

REFERENCES

- Lefer, J. (1964). Psychosis, somatic disease, and the perceived body. *Journal of the Hillside Hospital*, XIII(1), 18-31.
- Lefer, J. (2006). The psychoanalyst at the medical bedside. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 34(1), 75-81.

Jay Lefer, M.D.
200 East End Avenue
New York, NY 10128
jlefer@pol.net

Psychodynamic Psychotherapy: A Clinical Manual, by Deborah L. Cabaniss, Sabrina Cherry, Carolyn J. Douglas, and Anna R. Schwartz. Wiley-Blackwell, UK, 2011, 329 pp., \$82.50

Psychodynamic Psychotherapy: A Clinical Manual was developed by Academy member Deborah Cabaniss and her associates in their effort to re-design the psychotherapy curriculum for the Psychiatry Residency at Columbia University. They have successfully met a difficult challenge—they have written an accessible, interesting, motivating and useful textbook.

The authors define the scope of the book as confined to psychodynamic psychotherapy, but in fact their book begins with more general chapters on evaluation and the selection of therapeutic goals. The type of psychotherapy for meeting those goals, according to the authors, may or may not include psychodynamic psychotherapy. This evaluation sequence conforms to the "Y model," a new concept in psychotherapy pedagogy. Developed by Academy member Eric Plakun and his colleagues on the Committee on Psychotherapy by Psychiatrists at the American Psychiatric Association (a committee that included Dr. Cabaniss), the "Y model" describes the elements common to all psychotherapies and suggests that they be taught first, before the specifics of any particular psychotherapeutic technique. This book, then, might be used as a primer for any course in psychotherapy training, not just one that focuses specifically on psychodynamic psychotherapy.

The book is written in a way that makes use of our current neuroscientific understanding of learning. Cabaniss herself is an interactive teacher. It must have been a particular challenge for her to conceptualize the content in a textbook format that is usually passive. We know that experiential learning is the deepest and most long lasting form of

learning. This textbook does an admirable job of helping to bring basic psychodynamic concepts "alive" for the psychiatrist-in-training. There are case examples for every concept. There is even an "active listening exercise" available on the internet to illustrate concepts of active listening.

The organization of each chapter mirrors the authors' conceptualization for a treatment: The learning objectives for each "Part" and chapter are stated and illustrated by lively and focused clinical vignettes. The chapters are short, tightly organized around a central idea, and are followed by exercises for further discussion, all of which are thought-provoking. Goals are stated, content is goal directed, and goals reviewed in light of the new information acquired.

Psychodynamic psychotherapy is conceptualized as a form of psychotherapy in which uncovering of unconscious motivation alternates with support. The authors make explicit their recommendations for assessing when to use one set, rather than another set of interventions. Over the course of the book concepts are introduced in small steps, with more advanced concepts building on the simpler ones presented earlier. For example, early in the book (Part 2) the authors review the concept of defense mechanisms and designate a hierarchy of mechanisms as more or less mature methods for dealing with dangerous or uncomfortable affects. They build on these concepts to establish the elements for the assessment of ego function. Still later in the book (Part 4), the authors set up the paradigm of "Listen/Reflect/Intervene," in which the trainee is invited to listen and think about the level of defense and ego function displayed by the patient at a given moment and to select an intervention based on the level of defense, the capabilities of ego function, the goals of the session and both the immediate and long-term goals of treatment.

"Listen/Reflect/Intervene" is, in fact, the watchword of the second half of the book, in which the techniques of treatment are described in greater detail. Interventions are described along the continuum between supportive and uncovering. My one small quibble with the authors derives from their use of the term "confrontation" in contradistinction to the term "clarification." The word confrontation, as it is used colloquially, is not the same as its meaning as an "uncovering intervention" in psychodynamic psychotherapy. When trainees decide to "confront" a defense, they tend to be confrontational with patients; they speak with less than optimal tact and in an unkind tone. Despite the authors' efforts at definition, there remains too much room to conflate the technical concept with its common usage. The term "clarification" seems

preferable to me, particularly as used in the chapters where the clinical vignettes are discussed and technical interventions defined.

Part 5 of the book leads the trainee toward a deeper understanding of specific elements of technique as well phenomena that emerge during the conduct of a session. The trainee has been amply prepared, at this point, to integrate such metapsychologically dense terms as affect, free association, resistance, transference, counter-transference. It is a great credit to the authors that they have resisted the use of such language until the final third of the book when the trainee can absorb the information in context and in a clinically meaningful way, and it will not be experienced as empty jargon.

The book concludes with two sections dealing with meeting therapeutic goals in the areas of improving self-concept, relationships, and the other aspects of life that are defined in the term 'adaptation'. The chapter on 'termination' is wisely followed by one labeled "continuing to learn," which concludes the book.

The authors do not shy away from intellectually complex elements of assessment, such as how one might go about conceptualizing if a given symptom represents conflict, deficit, or some combination of the two. There is a reasoned discussion of symptoms as the product of a combination of "nature" as well as "nurture." The authors give necessary credence to skill-building, something that is missing from virtually all of the other texts on transference-focused therapies. There is a discussion of "readiness principles": how one might judge whether a patient is ready for an uncovering, rather than a supportive, intervention. My own psychotherapy teachers and supervisors referred to the concept, but left it to us as trainees to divine the nature of the evidence one might use to make one decision rather than another, a project that took years. There are many ways to parse the clinical data for this kind of information; the authors cover those concepts in detail here.

One of the goals of treatment is described as "re-activating development," a conceptualization that credits the patient with the capacity to leave treatment without being labeled as "resistant" to the process. In fact, the entire discussion of termination is handled with good clinical sense.

The authors, all experienced pedagogues, have done the field of psychotherapy education an enormous service with this excellent textbook. It should be noted that, although they conscientiously cover the key concepts in psychodynamic psychotherapy, they actively avoid any bias toward one or another school of psychoanalytic metapsychology.

In organized, recursive, engaging steps, this textbook demystifies the process of creating a psychodynamic psychotherapy. The authors assert that symptomatic individuals come to treatment with both capabilities and limitations, as well as hope for symptom relief and improvement in their lives. They have written a road map for that endeavor. Any psychiatric trainee would be well-served by this engaging volume. My hat is off to the authors. They have done a splendid job.

Sherry Katz-Bearnot, M.D.
263 West End Avenue #1-F
New York, NY 10023
spk1@columbia.edu