including the administration of specific clinical rating scales. In the sixth chapter, the authors explain their methodology for individualizing case formulation and emphasize the importance of collaborating with the patient when developing a corresponding treatment plan. In chapter 7, detailing the process of engaging the patient in treatment, the authors discuss the benefit of considering patients' preconceptions and expectations of therapy. In chapter 8, the authors describe the role of psychoeducation in cognitive therapy, which underpins the goals of facilitating an understanding of the illness while minimizing anxiety and distress about the diagnosis and symptoms.

Chapters 9 through 12, which describe psychotic symptom-specific cognitive intervention techniques, contain the most clinically applicable material in the book. Chapter 9 explains the fundamental cognitive intervention techniques for delusions, from identifying cognitive distortions to generating alternative explanations, that support the goal of minimizing the intensity and the impairment resulting from the delusional beliefs. Similar techniques are applied when addressing visual and auditory hallucinations, as described in chapter 10. The authors introduce tracking of symptoms, distraction techniques, and therapeutic focus on interpretation of the voices as a facet of schizophrenic illness. In chapter 11, the authors examine issues surrounding clinical management of thought broadcasting, ideas of external control, and disorganized thought process. An overview of cognitive techniques to address negative symptoms such as avolition, alogia, and affective flattening is presented in chapter 12. The authors suggest collaborative activity planning with the patient that should focus on establishing short-term, achievable goals with gradual progression to long-term objectives.

The use of case conceptualization in addressing common comorbid conditions with schizophrenia is delineated in chapter 13. In chapter 14, the authors detail methods of relapse prevention, including recognition of symptom triggers and relapse patterns, that further the aim of early intervention when warning signs become apparent. The final chapter recommends strategies for dealing with potentially challenging situations that arise in therapy, such as active hallucination during sessions, lack of progress and/or insight, and suicidality.

Providing useful tools such as handouts to use in therapy as well as concisely described psychological theory, *Cognitive Therapy of Schizophrenia* is both practical and scientifically rigorous. Highlighting empirical support for their approach, the authors present clinically applicable concepts and provide readers with optimism about connecting with patients suffering from schizophrenia. We commend the authors for their thorough review and recommend this book to all clinicians who wish to expand their therapeutic skills in the treatment of schizophrenia spectrum disorders.

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### Oxford Handbook of Psychiatry

by David Semple, Roger Smyth, Jonathan Burns,  
Rajan Darjee, and Andrew McIntosh. Oxford University  
Press, Oxford, U.K., 2005, 953 pages, \$44.50 (softcover).

This is a splendid little (perhaps not so little) handbook with much to recommend it. It is intended for medical students, residents, and early career psychiatrists, but is also a useful reference for any clinician wanting easy access to an abundance of practical clinical information. It lives up to the description on the cover of providing "hands-on advice for managing psychiatric conditions."

The handbook consists of 24 chapters, mostly by diagnostic categories, but also some by specific populations (old age, children and adolescents, liaison psychiatry, and psychotherapy) and special topics (more about that in a moment). One would expect such a volume to cover basic diagnostic and pharmacologic issues, but what sets this handbook apart is the extras.

An early chapter is on evidence-based psychiatry and serves as a helpful guide for how to approach the medical literature. And toward the back are chapters on thorny problems, such as therapeutic issues (e.g., tardive dyskinesia and serotonin syndrome) and difficult and urgent situations (e.g., suicide attempts in the hospital, and even a section on what to do if summoned to a crisis situation, with negotiating principles).

Other nice touches throughout the book are lists of famous people with the diagnosis that is discussed in that chapter and practical little tips on dealing with everything from hyperventilation to drug-induced weight gain. And for the reader with a bit of time for browsing, shaded boxes scattered here and there contain charming literary references (such as Shakespeare's description of depression in *Hamlet*) and historical ones (Kraepelin's description of megalomania in neurosyphilis).

