Book Forum

FORENSIC PSYCHIATRY

The Psychiatrist in Court: A Survival Guide, *by Thomas G. Gutheil, M.D. Washington, D.C., American Psychiatric Press, 1998, 118 pp., $25.00 (paper).*

For psychiatrists who find themselves in the unfamiliar, seemingly turbulent and hostile adversarial environment of the civil or criminal litigation system, the experience may be stressful at best and often profoundly anxiety provoking. The forensic expertise of Dr. Gutheil displayed in this recent publication serves as an invaluable navigational guide for passage through this unfamiliar territory. This book brings familiarity, clarity, and understanding to the basics of the legal process.

In the introductory chapter, the author defines his purpose in authoring this text as two-fold. His first objective is to assist the psychiatrist-reader to become more knowledgeable about the setting, assumptions, personnel, issues, and techniques of the court experience. Dr. Gutheil's second objective is to demystify the court experience, thereby reducing the stress and anxiety that often accompany it. In a clear, succinct, and entertaining style, he introduces the "players": the fact-finder (judge or jury); the parties (plaintiff and defendant); their attorneys; court personnel (clerk, bailiff, stenographer); and, sometimes, the guardian ad litem. He describes the roles of these players and the relationship of the psychiatrist in various potential roles to them. Insight governing courtroom etiquette and an introduction to the Socratic method assist in the demystification of the legal process.

Dr. Gutheil illuminates the roles in which psychiatrists may find themselves involved in the courtroom experience. The distinction of the role of psychiatrist as a fact witness versus the psychiatrist's role as an expert witness is well articulated. In this book, Dr. Gutheil emphasizes the role of the psychiatrist as a fact witness. In a companion text, *The Psychiatrist as Expert Witness,* also reviewed in this issue of the *Journal,* he addresses the ethical, clinical, and functional role of the psychiatrist as an expert witness.

The Psychiatrist in Court provides a concise, thoughtful, and sobering treatise highlighting the common pitfalls that the psychiatrist as "treater" and fact witness may encounter. Issues of subjective and objective viewpoints, the conflict between role and interest, foresight and hindsight, bias, and standards of care are addressed to enhance the reader's knowledge of and effectiveness in the court experience.

Two particularly unnerving aspects of the legal process—the deposition and the trial—are masterfully and pragmatically addressed. Chapter 5, "Depositions and How to Survive Them," is an invaluable guide to understanding the mechanisms, content, objectives, and pitfalls of the deposition. Chapter 6, "The Trial Itself," focuses on the six Ps of trial preparation: preparation, planning, practice, pretrial conference, pitfalls, and presentation. Dr. Gutheil provides illustrations from actual cases as well as practical and sage recommendations and principles to navigate these potentially rocky areas.

This book very capably accomplishes a formidable task—it addresses a topic with which the majority of its audience has little to no formal or practical experience. Dr. Gutheil provides a comprehensive survey of the process, from the first contact through the filing, discovery, deposition, and trial phases, and then the outcome and reporting to the National Practitioner Data Bank. The totality of the text reflects a balance of conversational familiarity and focused detail to particulars essential as a guide for the novice as well as the seasoned practitioner venturing into the legal system.

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The Psychiatrist as Expert Witness, *by Thomas G. Gutheil, M.D. Washington, D.C., American Psychiatric Press, 1998, 140 pp., $25.00 (paper).*

This book is the companion text to *The Psychiatrist in Court: A Survival Guide,* which emphasizes the role of the psychiatrist as a fact witness. As a natural progression for those psychiatrists who are intrigued by the courtroom experience or by the practice of forensic psychiatry, *The Psychiatrist as Expert Witness* serves as an invaluable guide and resource. The text is an excellent reference for either the novice or seasoned practitioner encountering the ethical, clinical, and practical issues of the expert witness, as well as hazards and pitfalls inherent to this arena.

The first three chapters take psychiatrist-readers on an enlightening journey of discovery, addressing fundamental issues such as whom are they working for, confidentiality/nonconfidentiality, and reasonable medical certainty. The pitfalls of the "hired gun" persona, issues of expertise, bias, and fees, and initial considerations as to how to decide whether to accept or reject a proposed case are succinctly presented in a practical fashion. Dr. Gutheil provides insight and guidance to the expert witness for determining the weight of such complex issues as causation versus connection, the plaintiff's vulnerability ("thin skull"), previous or preexisting conditions, or the influence of intervening causes on the case being considered.

Chapter 4 provides a treasury of principles and advice concerning the spectrum of cases (suicide, sexual misconduct and boundary issues, third-party claims, breaches of confidentiality, medication issues, and more) that the expert may encounter. Dr. Gutheil skillfully weaves case scenarios into the text to illustrate and accentuate key points. Chapters 5 and 6 guide the expert witness through the legal process, from discovery and deposition to the trial itself. Along the way, insight, recommendations, and pointers are offered, as well as references and suggested readings to enhance the knowledge and skills of the expert witness. Chapters 7–10 present a hands-on, practical discussion derived from what Dr. Gutheil refers to as "received wisdom" and empirical experience. Advice on such diverse subjects as forensic report writing, postreport negotiations, development and marketing of a forensic practice, and commonsense advice for the expert witness on the road is offered in an informal, articu-

late, and comprehensive style. *The Psychiatrist as Expert Witness* is a cornerstone text for any psychiatrist considering or actively pursuing a forensic psychiatric practice.

