

Book Reviews

Contemporary Jungian Analysis

By Ian Alister and Christopher Hauke
New York, Routledge, 1998,
314 pages, ISBN 0-41514-166-4, \$25.99

Reviewed by Mark Kuras, Ph.D.

Carl G. Jung's analytical psychology does not regularly find representation in professional psychotherapy journals. Jung's break with Freud in 1913 caused the two original schools of depth psychology to develop in relative isolation, this being especially true in the United States.

This situation was amended somewhat in Great Britain. The pioneering work of the British analyst Michael Fordham applied Jung's model of the psyche to child therapy, and the observations he made through it allowed for a dialogue between analytical psychology and psychoanalysis to be established. The book reviewed here is a series of Jungian contributions to well-known clinical and cultural themes. The common ground of the authors' contributions derives from their membership in the Society of Analytical Psychology (SAP), which is the institutional form of the school that originated from Fordham's theoretical revisions.

Fordham, following Jung, postulated that the infant had a *primary self*—a psychological structure comprising processes of psychological differentiation that are distinct from those well-recognized factors attributable to the infant's ego development. Jung's hypothesis was that the infant's initial primary awareness was

devoted to the collective level of the unconscious and that the state of this relationship was what organized psychological maturation.

Fordham's work moved him to amend this: the primary self was not primarily focused on the inner world, but was dynamically attentive to, and effective on, the infant's relationships in the outer world, to other persons. With this idea, clinical data familiar to psychoanalysis found a position in Jungian theory and created the conditions for analytical psychology to interface with the parallel developments in psychoanalysis. Important in this regard were Kleinian object relations theory and the similarities between unconscious fantasies and Jung's notion of archetypal patterns.

The modeling of psychological processes postulated by Fordham necessarily affected the way analytic work with adults was understood in Jungian theory. An enhanced focus on transference resulted—and with it, of course, more concentration on symptomatic repetitions that derived from the vicissitudes of development. This was a major shift in emphasis for analytical psychology and instigated a divergence within it. Fordham's work founded what Samuels, in his book *Jung and the Post-Jungians*, has termed the “developmental school” of analytical psychology, which was made distinct from the “classical school” that kept close to Jung's original metapsychology.

The book addresses a variety of issues related to analytic practice, theory, training, and cultural critique. Space prevents me from commenting on each article; I single out those that I believe most accessible and therefore useful to readers not rigorously attuned to Jung's work.

The opening article, “Fordham's

Developments of Jung in the Context of Infancy and Childhood,” by James Astor, is crucial to the work as a whole because it details the theoretical infrastructure that collates the SAP's perspective. It summarizes Fordham's contributions, and in doing so shows the inevitable overlap they created with psychoanalytic theory.

The section on transference and countertransference includes articles by M. Marshak and J. Knox that reveal how the developmental focus influences clinical assessment and technique. Importantly, Knox's article notes that Jungian technique necessarily moved toward psychoanalytic principles—increased frequency of sessions, use of the couch, focus on the transferential field—in order to facilitate the regressed states of mind that, theoretically, reveal the infantile material presumed to be complicating the process of individuation.

Dreams and active imagination, two fundamental aspects of Jung's clinical work, are discussed. R. Peters's article on dreams argues for a continuum between a classical and a developmental approach. The dream is the focal point of the classical school, and working with dreams in the classical Jungian way leads to conclusions about transference and regression, about conscious/unconscious relations as a whole, that differ greatly from the developmental model and make dialogue with psychoanalysis fitful at best. Peters tries to locate the dream in clinical process, and in transferential space particularly, so as to see how the dream both arises from the transferential relationship and alters it in line with the immediate press of individuation.

In a similar way, S. Powell dis-

cusses “active imagination.” This is the technique Jung devised as a means of accessing the autonomous dynamics in the psyche that are prospective and that seek to move consciousness into states other than those inflexibly determined by developmentally acquired complexes.

This is, of course, the key point: if, as Jung believed, there are dynamic factors in the psyche, irreducible to developmental factors and possessing a kind of consciousness concerned with the patient’s individuation, then how are they best approached and related to? A classical approach says to privilege contents of consciousness (such as certain dreams or other states of mind) that are archetypal—that is, that arise from non-ego sources—and attempt to decipher their significance for the individuation process. Others, as in the SAP, conclude that the personal and the impersonal are inseparable, always in an amalgamous relationship. Powell’s article contains within it the productive tension of such discussion.

Additional sections are on the body–self relationship; training and supervision; assessment, diagnosis, and psychopathology; religion and spirituality; gender and sexuality; myth and fairy tales; the creative interface with culture; social issues; and contemporary Jungian perspectives. Together these testify to the applicability of analytical psychology as interpreted and practiced in the SAP—not only to clinical work, but to culture as a whole.

