Book Forum

CHANGES IN VALUES AND POLICIES

Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It, *by Terry A. Kupers, M.D. San Francisco, Jossey-Bass, 1999, 289 pp., $25.00.*

This spellbinding exposition on mental illness in prisons disturbs the peacefulness with which we psychiatrists customarily ignore that dark corner of our concerns. As expert witness and civil rights consultant, Terry Kupers has had access to prisons, prisoners, wardens, and guards. He writes in summary of these experiences, "I am repeatedly horrified by the violence prevailing in prisons and jails [which are now] the largest mental asylums in the United States" (p. xix). The atmosphere is governed by brutality among prisoners, and between prisoners and guards. In the isolation units, he says, "I [was] shocked to see the degree of psychosis—inmates screaming obscenities, cutting themselves, and smearing feces—the likes of which I have never seen anywhere else in 25 years of clinical practice" (p. xix).

Nearly two million individuals are now in U.S. jails and prisons, and efforts to treat the mentally ill there are sorrowfully inadequate. Life in prison is unimaginably harsh. On the male side there are beatings, rape, and even retributive murder. Both perpetrators and victims are candidates for long periods of horrific solitary confinement. Needless to say, the mentally ill fare poorly in this setting, and many decompensate, including a large number who were not identifiably ill when they came in. Kupers sees prisons as breeding grounds for mental illness and training grounds for meanness and crime. There is far less violence among the female prisoners, and they band together in sufferance of the male guards. Intrusions on their privacy and dignity are not always just psychological, and these intrusions often reactivate powerful emotional reactions from an abusive past. Seventy percent of incarcerated women are single mothers, and 85% had sole child custody before their incarceration. As a group they worry about their children, and little is done to facilitate visitation and continuity of contact with the outside. Depression and posttraumatic stress disorder are endemic and virtually untreated.

The extent of mental illness in jails and prisons is unknown because prison officials count only those prisoners who show gross psychotic or suicidal symptoms, but Kupers estimates that 10% to 20% of inmates are gravely ill and that many more suffer substantial but less serious conditions. Many forces have converged to entangle the mentally ill in the criminal justice system. There are 85% fewer mental hospital beds now than there were in 1960. Following deinstitutionalization, community mental health resources were reduced, homelessness became criminalized, welfare was cut, and ever fewer mentally ill offenders were diverted into noncorrectional treatment programs. The most vulnerable of the mentally ill had virtually nowhere to go but down.

The prison population has increased 400% in the last 20 years. Overcrowding is a terrific problem, and few are aware of the staggering costs of the prison system. California now spends more on corrections than on higher education, and in the same recent period that the state built 21 new prisons, it opened one new state college. Although 95% of the prisoners are eventually released, psychiatric treatment, rehabilitation, education, quality visitation, discharge planning, and other socializing interventions are underfunded or undeveloped. These programs are mostly regarded as "coddling" by prison staff, despite good evidence that they facilitate successful postrelease adjustment and reduce recidivism. Because of this cruel paradox, the focus shifts at the end of this book from madness in prisons to the madness of prisons.

Kupers postulates a prison-industrial complex. The fears of a poorly informed public are readily manipulated by tough-on-crime politicians, government agencies that depend on crime for their existence, and business and labor interests that thrive only when the correctional industry is robust. Kupers argues that this coalition guides prison policy, which only metes severe punishment and does nothing to influence prisoners constructively. Recidivism is the pretext with which to justify more and harsher prisons. The author lays out a full array of sensible remedies, but he believes that nothing will change until lawmakers have strong public support to stand against the dangerous and wasteful status quo. The problems are systemic, and Kupers hopes one day to see the prisons rehumanized and the social problems that underlie crime redressed.

The immediate lynchpin in prison madness is public ignorance, and with this eloquent book the author hopes to inform and disturb everyone. When prison madness ends, it will be because of books like this, which deserves to be bought, read, discussed, and loaned.

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The Erotic Imagination: French Histories of Perversity, *by Vernon A. Rosario. New York, Oxford University Press, 1997, 237 pp., $27.50.*

This scholarly work was written while the author was in his psychiatry residency. It will be of value to all psychiatrists who are interested in the human condition in all its manifestations: normal, abnormal, historical, philosophical, and political. Reading it takes time because the author argues that "the modern idea of the perverse first emerged in late 18th century France and was shaped largely by the strange confluence of medical writings, patient confessions, and literary narratives," as well as political circumstances. The reader must adapt to terminology used at that time, such as the "solitary vice" and "onanism" (masturbation), "inverts" (homosexuals), "uterine fury" (nymphomania), etc. It is worth the effort to follow the author's scholarly integration of the literature, medical science, and politics of the eighteenth century, which establishes the historical background for the contemporary attitude of our society to sexuality in all its expressions.

