

Practical Psychoanalysis for Therapists and Patients

by Owen Renik, M.D. *Other Press, New York, N.Y., 2006, 179 pages, \$24.00 (paperback).*

Overall, Owen Renik, M.D., has presented us with a very useful, though very provocative, casebook, clearly and explicitly challenging many time-honored tenets of psychoanalytic treatment as taught and practiced in Freudian-based institutes. In the process, Dr. Renik provides ways of approaching patient suffering with a goal of symptom relief, neither expecting nor necessitating that insight will ever be achieved by the patient, and seeing that goal as somewhat of an extra benefit, if it is achieved at all. Although there is no problem if achieving insight helps a particular patient, here Dr. Renik directly challenges that which has been long considered to reflect one aspect, one valuable tenet of that treatment that has come to be called *psychoanalysis*. I found myself pondering: Do I accept what Dr. Renik says? Is it valid, i.e., would it benefit patients to whom I offer treatment?

The book's title, *Practical Psychoanalysis for Therapists and Patients*, underreaches, by which I mean that it generates an *identity diffusion* given different skill sets gained in different educational settings. The word *practical* comes from the Greek word *πρασσειν* (*prassein*), meaning *to do, to work*—clearly an admirable tenet, as we want to offer patients effective treatment, want to do and to work on their behalf. To me, Dr. Renik blurs the differences that exist in the treatment modalities of psychoanalysis as compared to psychotherapy. His use of the term *analyst* for practitioners of both disciplines creates the illusion that they offer the same treatment for patients, when they clearly are not in a position to do so. Certainly, the idea of symptom relief, emphasized by Dr. Renik, is central to both disciplines, but the less-informed reader might well conclude that there is no difference in training, knowledge, or experience among different practitioners. A more effective title would be something like *Practical Treatment Tools for Psychotherapists and Patients as Gained from Psychoanalysis*. My purpose in discussing the title is to announce at the outset what the reader can expect from the book, something I think the current title fails to do. I found the word *chair* used once in the book and the word *couch* used once as well. It is likely that the average person equates *psychoanalyst* with *couch*, but Dr. Renik's casebook examples seem to reflect more of a face-to-face, psychotherapeutic technique.

Some of Dr. Renik's approaches took considerable tact, courage, and a certain gutsiness that would spell trouble if attempted by a less-skilled clinician—not all clinicians have the knowledge and skill base to conduct therapy with the level of self-disclosure that Dr. Renik employs. One has to know how to get out of the dilemma that too much or the wrong kind of self-disclosure can precipitate. Dr. Renik does not offer enough guidance as to how/when to draw boundaries around disclosures of personal information. What should be emphasized is Dr. Renik's statement that personal revelations are about what goes on in the treatment setting itself, but my concern is that some clinicians will find themselves on a slippery slope that generates conflict for themselves and their patients.

Some approaches puzzled me. Rather than invite the patient to explore the meaning of and reason for a dilemma, Dr. Renik tells us that he made statements or suggestions, seemingly as a way to try to accelerate the treatment process, but this approach always followed with success and Dr. Renik's *sine qua non* of symptom relief. That observation is not a criticism if this approach worked for him with a particular patient. I would very respectfully term Dr. Renik an iconoclast with a cause, as he is

trying to keep psychoanalysis and psychoanalytic thinking current and viable, i.e., alive in our times.

I do not agree with Dr. Renik's treatment of a man who, after one session, was declared to have had a "successful psychotherapy" (not psychoanalysis, mind you). Dr. Renik actively encouraged (read *directed*) the patient to keep in touch and report follow-up. I would propose that, in the patient's mind, "treatment" was ongoing. That approach may have been useful with this particular patient, but I am doubtful that it should be used as an example of practical psychoanalysis.

In sum, with the caveats I have noted, I would highly recommend this book to those in training and to psychotherapists, who might well benefit from knowing of Dr. Renik's cutting-edge approach. And for clinicians whose patients read the book, get ready, because Dr. Renik's template will certainly challenge you, hopefully to the advantage of you and your patient. A special thank you to Dr. Renik for his courageous self-disclosure, as it brings us into a place to listen and learn in which we are not always privy to countertransference, as this approach demonstrates. So take up the challenge....

