

Book Reviews

Elements of Culture and Mental Health Critical Questions for Clinicians

Edited by Kamaldeep Bhui

RCPsych Publications

Paperback, 104 pages.

ISBN 978-1-908020-49-9

Price: £15

This slim and elegantly designed paperback was both a cause for disappointment and for hope. The book addresses “mental health professionals” as its audience and I was elated to begin reading it as so many of my patients come from cultural backgrounds I know little about. However, the text is really aiming at psychotherapists and only three of 20 chapters are useful for psychiatrists working in public health settings. This was my disappointment. Hope – on the other hand – is to be found in the energy and spirit of each and every writer. This is best exemplified by the title of the foreword: “Desire and commitment: Essential ingredients to learning about culture and mental health.” The book is charged with positive energy and makes for a lively read.

Yoram Barak, Bat Yam

Firesetting and Mental Health: Theory, Research and Practice

Geoffrey L. Dickens, Philip A. Sugarman and Theresa A. Gannon

RCPsych Publications

Paperback, 288 pages.

ISBN: 978-1-908020-37-6

Price: £35

The publisher claims this book is “the only available specialist text on firesetting behavior in adults.” This may very well be true for adults, as the literature on firesetting in children and adolescents is advanced and rich with publications such as “Handbook on Firesetting in Children and Youth” and others. The authors wish to provide a “fresh, focused look at firesetting.”

How relevant is this subject for the typical practicing psychiatrist? I confess I was surprised to learn that in a

large-scale survey by Vaughn and colleagues (cited by the authors) published in *Comprehensive Psychiatry* in 2010 data were derived from a nationally representative sample of U.S. residents 18 years and older. Structured psychiatric interviews (N = 43,093) were completed. The lifetime prevalence of fire setting in the U.S. population was 1.0%. Fire setting was significantly associated with a wide range of antisocial behaviors. Associations between lifetime alcohol and marijuana use disorders, conduct disorder, antisocial and obsessive-compulsive personality disorders, and family history of antisocial behavior and firesetting were significant.

On reading this, I became even more interested in reading this book. Have I missed asking about firesetting throughout my years of practice? Have I been ignorant of a behavior with major human and financial costs? Is the prevalence different in Israel?

Psychiatric morbidity is common among persons convicted of arson and among firesetters. In cases of arson the courts are inclined to call for psychiatric reports and it behooves us to develop a clear grasp of the motivation and dangerousness of particular patients. The book is helpful in teaching these distinctions.

One of the last chapters of this interesting book focuses on treatment. Again, I was pleasantly surprised to learn that prevention programs are effective and put in place by many countries.

All in all this is an interesting and educational book. I recommend it to all psychiatrists – to be read with a glass of sherry in front of a roaring fireplace during the winter months.

Yoram Barak, Bat Yam

Aging in Israel: Research, Policy and Practice

Sara Carmel, editor

New Brunswick, N.J.: Transaction Publishers, 2010, pp. 491

During the course of the last 100 years western and westernized nations have been experiencing a process of rapid population aging. At the root of this process we can find several changing demographic trends, chief among which is the decline in the birth rate among affluent nations. This process is accelerated further by advances in modern medicine and healthcare which have significantly increased the average life span of people residing in developed states.

These have resulted in major changes to the makeup of the age groups in the affected countries. The ratio of the age groups of children to young adults has dropped versus the age group of people over the age of 65.

The State of Israel has not been exempted from this trend and is dealing with economic, social and health-care challenges, not unlike those experienced by other developed nations facing similar demographic trends. In addition, Israel is also endowed with significant ethnic and cultural diversity which poses unique challenges.

“Aging in Israel: Research, Policy and Practice” is a collection of papers covering a decade of publication from 1995 until 2005. The articles gathered are from diverse fields of study and from a variety of professional backgrounds, all touching on one aspect or another of the aging process.

Some of the provided insights are of considerable value to readers interested in gaining more comprehensive understanding of the Israeli experiences of dealing with its uniquely diverse elderly population. The offering is of significant professional worth, since it provides meaningful analyses of the diverse mechanisms used by developed states to deal with the similar issues stemming from continued immigration and from an aging population.

The compilation includes research on some uniquely Israeli phenomena such as aging in a kibbutz and the challenges of providing institutional care for elderly Holocaust survivors and for Israeli-Arab elders.

In addition the editor has taken care to make the book accessible to an international audience by providing several comparative analyses of the social aspects of the aging process and the elderly population between Israel and other developed nations.

Papers dealing with the specifics of caring for an elderly immigrant population and the predictors of longevity provide additional points of interest.

The introduction by the editor is in itself a comprehensive and valuable review of the socio-demographic characteristics of the elderly population in Israel.