Particularly fascinating to me was the role that physicians took in validating the harm that perversity can cause, without any scientific basis. The physician's reputation and literary skills were the total basis for acceptance by politicians, lawyers, judges, and others. The author guides us through a time when power was the basis for deciding what was good or bad and what needed to be punished. The physicians became bedfellows, so to speak, with politicians and lawyers and provided scientific credibility to laws, attitudes, and behaviors aimed at dealing with the threat of those who were perverted. The quotations and excerpts are particularly powerful, because they now appear so extreme in their attempts to explain how the perversions are "threatening to the social order, national population, military power, and the supremacy of will and reason."

There is an excellent discussion of Freud's theory of sexuality in relationship to the thesis of the book that is presented as a psychoanalytic supplement. An extensive bibliography and notes to each chapter are also provided.

The effort to put on a scholarly thinking cap and read this book will reap the reward of a new perspective and understanding of the historical and philosophical background of not only personal attitudes but also society's attitudes toward what have been called sexual perversions.

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CHILD PSYCHIATRY

The Moral Intelligence of Children: How to Raise a Moral Child, *by Robert Coles. New York, Random House, 1997, 199 pp., $21.00; $12.95 (paperback published by Plume, 1998).*

The Moral Intelligence of Children is one book in a series that focuses on children's moral and emotional development. Throughout the book, Robert Coles draws on his experiences as a teacher, clinician, and parent figure to help answer the question, How can you raise a child to be a good person whose moral character and strong values still steer and sustain him or her throughout life? In the light of the recent episodes of violence in our schools and communities, the themes introduced in this book offer alternative ways to think about some of the more subtle issues that underlie children's behavior.

The book is organized in three sections: Moral Intelligence, The Moral Archaeology of Childhood, and Letter to Parents and Teachers. In the first section, Coles uses case studies to describe what is meant by moral consciousness and to illustrate how moral intelligence develops in children. Striking the contrasts between the "good" and "not-so-good" person, the author reflects on experiences with former students and clients and provides stories that attempt to reveal the origin of a child's moral consciousness. Through these examples, he depicts what he refers to as the "moral moments" and leads the reader to consider the experiences and events that prompt these moments. Coles places particular emphasis on the role of teachers and parents in helping to cultivate students' moral consciousness. He implies that we partner with our children in immoral behavior when we fail to take advantage of the moral moments and to model the positive behaviors for children to see. He writes,

> The child is a witness; the child is an ever-attentive witness of grown-up morality—or lack thereof; the child looks and looks for cues as to how one ought to behave, and finds them galore as we parents and teachers go about our lives, making choices, addressing people, showing in action our rock-bottom assumptions, desires and values, and thereby telling those young observers much more than we may realize. (p. 5)

In section 2, Coles characterizes what he calls the moral archaeology of childhood. He puts forth the notion that a child's sense of moral consciousness is shaped at the very start of life by the moral convictions and subsequent decisions and behaviors of significant adults. For example, he suggests that a pregnant mother's choice to act responsibility on behalf of her unborn child and the parents' willingness to say no to a child play a part in teaching moral lessons that later influence a child's behavior. Coles continues this theme throughout a discussion on the elementary school years and ends the section with a compelling discussion on adolescence. This is probably the most challenging time for adults to instill and nurture values in their children. So much of what constitutes the so-called youth culture comes from external sources like music, television, and peer pressure. Coles encourages parents and teachers to be open to discussing the moral dilemmas that adolescents face in a supportive yet responsible way.

The last section brings together the key concepts and ideas Coles puts forth throughout the book. He writes a letter to parents and teachers challenging them to think about the importance of our role in the moral development of children and how we cultivate this construct. Continuing to share stories, cases, and personal experiences, Coles explores the question of how children try to comprehend and manage life's ambiguities. He introduces the phrase "moral exploration" to describe a child's natural inclination to wonder about life's mysteries and ironies. He describes these explorations as activities of the mind and heart that characterize the impulse to probe for meaning and significance.