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The Science and Fiction of Autism

by Laura Schreibman, Ph.D. *Harvard University Press, Cambridge, Mass., 2007, 293 pages, \$15.95 (paperback).*

Dr. Laura Schreibman is a master clinician whose behavioral approaches to the treatment of autistic children have earned her great respect. Like most of us who came into the field in the 1970s, she has witnessed the comings and goings of numerous "miracle cures" and unorthodox treatments for autism. Well-meaning therapists have veered into blind alleys, and stubbornness or unwillingness to subject their work to scientific scrutiny has kept them there. Treatments that have little rational basis have been promulgated in dogmatic and confrontational ways that leave no room for reasoned discussion. The goal of this book is to present a dispassionate overview of the treatment of autism, noting which interventions are supported by scientific studies and which are unproven or even dangerous. What constitutes adequate scientific proof of treatment effectiveness is presented in detail. While all of this information could be gleaned from the voluminous literature, its compilation into a book is to be commended. This information is needed by parents, grandparents, and educators and students of autism in general. It should also be useful for journalists who have been asked to evaluate extravagant claims of one advocate or another.

The author begins with a review of various ideas about the nature and causes of autism. Initially, autism was explained as a psychogenic reaction to maternal rejection. Viewed from our present-day perspective, it is astounding how long this pernicious hypothesis persisted as doctrine. There were psychological reasons for this persistence (and a cautionary tale or 2 to apply to zealous beliefs in general) that are discussed in the book. Then there came the metabolic hypotheses and the gluten-free diets, the megavitamin treatments, auditory integration therapy, sensory-motor integration, facilitated communication, secretin treatment, holding therapy, and options therapy. Despite their lack of scientific support, these therapies and the hy-

potheses underlying them became popular, and some persist to this day. Schreibman states unequivocally that the measles-mumps-rubella vaccine or its mercury preservative does not cause autism. The research debunking this belief is presented briefly but convincingly.

Fortunately, there have been reasonable treatment interventions that have withstood scrutiny. These interventions have largely been built on sound behavioral principals. Dr. Schreibman's discussion of the development and refinements of the behavioral methods is quite thorough, especially in regard to the use of Discrete Training Trials and its later refinement, Pivotal Response Training, which moved the training venue into a more natural setting. Project TEACCH (Treatment and Education of Autistic and related Communication-handicapped Children) in the state of North Carolina is rightly commended as a model program. Floor Time (developed by Stanley Greenspan and his associates in Washington, D.C.) and Picture Exchange Communication System are described and discussed. I was surprised that there was no mention of Carol Gray's Social Stories or of the more recent "social coaching" approaches, such as Steven Gutstein's Relationship Development Intervention. Perhaps the latter came onto the scene too late to be included.

As has been the case with other complex biological disorders, the history of our understanding of the nature and treatment of autism has been turbulent. Today, studies of autism have shifted to neuroimaging and genetic technology. In another 20 to 30 years, these high-tech approaches may lead to a better understanding of autism and its treatment. Although progress may appear glacially slow, it is important that scientists remain engaged in the research. The author concludes, "As long as people are fascinated, intrigued, outraged and opinionated about autism, the field will move ahead toward new discoveries."^{1(p268)}

REFERENCE

1. Schreibman L. *The Science and Fiction of Autism*. Cambridge, Mass: Harvard University Press; 2007

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The Juvenile Sex Offender, 2nd ed.

edited by Howard E. Barbaree, Ph.D., and William L. Marshall, Ph.D. The Guilford Press, New York, N.Y., 2006, 396 pages, \$46.00 (hardcover).

Intervention with juvenile sex offenders offers the promise of avoiding a cycle of perpetuation of offending that has often begun with earlier abuse of the juvenile offender. Drs. Barbaree and Marshall have amassed a panel of knowledgeable contributors who define what we do and do not know about juvenile sex offenders, the risk factors for their offending, and the triggers and concomitant problems of their offending. The chapters are written in such a comprehensive and understandable manner that each is invaluable as a freestanding resource for time-pressed practitioners with questions in a specific area, without the need of reading the entire book to grasp the concepts.

This book presents basic concepts, including terminology, normal sexual development, the deleterious effects of child sexual abuse, familial factors, biological factors in the development of sexual deviance and aggression, social and psychological factors in the development of delinquency and sexual

deviance, heterosexual adolescent sexual aggression, and the relationship between conduct problems and juvenile sexual offending, as well as what is known about female juvenile sexual offenders. What is particularly useful about these chapters is the frequent integration of information about the adult sexual offending of juvenile sexual offenders, which provides a long-term perspective that is useful not only for developmental understanding and long-term risk assessment, but also for developing mitigation themes for sex offender evaluations.