This book does an excellent job of demonstrating that, at present, the two main schools of depth psychology can carry on a productive dialogue. The interpretation of clinical data as practiced in the SAP allows us to see how a deep collaboration

between psychoanalysis and analytical psychology would look in theory and practice. In these times that are not often hospitable to the philosophical ground of analysis, there is much to be gained by such intents.

Dr. Kuras, a Jungian analyst, is on the faculty at the College of Physicians and Surgeons, Columbia University, New York, NY.

Interpersonal Psychotherapy (American Psychiatric Press Review of Psychiatry, Vol. 17)

Edited by
John C. Markowitz, M.D.
Washington, DC, American Psychiatric Press, 1998, 156 pages, ISBN 0-88048-836-0, \$26.00

Reviewed by
Mary K. McCarthy, M.D.

The evolution in the past 20 years of interpersonal psychotherapy (IPT) from an effective, short-term, focused treatment for ambulatory patients with major depression toward use in other affective and nonaffective disorders is astonishing. When Klerman, Weissman et al. published the treatment manual *Interpersonal Psychotherapy of Depression* (Basic Books) in 1984, IPT was considered an effective treatment for acute mild to moderate depression and was used generally in the research setting under well-controlled conditions. Since then, talented researcher-clinicians have stretched the boundaries of its use to include

other affective disorders such as dysthymia and bipolar disorder, as well as nonaffective disorders such as bulimia nervosa. Formerly confined to major research centers, IPT is being taught to an increasing number of clinicians and psychiatry residents across the country.

This monograph, *Interpersonal Psychotherapy*, is a collection of articles by leading researchers on the development, future directions, and current applications of IPT. Besides an overview of IPT, the book includes one chapter on the important work in Pittsburgh on maintenance IPT and three chapters on current applications of IPT to adolescent depression, bulimia nervosa, and depression in HIV-positive men and women.

No monograph on IPT would be complete without one chapter written by Myrna Weissman, Ph.D., who has been involved in the research development and promulgation of IPT since its inception. She and John Markowitz, M.D., lead off the book with an overview of IPT and its concepts and techniques, along with a description of the efficacy data and ongoing research on IPT with mood and other disorders. This section will be very helpful to anyone interested in doing research with IPT because the authors are familiar with investigators around the world who are adapting IPT to special populations. In addition, it directs clinicians to articles and resources that could prove useful in the adaptation of IPT to clinical practice, such as Weissman’s patient IPT self-guide and a training videotape put out by Kingsley Communications. However, outside of research centers, relatively few clinicians are trained in IPT. Once trained in IPT, a therapist may be rather isolated, with little opportu-

nity for supervision and peer support. The authors mention these issues as important and deserving of attention, but it will clearly take some time and ingenuity to address them. A related conundrum is the assertion of the authors that IPT training programs are not meant to teach psychotherapy to novices but to “help experienced therapists refocus their treatment by learning new techniques.” This makes the teaching of IPT in residency problematic, since residents are by definition “novices.” Until we resolve the training and supervision dilemmas regarding IPT, its usefulness clinically will remain limited.

The chapter on maintenance interpersonal psychotherapy (IPT-M) is an excellent overview of this modality’s development, description, research data, and future directions. It describes not only the unique three-year IPT-M trial by Frank and colleagues at Pittsburgh, but also their attempts to identify biological and psychological correlates that may predict which patients are more likely to respond to IPT-M. It seems clear, for example, that treatment specificity, the “extent to which therapists conform to specific principles, goals, and techniques of IPT,” is correlated with greater protection from recurrence even in those patients whose biological correlates place them at increased risk. Although dense, this chapter is worth working one’s way through because this kind of research promises to inform our clinical decision-making and shape the direction of future research in psychotherapy and depression.

The three chapters on IPT’s application to patients with adolescent depression (IPT-A), patients with bulimia nervosa (IPT-BN), and depressed HIV-positive patients (IPT-

HIV) are solid and lively. Each of the chapters is strengthened by the liberal use of clinical vignettes and “pearls” to illustrate the application of IPT to these special populations. For instance, in IPT-A, the authors have added to the usual four problem areas of IPT (abnormal grief, role transitions, interpersonal disputes, and interpersonal deficits) the problem area of single-parent families because of the frequent occurrence of this problem and its correlation with depression. These are the chapters for clinicians that make performing IPT with these groups seem possible and worth pursuing and leave us looking forward to the results of further research in the efficacy of IPT with these disorders.