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Homicide: A Psychiatric Perspective, *by Carl P. Malmquist, M.D., M.S. Washington, D.C., American Psychiatric Press, 1996, 372 pp., $45.00.*

Professor Malmquist of the University of Minnesota has woven together diverse perspectives about homicide, the ultimate form of human violence, into a readable single tome. Unlike past books on homicide, Malmquist's takes a biopsychosocial approach, which more accurately depicts this phenomenon than does a single viewpoint. Malmquist synopsizes contributions from epidemiological, biological, sociological, and legal perspectives as a backdrop to in-depth exploration of individual psychopathological conditions that heighten an individual's risk for committing homicide. Unlike other many other publications on homicide, this book does not restrict itself to exploring homicide exclusively; it covers the broader topic of homicidal violence. This distinction should not be underappreciated, as Malmquist so aptly notes, because the path of the bullet determines whether a homicide occurs.

Malmquist recounts the psychodynamics of psychotic, borderline, dependent, narcissistic, masochistic, and depressed individuals. Embedded in these psychopathologies are the seeds for homicidal violence. Although he cautions that individual psychopathology alone is not a sufficient condition for homicidal violence, its interaction with other factors can progress to homicide. Psychotic, borderline, and narcissistic conditions have long been recognized as risk factors for violence, but Malmquist's chapters on dependent, masochistic, and depressed individuals focus on conditions that are less often considered by clinicians to pose a homicidal violence risk. Malmquist describes an important example of how a psychotherapist's misguided statement to a patient can be readily misconstrued as permission to kill. This book can serve as a useful guide for all psychotherapists to avoid such deadly errors.

Malmquist also tackles three highly visible media topics related to homicide. His examination of the battered spouse syndrome from both psychiatric and legal perspectives provides a succinct yet comprehensive exploration of this controversial topic. The chapters on juvenile homicide and sexual killing are up-to-date compilations on these subjects.

The book is well written and well referenced. Case examples are sprinkled throughout the text and provide cogent illustrations of the theoretical material. There is perhaps one misstep that could be easily remedied in the next edition. Chapter 3 lacks any discussion of delusional disorders, even though it is promised in the chapter title as well as in one subheading (p. 97).

Malmquist's book will have wide appeal for readers at all levels of clinical knowledge and expertise. For general psychiatrists, other mental health professionals, and those with an academic or clinical interest in violence, this book is highly recommended. The reader will receive a concise but comprehensive review of relevant biopsychological information along with a solid grounding in recent advancements in public health, sociological, and legal knowledge to permit a multimodal understanding of this growing public health menace. For the seasoned forensic psychiatrist, Malmquist's book synthesizes the current literature on homicide in one convenient place. Readers who crave more can use this book as a point of departure for further exploration.

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TRAUMA AND ABUSE

Recovered Memories of Abuse: True or False?, *edited by Joseph Sandler and Peter Fonagy. Madison, Conn., International Universities Press, 1998, 250 pp., $55.00.*

"Just beneath the surface of the false memory debate, the psychotherapy profession is fighting for its life." So writes Professor Fonagy in the final chapter of this monograph, which consists primarily of the proceedings of a June 1994 conference sponsored by the Psychoanalysis Unit of University College, London, and the Anna Freud Centre. There seems little doubt that many of the conference members shared these worries; several of them noted that on the other side of the Atlantic, only a month earlier, the landmark *Ramona* decision had come down, granting victory to a father who sued two therapists and a hospital on the charge that they had implanted false memories of childhood sexual abuse in his daughter Holly.

It is perhaps not surprising, then, that the conference participants strain to achieve caution and balance in their commentary. But the results, I fear, may be somewhat disappointing to the nonpsychoanalytic reader. There is an abundance of clinical anecdote, discussion of such postulated mental mechanisms as "headed records" or the "present and past unconscious," and evidence based on countertransference experiences, but little presentation of evidence from specific empirical studies. Many of the participants offer interesting comments based on their personal experiences, but virtually none offers quantitative data.

The first and last chapters, however, have a broader appeal. In the introductory presentation, Prof. Lawrence Weiskrantz outlines nicely the philosophical and methodological flaws that permeate research and analysis on the recovered memory issue. This chapter culminates, appropriately, in a plea for prospective research studies on the memories of victims of documented trauma. In the final chapter, Fonagy and Target reiterate the dangers of confirmation bias in retrospective studies and conclude with several warnings for therapists dealing with patients who have apparently recovered memories of child abuse.

In both of these chapters, and in the chapter by Sinason as well, one error recurs: all three authors cite the 1994 study by Williams (1), in which 38% of 129 interviewed adults failed to report an episode of childhood sexual abuse that they were documented to have undergone as children. Williams implied in her article that these women did not recall the index episode of abuse. In fact, however, Williams' subjects were never specifically asked whether they remembered the index episode of sexual abuse. To equate nonreporting with nonrecall under these conditions is clearly flawed, yet none of the three chapter writers alerts us to this problem.

