

## Book reviews

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*Interpersonal Psychotherapy*. By S. Stuart and M. Robertson. (Pp. 315; £24.99.) Arnold: London. 2003.

While officially titled *Interpersonal Psychotherapy: A Clinician's Guide*, the real title of this book, and the one that would make sense of its position in the IPT world, should in fact be *Interpersonal Psychotherapy: The Next Generation*.

In the preface, Scott Stuart and Michael Robertson acknowledge their great debt to Gerald Klerman, Myrna Weissman and the other authors of the 1984 text *Interpersonal Psychotherapy of Depression*. But they go on to argue that while the original manualized version of interpersonal psychotherapy (IPT) therein described enjoys good empirical support for its efficacy, little is known about its effectiveness in clinical settings. They argue further that '*requiring strict adherence to a manual outside of a research protocol is likely to diminish the effectiveness of the treatment because it discourages therapists from exercising their clinical judgement*' (their italics). Having thus set the scene for divergence from the manual in such a way that it is hard for a reasonable man to object, Stuart and Robertson go on to describe their version of IPT, which departs in some notable ways from the original.

The book is well organized in six coherent sections. The first introduces basic theoretical ideas behind IPT, relying heavily on Bowlby's Attachment Theory, but also describing communication and social theories. There is a useful section on the therapeutic relationship, making clear why IPT uses this for information and the facilitation of therapy rather than explicitly working with the transference, but doing so in a way that does not diminish therapies that are transference based. The next section describes the initial sessions of IPT, and it is here that some of the important differences emerge. The book endorses the biopsychosocial model of

mental disorders, and is at least implicitly critical of the 'medical model', which underlies the original version of IPT. Thus, there is no talk of 'giving the patient the sick role' – a necessary component of the original therapy – and the emphasis on 'focus' is replaced by a more complete formulation, of which the interpersonal focus forms only one part. This section also contains a chapter on the crucial Interpersonal Inventory – a comprehensive description of the patient's interpersonal world that will form the basis for understanding their current interpersonal problems. Sadly, however, while this chapter explains clearly what the therapist should be trying to do, it does not give good advice about how to do it; and the Interpersonal Inventory Form, contained in the appendices and demonstrated in the text, bemusingly allows space for the description of one relationship only, thus begging the question of how to track multiple problems in the patient's relationships. By contrast, Section 3, which describes IPT techniques, gives useful advice in a number of areas, particularly in the detailed description of the analysis of 'Interpersonal Incidents'.

Section 4 of the book describes the four main areas of focus of IPT. Here again differences emerge. The Klerman *et al.* (1984) description of 'Grief' makes explicit that this can be used only in the case of loss by death of a significant other. Stuart and Robertson are more flexible, allowing this to be used for loss by other means, although acknowledging that such losses could still be dealt with under the rubric of 'Role Transition'. Stuart and Robertson have also renamed 'Interpersonal Deficits' as 'Interpersonal Sensitivity', arguing that this is a less pejorative label to give to the patient, and raising the issue that this may be different from the other foci in that it represents a baseline attachment and personality style rather than an acute social stressor.

Section 5 of the book discusses the issues of Concluding IPT – thankfully renaming the 'Termination' phase of the original version – and Section 6 discusses a variety of other issues, including an overview of research in IPT, and

the politically contentious issue of training and accreditation.

The book has clear descriptions of a number of theoretical and practical issues involved in therapy, and it is engagingly laced throughout with metaphors and case examples to illuminate various points. I hope it is not too picky to point out that the daughter of one patient started life in the case example as Anna and ended it as Emma, but since this is presumably a mistake made in the service of preserving patient confidentiality it should not be held too much against the authors.

This book provides a very useful and thought provoking account of a developing form of Interpersonal Psychotherapy and gives a clear guide for practising clinicians. It may well provoke much debate in the ranks of IPT therapists about the purity with which IPT should be practised, but I believe that this is a development wholly to be welcomed.

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## REFERENCE

Klerman, G. L., Weissman, M. M., Rounsaville, B. J. & Chevron, E. S. (1984). *Interpersonal Psychotherapy of Depression*. Basic Books: New York.

