

Handbook of Psychotherapy in Cancer Care

Edited by Maggie Watson and David Kissane. Wiley-Blackwell, Hoboken, NJ, 2011, 266 pages, \$57.95 (paper).

A good handbook's dimensions belie its ambitions. By implication, a handbook should fit in one's hand, or at least be of manageable enough size that it can be easily kept at hand. Within that constraint it promises to convey passable erudition and/or competence in a particular area, and to do so via the simplest possible means.

In their suitably compact *Handbook of Psychotherapy in Cancer Care*, Drs Maggie Watson and David Kissane have assembled an international team of contributors to produce 21 chapters distilling their knowledge and experience of an apparently exhaustive array of psychotherapies delivered to cancer patients and their families. The book is divided into 4 sections, 3 of which are oriented toward therapeutic formats (individuals, groups, and couples and families). The fourth addresses "Therapies Across the Life Cycle." Most chapters take on a particular therapeutic modality, though a minority focus instead on clinical contexts or goals, as in chapters on genetic testing and sexual dysfunction. The editors have striven for uniformity and structure. Chapters are kept succinct at about 10 to 12 pages, and each contains a few paragraphs on evidence base and service provision.

As a handbook, this text succeeds most thoroughly as a low-altitude survey of what lies under the sun of the psychotherapeutic aspect of "psycho-oncology." Well-trod topics such as cognitive-behavioral therapies and motivational interviewing are represented here with fresh coverage that will be beneficial to all but specialized practitioners of these modalities. I found the chapter on mindfulness interventions to be particularly helpful in laying out the basics of something I am far more likely to have to "sell" to a patient than to administer personally. Supportive-expressive group psychotherapy receives a fine treatment that reframes its utility after its early promise of survival benefit in women with breast cancer was not replicated.

Each of the book's 4 sections seems to be organized in descending order of the current clinical penetrance of its contents. Thus, chapters on written emotional disclosure and meaning-focused work in bereavement are back-loaded in their respective sections. Despite this, they receive no less attention than, say, supportive psychotherapy. Some might wish for more weighted coverage of the areas they most frequently encounter or practice. However, I found that the editors' chosen approach better catered to their stated goals of "sharing ideas" and providing "an introduction to each therapy."

The book's shortcomings are likewise a matter of taste. They are heralded in the Foreword and the editors' Preface, where psycho-oncology's psychotherapeutic orientation is framed as an enlightened remedy or complement to the biologically oriented work of oncologists. I was reminded of an internal medicine grand rounds I once attended in which a psychiatrist earnestly articulated this theme a few times until an oncologist in the audience took issue with it as inaccurate and lofty. Accordingly, some chapters of the *Handbook* come across as a bit self-satisfied and uncritical regarding the psychotherapeutic concepts being discussed. While this enthusiasm is occasionally helpful in relaying information, it has unfortunate side effects on the book's efficacy as a guide to action. Those looking for help choosing one form of therapy over another in clinical care or service development will

not find it here. Many chapter authors portray their interventions as ideal for just about all patients; evidence base limitations and resource needs are pointed out but seldom accounted for in terms of how they might influence clinical or systems-based decision making. Also, in some instances, such as in the chapter titled "Narrative Therapy," enthusiasm over the therapies themselves eclipses discussion of the core concern of the book—the specific needs of patients with cancer.

For the most part, though, this latter critique reveals an unexpected perk of the *Handbook of Psychotherapy in Cancer Care*—its utility as a compact reference guide to many of the psychological needs of patients with frightening and/or terminal illnesses. For all that cancer is a loaded word and illness, the fear and other intense feelings it evokes are universal human experiences. Thus, when the authors do discuss the cancer-related rationales behind the therapies they provide, they convey information of use to anyone who sees patients with significant medical morbidity. For example, the chapter titled "Dignity Therapy" discusses aspects of helping dying patients that I will incorporate into my practice and teaching, even if not under the rubric of being a psycho-oncologist or dignity therapist.

Ultimately, the *Handbook of Psychotherapy in Cancer Care* is both less and more than a reader might wish for in a handbook. It is not a psychotherapy manual, and it is unlikely to help a clinician or administrator make pragmatic choices among the modalities it covers. It does efficiently and effectively review a large array of those modalities and the rationales behind them. In accomplishing that goal, it indirectly goes beyond the realm of psycho-oncology to say a great deal about the experiences and needs of any patient confronting a threat to his or her physical integrity, sense of self, interpersonal connectedness, or survival.

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