In short, this volume may be of interest to clinicians, especially psychoanalysts, who see patients with apparent recovered memories. But for a detailed update on research findings

in this rapidly evolving area, the reader might do better to turn to one of the many recent reviews in current journals.

REFERENCE

1. Williams LM: Recall of childhood trauma: a prospective study of women's memories of child sexual abuse. J Consult Clin Psychol 1994; 62:1167–1176; correction, 1995; 63:343

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Bridging Worlds: Understanding and Facilitating Adolescent Recovery From the Trauma of Abuse, *by Joycee Kennedy, L.C.S.W., and Carol J. McCarthy, L.C.S.W. Binghamton, N.Y., Haworth Press, 1998, 215 pp., $39.95; $24.95 (paper).*

In this world, we are all victims, some more, some less. Normal adolescents remind parents of this on a daily basis. Yet, teenagers who have been traumatized create more than minor tempests throughout society. The extent of the psychological impact of trauma on the primary victims depends on many factors: the age when the trauma occurs, how long the abuse lasts, who does it, the form of the abuse, the response of significant others, and the victim's singular constitution. Recent studies have revealed a great deal about this subject. Unfortunately, either too many clinicians have not learned of these advances or they have not assimilated the information sufficiently to apply the knowledge to therapeutic advantage. Victims of childhood abuse are difficult patients, regardless of what age they are when they come for therapy. Short-term therapy has proven to be Band-Aid medicine for the myriad intrapsychic changes necessary for healthy growth.

Potent advocates for victimized teens, the authors of *Bridging Worlds* attempt to further the understanding of youngsters traumatized earlier in their lives, while also proposing a coordinated program for their treatment and rehabilitation. This gallant effort to unravel the Gordian knot of how best to help these troubled and troublesome adolescents does not begin auspiciously but does end in sockdolager fashion.

Chapter 1 discourses on the various types of families that adolescents can encounter (e.g., gang, foster, adoptive, and birth families). Chapter 2 addresses the matter of diversity in our society—socioeconomic variables, ethnic and race differences, and extant biases against gay and lesbian youngsters. Chapters 3, 4, and 5 focus on child protection options, the juvenile justice system, and the need for educational creativity, and chapter 6 provides a pertinent capsule review of the history of the mental health movement. Frankly, I was ready to defenestrate the book at this point, the material proving hardly more enlightening than the magazines, newspaper editorials, and television reports these pages overabundantly refer to. Clinical examples seem prosaic. Accompanying photos and drawings appear gratuitous. Every now and then, however, refreshing ideas occur. For instance, the authors refer to these youths as heroes for their ability to develop creative survival techniques. They speculate that teenage violence reflects a logical response to the adult hypocrisy these youngsters have experienced. They recommend that foster and adoptive parents be told that the facade of toughness these youngsters present is merely a behavioral masking of trauma and that these youths need unconditional love, compassion, and understanding, as well as role models. They point out that collaboration between agencies is essential for positive results. Similarly, they state that an overemphasis on a DSM diagnosis can be a detriment to the understanding of a child's behavior.

The policy of incarcerating delinquent youths has failed. The authors' overidealistic alternative is a boarding school staffed by saints, especially for nonviolent adolescent violators. Since these youngsters lack the strength of discipline that comes with normal development, the authors suggest special educational approaches.

This book rockets to another level beginning with chapter 7. Since abused youngsters often present in an insipid way, the authors remind potential healers that they must be able to survive the deluge of negativity typical of the first phase of treatment: "Adult passage of such tests is an initial building block to create a bridge between the world of the helper and the island of the harmed" (p. 125). Boundaries generally maintained with adult patients feel artificial to these teens and are therefore contraindicated. Instead, offering unasked-for advice, praising the youngster, playing games, taking them places, teaching them about values and ethics, arguing with them, and self-disclosure are vital ingredients for the establishment of a real relationship necessary for treatment success. "Therapists must understand that adults often represent to youths a self-centered and desensitized generation that has recklessly squandered and even damaged both its human and non-human resources" (p. 135). The issue of early trauma per se must be addressed gingerly, and the teenager should be the one in control of titrating such forays.

Chapters 8 and 9 elaborate on what the authors call child-abuse-specific treatment of trauma ("CASST"), an apt reference to how fractured these youths are. Emphasis is placed on accurate assessment of each youth. Therapeutic interventions need to be provided by a specially trained, well-coordinated interdisciplinary team. Various stages and hurdles of treatment are outlined and detailed. Although enormous societal barriers (e.g., funding, finding staff sufficiently skilled, etc.) must be overcome in order to implement this treatment, I question its applicability to juveniles who are already inveterately entrenched in violent behavior.

Unfortunately, the authors allude only to recent animal and human studies indicating that disruptions in attachments can cause longstanding, even permanent, alterations in CNS neurotransmitter, opioid, and endocrine function. The role of these factors, as well as the psychodynamics of abuse victims, is better referenced in *Treating the Adult Survivor of Childhood Sexual Abuse* (1). The mystery of how some children survive horrendous upbringings without recourse to teen and adult maladaptations remains a challenge.

I recommend this book only from page 125 on.