There are always a few things one might quibble with, and this volume is no exception. The comments on legal issues will not translate exactly to an American audience because we have different systems, and, in the first chapter, "Thinking about Psychiatry," the authors are a bit defensive, editorializing about why psychiatry is not in the "lower divisions of medical specialties." And while the book fits comfortably in my hand (it is slightly shorter and slightly wider than an airline ticket envelope), it is a bit thick at close to 1.5 inches and hefty enough that if put in the pocket of a white coat it would cause a bit of sag. But these quibbles are minor when balanced against a book that has so much to recommend it.

I had a chance to put this volume to the test recently when I was working in a clinical situation outside my usual practice of geriatric psychiatry. On successive days, I needed information on antidepressants in pregnancy and what to recommend for a 6-year-old who was disruptive at school. I found the needed information on the former immediately and got enough information about the latter to know what the most likely possibilities were, while reinforcing that I was far enough outside my knowledge base to warrant directing my attention to arranging for specialized evaluation.

Considerable thought and effort have been put into this handbook, and it has earned a place not only on my bookshelf, but, as my career now allows me the luxury of serving as a volunteer psychiatrist from time to time, in my briefcase when such situations arise.

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### **The Therapeutic Process: A Clinical Introduction to Psychodynamic Psychotherapy**

by J. Mark Thompson and Candace Cotlove. Jason Aronson Publishers, Inc. (an imprint of Rowman & Littlefield Publishers, Inc.), Lanham, Md., 2005, 320 pages, \$45.00 (cloth).

Readers who approach a new introductory textbook of psychodynamic psychotherapy with skepticism about finding freshness will be gratified by this effort by Thompson and Cotlove. The authors, both members of the faculties of the UCLA Department of Psychiatry and the Los Angeles Psychoanalytic Institute, have created a multitheoretical and up-to-date textbook that succeeds in reaching their stated intended audiences: beginning and more experienced clinicians and those who teach psychoanalytic psychotherapy. References and concepts range in a seamless fashion from the earliest days of psychoanalysis to the turn of the 21st century (although the absence of an index makes recovery tedious), and the desirability of the therapist's possessing the facility to move among various theoretical frameworks is stressed.

Beginning clinicians will find helpful chapters on the goals of psychodynamic psychotherapy and how to evaluate and formulate a patient. Clinical vignettes abound and nicely clarify both the process of psychotherapy and the problems that inevitably arise, including a lengthy chapter on resistance and defense. In that chapter, the catalog of defenses includes several that are clinically known but not mentioned in older books of this type (e.g., naïveté and hypomanic denial). An especially welcome inclusion is a chapter on listening and its subsection on dream models. Dreams may no longer occupy the prominent position that they did in Freud's day, but patients still dream dreams full

of meaningful content, and the 25 pages devoted to them provides a framework for understanding and working with dreams in psychotherapy. The importance of free association as a therapeutic medium is stated in the context of an understandable explanation of the concept itself. The reader is convincingly reminded of the centrality of the analysis of transference, both within the patient-therapist relationship and as experienced in the patient's daily life. The processes by which the capacity for empathy, an essential quality for the therapist, is developed are outlined. The power of interpretations is explained, as are the art and timing of their delivery. The evolution of the transference through the working-through process gives a clear direction toward optimal and less optimal terminations.

For experienced clinicians/teachers, there are frequent pithy one-liners that capture the essence of a concept that may have previously been the subject of a rambling classroom discourse (examples: "Only psychologically significant issues activate defenses" [p. 145]; "Splitting interferes with, moreover is diagnostic of, the failure or lack of libidinal object constancy" [p. 147]; "Every therapist has certain unique concerns or sensitivities [vulnerabilities], which can be activated or provoked by a patient" [p. 218]; "It is not the blinding insights that are remembered by the patient [p. 229]"; "'Transference' describes the appearance and expression of . . . expectations and desires" [p. 249]). Somehow, although these are things that the experienced reader has always known, the authors have simply gotten to the heart of the matter. The teacher will also smile at both the literary references (e.g., Shakespeare, Kierkegaard) and the references to the classic psychoanalytic literature that still possesses vitality in our current postmodern era.