Finally, Coles offers a variety of suggestions for teachers to help children make these explorations. These include giving the students the opportunity to do community service and reading literature such as Ralph Ellison's *Invisible Man* (1) or Erik Erikson's *Childhood and Society* (2). He also suggests that class discussions of such books would facilitate moral explorations and help clarify students' understanding and conceptions. Reflecting on his own upbringing, Coles suggests that parents, through a variety of ways, must transmit the values and ideals that they hold dear to their children. Storytelling of family history and experiences, as well as honest discussions about what can go wrong and why with respect to human behavior, can serve as a resource for children to draw on as they grow into adulthood and develop their own sense of moral consciousness.

Although many of the concepts and ideas are not new, *The Moral Intelligence of Children* is an inspiring book that is full of stories, examples, and provocative ideas that help the reader think differently about the important role adults play in shaping a child's moral intelligence. Cole's style of writing and use of case study examples and personal experiences is a delightful and effective way to illustrate such an abstract concept. This book should be read by parents, teachers, and clinicians.

REFERENCES

1. Ellison R: Invisible Man. New York, Modern Library, 1963
2. Erikson EE: Childhood and Society. New York, WW Norton, 1964

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The Battered Child, 5th ed., *edited by Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman, M.D. Chicago, University of Chicago Press, 1997, 672 pp., $45.00; $29.00 (paper).*

The first edition of *The Battered Child,* edited by Drs. C. Henry Kempe and Ray E. Helfer and published in 1968, was a monumental contribution to the study of the mistreatment of children, a landmark document that played a major role in heightening awareness of child abuse in health care professionals, social service agencies, and society as a whole as well as encouraging its recognition and the treatment of its consequences. Each subsequent edition has shared the accumulating knowledge of those who struggled to address this crucial area of concern, chronicled ongoing developments in the field, and commented on our society's and our institutions' response to efforts to address the mistreatment of children. The fifth edition, edited by Mary Edna Helfer, Ruth S. Kempe, and Richard D. Krugman, continues this tradition.

Maintaining the multidisciplinary model of previous editions, the contributors include representatives of the disciplines of psychiatry, psychology, pediatrics, law, social work, sociology, pathology, anthropology, and law enforcement, among others. The result is a far-reaching and comprehensive text that offers very good to superb coverage of most major areas in the study of child maltreatment. Thirty chapters are divided into four sections. The first, Context, discusses child maltreatment in terms of historical, cultural, economic, legal, and psychodynamic considerations. The remaining sections are Assessment, Intervention and Treatment, and Prevention.

No comparable text offers an equivalent compendium of useful information. The fifth edition of *The Battered Child* remains a vital and vigorous work, an indispensable resource for those of all disciplines who work with children and with the social, medical, legal, and societal systems that bear on their well-being. The strength of *The Battered Child* is the impressive wisdom of its authors and editors in addressing major issues with clarity and compassion. As in any multiauthored work, there is some variation in quality, and inevitable areas of redundancy are encountered. Also, although most chapters can stand on their own as resources and give concrete advice, in some instances the authors refer the reader elsewhere for crucial material and information.

Among the contributions, I was especially impressed by David P.H. Jones's "Treatment of the Child and the Family Where Abuse or Neglect Has Occurred." It is exceptionally rich in clinical insights and practical advice and should be a core reference for students in pediatrics and the mental health disciplines. Kenneth Wayne Feldman's chapter, "Evaluation of Physical Abuse," is a masterful summary, of great use for pediatricians and emergency ward personnel. Robert H. Kirshner's "The Pathology of Child Abuse" is a thoughtful and thought-provoking summary of this subject. Several other chapters are equally outstanding and illuminating, especially those which explore the changes in national and agency policies toward matters of child abuse over the last decades.

Despite my overall high regard for this book, and my unequivocal recommendation of *The Battered Child,* I took note of a number of concerns that might be less than satisfactory to some psychiatric readers. As noted, this is a book of tremendous wisdom, but many of its chapters fall short of describing cutting-edge advances, and its psychiatric elements are occasionally less than comprehensive. For example, the psychobiology of the trauma response receives short shrift, psychopharmacology is mentioned only in passing, several modern schools of therapy are not considered thoroughly, matters of psychiatric diagnosis (even posttraumatic stress disorder) are not addressed in depth, and modern studies of the relevance of dissociation to trauma are not explored. In addition, current concerns about the accuracy of memories of childhood trauma and the accuracy of the accounts given by child witnesses (rather relevant and hotly debated contemporary concerns) deserve more comprehensive treatment than the passing notice that they receive. Some remarks on dissociative disorders are unfortunately dismissive and discordant with the generally objective tenor of the book.

The Battered Child is an overall excellent text that continues to merit a place of respect on the bookshelf of every professional and policymaker in every discipline involved in the protection and care of children. However, for an in-depth contemporary psychiatric perspective on the consequences of child mistreatment, the reader must turn elsewhere.