REFERENCE

1. Davies JM, Frawley MG: Treating the Adult Survivor of Childhood Sexual Abuse. New York, Basic Books,1994

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Los Angeles, Calif.

Treating Victims of Torture and Violence: Theoretical, Cross-Cultural, and Clinical Implications, *by Peter Elsass. New York, New York University Press, 1997, 200 pp., $40.00.*

Peter Elsass is professor of psychology at the University of Copenhagen. In writing this book, he worked with psychotherapists at the Rehabilitation Center for Torture Survivors

in Copenhagen. He also had the opportunity to interview some of their patients.

The Rehabilitation Center for Torture Survivors was established in 1982 as a result of experiences in treating World War II Holocaust survivors. Dr. Elsass is the author of *Strategies for Survival: The Psychology of Cultural Resilience in Ethnic Minorities* (1).

Treating Victims of Torture and Violence deals with a neglected area of psychiatry. Dr. Elsass has obviously done a great deal of work in this area and has thought a great deal about the topic. His book contains much useful and interesting information. It is a relatively short book that includes a preface, introduction, six chapters, and an extensive bibliography, which is not clearly related to the text. As an aid to the reader, Dr. Elsass includes a summary at the end of each chapter. The chapters consist of a general philosophical introduction, a chapter on diagnosis, a chapter on treatment, two chapters on cross-cultural issues, and a final chapter, "Postscript," which includes a research study.

Despite a valiant effort, the book has serious flaws that limit its usefulness. It is not clear to what extent these are due to translation problems or to cultural differences between the author and his audience. In his preface, Dr. Elsass states that "this book is written for professionals and may therefore at times be difficult to understand for those without a psychotherapeutic background." Unfortunately, even with a considerable psychotherapeutic background, I found this volume difficult to follow and understand.

The prose is often turgid and overly abstract. At times, terms familiar to the reader are overexplained ("supervision," for example) and other, more esoteric terms ("the visitation") are left unexplained. In addition, the book suffers from a lack of focus. It feels as if there are three separate topics that, although somewhat related, do not really mesh well: a philosophical discussion of issues of violence and torture, a clinical discussion of diagnosis and treatment, and, at the end, a research project.

The question of psychotherapeutic intervention across cultural barriers and the effects of translation in this process are discussed at length and are among the most clearly reasoned parts of this book. I am not at all clear, however, as to how the therapeutic process was carried out by Danish-speaking therapists with 12 Middle Eastern torture victims. One problem with the book is that the material often feels like a collection of disparate statements that do not blend well. This is compounded by the relative lack of direct clinical material. It is somewhat ironic that the victims are relatively silent in a book stressing the need to hear them. Without the clinical data, the ideas become overly abstract and almost clichés.

In summary, although this book contains some interesting and important material, it has serious flaws that limit its usefulness. For those willing to undertake the effort, it can serve as a very general introduction, but it certainly is not (as claimed in the jacket) the definitive manual. It is hoped that Dr. Elsass, who clearly has things to contribute, will in the future develop his ideas more coherently and include more clinical material.

REFERENCE

1. Strategies for Survival: The Psychology of Cultural Resilience in Ethnic Minorities. New York, New York University Press, 1992

HARVEY BLUESTONE, M.D.
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Medical and Psychological Effects of Concentration Camps on Holocaust Survivors, *edited by Robert Krell and Marc I. Sherman. New Brunswick, N.J., Transaction, 1997, 337 pp., $49.95.*

This is a comprehensive bibliography on the subject of the title for the years 1945–1995, intended for scholars of the Holocaust. The bibliography covers journal articles, books, and dissertations on the psychology and mental health of Holocaust survivors and their children; it also covers writings on human medical experimentation in Germany during the years 1933 through 1945. It includes writings in more than 10 languages.

This book constitutes the fourth volume of Genocide: A Critical Bibliographic Review, an award-winning series of volumes of annotated citations edited by Dr. Israel Charny, executive director of the Institute on the Holocaust and Genocide in Jerusalem. Marc Sherman, co-editor of this volume, is the associate editor of the series and an information specialist. Robert Krell, the other editor, is a Canadian psychiatrist, professor emeritus at the University of British Columbia. From 1942 to 1945, Dr. Krell was a hidden child in The Hague, sheltered and protected by a family of righteous Gentiles. He has devoted his professional career to listening to, collecting, and memorializing the testimony of Holocaust survivors.

The book is dedicated to Prof. Leo Eitinger, a Norwegian psychiatrist who died in October 1996, shortly before the book was published. Dr. Eitinger was a Jewish medical doctor in Czechoslovakia when that country was invaded in 1939. He fled to Norway but was caught and deported to Auschwitz, where he served as a prisoner doctor. One of his patients there, Elie Wiesel, writes the foreword to this book. Among its 2,461 citations, the bibliography lists Dr. Eitinger's 55 articles and books on the Holocaust, spanning the years 1945 through 1994. In 1979–1980, with Miriam Rieck, he compiled the first research bibliography on psychological consequences of the Holocaust. In 1985, he and Dr. Krell published an updated version; the present book is a further update.

