Book Reviews

" Psychopharmacology of Affective Disorders "

E.S. PAYKEL and A. COPPEN. (1979)

Oxford University Press.

The last twenty years have seen an unprecedented advance in the understanding of both the underlying brain mechanics and the pharmacological treatments of depression. However, in the last few years, the complexities have become more apparant. The contributors to this volume have set out to review the present state of the whole of this field.

The book deals with the subject from the basic classification through biochemistry, physiology and pharmacology and it concludes with practical guidelines for the acute and long-term management of depression.

The chapters reveal the accumulation of a large body of knowledge of basic mechanisms and of a variety of treatments. An understanding of a functional mental disorder in terms of the biological mechanics underlying it and its pharmacological treatment appears to be within reach.

The authors after reviewing the different nosologies of depression suggest for clinical purposes that depressive illness should be classified into :

a) Anxious depressives who respond poorly to amitriptyline but better to MAOI.

b) Psychotic depressives who respond better to tricyclic antidepressants and ECT but not to MAOI.

c) Hostile depressives.

d) Young personality disordered group.

Both latter types need antidepressants and psychotherapy.

They differentiate between unipolar and bipolar affective disorders. The first has longer intervals between attacks, later age of onset, higher incidence in females, less response to lithium and less liable to mania as compared to the bipolar type.

The authors discuss in detail the pharmacodynamics and pharmacokinetics of both antidepressants and antimanics in relevance to their therapeutic effects, with a special chapter on lithium and antimanic drugs. The chapter on predictors of treatment response, on clinical and biochemical bases is comprehensive and up to date.

The breadth of the coverage will ensure that the book is invaluable to postgraduates and undergraduates in psychiatry, pharmacology and psychology and many other workers in the general field of behavioural sciences.

AHMED OKASHA

The Dilemma of Muslim Psychologists

BY MALIK B. BADRI, (1979) MWH London Publishers.

In 131 pocket - size pages Dr. Badri has honestly expressed his dilemma. It seems that he does not stand alone as he refers to an Association of Muslim Social Scientists and an Institute (ALRASHAD) for applied Human Development and Social Research in the United States.

He summarizes his dilemma as follows : "The Muslim psychologists attempting to live a duality which ultimately is fatal", also " The whole western approach to mental health is very ill " and " It is very apparent that Allah is out of the picture for most western therapists ".

His way out of this dilemma is to point to fellow muslim psychologists what he thinks to be their duty and challenge; " Conceptualization and development of a truly Muslim Psychology " and " An Islamic psychospiritual approach in therapy". Dr. Badri also describes his personal efforts to actualize this inspiration.

In his chapter on " Behaviorism " Dr. Badri's formula is clear and simple. He would like to keep the techniques and practice of behavior therapy while rejecting the " naivete of over-generalization from birds and rats to man ".

Where psychology merges with philosophy and speculation, Dr. Badri feels confused and irritable and smells athiesm and materialism in all western philosophies.

He particularly chases Sigmund Freud in three whole chapters and he joins all trenches that open fire on Freud. In his enthusiasm to share in the " dethroning of Freud " Dr. Badri fails sometimes to keep the scholarly attitude.

In Chapters 5, 6 & 7 he rejects bitterly some other contemporary western practices namely; permissive child rearing, projective techniques, coeducation and sex education. His sentence is rather hasty and not well founded.

In the later chapters of the book kept for recommendations, the writer's dilemma reaches its climax. He does not accept the extremist fundamentalist opinion that says " We do not need modern psychology. It is a product of a kafir Western Civilization ". Actually Dr. Badri warns against throwing many valuable babies with the bath water. He reminds us that modern psychology is largly the accummulated experiences of men about men. He cherishes intelligence tests, learning theories and the useful techniques that have acquired some sort of autonomous neutrality !

In the field of psychotherapy he advises Muslim therapists to put due consideration to cultural factors and to adopt a warm sympathetic manner

Dr. Badri states that an Islamic Psychospiritual therapy was improvised by Shakkour, Hamed and Swellam. He advises Muslim psychologists to develop their own tools of measurements besides adapting the useful objective western psychological tests. Dr. Badri criticizes the present state of education in the Islamic world and advises adopting modern educational strategies and techniques. He wants to give Islamic theology better status in all curricula.

Dr. Badri notices that nowadays so many people do convert to Islam because of virtues and spiritual attributes, inspite of the " Saddening condition of present day Islamic Societies ".

He hopes that some devoted muslim personality theoretician may be able to offer a new dimension in personality theory.

Dr. Badri warns muslim psychologists against blindly following any one who may lead them into a Lizard's hole.

The book as a whole is readable. It is not a manifesto for Islamic Psychology. It lays more questions than it is able to answer. It depicts not only the dilemma of a modern Muslim, but essentially the dilemma of a contemporary psychologist. It is a welcome volume to the shelf of Dilemmas in a psychiatric Library.

