

**Schizophrenia: Current Science and Clinical Practice**

Wolfgang Gaebel, Ed. Hoboken, NJ: John Wiley & Sons, 2011. 254 pp.

This book is the successor of the 1999 volume titled “Schizophrenia,” which was edited by Mario Maj and Norman Sartorius and sponsored by the World Psychiatric Association. Thus, I expected a significant amount of new material because significant advances emerged in schizophrenia during the past decade. My expectations were met in many of the eight chapters but not in others, which is to be expected in an edited book with different authors and variable perspectives. However, overall, I enjoyed reading this book.

Chapter 1 by Jablensky is a very thoughtful and scholarly overview of the existing diagnostic schemas and of the need for a reconceptualization of schizophrenia. Chapter 2 on pathophysiology is coherently organized across neurochemistry, neuronal networks, cellular and molecular neurobiology, and the various emerging hypotheses emanating from the emerging data. The chapter on cognition is one of the best recent reviews on the topic, with an elegant discussion of the neurocognitive and social cognitive deficits in schizophrenia, making the case for cognitive impairment as the core pathology in schizophrenia. The chapter on genetics is the most up to date chapter in the book, providing a comprehensive review of traditional genetic epidemiology linkage studies, candidate genes, Genome-Wide Association Study, and copy number variation.

The early recognition and prevention chapter, authored by the godfather of the prodrome, is a crisp update of the at-risk concept as a novel diagnostic entity as well as a target for innovative therapeutics or prevention, touching on the associated ethical issues as well. The chapter on pharmacological treatments has strengths and weaknesses: the strength is the succinct review of the many neurotransmitter-receptor targets, but mainly with a theoretical bent because only dopamine agonists are currently approved for use. The main weakness is a startlingly brief one page dedicated to the atypical class of antipsychotic agents, which has dominated the psychopharmacology literature during the past decade since the first edition was published. The landmark Clinical Antipsychotic Trials of Intervention Effectiveness and Cost Utility of the Latest Antipsychotic Drugs in Schizophrenia studies are not even mentioned, let alone discussed or critiqued. The chapter completely ignores many useful meta-analytic studies of the first- and second-generation antipsychotics that appeared during the past few years. The raging controversy related to metabolic complications of the atypical class that

permeated the past 12 years is overlooked. Despite the centrality of pharmacology in schizophrenia, this is one of the shortest chapters in the book.

The chapter on cognitive behavior therapy (CBT) is well written and provocative, discussing the efficacy of CBT in schizophrenia with or without medications.

The final chapter on management, rehabilitation, and stigma is the longest chapter in the book and covers many critical issues ranging from the burden of the disease to sex, mortality, and forensic issues. It covers key issues in rehabilitation and reintegration that most patients need but do not always get.

Finally, to underscore the issue of up-to-date references by various chapters in this book, here are the ranking chapters based on the percentage of their references from 2005:

Chapter	Topic	Percentage of 2005–2011 References	Rank
4	genetics	76.2%	1
6	pharmacology	55.6%	2
5	early recognition	54.3%	3
3	cognition	52.7%	4
7	CBT	51.3%	5
2	pathophysiology	29.6%	6
8	management/rehabilitation	29.4%	7
1	diagnosis	22.8%	8

The reader can use the table above for two purposes: to see which chapter is the most up to date or to realize in which topics of schizophrenia the knowledge was growing the fastest during the past decade.

**DISCLOSURE**

*The author declares no conflict of interest.*

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***The Inseparable Nature of Love and Aggression: Clinical and Theoretical Perspectives***

Otto F. Kernberg. (2012). Arlington, VA: American Psychiatric Publishing, Inc. 400 pp.

Otto Kernberg, a giant in the field of psychoanalysis, has published a compendium of his recent works on topics including

sexual love, religion, narcissism, and mourning, as they relate to the interface of psychoanalysis and neurobiology. The book’s title *The Inseparable Nature of Love and Aggression* refers to the two basic instincts that Freud believed to underlie all human behavior, the two primary outlets of biological energy.