“Aging in Israel: Research, Policy and Practice” provides valuable information to professionals and scholars involved with managing and studying the aging process.

It is particularly recommended to those readers desiring to obtain a deeper understanding of the social research aspects of aging as well as the effects of an ageing population on a culturally and ethnically diverse society.

This volume is of value, not only for readers based or focused on Israel, but through the inclusion of

comparative research papers, it can prove useful to an international reader audience with interest in longevity research and in the social and policymaking aspects of institutional care for the elderly.

Shelly Tadger, Bat Yam

“Two Are Better Than One”: Case Studies in Brief Effective Therapy

Seymour Hoffman

Sky Books, 2011

“Two are better than one for they get a greater return for their labor” (Ecclesiastes, 4, 9). This quote from the foreword of this slim volume precedes the eleven chapters that describe in an absorbing manner the effective treatment by the author and his co-therapists of individuals, families and groups with a variety of symptoms, diagnoses and presenting problems, including anorexia, selective mutism, borderline personality and phobias.

The book is divided into two parts. Part one presents case studies of the treatment of individuals, families and groups by two therapists using a dialectical co-therapy approach, while part two describes the brief successful interventions of consultants in cases of treatment impasses. The dialectical co-therapy approach involves two therapists who from the beginning of therapy take opposing views and roles in regard to the patient(s) until significant change is realized. The rationale and description of the treatment approach is clearly explained and detailed and one is readily impressed with its simplicity, parsimony and ability to achieve positive results in a relatively brief period of time which buttresses the author's claim that in spite of the involvement of two therapists, the approach is economical. One can add that since co-therapy is frequently carried out by a senior and junior therapist (psychology intern, young social workers, psychiatric residents, etc), a unique and rich learning experience is also being provided.

In the Dialectical Co-therapy Model presented by the author, the specific polarities that each patient experiences, that are at the root of his/her symptomatic behavior, are identified and mirrored by the co-therapists' complementary roles/ interventions. As one dialectic is resolved, the method continues to focus on others which may emerge until change, growth and symptomatic relief are achieved.

The orientation is eclectic and the interventions are highly creative, flexible, daring and frequently unconventional. Some therapists may be taken aback and critical of the manipulative aspects of the interventions and their influence on the therapeutic relationship. For example, I found it difficult to accept the attitude and behavior of the therapist toward the young girl that suffered from selective mutism as he consistently criticized and expressed lack of faith in her abilities and motivation to overcome her problems and symptoms. His critical and provocative attitude and behavior toward the patient seemed to me to be counter-therapeutic if not destructive. I was surprised to discover, that in the end, these “highly questionable” interventions produced positive change as she began speaking to her friends, strangers, and also to the two therapists.

I found the discussion by the author on the use of manipulation in psychotherapy interesting and enlightening even though I subscribe to Chazan’s view that, “It is difficult to accept a method of therapy based on deliberate dishonesty. It is hard to believe that the deception has no long-term ill effects. Even if it succeeds, does the end justify the means?” (1).

On the other hand, the author persuasively argues that treatment approaches that make use of placebos and paradoxical interventions popularized by such prominent strategic therapists as Haley, Madanes, Frankl, Zeig, Lankton, and Milton Erickson, to name a few, would be considered unethical and unacceptable. The paradoxical approach involves deceiving the client, as the therapist suggests a certain behavior but expects that the client will

do the opposite, in view of his resistance. To shore up his view, the author quotes Haley (2), who opines that if it is essential for the cure that deceit be used, it might be justified on that basis, and Foreman (3) who believes that paradox is an ethical technique with resistive clients and advises that the paradoxical approach be used only after other approaches have been unsuccessful.

It is clear that the treatment approach presented can only be carried out by an experienced therapist working in tandem with a suitable colleague. Even though the author makes the point that the approach described is especially effective with taciturn, passive and highly resistant patients with limited motivation for psychotherapy, specific guidelines to determine when this treatment approach is indicated and when it is not, would have been helpful and appreciated.

The innovative method of therapy presented in this slim book is an important addition to the armamentarium of therapists as it allows for treatment of patients who may be resistant to traditional modes of mental health treatment. The book is a pleasurable read and I highly recommend it to all therapists, irrespective of their orientation and discipline.

1. Chazan R. Book Review: Cotherapy with individuals, families and groups. *Israel Journal of Psychiatry* 2000; 37: 1.
2. Haley J. *Problem-solving therapy*. San Francisco: Jossey-Bass, 1976.
3. Foreman DM. The ethical use of paradoxical interventions in psychotherapy. *Journal of Medical Ethics* 1990; 16: 200-205.

Hava Ben Shalom, Bnei Brak