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TORTURE AND TRAUMA

Caring for Victims of Torture, *edited by James M. Jaranson, M.D., M.A., M.P.H., and Michael K. Popkin, M.D. Washington, D.C., American Psychiatric Press, 1998, 252 pp., $23.95.*

Although torture leads to a great deal of physical and mental suffering, there are few publications based on scientific studies on the subject. Psychiatric and medical interest in torture victims is relatively new in spite of recent figures showing the worldwide magnitude of the problem. "An estimated 112 countries practice torture leading to perhaps 400,000 torture survivors in the United States alone." Interest of physicians in torture grew gradually after World War II, and the organizational medical efforts started many years later, in the 1970s, under the auspices of Amnesty International, a human rights organization whose activities have led to a rise in public awareness. Numerous international declarations and conventions prohibiting human rights violations, however, have not prevented the practice of torture in many countries.

Caring for Victims of Torture is one of the few books published on the scientific investigation of the effects of torture and the treatment of torture victims. Drs. Jaranson and Popkin have done a fine job in collecting into six sections 14 chapters written by physicians, many of whom have been pioneers in this subject.

The first section reviews the historical background and politics of torture, rehabilitation of torture victims, and the prevention of torture. In the first chapter two pioneers, Leo Eitinger and Lars Weisæth from Denmark, emphasize the striking point that medical doctors participate in torture practices. They write, "The extent to which members of the health profession were active participants in torture was shocking.…Medical doctors or other health personnel were

present during the administration of torture, directed the intensity, and decided when to continue or stop" (p. 11). Such medically unethical practices show us how important it is to use this knowledge in medical education and in the postgraduate training of physicians at risk. Aranson reviews the "Science and Politics of Rehabilitating Torture Survivors" in chapter 2. This chapter also discusses the efforts in differentiating a specific torture syndrome that has not been validated so far. Clinical studies show that the proposed torture syndrome overlaps with posttraumatic stress disorder.

In section 2, the discussion of the characteristics and definitions of torture, government-supported or not, and the difficulties of studying torture victims is an invaluable source that should be of interest to all medical professionals.

Sections 3 and 4 focus on clinical aspects of assessment and treatment of torture victims, including medical and psychiatric assessment, collaboration between primary care and psychiatry, and specific treatment interventions. Psychoanalytically oriented psychotherapy and psychopharmacological treatments are also discussed. Başoğlu, the editor of *Torture and Its Consequences* (1), another fine book on this subject, deserves a special mention here for his chapter on behavioral and cognitive treatments.

In the study and treatment of torture victims, countertransference feelings and ethical values inevitably influence the researcher or the therapist. The physician's overinvolvement in the process and identification with the victims need to be recognized in carrying out assessment studies and effective treatments. At times, it may be very difficult if not impossible to remain neutral and passive when one considers the ethical role of the physician and the appalling political forces behind torture practices. These issues are discussed with great sensitivity and knowledge in the chapters in sections 5 and 6.

This book is eloquently written with rich content, with clarity, and with conciseness. Although it has the problems of edited works, such as repetitions in some sections that at times dilute the reader's interest, it is easy to read. Each chapter brings forth a new idea or knowledge on a worldwide problem that has been ignored and neglected from ancient times to our day. In spite of the many political and social difficulties involved, there is no doubt that significant achievements have been made in the field of working with torture victims; this book is an invaluable testimony of these achievements.

REFERENCE

1. Başoğlu M: Torture and Its Consequences: Current Treatment Approaches. New York, Cambridge University Press, 1992

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Recollections of Trauma: Scientific Evidence and Clinical Practice, *edited by J. Don Read and D. Stephen Lindsay. New York, Plenum, 1996, 600 pp., $149.50.*

This volume represents the proceedings of a NATO Advance Science Institute held in Port de Bourgenay, France, in June 1996. It is volume 291 of NATO Series A: Life Sciences.

Here we have the tape-recorded experiences and opinions of 85 clinical and research psychologists (with an added sprinkling of lawyers, anthropologists, pharmacologists, and psychiatrists) who met in a French retreat for 11 days to debate the question of adult memory for childhood sexual trauma. Each day a major lecturer held forth, followed by a formal discussant, ending in a general question-and-answer period.

In 1980, the problem of childhood sexual trauma was brought into the open. It is widespread and not rare. The big question is, Can trauma be forgotten and then remembered many years later? There is no consensus on this.