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*Treating Sleep Disorders: Principles and Practice of Behavioral Sleep Medicine*. Edited by M. L. Perlis and K. L. Lichstein. (Pp. 485; Price \$75.00, ISBN 0-471-44343-3 hb.) John Wiley & Sons: Hoboken, NJ. 2003.

The field of sleep medicine is multidisciplinary by its history and its very nature. Sleep and wakefulness are fundamental brain states that are affected by a wide range of endogenous and exogenous factors, including voluntary and involuntary behaviors. This fact can be exploited in the treatment of patients with sleep disorders. Historically, psychologists and behavioral scientists have made some of the fundamental contributions to the development of sleep science and the clinical discipline of sleep medicine. However, increasing 'medicalization' of sleep disorders has threatened to marginalize their role in the field, a trend fueled by recognition of the prevalence, morbidity, and treatment of sleep

apnea syndromes. Ironically, at the same time that this trend was emerging, the substantial efficacy of behavioral and psychological treatments for sleep disorders was also being documented. Recent efforts by a dedicated and talented group of behavioral sleep specialists have helped to coalesce behavioral sleep medicine as a distinct discipline within the larger field. These efforts have included the institution of a credentialing examination; development of training guidelines for pre- and post-doctoral programs; a recommendation for behavioral sleep medicine specialists in the credentialing guidelines for accredited sleep disorders centers; and the establishment of a new specialty journal. The publication of a textbook is the next important step in defining this discipline as a distinct entity at the interface of behavioral medicine and sleep medicine. *Treating Sleep Disorders: Principles and Practice of Behavioral Sleep Medicine* ably fills that role.

*Treating Sleep Disorders* is a multi-authored collection that provides a scholarly review of the key topics in the field. It begins with a historical perspective, together with an assessment of the current political landscape affecting behavioral sleep medicine. This is followed by sections on the measurement of sleep and on the major disorders addressed by sleep medicine. The final and lengthiest section reviews behavioral sleep medicine practice more directly, and includes sub-sections on behavioral and cognitive science, sleep disorders usually seen in adults, and sleep disorders seen in children. Within the last two segments, individual chapters are devoted to assessment and treatment of specific conditions, and evaluation of treatment efficacy. All of the sections and chapters share a scholarly and well-documented approach, making this volume a tremendous resource.

The greatest strength of *Treating Sleep Disorders* is the very fact that it brings together for the first time a systematic and coherent overview of the field. Information that previously could be found only in separate volumes – on insomnia, pediatric sleep disorders, or sleep apnea – can now be found in one place. More importantly, in reading through the chapters on very different disorders, one senses the consistent principles and concepts that bind them all together. This aspect will be especially important for newcomers to sleep medicine, including

both students and established practitioners looking for new venues. Clinicians involved in other aspects of sleep medicine will also gain a new appreciation of the role of behavioral interventions and the strength of the evidence supporting them.

Among the many other strengths of *Treating Sleep Disorders* are contributions by many (though not all) senior figures in the field. The personalities and individuality of their approaches are evident at the same time that they reinforce the general themes that run throughout. The historical perspective and sense of excitement in this developing field also come through clearly. I especially enjoyed reading about the prescient, if largely overlooked, contributions of very early investigators in the field. While many readers will be surprised at the large volume of current efficacy data, the authors also candidly acknowledge areas where the evidence is not as strong, and topics that require further investigation.

As in any multi-authored volume, the quality of individual chapters is a bit variable. Particularly strong sections include those on behavioral-cognitive science, evaluation of insomnia, and the section on pediatric sleep disorders. However, the quality of the writing and organization of material is high throughout. Many chapters would have benefited from more generous use of tables and figures, and from more detailed explanations of the figures that were included.

One of the difficulties of the book arises from the tension between *Treating Sleep Disorders* as a general textbook of sleep medicine, as opposed to one more narrowly focused on behavioral aspects. Topics such as genetic and molecular mechanisms, neuroanatomy, neurophysiology, and physiological regulation of sleep are addressed briefly or not at all. While it could be argued that some of these topics are not critical to understanding behavioral sleep medicine, applied physiological principles such as the '2-process' model of sleep regulation, the temporal course of human sleep across the night, and the specific effects of age and sex do have direct clinical relevance. Certainly, all of these topics have been addressed in other volumes, and their exclusion maintains a tight clinical focus. However, in contrast to the exclusion of these topics, there is substantial duplication of other material,

such as the efficacy of behavioral interventions, which is addressed in chapters on individual disorders and again in separate chapters.

