

13, 'Early Affect-Confusion: The "Borderline" between Despair and Rage', is the first of three chapters detailing the psychotherapy with a woman who would fit the criteria of BPD. I find the skill and gentle potency with which the author addresses the client's unconscious relational patterns and early developmental deficits a joy to read, and inspirational for my own practice.

Most of the concepts in the book are not new, yet in many places I found a new slant on the theory. For example, I am familiar with the theory relating to 'script', as will anyone be who comes from a transactional analysis (TA) background. Yet in Chapter 6, 'Life Scripts: Unconscious Relational Patterns and Psychotherapeutic Involvement', the author describes an important aspect of script as follows:

Implicit experiential conclusions are composed of unconscious affect, physical and relational reactions that are without concept, language, sequencing of events or conscious thought. (p. 97)

Like so much of Richard's writing I am left thinking, '... but of course! This makes complete sense. Why didn't I think of this?'

I was moved by his writing on cumulative trauma as it has such profound implications for parenting and for our therapeutic work with children as well as with adult clients. As I read this book, I found my practice changing, as I am reminded of the importance of my therapeutic presence. I become much more effective and I find my clients moving more quickly. This was particularly the case with Chapter 11, which considers the theory of shame and self-righteousness, and which gave me a new perspective on one of my clients.

This book for me represents a maturing of the theory relating to an integrative psychotherapy. There is a deepening of the understanding of unconscious relational patterns that offers a way of working with clients that is respectful and compassionate, focusing not just on the client's behaviour or thinking, but also on the way that their story is revealed through every aspect of their being, including their bodily reactions, their relationship with self and others, as well as the impact they have on the therapist. This is a book that I will re-read several times because I know that I will find something new each time.

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### Old and new disorders

**Treating disruptive disorders: a guide to psychological, pharmacological and combined therapies**, by George M. Kapalka, London, Routledge, 2015, 274 pp., £25.19 (paperback), ISBN 978-0415719605

For those who work in the field of mental health, there is the perennial question of what works most effectively, medication or psychological therapies. Depending on the way the reader is situated, for example in a private psychoanalytic setting or a

clinical healthcare setting, different cultural and environmental factors and opinions tend to place the therapist in a particular 'position' of opinion. In recent years there has been a subtle shift towards the idea of combined-approach work, with therapies such as the cognitive behavioural analysis system of psychotherapy (CBASP) deliberately employing combined pharmacological and psychological treatments in research and clinical practice. One might consider, therefore, that the therapy community is perhaps split into single-model purists and a grey scale of those open to a more combined approach. Nowhere is this spectrum of opinion more noticeable than in regard to those diagnoses that are hotly debated among those of a non-cognitive behavioural or clinical approach. The 'disruptive disorders' discussed in this text, which feature in DSM-V, include both existing presentations such as bipolar disorder and attention deficit hyperactivity disorder (ADHD), but also some of the newer and more controversial diagnoses that come out of DSM-V, such as mood dysregulation disorder (DMDD). This text therefore firmly grasps the nettles of combined treatment, and also the newer and hotly discussed DSM-V diagnoses.

The first sections of the book deal directly with the issue of medication for disruptive disorders overall, and seek to present a balanced 'for and against' discussion. In particular, Chapter 1, 'To Medicate or Not to Medicate', does the reader the courtesy of jumping straight in and presenting an overall well-balanced discussion. How well balanced the reader judges it to be, however, will inevitably be determined by how they are situated. It is unlikely that any die-hard psychological therapy purist will have a revelation and become converted to the combined model, but those open to the middle ground will find the discussions useful and informative.

A following section focuses on brain structure and function, and although well written and referenced, this section may well 'turn off' anyone without a penchant for biological psychology. It is extremely thorough, to the point of occasionally sounding excessively biomedical for the average psychoanalyst to tolerate. That said, the content is very useful, and constitutes excellent reference material to return to; and the idea of having this section early on in the overall text makes good sense in that it underpins the material that follows. A little cynically as a psychoanalyst and cognitive behavioural analyst, I found myself thinking '... interesting, but why should I care?', since in therapy practice one does not analyse or provide counselling to individual hemispheres of the brain, but rather to the person or persons co-inhabiting the therapy space. It could also seem a little over-explained to some readers, giving the impression that the scientific community really does understand the brain completely, honestly, no really! Cynicism aside, it is well written, and a useful reference document, even if it is 'alongside' the material more applicable in clinical practice.

The chapter on psychological and developmental understanding of disruptive disorders follows, and provides a discussion of self-control, aggression and their interrelation and presentation. This chapter is very much cognitive-behavioural in focus, and although of course this model is valid, it does seem to lose a little something by not considering alternative models from the psychodynamic tradition. It also seems to appeal to a far less technical audience than the biological psychology material preceding it. Some classic lines include, 'Anger is a significant interpersonal construct involved in the development of aggression' (p. 41). Other than the cognitive-behavioural bias and the occasional moment of wondering whether the obvious really needed to be pointed out so laboriously, the material is comprehensive, and gives an

overview from which to consider the section-by-section approach on different disorders that characterizes the majority of the book.

