Book Forum

CONFRONTING MENTAL ILLNESS

His Bright Light: The Story of Nick Traina, *by Danielle Steel. New York, Delacorte Press, 1998, 296 pp., $25.00.*

Nurturance, compassion, and love reflect a mother's intense feelings for her first-born son. Danielle Steel conveys each of these and much more in *His Bright Light: The Story of Nick Traina.* Ms. Steel portrays them with a very skilled writer's eye for nuance, development, and tragedy. Her heart-wrenching effort to tell us how mental health professionals could have served Nick Traina better is extremely courageous and completely open. We need to listen ever so carefully to Nick's story.

Nick was an exceptionally bright child with much love for his family. He could be stern, funny, and insightful, sometimes all at once. As he matured, his world expanded and his interests developed. He became a talented writer, composer, and singer. His peer group assumed great importance. Girls entered his life. Nick started to experience problems in school. His emotions were much more erratic. He became very self-analytical. He entered the world of mental illness, one of 3.5 to 4.5 million teenagers who are seriously emotionally disturbed.

As Nick's behavior became more extreme—bouts of depression punctuated by periods of high emotion—his mother and his family became gravely concerned for his well-being. Family confidants were consulted; his mother took Nick to specialists. He went to a residential program. Much money was spent. Nothing seemed to work.

The family was desperate for a treatment or drug that would help Nick: "It was a time of terrifying frustration. I am a capable competent person, with ample funds at my disposal. If I couldn't make things happen for Nick, I shudder to think at what happens to people who are too shy or too frightened to speak up, people who don't know their way around" (p. 126).

Different diagnoses were offered; a depression drug was prescribed. Nick's symptoms were mitigated only slightly. A new crisis occurred; Nick was placed into hospital inpatient care, first with other teenagers, then with other adults. He went to live with another family for two years. Specialists were consulted.

Nick's medication was switched to lithium after he was given a new diagnosis of manic depression with attention deficit disorder. His life seemed to be miraculously changed; Nick took lithium regularly for 2 years. He became an accomplished singer. There were occasional inpatient stays.

Nick's independence led him to refuse to take his medication. Using a combination of drugs, including heroin, he attempted suicide once, twice, then three times. Legal intervention was used to make sure he received care. Nick's rock band went on tour. His fourth suicide attempt was successful, his final tragedy.

We can, should, must do better. We must improve training of all mental health professionals; we must improve our capacity to recognize, diagnose, and treat much earlier. We must listen ever so much more closely to family members and consumers when they seek our help. Managed care can distract us, but Nick Traina is the real reason for psychiatry and the other mental health professions.

This exceptional book is required reading. Danielle Steel has an awful lot to teach us. We have to learn well and act expeditiously to prevent future tragedies.

RONALD W. MANDERSCHEID, PH.D.
Rockville, Md.

Out of the Shadows: Confronting America's Mental Illness Crisis, 2nd ed., *by E. Fuller Torrey, M.D. New York, John Wiley & Sons, 1996, 244 pp., $27.95; $16.95 (paper, published 1998).*

Whenever the plight of families of individuals with serious mental illness who refuse treatment has reached our national consciousness, it has been in the context of blatant tragedy. Reluctantly, we see our patients and their families in the headlines. We also see our own predicament in that of the Kaczynski, Laudor, and Hinckley families, who tried desperately to get their loved ones to accept treatment. Far more common than the tragedies that make headlines are the ones that test the bonds of families and the moral resolve of physicians and therapists who are entrusted with the care of the seriously mentally ill.

In *Out of the Shadows,* E. Fuller Torrey compiles cases such as that of a man brought to the hospital with acute symptoms of manic depression who rejected the advice of the doctor on call and the pleas of his family to stay and be treated. He walked out of the emergency room and several hours later hanged himself. Dr. Torrey also tells the tale of a woman with chronic schizophrenia who walked into a shopping mall and opened fire with a gun, killing three, and the story of a homeless woman in New York who roamed the streets conversing with the president until the day she was found raped and stabbed to death.