Two comments pertain to more practice-oriented aspects of the book. First, readers should bear in mind the role of behavioral treatment relative to other medical approaches. In most sections the authors appropriately discuss the place of behavioral *versus* 'medical' treatments, but at some points they could have been more explicit. Second, some readers may be left wanting more details on the implementation and specific techniques of the behavioral interventions discussed. This volume is not intended to be a series of treatment manuals, but more detail on the 'how to' may serve as a useful balance to the 'what' and 'how effective'.

The shortcomings of *Treating Sleep Disorders*, however, are far outweighed by its considerable strengths. It contains a wealth of information on the historical origins and current status of behavioral sleep medicine, and it will prove an indispensable resource to those already in the field. More importantly, it will serve as the perfect gateway to those who are looking for a new and exciting area of clinical practice. *Treating Sleep Disorders* is an important milestone in the development of behavioral sleep medicine.

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*Insomnia: Principles and Management*. Edited by M. P. Szuba, J. D. Kloss and D. F. Dinges. (Pp. 285; £34.95/\$50.00, ISBN 0-521-01076-4 pb.) Cambridge University Press: Cambridge. 2003.

This book is based on a collection of contributions to an educational symposium sponsored by Wyeth Pharmaceuticals. Although this format might be anticipated to lead to a patchwork of chapters, the net result is that most of the important aspects of insomnia are covered. There is a clear style running through each chapter in the book which makes the text easy to follow. The subjective and objective data are clearly separated and in contrast to many accounts of insomnia, the latter are numerous.

The first section of the book deals with the definition of insomnia, the diagnosis and

epidemiology and impact of insomnia on the patients with an emphasis on the psychiatric consequences. There are good accounts on the importance of insomnia in various psychiatric disorders such as schizophrenia, depression and anxiety and emphasis on the underlying hyper-arousal state of those with chronic insomnia. The second part of the book deals with various treatment options, behavioural approaches are emphasized but there are also good accounts of the physiology and therapeutic place of melatonin and the long-term use of hypnotics. This section would have benefited by the inclusion of more practical information about the indications and problems with hypnotic agents and inclusion of details about newer non-benzodiazepine drugs. The next section deals with insomnia at different ages, which gives interesting insights into the problems of children, adolescents and the elderly. The impact of jetlag and sleep-phased disorders is well covered and the final part of the book deals with the neurological mechanisms underlying insomnia. These chapters give an up-to-date and helpful account dealing with the neuro-chemical systems involved but more cross-referencing to the earlier chapters would have been helpful.

Most of the authors are psychiatrists or psychologists but they give a well-balanced account of the problems faced by those with insomnia and those caring for insomniacs. The chapters cover most of the gaps in our knowledge and emphasize future areas for research. Each chapter is well referenced and the tables and line diagrams are clearly constructed. This book should be useful, not only to psychologists and psychiatrists but also to others specializing in sleep medicine, especially neurologists and general practitioners with an interest in sleep disorders. At £34.95 this book is very good value.

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*Practical Management of Personality Disorder*.  
By W. John Livesley. (Pp. 420; \$50; ISBN  
1-572-30889-3.) The Guilford Press: New  
York, 2003.

*Practical Management of Personality Disorder*,  
written by W. John Livesley, MD, PhD, is a

remarkable contribution to a growing literature on personality disorders. As a single-authored text, a conceptually broad, but consistent and coherent understanding of a complex aspect of human experience is articulated.

The Preface explicates this complexity and highlights the intense level of management and treatment complications associated with the individual suffering from severe personality pathology. Dr Livesley calls for a systematic and eclectic approach, which requires empirical support for interventions. The author readily acknowledges borrowing concepts and intervention strategies from self-psychology, interpersonal theory, and psychodynamic as well as cognitive and dialectical behavior therapy.

