

Book Reviews

The Influence of Race and Racial Identity in Psychotherapy: Toward a Racially Inclusive Model

Robert T. Carter. New York: John Wiley & Sons, 1998. pp. 320. £50.00 (hardback), £24.95 (paperback). ISBN: 0-471-24533-X.

This is a very timely book, especially for practitioners in the United Kingdom, where the concept of race in psychological analysis is undervalued and is often posited as an illusion. The problems of racial identity in Black people have been poorly represented in the British literature, which conversely is replete with documentation on the high rates of psychopathology in Blacks, the over-representation in the forensic and mental health system, and the high use of neuroleptics and low referral for psychotherapy for Black people in Britain. There is a view that dismisses the validity of psychotherapy for Black people, and that race plays a crucial role in the psychotherapy process.

Robert Carter's important book documents a thorough review of the impact of racism in mental health in Blacks in the U.S.A., the bigoted world view of the relationship between race and psychotherapy and the limited perspective of interracial or cross racial issues in psychotherapy. He identifies a robust literature that discusses cultural and psychological differences between Blacks and Whites, and demands an approach to the understanding of race in psychotherapy that examines behavioural and cognitive issues, which is driven by theory and supported by empirical evidence.

He examines European concepts of personality development, and concludes that in the same way as gender identity is modelled, shaped, learned or identified with, race-appropriate roles are also communicated through socialization, and identifies the dearth of theories about race and identity development. He describes the dynamic racial identity theories developed independently in the U.S.A. in the early 1990s, and posits a theory of racial identity development that is applicable to all racial groups, with additional models for Blacks based on the unique socio-political history of the latter group. The theory involves a perspective about self and about the racial group of origin, and represents a perspective of ego status or differentiation that characterizes the level of maturity of the racial worldview.

Carter substantiates his Racial Identity Theory with rigorous and substantial empirical research evidence, and compellingly integrates theory research and clinical insight to an understanding of racial influences in psychotherapy. Studying a variety of Black and White therapist and client groups participating in racially cross-linked trials and using well developed instruments of Racial Identity Attitude Scales for both Blacks and Whites, and carefully crafted methodologies to measure therapists' intentions and clients' reactions, Carter convincingly demonstrates the value of his Racially Inclusive Model of Psychotherapy in the training of mental health professionals, and the facilitation of treatment. He suggests that all people in same race and cross-race pairs are subject to racial influences that do not stem solely from racial group membership, but from the individual's psychological resolution to his or her racial group.

Carter himself agrees that it is unusual to present research in a clinical book, and this does not obviate the need for further rigorous research to validate these research findings and theoretical assertions. However, it is refreshing to find a forum for the debate about race and its influence on mental health and psychotherapy which attempts to provide an impartial literature review which crosses a wide range of positions on this sensitive area. It presents scholarly assertions about the role of race in personality development and mental health treatment, all backed by robust empirical research. This book will most definitely find pride of place in the library of the student of psychotherapy, and provides an important bibliography for the fields of Black and White psychology.

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Taming the Tyrant: Treating Depressed Adults

Dean Schuyler. London: W. W. Norton & Co., 1998. pp. 256. £22.00 (hardback). ISBN: 0-393-70257-X.

This emotive but optimistic title attracted my attention because of my own despair at trying to provide psychological therapy for several treatment resistant clients with chronic depression. The title was in fact inspired by the words of a popular song and the author feels it kept him focused during the gestation of the book. However, unfortunately for me, only the last 2 of a total of 11 chapters are devoted to treatment and the bulk of these are concerned with drug regimes and electroconvulsive therapy. This is surprising because the author (a psychiatrist with 25 years clinical experience of treating depressed patients) claims to have a preference for “short-term cognitive therapy” which he learned under the expert guidance of Aaron T. Beck some years ago at the University of Pennsylvania.

Aimed at professional mental health workers and well informed lay people, the book takes a “continuum” approach to the understanding and treatment of depression with the “blues”, everyday sadness and grief at the one end and bipolar disorder at the other. Surprisingly, therefore, there is a strong emphasis on a biomedical model of depression and treatment with pharmacotherapy. However, gender differences in the prevalence of depression (women are twice as likely to suffer from depression than men) seem to be explained largely in psychosocial terms. The classification and signs and symptoms of depression (divided into emotional, physical, behavioural and cognitive changes) are clearly described, with an interesting chapter devoted to the overlap and differences between depression and normalcy, anxiety, personality disorder and psychosis. Five explanatory frameworks for depression are presented: the biological models, genetic models, psychoanalytic models, cognitive models and behavioural models. In line with the general tone of the book, much the longest section is devoted to the first of these. A full chapter is included on assessing and managing the suicidal patient and elsewhere helpful descriptions of depression in the elderly and some conditions that may or may not have links with depression (e.g. body dysmorphic disorder chronic fatigue syndrome) are discussed.

The author includes some interesting case material, but what is missing for me is a psychological formulation of these individuals' problems. People's depressive reactions are on the whole formulated as a series of diagnoses, with consequent changes in medication (see the case of Roberta, p. 22). There is little sense of the person, their early background history, relationships with their parents and the impact of major life events on how they see themselves and the world. He does, however, include one case, Ralph a 56-year-old man with a history of life-long mild to moderate depression who is successfully treated with cognitive therapy alone. I would have liked to have known a great deal more about how this treatment was carried out.

In summary, this book is a well written, clearly laid out useful guide to the classification and drug treatment of depression. The biological model of depression is covered in depth, often at the expense of other models. There is, I feel, only a limited attempt to look at depression from a psychological standpoint and a golden opportunity has been missed to integrate the treatment of this common disorder from a biological and psychological perspective. It is, however, a useful reference book for professional mental health workers.

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