What these tales have in common with the cases that make the headlines is the seriously mentally ill person's refusal to be treated. Citing such cases and the societal barriers that keep such people out of treatment, Dr. Torrey offers us a provocative indictment of how we in the United States treat people suffering from serious mental illness. He writes with passion and combativeness, and the crisis he describes should stir even the uninitiated to anger. This book should be required reading for every psychiatrist, psychologist, social worker, nurse, and therapist treating patients with serious mental illness. It will also appeal to a much wider audience with an interest in civil liberties, medical ethics, and social policy.

The crisis is spelled out in tragic detail at the outset, We learn that in a given 1-year period, approximately 5.6 million people 9 years old or older have a severe mental illness, such as schizophrenia or bipolar disorder, and that approximately 2.2 million of these people are untreated. Of these, 150,000 are homeless and 159,000 are incarcerated, mostly for

crimes they committed while refusing treatment. Dr. Torrey argues that homelessness, repeated incarcerations, episodes of violence, and premature death are not necessary because we know what to do, but we fail to do it because of economic, legal, and ideological reasons.

Dr. Torrey provides a detailed and concise history of deinstitutionalization in the United States. Included in this account is the startling revelation that approximately 763,400 severely mentally ill people are living in the community today who would have been hospitalized 40 years ago. This number is startling when we consider the author's observation that "deinstitutionalization has helped create the mental illness crisis by discharging people from public psychiatric hospitals without ensuring that they received medication and rehabilitation services necessary for them to live successfully in the community." In many respects, this statement is the heart of this book. Most mental health policies and laws affecting the mentally ill were drafted in an earlier era, he argues. Reflected in them is an immature understanding of the nature of mental disorders. We now know that these are disorders of the brain and that about half of the victims typically refuse treatment. The policies and laws were also based on the principle that severe mental illness should be treated in the least restrictive setting. However, the least restrictive setting "frequently turns out to be a cardboard box, a jail cell, or a terror-filled existence plagued by both real and imaginary enemies."

A more evocative, moving, and informative discussion of this country's treatment of the seriously mentally ill would be very hard to find. Tens of thousands of mentally ill people end up homeless and in jails. How they get there and what happens to them on the streets and in prisons are topics of several chapters. Dr. Torrey's description of the degree of trauma and injustice that the mentally ill suffer will impress even readers who have extensive knowledge of the topic. He describes in exquisite detail the economic factors that he believes are the single largest cause of the mental illness crisis and the failure of deinstitutionalization.

Dr. Torrey then addresses a controversial topic that is no less vital for our tendency to shy away from it. He reviews the relevant statistics and research to bolster his statement that many of the seriously mentally ill are "walking time bombs." The claim that the mentally ill are no more dangerous than the general population was true before deinstitutionalization because most potentially dangerous patients were kept in the hospitals. Now studies show a higher rate of violent crimes among the severely mentally ill. Studies also suggest that the three primary predictors of violence are a history of past violence, drug and alcohol abuse, and a failure to take medication.

Dr. Torrey highlights poor insight into illness, one of the most powerful predictors of medication refusal; specifically, he cites research showing that about one-half of patients with schizophrenia do not believe they are ill and that this type of unawareness is often linked to frontal lobe dysfunction. In this context, the belief that one is not ill is considered a symptom (or sign) of schizophrenia, another manifestation of the brain disorder. Such research begs the question of whether a person with schizophrenia who cannot see that he or she is ill can make an informed decision about medical treatment.

As an outspoken advocate for the mentally ill and a clinical scientist unafraid to test novel hypotheses, Dr. Torrey is no stranger to controversy. In the later pages of his book he takes on the controversial question of whether our involuntary commitment laws have enough teeth to meet the needs of the mentally ill and of society. He argues for reinstituting a "need-for-treatment" criterion in state commitment laws, for modifying the standard of proof required by courts for commitment, and for interstate reciprocity of commitment and other safeguards to ensure that the seriously mentally ill who refuse treatment get the medical attention they need. To further such goals, he believes that we should "divorce mental illness from mental health" by merging severe mental illnesses, or brain disorders as many prefer to call them (e.g., schizophrenia, manic depression, autism, and severe forms of depression, panic disorder, and obsessive-compulsive disorder), with neurological illnesses (multiple sclerosis, Parkinson's, and Alzheimer's). For example, research on mental illnesses would be carried out by a National Brain Research Institute instead of a National Institute of Mental Health, and commitment laws for the mentally ill would more closely mirror the laws that exist for neurological illness.