In part I, Kernberg discusses his extensive clinical experience in the diagnosis and treatment of the most severe personality disorders, particularly narcissistic psychopathology. This section begins with a discussion of the relationship between identity and personality organization. According to Kernberg, “identity diffusion is the most important, etiologically and symptomatically relevant, fundamental feature common to all severe personality disorders” (p. 4). Rich clinical cases are interwoven with techniques on how to clinically assess the level of identity integration in a structured diagnostic interview developed by Kernberg and his colleagues at the Personality Disorders Institute at Cornell. To treat patients with identity diffusion and “low ego strength,” Kernberg and his colleagues developed an intensive form of psychoanalytic psychotherapy known as *transference-focused psychotherapy* (TFP). TFP involves using systematic transference interpretations to enable these patients to reintegrate into their identity previously split-off parts of themselves, or “split-off internalized object relations of contrasting persecutory and idealized natures” (p. 34). The consistent interpretation of these distorted and contradictory perceptions in the transference becomes one of the mechanisms of therapeutic change, along with mentalization, mindfulness, insight, and empathy. In compelling clinical cases, Kernberg presents the “almost impossible” and often untreatable patients with severe narcissism and other psychopathologies in which aggression trumps love. In his essay, titled “The Destruction of Time in Pathological Narcissism,” Kernberg writes that “one aspect of the function of the grandiose self is precisely denial of the passage of time, the fantasy of eternal youth, and the very denial of death as an ultimate threat of their grandiosity” (p. 148). He adds that “narcissistic patients will often find themselves ‘waking up’ at age 40, 50 or 60 with a desperate sense of years lost” (p. 144).

In part II, Kernberg illuminates the complex interaction of neurobiological substrates and intrapsychic conflict in the formation of affects, drives, and personality. He addresses the controversial psychoanalytic theory of the death drive, the human drive toward self-destructive motivation and behavior, and its manifestation in the clinical setting. Severely sadistic and masochistic pathology is explored with illustrative clinical material. An inevitable part of the death drive is the process of mourning over destruction and loss, in

which feelings of guilt and concern serve as a reparative and potentially creative counterpart to death and loss. In a moving and brilliant essay, Kernberg discusses how his view of mourning and grief was fundamentally altered by his own mourning process for his wife of 52 years: “rather than being completed after a reasonable time, by the process of identification and letting go,” he saw that “the mourning process had evolved into significant characterological change [like superego restructuring, and] maintenance of an internal relationship with his wife” (p. 225). On the basis of personal interviews with colleagues and patients, Kernberg presents insightful phenomenological observations of the mourning process: “persons with severe, chronic conflicts with the person they lost and who were conscious of rather than denying their own ambivalence seem to show fewer feelings of guilt, in contrast to cases where a profound repression of the aggression against the lost person would emerge as the syndrome of pathological mourning, an expression of unconscious guilt” (p. 231).

Part III, *The Psychology of Sexual Love*, discusses the preconditions for the capacity of a mature love relationship, the inhibition of this capacity, and the manifestations of sexual problems in couples and patients with severe personality disorders. In this section, Kernberg moves from the organization of brain structures and neurotransmitters to the overall system of erotic activation, attachment, and bonding to consider the nature of passionate love and the psychodynamic features of a couple’s love relationship. He discusses how an individual’s capacity to integrate erotic desire, passionate love, and idealization evolves to the conditions that permit the establishment of a mature love relationship. Various psychopathologies and their effect on mature love relationship are discussed with clinical illustrations. For instance, in discussing a couple with a severe degree of superego pathology, Kernberg writes: “the most frequent expression of severe, chronic, mutual superego projection is one partner’s experience of the other as a relentless persecutor, a moralistic authority who sadistically enjoys making the other feel guilty and crushed, while that second partner experiences the first as unreliable, deceitful, irresponsible, and treacherous and feels enraged because the other is attempting to ‘get away with it’” (p. 267).

Part IV, *Contemporary Challenges for Psychoanalysis*, identifies the serious problems facing psychoanalytic education, institutions, and the profession of psychoanalysis and proposes solutions, such as strengthening ties of academic institutions, to energize the field and increase its contributions to scientific research and progress.