Although repetitious at times, this is a worthwhile monograph for experienced therapists and trainees who want in one place an overview of IPT and the recent research applying it to depression and other disorders. It will not teach you how to do IPT; that requires more intensive training and supervision. However, as one trained in IPT, I found that the clinical wisdom shared in the book partially satisfied a hunger for more collegial interaction regarding my work with IPT. In applying IPT in the clinical setting, I often feel as if I’ve just read one of the best novels I ever read in my life but have no one to share it with. The challenge to the researchers involved in IPT is how to get it out of the ivory tower and into the clinical setting intact and still therapeutically powerful. The researchers in this monograph are clearly trying to figure this out, and I applaud their efforts. How about an IPT casebook as a follow-up?

Dr. McCarthy is Training Director, Department of Psychiatry, Brigham and

Women’s Hospital, and Associate Training Director, Harvard Longwood Psychiatry Residency Training Program, Boston, MA.

Cognitive-Behavioral Therapies for Trauma

Edited by V.M. Follette, J.I. Ruzek, and F.R. Abueg
New York, Guilford Press, 1998,
431 pages, ISBN 1-57230-400-6, \$40.00

*Reviewed by
Robert M. Goisman, M.D.*

This volume performs an enormous service for all clinicians who treat traumatized patients or are involved with individuals who have suffered traumas. It is comprehensive, exhaustively researched, and carefully edited. Although it clearly is in the tradition of cognitive-behavioral therapy (CBT) and is best used as such, it makes ample reference to historical and descriptive literature and to contemporary psychodynamically oriented clinicians, such as van der Kolk, Herman, and Lindy. Perhaps of greatest use, it explores a number of topics of special interest to those who treat traumatized patients and offers detailed treatment recommendations for highly specific situations.

The book is divided into three sections: Theory and Empirical Foundations, Treatment Domains, and Trauma across the Lifespan. Although the second section is by far the largest and the most likely to be of use to the average practitioner, the first section offers excellent reviews of approaches to behavioral formulation (Nagle and Follette)

and of current outcome literature (Blake and Sonnenberg). The third section addresses applications of basic CBT trauma strategies to children (O'Donohue et al.) and to older adults (Hyer and Woods).

The meat and potatoes of this volume is in the second section, where a number of authors explore war trauma, sexual trauma (including revictimization), trauma-related guilt and anger, dissociation, comorbid substance abuse, the impact of traumatic experiences on couples, and other related topics. Some of these chapters are both specific and ingenious—for instance Wagner and Linehan's reworking of psychodynamic approaches to dissociation into a behavioral formulation, which meets current CBT standards of rigor and operationalization while not disconnecting from previous work in this area. Kubany has contributed an excellent chapter on dysfunctional cognitions of guilt and how to approach them. And Cloitre describes her approach to sexual revictimization in hair-raising but exquisitely sensitive and clinically useful terms.

A clinician not trained in CBT will be able to pick up on a number of basic cognitive-behavioral strategies in this book that will serve as organizing principles for further exploration. Themes such as hierarchical approach to fear stimuli, interpersonal effectiveness training, the importance of behavioral analysis as a guide to treatment, and decisions about imaginal versus in vivo exposure appear frequently enough that a motivated non-behaviorally trained reader will absorb many basic principles of cognitive-behavioral formulation and treatment planning almost without effort by simply reading this book carefully. Such a reader will also note the frequency with

which some more typically dynamic concepts, such as alexithymia, are referenced, so that the book will not feel like foreign territory.

In fact, if there is one major problem with this volume, it is repetition. The chapters by Walser and Hayes on acceptance and by Kohlenberg and Tsai on healing within the therapeutic relationship, although fine works on their own, overlap with a number of others in the volume. There also is a tendency to describe therapies as if each is a brand new, separate modality (e.g., Kohlenberg and Tsai's "functional analytic psychotherapy," Compton and Follette's descriptions of "traditional behavioral couple therapy" and "integrative couple therapy," and Walser and Hayes's "acceptance and commitment therapy." When added to the better known dialectical behavior therapy and eye movement desensitization and reprocessing, these create the impression that cognitive-behavior therapy is merely a collection of idiosyncratic techniques that are proprietary to their creators; this mystifies, rather than illuminates, the principles informing the very methods that are so well described elsewhere in this volume.

One other critique is a small one concerning a portion of a dialogue that some readers may find disturbing. Kohlenberg and Tsai describe patient-therapist dialogue in great detail. In general, this is helpful; but at one point the therapist asks the patient to "take in my love for you" (p. 318). Although probably not absolutely contraindicated, such statements would be found overly stimulating or boundary-confusing by many clinicians and patients, particularly given the overlap between some patients described in this book

and those with borderline personality disorder.