Out of the Shadows is an informative, important book that reveals the human suffering and tragedy stemming from our society's mishandling of the treatment needs of the seriously mentally ill. Some will enthusiastically agree with the solutions to the mental illness crisis that Dr. Torrey proposes; others will vehemently disagree, but everyone who reads this book will likely come away convinced that a crisis does indeed exist and that the time has come to reevaluate our treatment of seriously mentally ill people in America.

XAVIER F. AMADOR, PH.D.
MEREDITH GREENE, M.A.
New York, N.Y.

PSYCHOTHERAPY

Contemporary Models of Psychotherapy: A Comparative Analysis, 2nd ed., *by Donald H. Ford and Hugh B. Urban. New York, John Wiley & Sons, 1998, 768 pp., $59.95.*

The publisher describes this as a "thoroughly revised and updated second edition of Ford and Urban's 1963 classic text." That book, like this one, deals with psychotherapy in a highly abstract fashion, adopting a systems theory framework that locates human beings within a multilevel, materialistic cosmology fully consistent with contemporary natural science.

Unlike most psychotherapy texts, in which philosophical issues are rarely addressed, Ford and Urban consider cosmological, ontological, and epistemological issues as the foundations and contexts for their psychotherapy theorizing. The first third of the book is a highly abstract, philosophical primer addressing the various "isms" in order to create a framework in which to place human beings and their physical and social environments.

The authors define psychotherapy as "a professional form of intervention focused primarily on alleviating psychological distress, psychological and behavioral dysfunction, and problems of social living. It uses primarily psychological and behavioral means, mediated primarily by verbal methods and interpersonal actions, conducted with individuals or small groups under relatively intimate, private conditions that facilitate clients' self-direction and self-regulation." They contrast psychotherapeutic practice with medical practice, "which focuses on alleviating or preventing biological dysfunctions." The "family of psychotherapies" considered here includes behavior therapy; cognitive, cognitive behavior, and skills training therapies; behavioral medicine/health

therapies; humanistic therapies; traditional psychoanalysis and its modern variants; interpersonal and sociocultural therapies; and eclectic and integrated therapies.

The authors couch their approach in the value-free (and colorless) language of natural science, applying control systems theory in their understanding of human action. They represent human beings as "self-organizing, self-constructing control systems." People are viewed as "living systems transacting with their contexts." Physical life is understood as "material/energy-based processes organizing and coordinating the functioning of all biological components." The psychological person is represented as the sum of "information/meaning-based processes [that] construct, maintain, and carry out psychological functions so as to selectively direct, organize, and evaluate the person's transactions with their environmental contexts." Human beings are conceptualized as "an integrated, multilevel organization of physical structures and biological, psychological, and behavioral functions embedded in and in continual transaction with a dynamically organized, multilevel environment." The assessment of people conceived as "complex, dynamic systems" includes consideration of biological states, emotional/affective and arousal states, cognitive and perceptual states, behavioral states, and interpersonal/environmental conditions. This is the framework for considering and comparing psychotherapeutic approaches.

Ford and Urban's theory of human conduct is understood through the broad lens of learning theory in meaning-making and "behavior episode schemas." Psychopathology is described as "significant deviations from norms of functioning" and different kinds of functional disorganization within a person, between persons and their context, and in the temporal organization of the flow of their functioning. Human beings are conceived of as living, self-regulating systems that create and maintain organization. "All stability and change in humans must result from processes that deal with discrepancies in, or disruptions of, existing states so as to create, maintain, and restore coherent organization within a person, in the person-context relationship, and between intraperson and person-context patterns."

This short review cannot do justice to the detailed complexity that characterizes Ford and Urban's efforts systematically to describe humans in the context of their functioning. I hope that the reader has gotten a taste of the sort of language and conceptualization they use, however.

In the next 500 pages of the book, Ford and Urban compare members of the family of psychotherapies in terms of the systems framework outlined at the beginning of the book. Their proposal of a framework for comparison includes 1) definition and nature of dysfunction, 2) desirable end states, 3) strategies and methods for effecting change, and 4) evaluation of results. Each theoretical framework is examined in exhaustive (and abstruse) detail. Traditional psychoanalysis; object relations, self psychology, and interpersonal approaches; humanistic psychotherapies, including existential, experiential, Gestalt, and person-centered approaches; behavior therapy; cognitive and cognitive behavior therapies; behavioral medicine; and eclectic and integrative approaches are considered in turn.