Part V, *The Psychology of Religious Experience*, addresses psychodynamic factors

and object relations involved in religious and spiritual experiences and the role of universal ethical values in this context. In contrast to Freud’s view of religion as an expression of underlying psychological conflicts and distress, Kernberg views the psychological function of religiosity to be an expression of the development of the capacity for an internalized, integrated ethical guidance system akin to the development of a mature superego. Although psychoanalysis cannot make any pronouncement about the objective truth of religion or the existence of God, it can identify the origin of religion in the psychology of object relations: “... there exists a point at which experiences, judgments, and values derived from the internal world of object relations acquire a sense of universality [... and ...] transcendence, of universal value within their respective domain. This development evolves into a spiritual realm” (p. 382). Kernberg likens the aforementioned transcendence to the mourning process and references a personal communication with Rabbi Moshe Berger: “It is only in the point of infinite absence where it is possible to fully recognize the full value of the time of finite presence in love” (p. 384).

As with all books by Otto Kernberg, this bold yet nuanced book possesses an unbelievable depth of wisdom, clarity, and brilliance. Although the prose can be Germanically dense at times, it is well worth the effort to extract every ounce of penetrating insight.

#### DISCLOSURE

*The author declares no conflict of interest.*

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### *Disaster Psychiatry in Haiti: Training Haitian Medical Professionals*

Kent Ravenscroft. (2012) Raleigh, NC: Lulu.

This remarkable book by an uncommon author took root in the devastating 2010 earthquake in Haiti. Dr Kent Ravenscroft—a volunteer psychiatrist providing services there—had visited Haiti 50 years earlier as an anthropology student, conducting an ethnographic study of voodoo healing. By chance, his field study area became the epicenter for the recent earthquake. In addition to understanding the Haitian world view, he spoke sufficient Creole for sociable conversations. His linguistic skills and past experiences aided his understanding of his patients’ complaints and

their responses to his queries. In sum, he undertook his mission with credentials par excellence for quickly getting to the essence of clinical problems in that exceptional context.

The author’s expressed goal in writing this book was to provide an experiential perspective of “disaster psychiatry”—a topic whose cognitive components have been well addressed (Stoddard et al., 2011; Ursano et al., 2007). He used an ideal method for achieving this end: daily journaling. This approach has provided readers with a grand array of fact and affect. Dr Ravenscroft takes us along on a journey bounded by destruction and loss, driven by need and exigency, and hampered by logistic challenges, all in a lovely island setting with a unique history.

His brisk case vignettes furnish instructive examples, from cases precipitated by loss and stress to those wrought by physical injury, infectious disease, endocrine responses, seizures, and dehydration. Some psychiatric disorders began anew with the earthquake; others had worsened in long-disabled-but-stable people bereft of their medications or support systems by the earthquake. Because many of Ravenscroft’s patients are children or adolescents, his training as a child psychiatrist imparts an element lacking from many resources on disaster psychiatry. Experience in consultation psychiatry also served him well in this venue: he sought out strengths in his patients’ characters and in their social networks, and his clinical acumen serves us well in demonstrating how dynamic clinical understanding trumps prescription writing as a key requirement for disaster psychiatry.

He displayed theatrical prowess in recruiting neighbors as healing agents, transforming their anxious teasing to empathetic understanding. Prescribing medications deftly and briefly in most cases, he put the pharmacology button on fast-forward and chased down brain imaging equipment when called for. Often, he played the teacher-coach, instructing patients on how to control and abate their symptoms and how they might help others with similar problems. In numerous cases, especially the life-threatening or the uncertain ones, he arranged instructive follow-up visits for us on a later day in his journal. Although modest in his presentation, Dr Ravenscroft and this context were meant for another: his ministrations are enlightened, effective, and humane. I think you will find some of them brilliant, as I did. Perhaps, most importantly to Haiti, he was able to model his interventions to his Haitian colleagues and trainees, who trusted him even when they initially expressed doubts about his explanatory models and therapeutic tactics.

His daily journal serves up more than cursory glances at his colleagues, helpers, and administrators—both Haitian and non-Haitian.