

## Book Reviews

Michael H. Ebert, M.D., Editor

### Psychoanalysis: The Major Concepts

edited by Burness E. Moore, M.D., and Bernard D. Fine, M.D.  
New Haven, Conn., Yale University Press, 1995, 577 pages,  
\$67.00.

*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 edi-

tors 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

the page. Although never impenetrable, the whole of section II ("Theoretical Concepts") is wonderfully difficult going. The serious student and researcher will find a treasure trove of information on concepts ranging from adaptation to reality. Chapter 21 by Linda C. Mayes and Donald J. Cohen on "Constitution" itself contains well over 100 references as it explores the role of constitution in psychoanalytic theory and the role of endowment in the psychoanalytic process.

The volume gathers steam in the middle, and part V, entitled "Instinct Theory, Sexuality, and Affects," treats the reader to chapter upon chapter of informative and clarifying material. Chapter 25, "Instinct Theory" by Samuel Ritvo and Albert J. Solnit; chapter 26, "Sexuality" by George H. Wiedeman; and chapter 27, "Homosexuality" by Jon K. Meyer are readable and balanced. Salman Akhtar's chapter on "Aggression" is a thorough and persuasive presentation of the theories of the nature and origins of aggression.

Part VI, "Development, Self, Objects, and Identification," contains 6 chapters comprising a minitext on psychoanalytic theories of development. More attention might have been given to adult development in the otherwise excellent chapter by Phyllis Tyson and Robert L. Tyson. The chapters comprising this part nevertheless succeed in explicating the meaning and usage of the terms *self*, *object*, and *object relations*.

There are many other excellent chapters, providing clarification and food for thought. Fred M. Levin discusses the interface between psychoanalysis and neuroscience. The current status of the concept of trauma is nicely detailed by Sidney S. Furst. In summary, *Psychoanalysis: The Major Concepts* is an important contribution, both as a reference work and as a textbook. It succeeds in being useful to a readership ranging from the psychiatric resident and early psychoanalytic candidate to the serious psychoanalytic scholar and researcher. Although at times condensed and difficult, it rewards the reader with a sense of total access to the essentials of a topic, albeit from a mainstream American perspective. I recommend it with enthusiasm.

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### **A History of Psychiatry: From the Era of the Asylum to the Age of Prozac**

by Edward Shorter, Ph.D. New York, N.Y., John Wiley & Sons, 1997, 436 pages, \$19.95 (paper).

The title of this fascinating book is not *The History of Psychiatry*, nor simply *History of Psychiatry*. The author's choice of the indefinite article reflects his decision to present an account, as seen by him, of the most significant trends, and the people behind the events, that have shaped present-day psychiatry during the last 250 years or so.

The author is a historian, not a psychiatrist, but throughout the book his approach is positive and favorable to the medical profession.

The first chapter deals with the birth of psychiatry in various European countries and the United States. The second chapter on the asylum era begins with the remarkably cogent statement: "The rise of the asylum is the story of good intentions gone bad." Well, not quite, because some psychiatric hospitals that started out as "asylums" still today offer good shelter and protection from the many stresses to which the most severely mentally ill people are exposed.

The next 5 chapters, entitled "The First Biological Psychiatry," "Nerves," "The Psychoanalytical Hiatus," "Alternatives,"

and "The Second Biological Psychiatry," take the reader through most of the important developments in the 19th and 20th centuries, indicating clearly the similarities and differences of practice in various countries, especially Germany, France, Great Britain, and the United States. The outstanding personalities are well described and illustrated. The changing vocabulary in vogue at various periods of time is exemplified by comments on expressions such as "hysteria," "neurasthenia," "nerve doctor" ("Nervenarzt" is still used in Germany today), "psychical treatment," and "schizophrenogenic mother." The interplay between heredity and environment is clearly demonstrated. Much emphasis is given to the role of psychoanalysis, its evolution and devolution.

The tremendous upswing of psychopharmacology in the last half of the 20th century is covered particularly well. The many valiant but largely misguided attempts at treating severe mental disorders by interventions such as Metrazol-induced convulsions and transorbital leukotomy are not neglected. The still-controversial ECT is evaluated appropriately.

The labeling of mental disorders, as per ICD, DSM, and other classification systems, is subjected to healthy criticism; so are the antipsychiatry movement and the prominent people behind it.

The last chapter, entitled "From Freud to Prozac," summarizes the change of orientation, especially in American psychiatry, during the last 30 years or so. It ends on a positive note for the psychiatrist as a physician who is a good listener, a sympathetic counselor, and prescriber of effective medication.

The very extensive notes and references covering 91 pages reflect the great thoroughness of the author's research. The book is highly recommended for its readability, style, and historical accuracy.

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### **Attention-Deficit Hyperactivity Disorder: A Clinical Workbook, 2nd ed.**

by Russell A. Barkley, Ph.D., and Kevin R. Murphy, Ph.D. New York, N.Y., Guilford Press, 1998, 133 pages, \$28.95 (spiral).

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**

*edited by Theodore A. Stern, M.D.; John B. Herman, M.D.; and Peter L. Slavin, M.D. New York, N.Y., McGraw Hill, 1998, 696 pages, \$45.00 (paper).*

*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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