

### Formulation as a Basis for Planning Psychotherapy Treatment

By Mardi J. Horowitz. 1997. Washington, DC: American Psychiatric Press. 121 pp. £24.50 (hb). ISBN 0-88048-749-6

The book's cover promises clarity and that is what we get. It also promises an integrated model, which we get after a fashion. This book has the outstanding virtue of simplicity, and as it is intended for beginners in psychiatry will be welcomed by junior psychiatrists who will be able to understand it and will learn a lot from it.

Dr Horowitz takes a highly rational attitude to defining and working with his patients' psychological difficulties. He takes us step by logical step through a structured assessment of the patient's problems, and the organisation of a treatment plan. His method of structuring, which includes the recognition of multiple states of mind, allows for a formulation of complex as well as straightforward problems, and he gives plenty of lively case examples to show the reader exactly what he is doing.

Horowitz includes ideas from across a range of psychotherapeutic theories, but he is selective, and the final product is close to a cognitive analytic approach. A book which promises to 'integrate' different methods and ideas from many clinicians runs the risk of losing the subtlety of thinking of some of those writers who are integrated. Freud is not in a position to complain but one can only wonder what Kernberg makes of being integrated into a model which makes no mention of transference. Also, like many books which offer simplicity, this one does not tackle the complex issue of how a psychiatrist can best address and deal with the perverse satisfaction which some people get from intractable symptoms and from frustrating engagements with therapists and with psychological services.

On the other hand, all of us can learn something from Horowitz's rigorous identification of the important current problems. In particular, relatively inexperienced therapists can benefit from his provision of a structure which contains and directs their therapeutic activity.

Overall the book is accessible and enjoyable to read, and its limitations are acceptable in a text which is short, sensible, and will help junior doctors to think

coherently about the meaning of their patients' behaviours and symptoms. I recommend it unreservedly for trainees and their supervisors.

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### Traumatic Events in Mental Health

By L. S. O'Brien. 1998. Cambridge: Cambridge University Press. 302 pp. £24.95 (pb), £70.00 (hb). ISBN 0-521-57886-8

In the 1960s, I saw a large number of people who had experienced accidents and who had been troubled ever since with marked psychiatric disability. This was puzzling, as the only accepted publication on the subject was by a neurologist, Henry Miller, who maintained that all such cases were motivated by a desire for compensation and were dissembling to varying extents. (O'Brien does not mention this influential paper in his otherwise excellent historical review.) It took the Vietnam War and its epidemic of psychiatric casualties for this condition to be accepted as genuine and to be given a name within the DSM system and later in ICD-10.

O'Brien emphasises the separation between post-traumatic stress disorder (PTSD) and post-traumatic illness (PTI), which is any other recognisable mental disorder following a traumatic event. Although included in DSM under the anxiety disorders, which are defined symptomatically, PTSD is defined aetiologically, and this difference is anomalous. Epidemiologically, the lifetime prevalence of PTSD has been estimated at 1%, and a current rate as a little below half that, which means about 250 000 active cases in the UK. The view, promoted by Miller, that compensation claims promote the illness and that resolution of litigation produces recovery has not been supported by any evidence. One of the best British studies of this was by Michael Tarsk, and is also unmentioned here.

Another myth which the book explodes is that early debriefing prevents later PTI; this is also unsupported by evidence. On the other hand, both antidepressants and

cognitive-behavioural therapy have been shown to have efficacy, though judging by the people I see now very few sufferers receive the benefit of either. PTSD has been shown to be not the extreme of a normal response to stress, but a qualitatively different state in which there is probably a chronic depletion of noradrenaline and hypersensitivity of that system, leading to overactivity of noradrenaline-mediated behaviour. There is also abnormality of the hypothalamic-pituitary-adrenal axis, indicating an enhanced negative feedback sensitivity.

In recent years, emphasis has moved from the nature of the stress to the nature of the victim's perception of it; under current DSM criteria, there is no need for the trauma to be of an unusual, dramatic, or catastrophic type for PTSD to occur. The only symptoms of PTSD which do not also appear in the diagnostic criteria for any other disorder are those of intensive re-experiencing. However, the symptoms have good internal cohesion and a high degree of inter-relation. Psychological testing seems to produce no more useful information than a careful clinical intervention.

O'Brien, who has experience of dealing with military combat reactions, says he set out to write a brief but comprehensive textbook, and he has certainly succeeded in this aim. His book can be highly recommended to both trainees and senior practitioners.

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### Counselling Difficult Clients

By Kingsley Norton & Gill McGauley. 1997. London: Sage. 153 pp. £35 (hb), £12.99 (pb). ISBN 0-803-97673-9 (hb)

This book is about how counselling can go wrong. Perhaps surprisingly, the authors are not counsellors themselves. They are based in particular disciplines that colour their perspective. Kingsley Norton is a consultant psychotherapist at an in-patient unit dealing exclusively with people with personality disorders. Gill McGauley is a senior lecturer and consultant in forensic psychotherapy. Although familiar with 'difficult' patients, the authors take the traditional perspective that difficulties arise

in the interaction between a counsellor and client and should not be sought for solely within the client him or herself. They base their book on a structural analysis of counselling. Although they do not define it, they use the term counselling to mean a non-directive, professional relationship in which clients are helped to clarify and resolve their difficulties. They define a public-level interaction as the professional role of the counsellor and the complementary part played by the client. It is the 'adult', consistent, logical approach to a problem and its resolution, for which both counsellor and client take responsibility. The personal-level interaction concerns covert personal goals on the part of counsellor and client that may well be incompatible with the successful transaction of goals overtly agreed at the public level. None of this is new. Psychotherapy has been concerned with the relationship between a psychotherapist and client since

its origins. Although the authors avoid use of the words transference and countertransference, there is plenty of jargon in other areas. Examples are public dominance, mixed dominance, hierarchical system and isomorphic system.

Difficulties arise in counselling transactions when there is an imbalance between public and personal levels of interaction in either client or counsellor. The counselling 'window' is used as a figurative depiction of the relative dominance of the public or personal domain in client or counsellor. Public-level activity is the use of questions, prompts and inquiries. Personal-level attributes are empathy, genuineness and non-possessive warmth. Difficult patients are simply difficult counselling transactions. The authors include, however, a description of personality disorders, psychopathy and the criminal justice system, to indicate that some patients have particular, ingrained difficulties that may be beyond the most

balanced of approaches. The book raises awareness of the human qualities professionals bring to every psychotherapeutic relationship. It is an accessible description of how counselling can go dreadfully wrong. There are several case examples to which the authors return again and again to illustrate their points. All mental health professionals use counselling skills to some extent in their work. This is a pragmatic analysis of the difficulties that may arise in any therapeutic relationship. Nurses, doctors and social workers, as well as counsellors themselves, will find it useful. Dare I say it, even cognitive-behavioural therapists might benefit – but I am sure none will touch it with that title.

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