Later chapters focus on assessment and treatment, attending to mental health, familial and criminal justice interventions, risk of recidivism, legal consequences, treatment concepts, relapse prevention, disposition, and pharmacologic interventions, all based on the latest research. The impact of recent sex offender legislation is also addressed. This book is recommended for child and adolescent psychiatrists and psychologists, forensic psychiatrists and psychologists, social workers, and other mental health and legal professionals working in clinical practice and juvenile justice with these youth.

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Guide to Neuropsychiatric Therapeutics

by C. Edward Coffey, M.D.; Thomas W. McAllister, M.D.; Jonathan M. Silver, M.D.; and the Fellows of the American Neuropsychiatric Association. Wolters Kluwer/Lippincott Williams & Wilkins, Philadelphia, Pa., 2007, 464 pages, \$75.00 (paperback).

This practical book introduces several valuable perspectives on the treatment of individuals with neuropsychiatric illnesses. The opening chapters emphasize the symptomatic use of psychiatric modalities in delirium and dementia. These early chapters address, regardless of etiology, such common conditions as fatigue, apathy, amnesia, disturbed executive functions, prosody, and other discomforts and dysfunctions. The authors outline each pathophysiology and then guide the reader in establishing a therapeutic alliance and eliciting the relevant symptoms. They give sensible advice regarding specific environmental changes, psychotherapies, and—when warranted—specific medications and dosages.

The next chapters present common psychiatric disorders (mood, anxiety, psychotic), but from a different tack: the focus is the assessment and care of these conditions as they occur in patients with preexisting neuropsychiatric conditions. The authors cover the care of these secondary psychiatric disorders in specific conditions, such as traumatic brain injury, multiple sclerosis, and progressive dementias. Their considerable experience with these greatly diverse "dual disorders" helps psychiatrists who see such cases less often.

The last half of the book covers a dozen topics that have specific relevance to the patient with a neuropsychiatric malady. Examples include pseudoseizures and somatization, parkinsonian movement disorder, hyperkinetic disorders, personality changes, pain, sleep problems, unexplained symptoms (such as chronic fatigue), aggression, special forensic issues, and the ordering of brain imaging.

Despite its practical bent, this book is steeped in scientific studies, from animal model studies to preclinical studies to clinical reports. Beneficial results from research funding at the National Institutes of Health (NIH) during the 1990s—the "decade of the brain"—are evident throughout. Human neuro-

imaging methods have clearly advanced the neuropsychiatry field, adding much to the understanding of pathophysiology and pathoanatomy. By the same token, the authors do not gloss over obvious gaps in the clinical arena. With each chapter, the dearth of randomized controlled trials in this field becomes painfully more obvious. Hopefully, this will change as we face increasing numbers of elderly patients, brain-injured veterans, and patients surviving brain maladies that were fatal only a few years ago. (Let's hope that the NIH makes the 2010s "the decade of brain-injured people"!)

All generalists will benefit from this book. Those working with the elderly, addicted, brain injured, and prisoners will find it immediately useful. It's an excellent entrée, but would also be useful as a reference text. You will find yourself acquiring new concepts, from "cognitive prosthetics" to "tailing treatment" to individual patient characteristics to "optimizing recovery" for conditions you once thought irreversible. And, in all likelihood, you'll learn a few new neuropsychiatric symptoms (such as "simultanagnosia" and "prosopagnosia") along with how to elicit them and their localization within the brain. Those who probably don't need to read this volume will recognize the following abbreviations (mostly triads, which recur repeatedly

across chapters): AD, AVM, CBD, CJD, CJP, DLB, DVS, FTLD, GTS, ID/MR, HPS, MCI, MSA, NES, NPH, PDD, PLMS, PNA, PSG, PSP, PWS, RLS, SMA, TBI, TGA, and VaD.

Although this book is amazingly complete, a few additional topics in the next edition would serve my selfish purposes. Having spent much of my career treating refugees, torture victims, and veterans of various countries and various wars, I would like to see information on the neuropsychiatric consequences and care associated with prolonged protein deficiency, vitamin deficiencies, and various forms of oxygen deprivation torture. A second request involves postinfection effects of cerebral malaria, anthrax, dengue, tuberculosis, and like conditions. And third, information on the long-term effects of hypotension from conditions such as massive hemorrhage, endotoxic shock, cardiac arrest, and cardiac failure would be immensely helpful.

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