Of great interest in this bibliography are voluminous writings from behind the Iron Curtain, primarily from Polish medical journals. To most North American psychiatrists, this work is totally unknown. The U.S. literature on the subject has been dominated by writings from a psychoanalytic perspective, but attempts to grasp the Holocaust experience from within this framework have largely failed. As Dr. Krell underscores in his two introductory essays and his annotations to selected references, it was not early vulnerabilities but, rather, the magnitude of the torture, loss, terror, humiliation, and dehumanization that determined post-Holocaust mental health. The amazing resilience and fortitude of child survivors remains unexplained.

Holocaust studies today are undergoing fresh fervor and controversy. There are Holocaust deniers and Holocaust appropriators. There are ongoing debates on the meaning of survival, on the nature of evil, on the potential for acts of heroism in the face of hopelessness. There is the continuing quest for understanding. Who was responsible? Was it the whole German nation or only the Nazi party? What should German physicians have done? What should Jewish capos have done? What could the victims themselves have done? Why did the international community stand by and do nothing? What about the international Jewish community? What does it mean to be a "neutral" state in the face of neighboring massacre and atrocity? What turns human beings into mass murderers?

This book will not answer these questions but will certainly help in their continuing exploration.

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SCHIZOPHRENIA

Schizophrenia: The Positive Perspective, in Search of Dignity for Schizophrenic People, *by Peter K. Chadwick. New York, Routledge, 1997, 240 pp., $24.99 (paper).*

In recent years, individuals with schizophrenia have increasingly had success in their rehabilitation, resulting in a more positive outlook on this illness. By combining anecdotes, biographical accounts, and summaries of research, Peter Chadwick has written a book aimed at instilling hope and understanding for those with a diagnosis of schizophrenia and their families. As a psychologist who has himself experienced psychosis, Chadwick emphasizes the special and desirable qualities that can characterize schizophrenia. This emphasis is, at first glance, quite unsettling: what could be positive about having schizophrenia?

Chadwick encourages readers to make a transition in their thinking about schizophrenia from a medical model to an individualized perspective. He describes individuals who have gone through psychotic episodes and managed to find a new equilibrium in their lives. With this new equilibrium may come creativity, empathy, and even paranormal capacities that are positively experienced by schizophrenia-prone individuals but are disregarded or derogated in the conventional literature.

By describing his personal experiences before, during, and after an acute psychotic episode, Chadwick opens a window that enables the reader to understand the evolution of affect and thought processes in psychosis. Although the author emphasizes personal coping and is favorably disposed toward nontraditional lifestyles, he also endorses the value of more traditional treatments, including medical care, neuroleptics, and psychosocial interventions.

One of the difficulties in this book pertains to the research, in which the author attempts to prove the existence of links among creativity, empathy, cigarette smoking, nonconformity, and psychoticism. The instruments used are sometimes questionable, the diagnoses are questionable, and only correlations are presented, leaving causal inferences among the variables confounded. The book is also difficult to read; the author switches from conceptual theories to empirical results, from autobiography and other biographies, back to research results, finally ending with his guidelines for coping with psychosis. However, this nonlinearity corresponds to the theme of the book—that is, becoming open to the unusual, which can characterize schizophrenia-prone individuals, including the author.

For whom might this book be useful? A spectrum of people may find the author's thesis encouraging. These include high-functioning and literate individuals who have schizophrenia spectrum disorders (especially those with delusional, schizotypal, and borderline disorders); family members who are in denial of their relative's psychotic illness and need to hear something positive about psychosis; patients, family members, and clinicians who are seeking novel methods of coping with psychosis and helping mentally ill consumers achieve a balanced and stable life; and academics who may be stuck in biological reductionism in their teaching and research on schizophrenia spectrum disorders. Although many people pay lip-service to the heterogeneity of schizophrenia, we all can benefit from being reminded that schizophrenia presents many faces and that individuals experiencing this disorder do not suffer the same way, experience the same symptoms or social deficits, or require the same form of treatment.

The book ends on a positive and upbeat note with the author encouraging practitioners and families to assist people with schizophrenia to build on their assets and unique capacities and to live productively. In the final analysis, the book reminds us that we can learn as much from our patients—if we listen, observe, and focus on their positive qualities—as our patients can learn from us.

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The Seed of Madness: Constitution, Environment, and Fantasy in the Organization of the Psychotic Core, *edited by Vamik D. Volkan and Salman Akhtar. Madison, Conn., International Universities Press, 1997, 201 pp., $35.00.*

This volume, based in part on the lectures given at the International Symposium for the Psychotherapy of Schizophrenia held in Washington, D.C., in June 1994, consists of eight chapters produced by four American, one German, and two Finnish psychoanalysts.

There are three reasons the book is of interest and may represent a useful reading. The first is that it provides a timely summary and integration of psychoanalytic contributions to the study of schizophrenia. The main message it conveys is that adult prototypical schizophrenia occurs in individuals who carry a psychotic "seed" called "the infantile psychotic self," which is formed in the early interaction of mother and child or through marked regression in the developmental years. This "seed" is enveloped by a healthier self, and adult schizophrenia is initiated when the encapsulated psychotic core can no longer be effectively controlled by the ego mechanisms associated with the healthier self. The formation of a "seed of madness" does not necessarily lead to schizophrenia, since this seed may become "calcified" or be partially encapsulated, so that the person may seem normal at one level of functioning but have a secret life dominated by fusion-defusion and/or introjective-projective cycles. On the other hand, even in prototypical schizophrenia, some aspects of the healthier self are retained.