But in general this is an extremely well-written volume that is grounded in theory and outcome research and also immediately translatable into clinical practice. The detail in which protocols and interventions are described adds significantly to its worth. Clinicians and academicians whose work involves community mental health, forensics, or disempowered populations of any kind will find it invaluable, as will anyone who speculates on the nature of catastrophe, misfortune, and evil.

Dr. Goisman is Director, Outpatient Training and Research, Massachusetts Mental Health Center, and Assistant Professor of Psychiatry, Harvard Medical School, Boston, MA.

The Alcoholic Family in Recovery

By Stephanie Brown and Virginia Lewis
New York, Guilford Press, 1999,
318 pages, ISBN 1-57230-402-2, \$32.50

*Reviewed by
Jeffrey D. Roth, M.D., F.A.G.P.A.*

This is the most recent addition to a prodigious series of books by Stephanie Brown describing a developmental model of recovery from alcoholism in the alcoholic,¹ in the adult child of the alcoholic,² and in the family of the alcoholic.³ The authors are ambitious in the scope of their work: they include in their analysis of recovery its impact on the family environment, the family system, the parental couple, and the in-

dividual family members. They take us on a tour of these domains across recovery as a developmental process, through the stages of drinking, transition from drinking to abstinence, early recovery, and ongoing recovery. Each cell of this matrix is painstakingly described, using the real experiences of families in recovery from alcoholism. The result of this analysis is both theoretically fascinating and emotionally gripping and poignant.

The form or process of the book is as brilliant as its hypotheses. One central hypothesis is that alcoholism is a disease—one that affects the whole family. The authors then assert that the family can recover from its disease of alcoholism in a manner parallel to the alcoholic's recovery from alcoholism. Exposure to the direct experiences of recovering families in this book gives the reader as close a replica of actually being at an Al-Anon meeting as one can get without showing up in person. As at an Al-Anon meeting, where a family member's denial inevitably and inexorably wears down in hearing the experiences of others, readers of this book may have difficulty withholding identification with the struggles of these families.

Although the authors are scrupulously careful not to portray recovery from alcoholism as accomplished through dogmatic adherence to any particular theoretical framework, including twelve-step ideology, de-

tractors may criticize the authors' insistence on abstinence from alcohol and focus on loss of control over drinking as essential to recovery. Therefore, the only serious limitation to this masterpiece is that the very clinicians who most need to read it may reject its wisdom out of a need to preserve the idea that alcoholism is not a disease, and thus that alcoholism certainly cannot be a family disease.

Indeed, this book may well disrupt even the sympathetic reader's fixed ideas about recovery from alcoholism and treatment of the alcoholic family and its members. The authors recommend a consummately pragmatic approach to treatment that is committed to serving the needs of the family at whatever point the family finds itself in its developmental process. Because they are not bound by loyalty to a particular theory, cognitive-behavioral and psychoeducational approaches are suggested in transition and early recovery, whereas intensive psychodynamic approaches are offered in ongoing recovery. Of particular comfort to those of us who object to treatment dictated by uninvolved third parties is the authors' repeated emphasis on the importance of continued professional support and treatment throughout the course of recovery. This book raises a serious challenge to the myth that the need for treatment for alcoholism ends with abstinence or even with early recovery. Instead, the authors illustrate the pro-

found disruptions of family systems dynamics that can unfold only after abstinence and can progress for years thereafter. They wisely caution the reader against the pitfall of reacting to the collapse of the old pathological family system as if the goal of treatment were to prop up a failing dictatorship. In this manner the book tactfully serves as a primer guiding us away from professional codependence.

The most useful approach to reading this book is to trust its authors. Even for those of us who are seasoned clinicians with years of experience working with alcoholism in families, denial of the agony and trauma of living with alcoholism may blunt our finest work. Surrendering to the repetition of themes and reading this book in its entirety will offer the greatest benefit to any reader who is open to its message of recovery from the family disease of alcoholism.

Dr. Roth is Chairperson of the Family and Generational Issues Committee, American Society of Addictions Medicine. He is in private practice in Chicago, IL.

REFERENCES

1. Brown S: *Treating the Alcoholic: A Developmental Model of Recovery*. New York, Wiley, 1985
2. Brown S: *Treating Adult Children of Alcoholics: A Developmental Perspective*. New York, Wiley, 1988
3. Brown S, Lewis V: The alcoholic family: a developmental model of recovery, in *Treating Alcoholism*, edited by Brown S. San Francisco, Jossey-Bass, 1995, pp 279-315