

Geneva Initiative on Psychiatry have published a book titled *Dangerous Minds: Political Psychiatry in China Today and its Origins in the Mao Era*. Included in the book is a well-documented, previously published article called "Judicial Psychiatry in China and its Political Abuses," by Robin Munro (1), which forms a major portion of the book.

Munro points out that the recent attention of the psychiatric and human rights community to violations of psychiatry since 1999 was due to the forcible detention of practitioners of the Falun Gong, a spiritual community, in psychiatric hospitals after their arrest on criminal charges. It is alleged that many of them had no psychiatric illness.

It turns out, according to Munro, that the forcible detention of political dissidents, whistleblowers, and religious groups has a long history in China. It reached its apogee during the period of the Cultural Revolution, between 1966 and 1976, then under the leadership of Mao Tse-Tung and the "Gang of Four," which instituted a very harsh and repressive regime. No opposition or deviance in practice or in thought was tolerated. Many of the dissidents were committed to psychiatric hospitals, particularly hospitals that were under the jurisdiction of the police, known as Ankang hospitals, where the commitment was made by forensic psychiatrists. It is noteworthy that the rationale of the forensic psychiatrists during the Maoist era was that dissidents' mental problems were caused by "incorrect or deviant thinking"—that is, these individuals were said to be possessed by bourgeois selfish ideas and personal concerns, which caused their mental illness.

After the death of Mao, the psychiatric community moved toward ideas and practices that were more in line with those of the West, and some courageous psychiatrists denounced the practice of committing political dissidents to psychiatric hospitals. Illustrative of this emergence of new ideas was the act of the Chinese Psychiatric Association of removing homosexuality from the official classification

of mental illness.

In the late 1990s, when the Falun Gong movement escalated in numbers, reaching 70 million, the regime felt that it was necessary to curb this movement as a dangerous criminal group that was seeking to undermine the government. Various means of repression were used: jails, labor camps, and commitment to psychiatric hospitals by forensic psychiatrists. To justify the commitment, a new notion developed, reminiscent of that practiced during the Cultural Revolution—namely, the notion that dangerous ideas could produce mental illness, which was described as "evil, cult-induced mental disorder." This notion became the rationale of the confinement of the Falun Gong.

Dangerous Minds serves as an important presentation of Chinese psychiatry and of international concepts of the ethics of psychiatric practice. Yet Munro's original monograph has

been subject to negative criticism, although others support him. Noteworthy is the criticism by Professor Alan A. Stone of Harvard, who vigorously disputes the substance and accuracy of Munro's report (2).

However, all parties agree with the strongest recommendation of this valuable reference book—that a rigorous inspection by outside experts with complete access to all psychiatric patients, including those in the Ankang hospitals, is mandatory. The World Psychiatric Association made such a request at its meeting in Yokohama. One hopes that this request will be fulfilled.

References

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The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain

by Louis J. Cozolino, Ph.D.; New York, W. W. Norton & Company, 2002, 377 pages, \$30

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Numerous studies have shown the efficacy of psychodynamic and biological approaches, alone and together, in the treatment of many psychiatric disorders (1–4). Recently, a great number of supporters of both biological and dynamic psychiatry, after decades of little tolerance for the beliefs of the other, have started to generate hypotheses and ideas to merge their opinions.

At the forefront of this movement is Louis J. Cozolino, Ph.D., professor of psychology at Pepperdine University. In *The Neuroscience of Psychotherapy: Building and Re-*

building the Human Brain, Dr. Cozolino does a spectacular job of linking the most updated knowledge about neuronal circuits and evolutionary brain models with developmental and psychodynamic theories, and he does it in understandable and jargon-free language. He also relates the different components of psychodynamic theories with the concordant pathways in the nervous system in general.

The book consists of 14 chapters organized into five different parts. Each chapter ends with a summary of the main points. The first three chapters in part 1 constitute an excellent overview of the different models and theories related to neuroscience and psychotherapy. In parts 2 and 3, new concepts of memory systems, executive brain func-

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tion, and the social brain are detailed. Part 4 is a great discussion about the psychology of stress and fear processing in the brain and the impact of trauma. The last part looks at the “psychotherapist as a neuroscientist” who facilitates the “rebuilding” of the brain.

Cozolino argues that psychotherapy, regardless of the technique used—psychoanalysis, cognitive, behavioral, client-centered, or gestalt therapy—affects neural network integration and causes behavioral change. He points to Freud’s notion of “scientific psychology” and believes that the unconscious is a part of the memory system. He concurs with psychoanalytic notions that early life events significantly affect the trajectory of each human being, because social interaction stimulates neurotransmitters, neural growth hormone, and brain plasticity.

Through a wide variety of clinical vignettes, Cozolino forges his vision of the neuroscience of psychotherapy. He offers practical guidelines to the mental health professional and urges us to look at the “whole picture” and the “neurobiology of psychoanalysis” in bringing more effective therapy to the patient.

Although the relation of the memory system and the topographic structure of the mind is a growing view in the modern era, its support needs more evidence-based research to become a standard of practice. The same is true with the other components of mind Cozolino explicates, such as the id and the superego. In his thinking, the distinct drives in psychoanalytic theory are not well fitted with the neurological model. He has focused on the main ingredients of all psychotherapy and explains their impact on rebuilding of the brain. If current discoveries in the nervous system support or reject the differences among dynamic theories, Cozolino’s view will not have explained them.

Despite these limitations, I strongly recommend *The Neuroscience of Psychotherapy* to those who are interested in mind-body isomorphism, and I believe that all mental health

professionals and students who practice modern psychotherapy will gain a great deal by reading it.

References

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Becoming a Therapist: What Do I Say, and Why?

by Suzanne Bender and Edward Messner; New York, Guilford Press, 2003, 332 pages, \$35

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*Becoming a Therapist: What Do I Say, and Why?*² is a collaborative work written by Suzanne Bender and her mentor, Edward Messner, a distinguished senior clinician at Massachusetts General Hospital. The book is designed to show the beginning therapist, through example, how therapy is conducted. A single fictitious case—that of a young female college student struggling with her relationships—is followed throughout the book from initial contact with the therapist to termination. The fictional therapist is generally not idealized and is shown making errors in judgment that would be typical for a young therapist, thus providing the learning points necessary for discussion.

About half the text is devoted to realistic-sounding dialogue. Multiple examples are given for some situations, showing various word choices and intentions that lead to very different results. For instance, the therapist responds to an after-hours page from her patient first by performing a psychotherapy mini-session; after some discussion about the ramifications of this choice, the therapist performs a more directed crisis intervention. Similarly, we witness multiple possible decisions on the part of the therapist

during the first moments of a therapy session, such as the impact of an ambiguous message left by the therapist on the patient’s answering machine and the impact of overly structured and overly passive approaches to the first interview. Discussion about such dilemmas is frank in terms of both what is best for the patient and what is best for the therapist.

A chapter devoted to fee setting and billing is particularly welcome, because many training clinicians do not learn to handle this part of therapy effectively until they leave the structure of their training program. Other helpful inclusions about the mechanics of therapy are a suggested format of chart notes and process notes, a sample history questionnaire for new patients, and a consultation summary of the index case.

Additional patients are introduced briefly to highlight special topics in therapy that are not raised by the primary case. Patients with substance abuse are shown resisting acknowledgment of their illness, with the therapist modeling ways to bring the addiction into the room. Discussion of these patients focuses on the need to modify the insight-oriented approach for an active abuser. A full chapter devoted to the topic of integrating psychopharmacology with psychotherapy introduces a patient who requires medications in addition to therapy.

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