Some ask whether a memory can be repressed, and, if it can, is it repressed consciously or unconsciously, in Freudian terminology. All agree that there is evidence that a memory of trauma from childhood may pop up suddenly, but not as often as the numerous court actions would reflect.

Memories before age 3 or 4 years are not given much credence. The unreliability of all memory for emotionally charged events is stressed. Can the hormones mobilized by high emotion blot out memory traces, or does high emotion deepen the traces? There is no consensus on this.

Women claim childhood sexual trauma more often than men do. The reasons are only conjectural. In regard to men, there are the numerous cases of posttraumatic stress disorder (PTSD) related to war experiences, with terribly intrusive memories, some real and some dream-like and uncertain. The hypothesized link between PTSD and childhood sexual trauma is not convincing.

Attention is called to inappropriate digging up of traumatic memories by ambitious or biased therapists. This is usually considered unethical, causing possible harm to the patient and untold family problems when there is confrontation between perpetrator and child, adolescent, or remembering adult victim.

For childhood sexual trauma to be considered, the perpetrator needs usually to be at least 10 years older than the child.

In general, the facilitating of memory by leading questions, hypnosis, or Amytal interviews is condemned. However, some researchers find instances where such measures are advisable. If there is any doubt, obtaining informed consent is always important.

Therapists who wish to work with childhood sexual trauma cases need very special and intensive training. Even conscientious and unbiased therapists can find themselves being sued or under indictment. Naturally, documentation of physical trauma or other validation of childhood sexual trauma will help the cause.

Neutral ways of questioning children have been formulated and recommended by several organizations researching childhood sexual trauma. In Israel, the children are not permitted to testify. Specially trained "youth experts" question the child and report to the court. The judicial systems in Scandinavian, Dutch, and French courts are contrasted with those in North America, where we are said to use an adversary system to "settle" childhood sexual trauma cases. In Europe, there is more of an effort to find "the truth," and the judge is the one who has the responsibility to find it. That is called an "inquisitorial" system.

From beginning to end, in the 11 days, the items I mention here were discussed and belabored in all possible aspects every day. The reader draws his or her own conclusions or none. Of course, this book should be read carefully by any would-be therapist for a purported childhood sexual trauma patient. You may still wonder, however, how childhood sexual trauma can be long forgotten and then remembered suddenly by an adult.

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TREATMENT

New Psychotherapy for Men, *edited by William S. Pollack and Ronald F. Levant. New York, John Wiley & Sons, 1998, 318 pp., $49.95.*

Until recently, sensitivity to sex differences was largely ignored in therapy. Freud's feminine psychology, which he admitted was the weakest part of his theory, was largely based on male development. Historically, most medical research has been done on men and the results applied to women.

There was opposition within the psychoanalytic movement against Freud's theory of female development by Sandor Ferenczi, Melanie Klein, Karen Horney, and Clara Thompson, who stressed biological and cultural factors. With the advent of the feminist revolution after World War II and the proliferation of literature on women, feminine gender issues came to the forefront. Betty Friedan (1), the founder of the feminist movement in the United States, challenged not only the feminine mystique but also the masculine mystique, both of which are shaped by the culture.

Observational studies of human and animal infant development demonstrated that there are indeed differences between the sexes, but the differences are opposite from what Freud had theorized. Female development is not more complicated, as stated in classical psychoanalytic theory, but more direct than male development. The importance of biological and cultural factors also proved to be paramount in female development. Furthermore, as the Kleinian, object relations, and neo-Freudian analysts emphasized, the mother and the preoedipal period was found to be of primary significance during child development, not the father and the oedipal period, as Freud stressed. Classical psychoanalysis has accepted these new multidetermined factors.

The authors gathered by the editors of this book base their therapeutic work with men on the newer findings that historical, cultural, and economic forces strongly influence the parenting of boys during childhood. Boys are expected to be independent, aggressive, and not to show emotionality, except for anger. To establish male gender identity in our culture, the preoedipal boy needs to separate prematurely from his mother. The father is usually not emotionally available to catch the boy when he jumps out of the nest with mother. Thus, there is a premature disruption of the early holding environment that is experienced as a traumatic abandonment and is repressed, which results in adult symptomatic behavior and character defenses. There is an accompanying unconscious sense of shame over dependency feelings, which are considered babyish or feminine, resulting in difficulty admitting vulnerability. Thus, many men are resistant to seeking therapy, which is seen as a "weakness."