A. ASHOUR

The Art of Psychotherapy

BY : ANTHONY STORR, (1979) Secker & Warburg and **William Heinemaan, Medical Books London.**

The worker within the field of psychotherapy has been bound to an utter loneliness amidst his scientific colleagues, albeit amidst our scientific era !! To be aware of the abyss of fanatism and the frustration of failure he is bound to increase his loneliness even further. But among other things to fall upon someone who walks the same way is apt to be rewarding.

This, in short, is the personal gain from reading Dr. Storr's book. Dr. Storr is probably a well known figure within psychiatry, and the " Art of Psychotherapy " represents a direct continuation of his lucid, logic, and nevertheless deep analysis, already known of " Human Aggression " and " Jung " among his other writings.

The " Art of Psychotherapy " represents a radical departure from rigid adherence to one side or another of the organic-psychodynamic controversy. Even more it represents a radical departure from rigid adherence to a single psychodynamic school. Perhaps the most interesting characteristic of the book is that it follows the psychotherapy process as an encounter between two human beings with as little jargon as possible and as much practical links as available.

The first chapter deals with the psychotherapeutic setting.

The room furniture, the seating of both therapist and patient, measures taken to ensure privacy, and non-interruption of the session are all emphasized as important variables.

The second chapter deals with the initial interview and an important theme at this time and throughout the whole book is the attempt of Dr. Storr to give an outline of what should be done and what should not be done. At the initial interview, calling the patient by his name, acquaintance with the patient's history prior to his entry, as well as a malleable approach to completing the history and proper transmission to the patient of the objective of psychotherapy, the duration and frequency of interviews, and of the initial period of assessment, are all important variables.

Next Dr. Storr deals with the establishment of a pattern for the content of interaction where the patient takes the lead. He describes

some of the factors behind the difficulties in establishing such a pattern. Making progress in psychotherapy depends upon this degree of spontaneity, where the patient " puts his difficulties into words ". The resultant feedback from the patient himself is apt to help in many ways. Dr. Storr also disusses the role of interpretation, laying forward and understanding the patient's dreams, day dreams, paintings and writings, and transference as central variables in the process of therapy.

In interpretation it is not so much the particular school of thought to which the psychotherapist belongs, that is important as the timing, dosage and appropriate content of the interpretation given. Again, Dr. Storr describes transference as the most important single factor in therapy, while he emphasizes the importance of analyzing the negative transference, he describes how a positive one should be reinforced rather than dissipated, given that it remains within realistic boundaries. He also tries to delimit some of the practical problems of transference and describes how to deal with them.

The second half of the work consists of a review of the difficulties encountered in the psychotherapy of various personality types " the hysterical", "the depressive", "the obsessive", and "the schizoid". Dr. Storr's approach is different from the approach to understanding specific neurotic symptoms. "This is because I believe that psychotherapy today is more concerned with understanding patients as whole persons than with the abolition of particular symptoms direct ".

Hysterics on account of their manipulative, dramatising behavior tend to arouse resentment in the therapist. But, they are " dominated by the urgent need to please others in order to master the fear of being unable to do so. They have suffered a greater amount of maternal neglect in their early childhood leading to a large void in their needs for appreciation as discrete human beings that they compulsively try to fill by seeking an ideal all loving object". Their behavior consists of a defence against the depression of realizing the futility of such a need. For them psychotherapy consists of help to realise this disability and come to terms with it.

Depressives are characterized by absence of built in self esteem.

Their lives are dominated by 3 h's; hopelessness, helplessness and hostility. They attempt to counteract their basic deficiency by communications with others aimed at gaining external approval including massive repression of destructive hostility.

The obsessional personality has many common grounds with the depressive. It is dominated by attempts to control inner aggressiveness and is tensely anxious over the future. Lastly the schizoid is a person who falls into the deepest conflict between an intense need for intimacy and excessive fears of this intimacy on account of the intolerable anxieties that it will provoke. First there is fear of losing the object, second there is the fear of being dominated by the object to the point of losing identity, and third there is the fear of harming or destroying the object through draining and emptying it of all possible affection.

In discussing cure in psychotherapy, Dr. Storr stresses that it does not mean removal of psychopathology but rather changing its impetus so that the patient does not become overwhelmed or demoralized by it. He stresses that being dominated and overwhelmed by one's psychology constitutes neurosis while efficient use of it constitutes health. As he states normal man is a mythical one. Dr. Storr devotes two chapters to the psychotherapist himself. The first entitled" objectivity and intimate knowledge" comments on the psychotherapist's possible defences as obstacles to his therapeutic role. The second entitled "the personality of the psychotherapist" is more a study of the motives within the personality make-up for choosing this profession, and those personality traits that promote therapeutic efficacy, or become part of the psychotherapist as a result of his profession.

The value of this book resides in its simplicity which constitutes a step forward not backward towards explaining many aspects of the psychotherapeutic encounter. As previously stated, it contains many direct, practical, and useful insights from an insider. It is recommended to the junior psychotherapist, to him who wants to know about individual psychotherapy in its scope and potential, and to the practicing psychotherapist for additional insights and mutual support.

EMAD HAMDI