Of course, the authors are aware that these views are not new, and the contributions by Fenichel, Bion, Winnicott, Mahler, Pao, Kernberg, Rosenfeld, and several others are acknowledged and briefly discussed. The synthesis may be useful to readers, although one would have appreciated a more detailed description of how the psychotic seed develops and manifests itself before the onset of schizophrenia.

The second reason the book is of interest is that it nicely reflects the current attention of part of the psychoanalytic movement to the progress of neurosciences. Vamik Volkan, in his introductory piece, mentions "genetic (biological) determinants" as first in the list of what "passes through the channel" of early mother-child experiences, and Salman Akhtar, in his concluding essay, lists "heredity and constitutional factors" as first among the "constituents of the psychotic core." Some hints are also given at how biological and

psychological determinants may relate to each other, as when the hypothesis is put forward that "a certain weakness of attachment to objects, a tendency to react to frustrations with the loss of objective relationships and by turning away from the outside world, might be genetically determined." However, these hints remain somewhat generic, and one would have liked to see specific references to the current dialogue between psychoanalysis and neurosciences, as well as to the recent literature about the biological correlates of schizotypy.

The third reason the book is interesting is that it illustrates the persisting difficulty psychoanalysts have in realizing how important it is to provide the empirical basis of any statement concerning the determinants of mental disorders. Most readers will certainly acknowledge that "mother's and child's unconscious fantasies" will remain "not subject to measurable research," but many of them would have probably liked to know more about the "intensive work for over thirty years with several regressed or underdeveloped patients, including individuals with schizophrenia" on which Volkan founds the valuable theories put forward in his chapter.

In conclusion, the book provides a nice picture of the status of psychoanalytic investigation of schizophrenia circa 1994, with its persisting fascination and weaknesses. No doubt the reader will predominantly appreciate the former or the latter, depending on his or her "multidetermined" disposition.

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NEUROPSYCHIATRY

How the Brain Talks to Itself: A Clinical Primer of Psychotherapeutic Neuroscience, *by Jay E. Harris, M.D. New York, Haworth Press, 1998, 428 pp., $69.95; $39.95 (paper).*

My pet peeve, in this Decade of the Brain (which has surely been delivering the goods), is psychodynamic case presentations at Grand Rounds that fail to attempt any synthesis with known and presumed aspects of the patient's nervous system that would reward a psychotherapist for having gone to medical school. This book is a sourcebook of ways to put mental and neural data together that reaches and perhaps at times exceeds what is now known. Instead of a cool artificial intelligence model of the "society of mind" described by Minsky (1), Harris (with apologies in his introduction) personifies the mental agencies and presents them in dynamic clash and imbalance. This is accomplished with deference to Freud the neurologist and Freud the psychoanalyst. Where Freud drew upon the myth of Oedipus, Harris ransacks Bullfinch's Mythology, not only to name a neuromental pantheon he calls the Acropolis of the Mind (Zeus, the executive, synthesizes reflection; Athena, the supervisor, integrates subjectivity; Arachne, the procedural self, imitates, etc.), but also for pseudonyms to disguise and typify his many case histories in their human/Olympian struggles. Many of these struggles are with the sequelae of childhood sexual abuse, but the book proceeds to deal with every category of development and psychopathology under the sun. To give an example: straying briefly from his Greek gods and goddesses, Harris describes the normal infant learning about the taste of liver:

> Once the amygdala casts a spell of aversive cathexis on data that inputs into it, the fate of that data is like the fate of the baby princess in the story of Sleeping Beauty. The septal nucleus (a limbic system subcortical conditioner), like the good fairy godmother, can only ameliorate the amygdala's negative conditioning as it happens. If the amygdala says no to reward, it will take the ventral tegmental dopaminergic consummation system's pleasure helpers, which monitor the salient pleasure-promoting qualities of stimuli, a century to undo the amygdala's command. Once we do not like the taste of liver, that is it. (p. 58)

Harris' approach is comprehensive. He proposes eight factors in the description of a syndrome, which, to be complete, must

> reconcile with standard nosology, explain how signs and symptoms develop, recognize biogenic amine's [*sic*] effects on distributed systems, dovetail with event-related potential EEG studies and functional brain imaging when these studies are available, suit reasonable dynamic formulations, clarify intrapsychic and interpersonal styles, enhance treatment decisions, and show how the individual fits into special social niches. (p. 246)

For Harris, the description of a depression will specify medial, intermediate, and lateral right hemispheric dynamics (p. 248).