Although the authors do not make reference to neuroscience, many of the findings they describe can be understood biologically. Because separation of the preoedipal male child from his mother is premature and threatens survival, this experience is probably directly encoded in the amygdala of the brain, as LeDoux (2) and other neurobiologists have noted. This does not involve repression, but when this trauma is activated in the amygdala, it is unconsciously expressed through behavior.

Female children do not have to separate prematurely and can differentiate from their mothers gradually. Thus, girls do not experience this trauma of abandonment. In addition to differences in the female brain, Silverman (3) noted that female babies are calmer and that mothers relate to them more verbally. This would help to internalize the mother in the neocortex. It might explain why women express depression more verbally, while men often show undiagnosed depression through behavior, such as alcoholism, drug abuse, violence, suicide, antisocial behavior, and poor school performance.

The authors have previously published many excellent papers and other books on men. Pollack is Codirector of the Center for Men and Director of Continuing Education (Psychology) at McLean Hospital, Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and a candidate at the Boston Psychoanalytic Institute. Dr. Levant is Dean and Professor of Psychology at Nova Southeastern University and founder and former Director of the Boston University Fatherhood Project. Both have been leaders in the Society for the Psychological Study of Men and Masculinity, a division of the American Psychological Association.

New Psychotherapy for Men contains a comprehensive overview of the therapy of men and the theory behind it. The introduction gives a review of the social code of masculinity, which influences male character development and takes a toll on men's longevity. Six factors that interfere with men seeking help are listed: difficulty admitting a problem, difficulty asking for help, normative male alexithymia or difficulty in emotional intelligence, fear of intimacy, sexualization of relations with female therapists and homophobic barriers to male therapists, and lack of treatment that is empathic to men's needs. Part 1 includes chapters on psychoanalytic, psychoeducation, cognitive, group, couple, and family therapies. Part 2 includes chapters on treating depression, shame, gender role stress and erectile disorder, and empathic disconnection in violent men. Part 3 covers treating anger in African American men, treating gay and bisexual men, and when women treat men.

The book flows extremely well despite the number of contributing authors. Each chapter not only discusses a clinical approach but also provides an interesting actual case example to demonstrate its therapeutic application. Pollack recommends an empathic holding environment, which many men lacked during childhood. Initially, interpretations need to be held back and denial of feelings not challenged. Safety and continuity are important; the therapist needs to be available, nonjudgmental, and responsive. *New Psychotherapy for Men* is highly recommended and an important resource to all therapists in understanding male problems and working successfully with them therapeutically.

REFERENCES

1. Friedan B: The Second Stage. New York, Summit Books, 1981
2. LeDoux JE: The Emotional Brain. New York, Simon & Schuster, 1996
3. Silverman DK: What are little girls made of? Psychoanal Psychol 1987; 4:315–334

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Psychotherapy and Confidentiality: Testimonial Privileged Communication, Breach of Confidentiality, and Reporting Duties, *by Ralph Slovenko. Springfield, Ill., Charles C Thomas, 1998, 602 pp., $79.95.*

The author of this monograph is a nationally known attorney in the field of mental health law. As the subtitle of the

book suggests, the subject matter is surprisingly wide-ranging in view of the apparent narrowness of the main topic. This range is a major strength of the work and a central element of the book's value to clinicians and scholars alike.

The book is divided into six parts (subdivided into chapters) as follows: Testimonial Privileged Communication (addressing patient's rights to exclude medical/psychiatric material from legal settings); Psychotherapy and Privilege Problems (addressing particular areas of concern, such as child custody, group therapy, and criminal cases); Termination of Privilege; Psychotherapy and Confidentiality (covering a spectrum of topics from treatment of minors to fee collection as they impinge on confidentiality); Recordkeeping and Accountability; and, finally, Evidential Use of Therapist Versus Forensic Expert Testimony.

The three appendixes contain statutes on medical and psychotherapeutic privilege; the oral argument before the U.S. Supreme Court in *Jaffee v. Redmond,* an important case involving psychotherapist privilege; and the text of the decision in that case. The appendixes will likely be of greater interest to legal and forensic scholars than to the practitioner.

Although some of the content will be of legal and scholarly interest, Professor Slovenko excels in taking the reader through the theoretical background to the practical applications of the subject matter. The content is exceptionally valuable, usually clear, far-reaching, and liberally sprinkled with witty and relevant cartoons drawn from a wide variety of sources. The prose itself is similarly sprinkled with allusions to literature, movies, ancient Rome, and O.J. Simpson.