In the Introduction, Dr Livesley describes the interim consequence of effective treatment: life becomes boring. Challenging questions are raised including whether some aspects of personality cannot be changed. Furthermore, Dr Livesley outlines the differing models of treatment based upon widely different concepts of etiology. The author introduces the reader to new evidence suggesting a substantial heritable aspect of personality, and that interventions must incorporate a biological and genetic understanding of personality traits. Finally, Dr Livesley calls for an empirical assessment of treatment efficacy in any aspect of personality disorder intervention. The complexity of the treatment process is divided into phases of treatment and associated stages of change. The four stages of change include: problem recognition and development of a commitment to change, exploration of the problem, acquisition of alternative behaviors, and consolidation as well as generalization of new behavioral repertoire.

In the second chapter, Dr Livesley addresses the concepts of personality and personality adaptation in a comprehensive fashion, extending beyond the descriptive aspects of DSM-IV personality disorders. He eloquently details the elements of self-schemas, the nature of the divisions and distortions of self experience, as well as the components of the interpersonal system disturbances in personality disorders. The reader is introduced to three, four, and five factor models of personality, which are empirically derived and represent alternative approaches to the nosology of personality disorder.

In the third chapter, Dr Livesley carefully summarizes the available literature on psychosocial and genetic factors, which together make one vulnerable to developing personality disorder. The author then reviews the stability of personality traits over time. In targeting change techniques, Dr Livesley focuses on assisting the individual in adapting one's personal coping as a goal of treatment.

In the fourth chapter, an overview of the process of change is offered. Dr Livesley emphasizes the importance of a supportive, empathic, validating, and active therapeutic relationship in developing self-knowledge and providing new experiences. The method of interaction with the patient is collaborative description, which explores the antecedents and consequences of behavior and its effects on others.

In the fifth chapter, a descriptive approach to assessment is outlined. The elements of diagnosis emphasized by Livesley include: (1) an adaptive self-system, (2) the capacity for intimacy and attachment, and (3) an ability to function effectively at a societal level. A systematic account of core personality traits is delineated and characterized by core patterns including: (1) emotional dysregulation, (2) inhibitedness, (3) dissocial behavior, and (4) compulsivity.

In the sixth chapter, Dr Livesley identifies the broad dimensions of treatment planning and the problems anticipated during treatment of personality disorder. Five broad decisions are discussed: (1) treatment setting, (2) treatment format, (3) strategies, techniques, and sequence of interventions, (4) duration and frequency of treatment, and (5) medication indications.

In the seventh chapter, Dr Livesley discusses the core components of treatment of personality disorders: (1) building and maintaining a collaborative relationship, (2) maintaining a consistent treatment process, (3) validating and supporting the individual through treatment, and (4) maintaining and supporting motivation for change.

The eighth chapter outlines the appropriate uses of pharmacotherapy for crises and indications for maintenance medication in personality disorder. The author also discusses the conservative use of in-patient hospitalization.

The next four chapters examine special problems in treating personality disorder including the approach to management of impulsivity, deliberate self-harm and emotional dysregulation in the ninth chapter. The tenth chapter examines interventions to address dissociative behavior and sequelae of developmental trauma. In the eleventh chapter, the author discusses strategies used in the treatment of core self and interpersonal problems. Dr Livesley then addresses modulating trait expression through specific cognitive techniques as well as modifying environments to support individuals in finding constructive ways to express basic traits in the twelfth chapter.

The next chapter addressing core pathology highlights integration and synthesis. Central to the emergence of the self and development of self-esteem is the formation of an interpersonal boundary according to Dr Livesley. The final chapter returns to treatment duration, modality, and setting. Very little empirical data inform the duration question. Dr Livesley supports the general assumption that individuals with personality disorder show slower response to treatment. In the Appendix, Dr Livesley carefully describes and defines self-states and provides the clinician with a useful set of questions to clarify shifting self experiences.

In summary, Dr Livesley's research and clinical experience is highlighted in this compelling, comprehensive, and constructive overview of personality disorder management. I strongly recommend this volume to clinicians and students as a wonderful introduction to self-state understanding, schemata description, and a practical approach to treatment planning in personality disorders.

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