*The Therapeutic Process* succeeds in many ways. Physically it is a tidy package of good publishing quality. It is a pleasure to read and read again. A given reader will always find nits to pick, of course: too many references to Waelder's (misspelled "Walder" on 2 occasions) principle of multiple function; an explanation of projective identification that would have benefited from reference to Ogden; using as an example of a therapist's dream about a patient an extraordinary but hardly typical specimen of this particular form of countertransference; and the aforementioned absence of an index. Nevertheless, this book is strongly recommended as a teaching aid, especially for psychiatry resident courses and for analytic institute extension courses.

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### **Movies & Mental Illness: Using Films to Understand Psychopathology, 2nd ed.**

by Danny Wedding, Mary Ann Boyd, and Ryan M. Niemiec. Hogrefe & Huber, Cambridge, Mass., 2005, 258 pages, \$34.95 (paper).

This is a good elementary psychopathology text written by movie aficionados for use in teaching about DSM-IV's diagnostic categories. It aims to portray entities such as anxiety disorders, dissociative and somatoform disorders, substance abuse, schizophrenia, sleep, eating, and impulse control disorders, violence, and physical and sexual abuse as well as their treatments. The authors do this starting with a discussion of film techniques, misconceptions, and stereotypic themes, all with exemplary films described in the text and in helpful tables. Each type of mental illness has a chapter devoted to it; each chapter starts

with a proposed psychiatric evaluation of a film's protagonist that includes history, mental status, differential diagnosis, treatment plan, and prognosis. Both contemporary and classic feature-length films, including international productions, are discussed, and standard definitions and discussion of signs and symptoms are provided for the neophyte. There are many study questions suitable for class discussions.

There are already several books available on film and psychiatry, including teaching manuals such as this volume (see Harvey Greenberg's *The Movies on Your Mind: Film Classics on the Couch From Fellini to Frankenstein*,<sup>1</sup> Glen and Krin Gabbard's *Psychiatry and the Cinema*,<sup>2</sup> and David J. Robinson's *Reel Psychiatry: Movie Portrayals of Psychiatric Conditions*<sup>3</sup>). While each has its strengths, only the last has a similar textbook intent for the beginning student.

*Movies & Mental Illness* has a number of strengths, including use of the most recent films for illustrations, being clearly written (although not so carefully proofread), and inclusion of memorable quotes from the films highlighted. It also has some very useful tables and appendices for those of us who want to explore further. Table 1.2 lists classic and recent film examples for each category of psychopathology. Appendix A lists The American Film Institute's 100 Best of 100 Years; Appendix B gives The American Film Institute's Top 50 Heroes and Villains and the film each dominates; Appendix C has the Internet

Movie Database (IMDb) Top 250 movies; Appendix D has recommended Web sites; Appendix E lists common misperceptions about mental illness perpetuated by movies; Appendix F lists balanced and unbalanced portrayals of psychotherapists in movies; and, finally, the quite lengthy and detailed Appendix G, titled "Films Illustrating Psychopathology," is keyed to the chapters on individual disorders and includes annotated and rated (for educational and psychological relevance and artistic merit) film descriptions. The volume ends with a comprehensive reference to print sources. The book lacks only an overall index to films.

#### REFERENCES

1. Greenberg H. *The Movies on Your Mind: Film Classics on the Couch From Fellini to Frankenstein*. New York, NY: Saturday Review Press/Dutton; 1975
2. Gabbard GO, Gabbard K. *Psychiatry and the Cinema*. Washington, DC: American Psychiatric Press; 2005
3. Robinson DJ. *Reel Psychiatry: Movie Portrayals of Psychiatric Conditions*. Port Huron, Mich: Rapid Psychler Press; 2003

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