Some particular strengths of the book are its sophisticated discussion of the topic of record-keeping and several chapters covering issues almost never discussed in a systematic manner, such as confidentiality in groups and in the context of fee collection. The excellent chapter on confidentiality in group therapy, moreover, is rendered even more unusual by the author's inclusion of a verbatim interview he conducted with members of a therapy group, exploring their views on confidentiality.

I have only two criticisms of any significance. The chapters at times seem to have the paragraphs placed at random; the linear and logical development of an idea is sometimes missing. Second, the author has an occasionally annoying tendency to resolve a paragraph describing conflicting views with a final rhetorical question rather than a recommendation from his vantage point as a highly knowledgeable attorney as to what strategy would be best. These cavils aside, this textbook is an excellent resource on an important and often sensitive subject that covers material essentially unavailable elsewhere.

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Managing Mental Health Problems: A Practical Guide for Primary Care, *by Nick Kates and Marilyn Craven. Seattle, Wash., Hogrefe & Huber, 1997, 390 pp., $49.00.*

Perhaps no topic in recent memory has so gripped the discourse of practicing physicians as that of managed care. Time previously spent discussing interesting cases, new treatments, and other clinical experiences now seems consumed with the exchange of "horror stories," disgruntlements, and new "tricks" related to managed care experiences.

In this demoralizing climate, it is indeed refreshing to discover a book that is so patient-focused, so rich in wise clinical experience and advice, and such a pleasure to read. The authors, two of the most knowledgeable clinicians working at the mental health/primary care interface, promise "to provide a practical, problem-based approach to the detection and treatment of the problems [primary care providers] encounter most frequently," and in large measure they have achieved this.

The primary care physician is constantly being implored to provide more and better care to larger numbers of people in shorter periods of time and for less recompense. The kindly physician of decades ago, depicted as spending unlimited time at the bedside or in the consulting room comforting his (it was usually a man) patients, addressing physical, social, emotional, and even financial problems, has been replaced with a man or woman trying to offer each patient at least 10 minutes of skilled listening, efficient diagnostic and therapeutic assessment, and empathic comfort, support, and reassurance. The competing demands on the primary physician's time and attention are extraordinary, and although 60% to 70% of primary care patients are likely to have substantial emotional problems, these are apt to be given short shrift unless the physician makes a very conscious effort to make this aspect of patient care virtually a routine part of general practice. It is toward this lofty and—some might say—unattainable goal that Kates and Craven have laudably aimed their sights.

The benefits of aiming at the primary care provider is, as the authors point out, that he or she "often has the benefit of a long-term relationship with both the patient and the family, has already earned the patient's trust, is able to place current problems in the context of the patient's biopsychosocial history, and can take advantage of this ongoing relationship to monitor the patient, encourage positive change, and support coping strategies"—a tall and optimistic order.

The book, reasonably enough, begins with ways of approaching the patient through interview techniques, mental health assessment, understanding the family, and principles of management. It usefully discusses community resources and mental health services, not as a sterile appendix but as a living part of every physician's required armamentarium. As is true of the whole book, this part of the text is liberally illustrated with actual clinical material, interview techniques, "how-to" pearls, and a warm personal way of addressing the reader as "you."

Separate chapters, each introduced sensitively as "The patient with…," discuss specific clinical problems like anxiety, depression, grief, schizophrenia, bipolar disorder, sexual problems, sexual abuse, alcohol-related problems, and others. Preceding this group of chapters is an excellent general chapter on the patient in distress, usefully addressing ways of recognizing behavior accompanying distress and suggesting ways of approaching it. Further evidence of the book's empathic approach is a discussion of the relevance of the physician's own feelings in treating patients.

At the risk of suggesting that the book should be longer than it already is, I would encourage the authors (in a next edition) to expand the clinical material on panic disorder and phobia because these syndromes so often confound the acute physical presentations of patients (especially in emergency settings).

As good as the point-by-point instruction is about handling difficult cases, the authors are aware that some physicians will have difficulty applying this knowledge. Most chapters, therefore, end with a helpful section on "when to refer." This advice may incorrectly assume that physicians know how to refer and would benefit from a more discursive amplification of the topic.

Training primary care physicians to address their patients' emotional problems has not had promising results. Repeated studies over the years have consistently reported a 50% fail rate in psychiatric diagnosis. Some attribute this discouraging news to inadequate attention to a balanced curriculum in medical school; poor teaching by psychiatrists and other mental health professionals; lack of interest on the part of physicians whose major mindset is on "physical" medicine; insufficient time; and prejudicial reimbursement for mental health care. The travails in trying to overcome such barriers are reflected in many scholarly papers in professional journals. Many of these authors, including Kates and Craven, work diligently to find new approaches to the problem.