The most substantial part of the overall work is the series of chapters each dealing with a different disorder or class of disorders. In turn, ADHD, oppositional defiant disorder, conduct disorder, tic disorders including Tourette's, and intermittent explosive disorder are addressed. This proves to be an interesting section of the book since a similar style is adopted in approach to each chapter, beginning with definitions and background, moving to pharmacological treatments, then to psychological treatments, then combined and the benefits and limitations of each alone and in combination. The somewhat controversial nature of some of these 'new' disorders and their use to design often pharmacological treatment programmes for patients is almost disguised by having this neat and clear format of discussion, presented side by side with more established conditions like ADHD and Tourette's. The language used in describing these disorders might well leave the uninformed reader certain of them having an undisputed nature. It is also typically judgemental and predictive, with an example passage in the section on conduct disorder (p. 121) citing 'evidence' from studies containing phrases including 'adolescents with conduct problems stemming from childhood were more likely to have pervasive and persistent criminal problems into adulthood'. Not only, then, are unruly children therefore likely to become nefarious criminals but, even worse, 'the earlier onset cases also had a strong genetic component'. Having read this section I was reminded of the old study of faces by Lombroso (1911/1972), which also claimed to be able to identify future criminality through a slightly different form of observation. In fairness to the chapter authors, it should be noted that they are presenting research findings, and not positing opinions as such.

Another interesting feature of the chapter on conduct disorder is the section on pharmacological solitary treatments (p. 122) which mentions how common multiple co-morbidities are with this disorder, but which then fails anywhere to ask the obvious question about whether the disorder is simply a label given to a confusing group of co-morbid sufferers who now, rather than having a complex combination of anxiety and depression-based illnesses, are instead displaying 'conduct disorder'. This is a question which is further brought to mind in the 'Summary and Recommendations' section (p. 135), which refers to the 'myriad factors contributing to CD' and the need for treatments to be 'individualised and tailored to the unique needs of each child and adolescent' (*ibid.*). These comments, although clearly important and well made, left me even less sure whether 'conduct disorder' really exists. It is important to reiterate, however, that arguing against the existence of the condition is not a reflection of the thoroughness of the chapter, including its interesting discussion of the use of no less than five classes of pharmacological drugs to treat conduct disorder.

The discussion of psychological treatments fell sadly short of the standard of the pharmacological discussion, with treatments based more around behavioural training and family therapy than looking in depth at any individual psychotherapy treatment. The vignette ending the chapter was useful and interesting, especially since the outcome appeared to be that the subject made the major part of his progress through using cognitive behavioural therapy (CBT) to overcome negative patterns of behaviour. The characteristics of an anxious and rather aggressive young man acting tough and having negative behavioural patterns, and needing medication to calm down and CBT to learn more effective outcomes, seems less a serious 'disorder' and far more a typical young adult with some developmental issues causing

maladaptive responses. If this young man is typical of the 'disorder', then I suspect we are going to see an awfully high level of diagnosis.

The section on intermittent explosive disorder gives an interesting account of the diagnostic criteria, and gives some history of the problem first being identified in DSM-III but being clarified in DSM-V. A thorough summary of the nature of the condition is provided, but appears to essentially refer to sufferers having other mental health conditions and being highly volatile. Since the book comes from the stance of explaining and not debating DSM-V's diagnosis, the question of whether the volatility is caused by the apparently common co-morbidities and not by a separate 'disorder' is not asked. This time, an extraordinary six classes of pharmacological drug treatment are discussed, and the usual correlation between low serotonin and aggression is introduced and implied, as if cause and effect. In stark contrast, the psychological treatments discussed number the grand total of two – coping skills training and CBT. It is ironic, then, that the 'Recommendations' section concludes that 'psychotherapy (especially cognitive and behavioural interventions) should be utilised as first line approaches' (p. 173). Also notably, the vignette features a case where the combined approach of counselling, CBT and medication was used.

Part III of the book is concerned with more well-established and recognized disorders where disruptive behaviours are common features. Intellectual disability, autistic spectrum disorder, mood and personality disorders and neuro-cognitive disorders and delirium are discussed in turn. Notably within the mood disorder section, the new disruptive mood dysregulation disorder (DMDD) is mentioned, a new product of DSM-V which the authors indicate is an attempt to reduce the increasingly common diagnosis of bipolar disorder in children. DMDD apparently lacks the clearly defined manic and depressive episodes seen in bipolar while still displaying the irritability and hyperarousal. Each condition is summarized in turn in a clear and non-controversial manner, even though it is apparent that biomedical explanation is the gold standard for these authors. Pharmacological treatment is discussed, with the natural emphasis on mood stabilizers. Psychological treatments are then discussed with the omnipresent CBT and Interpersonal Psychotherapy (IPT) and, more surprisingly, psychodynamic therapy getting a mention. The comment 'psychotherapy is a process of learning strategies to overcome symptoms' (p. 220) rather lets down the chapter by showing a general behavioural bias and lack of understanding of other psychotherapies. Generally, the discussion of pharmacological versus psychological versus combined is fair and balanced, and makes sensible points about therapy drop-out and time taken to reduce symptomatology, while having a probable longer-term benefit than pharmacological treatment alone.

It is disappointing that a chapter containing discussion of bipolar and personality disorders, often characterized by long-term depression, and which discusses combined pharmacological and psychological treatment, explicitly does not cover the full range of potential psychological treatments. Psychodynamic therapy is mentioned but not expanded upon, and cognitive behavioural analysis methods such as CBASP, which is designed explicitly for long-term depression treatment in combination with pharmacological treatment, are not mentioned at all.

Overall, this is an extremely comprehensive guide on the pharmacological side, a good summary of the DSM-V disruptive disorders and a fairly comprehensive guide to cognitive behavioural psychological approaches. It would have benefited from a more

inclusive coverage of psychological therapies, and a discussion of the controversial nature of the DSM-V disorders.

**Reference**

Lombroso, C., & Lombroso-Ferrero, G. (1911/1972). *Criminal man, according to the classification of Cesare Lombroso*. New York: Putnam; Montclair, NJ: Patterson Smith. Retrieved from <https://archive.org/stream/criminalmanaccor1911lomb#page/n0/mode/2up>.

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