Is it a sign of the times that the cover of the paperback edition advertises the book primarily to nonmedical practitioners? "Now you can more fully understand and help your clients with this description of the consciousness of identity," which "synthesizes recent discoveries in cognitive neuroscience with a psychoanalytic understanding of human dynamics and a working model for clinical diagnosis." But Harris is a residency director, and he speaks to us. Although he apologizes for his "either naive or esoteric" (p. 2) overreaching, he has compiled a book that can stimulate both medical psychoanalysts and neuropsychiatrists to join in. There are many creative recastings of the material, some of which are merely suggestive, like his "spiral" theory of development, in which the hemispheres alternate leadership in "forming new higher cortical functions and metafunctions. The left and right hemispheres alternately develop the foreground of identity" (p. 127). Harris calls the left and right hemispheres "the neural structures that provide the foundation of identity experience integers" (p. 129) and notes, "At all levels, social identity sinks roots into the compost of identifications. Both the left hemisphere's social subject and the right hemisphere's social self depend upon identifications for their substance" (p. 39).

Harris says he is "incarnating psychoanalysis" (p. 106), and his major thesis is that "intrapsychic identity, which presides executively at the apex of the brain's hierarchy of structural organizations, stabilizes the brain's functional coherence" (p. 1). "Vertical conflicts" between the limbic and prefrontal systems cause denial and repression, and "horizontal conflicts" are experienced in identity (p. 118). He posits "the anti-intuitive proposition that PTSD, the focal syndrome considered in this book, confers a survival advantage to some persons and some social groups during periods of social chaos" (p. 213).

I liked the way Harris always considers the social dimension in his brain structure-function correlations. Types 1 and 2 of personality disorder are, respectively, narcissistic and anaclitic and left and right hemispheric (p. 245). For Harris, ev-

erything maps and matches clearly, and his allocations of functions into left and right hemispheric functions seem overly sharp in view of known overlap and compensation (2). At this time of skepticism, no doubt some will object to his describing parenting input in schizophrenia and borderline syndromes. His section on how, actually, to do "structural therapy" is a little slim and slight, but he does give many examples of how he handles patients throughout the book. Not beyond amusing himself, he observes that "many psychopharmacologists I have known have hypomanic qualities" (p. 256). Or is it merely that they tell more jokes during presentations? Somebody has to be Puck in this engaging Midsummer Night's Dream of a textbook.

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Method in Madness: Case Studies in Cognitive Neuropsychology, *edited by Peter W. Halligan and John C. Marshall. Mahway, N.J., Lawrence Erlbaum Associates, 1996, 320 pp., $49.95; $24.95 (paper).*

It is fair to say that the dominant approach to diagnosis, research, and treatment in North American psychiatry has been "syndromal." Patients are evaluated to determine if they exhibit the required number of symptoms or signs for a disorder and treated with whatever medication is currently recommended. Those recruited for research are lumped into groups and studied, typically with fixed batteries of psychological and neurobiological tests. Because groups formed in this way are heterogeneous, large samples must be studied to attain statistical significance. At best, the "average" patient defined by using this approach will be a blunt and depersonalized image of the real patients; at worst, the average patient will not resemble any of the real patients.

As an alternative, the editors of *Method in Madness* present a series of case studies of patients who exemplify the consequences of breakdown of four kinds of knowledge: self-identity, the identity of others, the constancy of places, and the determinants of personal beliefs. The authors of each of the case studies do an excellent job of describing the patients in detail, including well-selected transcriptions of interviews. As a consequence, the reader can appreciate what it is like to suffer from a delusion and can also formulate some hypotheses about the origins of the delusional thinking. This is a significant strength of the book; used in a seminar, it could stimulate thinking about issues in psychopathology that are rarely discussed in modern psychiatry and psychology classes, dominated as they are by issues of neurobiological mechanisms, pharmacology, neurogenetics, and statistical analyses.

A second strength is that the use of cognitive neuropsychology, both as a source of theories about psychopathological thought and as a method for testing hypotheses, is well illustrated in several chapters. In general, the authors present this material very clearly, so that a background in neither cognitive psychology nor clinical neuropsychology is necessary. In fact, readers who are familiar with standard neuropsychological batteries may be amazed to learn how much can be discovered with specialized "home-made" tests designed to answer a question relevant to a particular patient.

Several of the cases involve patients with identified brain damage. The authors do a good job of presenting the anatomical findings in relatively simple terms so that a motivated reader with little or no training in neuroanatomy can follow. Readers with more experience in neurology and neuroscience may yearn for more detail concerning the precise extent and location of the lesions. They may be disappointed because this is a book about disorders of knowledge of individual patients, analyzed mainly from the perspective of cognitive psychology.

In summary, *Method in Madness* is a welcome addition to the neuropsychiatric literature. It succeeds in demonstrating that the individual patient, carefully studied from the multiple vantage points of neurology, psychiatry, and psychology, can provide valuable scientific evidence. The book is so clearly written that it could be used in advanced undergraduate classes as well as seminars for psychiatry and clinical psychology students and residents.

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Dementia With Lewy Bodies: Clinical, Pathological and Treatment Issues, *edited by Robert H. Perry, Ian G. McKeith, and Elaine K. Perry. New York, Cambridge University Press, 1996, 500 pp., $125.00.*

Dementia with Lewy bodies is of marked importance to psychiatrists, particularly geriatric psychiatrists or other psychiatric practitioners delivering care to the elderly. Two features of dementia with Lewy bodies make it particularly relevant to psychiatric practice: 1) the disorder frequently presents with psychiatric manifestations and 2) the patients have a markedly adverse response to conventional neuroleptic medications, and these agents should be avoided in this setting.