Concluding the book is a useful compendium of further readings, mostly books that may be of use to patients and their families as well. Although this list is generally wide-ranging and thorough, it could benefit from a few "classic" single papers, as well as some expansion of such topics as somatization and hypochondriasis. Finally, we have the index, the clues to a book's highlights. Missing there for me are words that would reflect text on alliance, Alzheimer's disease, adherence, confidentiality, empathy, managed care, payment, referring, and reassurance.

In 1957, Michael Balint, a British psychoanalyst/psychiatrist, wrote a book entitled *The Doctor, His Patient, and the Illness* (1). For several decades it served as a basic text for trainees in family practice residency and undoubtedly enhanced the clinical acumen of many practitioners. This book by Kates and Craven may well become the "contemporary Balint" text, with its updated focus on the real-life challenges of the primary care physician and the need to find ways to enhance mental health care in these times. One hopes that this book of Canadian wisdom will be translatable to all physician-patient relationships elsewhere.

REFERENCE

1. Balint M: The Doctor, His Patient, and the Illness. Madison, Conn, International Universities Press, 1957

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From Placebo to Panacea: Putting Psychiatric Drugs to the Test, *edited by Seymour Fisher, Ph.D., and Roger P. Greenberg, Ph.D. New York, John Wiley & Sons, 1997, 404 pp., $59.95.*

This book reviews critically the limitations of current psychopharmacological treatments and research. The contributing authors have reviewed the literature; however, it is unclear what their experience or involvement has been with clinical research trials involving new psychopharmacological agents and assessment of medication treatments.

The first section of the book hones in on the use of placebo and the problems associated with it. The therapeutic power of the placebo is discussed, and the need for active placebos is brought up. These points are well taken. Drug trials use a placebo washout period to exclude the placebo responders as a strategy to deal with this limitation. One of the difficulties in clinical research with antidepressants is the challenge of detecting a true drug effect in the face of a typically sizable placebo response. To overcome the limitations of a 1-week, single-blind placebo lead-in phase, some trials use a variable-duration placebo lead-in phase under a double-blind technique. It is thought that the lack of knowledge of initiation of therapy would decrease biases caused by early expectation of efficacy. I think that active placebos would be useful so the patient cannot differentiate drug from placebo on the basis of side effects. Active placebos are difficult to produce.

The well-written section on comorbidity criticizes the DSM approach and the premise of biological psychiatry that distinct forms of psychopathology are driven by physical mechanisms corresponding to specific neuroregulatory effects of the psychiatric medications. It is difficult to treat psychiatric illnesses in the context of comorbidity, just as it is difficult to treat different comorbid medical illnesses. There is an ongoing effort to improve diagnostic criteria and bring uniformity so that comparisons can be made easier.

In the next section, the book goes into a lengthy description of the side effects of neuroleptics. However, it is this class of drugs that has allowed scores of patients to settle in the community rather than being housed in state psychiatric centers. It is acknowledged that not all patients are able to leave the state hospitals or respond to neuroleptics. As a clinician, I see both medication responders and nonresponders. The atypical neuroleptics, such as clozapine, risperidone, olanzapine, and quetiapine, have helped large groups of patients be more spontaneous and alert. This section seems only to tell us what we know about neuroleptics, and patients and families may feel extremely discouraged.

The issue of treating children with psychotropic drugs is raised in chapter 8. We know that there are only limited data regarding the efficacy of psychotropic medications in children because of the lack of clinical trials; we also know that information from adult trials are often applied to children. It is important to treat children with mental illness just as we treat those with diabetes mellitus or asthma.

The book goes overboard in its criticism of the "drug treatment enterprise." It is the development of new medications such as fluoxetine and clozapine that has changed the practice of psychiatry and no doubt improved the quality of life of many patients. Why would nonphysicians seek privileges to prescribe psychotropic medications if they were not effective? The pharmaceutical companies go through extensive procedures in trying to maintain a blind in protocols. Many steps are taken for protocol integrity, such as start-up meetings for education, monitoring of the records of the study patients, hot lines to answer questions rapidly, and a comprehensive site selection process. To ensure accuracy of data, interrater reliability is measured with regard to the various rating scales used. There is usually an ongoing effort to develop new ways of limiting biases.

From Placebo to Panacea is easy to read and understand. Typographical errors and misspellings are rare, and the editing is of high quality. Overall, the information in this book is well organized and covers several issues involving neuropsychopharmacology and the limitations of biological treatments and clinical trials. It may be useful reading for therapists.

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