Clinically, dementia with Lewy bodies is characterized by a gradually progressive dementia syndrome with at least two of the following three cardinal features: 1) fluctuations in cognition, 2) visual hallucinations, 3) parkinsonism. Supportive clinical features include exaggerated response to neuroleptic medications, delusions, gait disturbance, and episodes of loss of consciousness. The disorder is unique among neurological illnesses in having a psychiatric criterion—visual hallucinations—as a diagnostic feature and, as such, demonstrates the progressive integration of neurobehavioral and neuropsychiatric features into our understanding of dementing illnesses. Pathologically, dementia with Lewy bodies features multiple neuritic plaques similar to those seen in Alzheimer's disease as well as brainstem and cortical Lewy bodies. There are relatively few neurofibrillary tangles. The patients tend to respond relatively well to treatment with cholinesterase inhibitors, and when psychotropic agents are required to control delusions and agitation, novel antipsychotics are preferred.

Dementia With Lewy Bodies is the single most comprehensive discussion of the many intriguing aspects of this disorder. The editors of the book have provided leadership in identifying the disorder and developing clinical and pathological criteria for diagnosis. The volume is divided into three sections, one each dealing with clinical, pathological, and treatment dimensions of the illness. The clinical section includes discus-

sions of the neuropsychiatric, neuropsychological, and neuroimaging manifestations of dementia with Lewy bodies as well as discussions of an approach to clinical diagnosis. Frequent misdiagnoses are described. The section on pathology discusses the different disorders that include Lewy bodies as part of the pathology, as well as cytoskeletal abnormalities, altered tau processing, and other structural changes. The section devoted to treatment of dementia with Lewy bodies emphasizes cholinergic approaches to the cognitive disturbance.

Each of the sections contains 9 to 14 chapters and is followed by a résumé of discussions that followed presentation of the original papers at an international workshop held at Newcastle-on-Tyne, England. Each of the chapters represents a mini-review of a specific area concerning dementia with Lewy bodies, and alternate points of view of unresolved issues are well represented. For example, it is currently unclear whether dementia with Lewy bodies is best viewed as a variant of Alzheimer's disease or as a separate and distinct clinical condition. Authors defending both of these views are included in the volume's authorship, providing the reader with an updated view of research questions. The editors have managed that most difficult task of producing a volume with uniformly high-quality chapters presented at similar levels of sophistication. The individual who invests the time in reading this volume will be well rewarded by a comprehensive knowledge of the current understanding of dementia with Lewy bodies. This book should be read by practitioners involved in neuropsychiatric and geriatric psychiatry, as well as by those practitioners interested in a new window on brain-behavior relationships.

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SLEEP DISORDERS

Sleep Disorders: Diagnosis and Treatment, *edited by J. Steven Poceta, M.D., and Merrill Mitler, Ph.D. Totowa, N.J., Humana Press, 1998, 232 pp., $79.50.*

This is a short and snappy "how to" book addressed to the primary care physician. The chapters are written by some of the best experts in the area of diagnosing and treating patients with sleep disorders. It is a very useful introduction to how and what to ask when taking a medical history to make sure that sleep problems are not overlooked. It makes a very good case about the number of sleep disorders that are often missed and what the consequences are in escalating the costs of health care as a result of the failure to identify such problems early. The book has more strengths than weaknesses to my mind. On the good side, it fills an important need by making this field accessible to primary care physicians and giving them the tools and confidence to diagnose and treat those cases which do not need specialized help. It also makes clear which patients should be referred to a sleep disorder service and when.

Some of the particularly good chapters are those by Dr. Kripke ("The Uses of Bright Light in Office Practice"), Drs. Pelayo and Guilleminault ("Narcolepsy and Excessive Daytime Sleepiness"), and Dr. Dahl ("Common Sleep Problems in Children"). Most of the chapters have very nice decision tree diagrams to show the steps needed and the order for following up on a clinical presentation.

On the bad side, there is very little on behavioral treatments for insomnia to balance the chapter by Mendelson and Caruso ("Pharmacology of Sleep Medicine"). Although it is recommended that the clinician not first think of a prescription for a sleeping pill as the best answer for a patient's complaint, it is very easy to do this when the alternatives are not spelled out as clearly as are the doses, half-lives, and side effects of the usual pharmacological agents for inducing sleep. In addition, there is no admonition about the number of bad commercial sleep laboratories that have sprung up and how to find an accredited service in which the clinician can have confidence.

The most unique aspect of the book is the report on the first few years of experience at a clinic following the training of their primary care physicians. It is impressive how quickly these physicians began to recognize and treat the sleep disorder patients in their community. The emphasis here on preventive medicine is a welcome one.

The authors do not oversell the idea that those of us who are in the field of sleep disorders know it all. They are appropriately cautious about home monitoring with self-titrating continuous positive airway pressure equipment as a cheaper solution to diagnosing and treating sleep apnea. They rightly say, "Maybe sometime in the future but not yet." On the other hand, they point out how much can be learned from actigraphy and sleep logs, which are inexpensive indicators of how the subjective complaint matches objective sleep-wake data.

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