This account of psychotherapy, couched in its natural science/systems language, deserves credit for its ambitious scope and its attempt to create a unified framework for conceiving human functioning, dysfunctioning, and change. The only other text I am aware of that comes close is Joseph Rychlak's *Introduction to Personality and Psychotherapy* (1), which explicates the philosophical foundations and presuppositions for the major theories of personality and schools of psychotherapy.

Contemporary Models of Psychotherapy is truly encyclopedic in scope. Its systematic approach and abstruse language of interacting levels, units, systems, and dynamisms can be tedious reading, but the virtue of the book is its breadth of scope and aspiration to seek unity in conceptualization. As an overarching framework, it transcends the particularity and the uniqueness of each school of psychotherapy. Founders of psychotherapeutic schools, such as Freud, Jung, and Adler, and the unique social, cultural, and moral dimensions they each bring to their theories and craft tend to disappear into the grand system. Ford and Urban's text, in contrast, permits a view of psychotherapy from a transcendent, integrative, philosophy of science point of view. The language reminds me of Freud's in his "Project for a Scientific Psychology" (2). People as conflict-ridden, striving, and choosing moral agents with unique histories and individuality are not emphasized in this framework. Rather, the systems-ecological approach shifts the focus to organisms in their physical, social, and cosmological ecologies. *Contemporary Models of Psychotherapy*, with its philosophy of science prose and conceptualization, truly speaks in the idiom of the technological age.

REFERENCES

1. Rychlak JF: Introduction to Personality and Psychotherapy, 2nd ed, vols 1 and 2. Boston, Houghton Mifflin, 1981
2. Freud S: Project for a scientific psychology (1950 [1887–1902]), in Complete Psychological Works, standard ed, vol 1. London, Hogarth Press, 1966, pp 295–397

MARVIN W. ACKLIN, PH.D.
Honolulu, Hawaii

The Integrative Power of Cognitive Therapy, *by Brad A. Alford and Aaron T. Beck. New York, Guilford Publications, 1997, 197 pp., $25.00; $16.95 (paper, published 1998).*

Aaron Beck, paterfamilias of cognitive therapy, has written extensively as his research and clinical offspring have grown: books on depression, anxiety disorders, personality disorders, and more. He can take just pride in this family. Practicality and clinical empiricism rank among the great attractions of cognitive therapy, but Beck has also long been interested in the theory behind these pragmatic advances. The first author of this volume, Brad Alford, seems more concerned with abstract cognitive theory than with clinical empiricism, but the book may be read in part as a genogram of cognitive therapy, summarizing and integrating Beck's widespread accomplishments to date.

The authors propose that cognitive theory has a universality that could provide the basis for psychotherapy integration. Cognition, they point out, subsumes all psychotherapeutic communication. Psychotherapy integration is a topic of circumscribed interest, and some of the authors' arguments sound syllogistic and abstract, but several are important. The emphasis on coherence in a psychotherapeutic system and its presentation to patients is clinically undeniable. Nonetheless, a tension exists in the book between theory and therapeutic practice. *The Integrative Power of Cognitive Theory* might have been a fairer title.

The two opening chapters, "Theory" and "Metatheory," are thoughtful, clearly written, and review cognitive therapy principles. "Metatheory" contains a small treatise on "the

nature of theory" and develops a syllogism to demonstrate the utility of cognitive theory for psychotherapy integration. If occasionally tendentious, the argument is informed and informative. Still, the idea of a universal theory runs counter to clinical trends toward differential therapeutics and a diversity of treatments rather than a Procrustean approach: the search for a single formula contrasts with pragmatic clinical relativism.

Chapter 3, "Cognitive Mediation of Consequences," builds on Dr. Alford's 1984 doctoral dissertation and explores conflicts between short-term and long-term goals. There is an unfortunate suggestion that these conflicts are "psychopathogenic for a wide range of conditions seen in clinical psychological practice" (p. 70). "Psychopathogenic" denotes an etiological explanation of cognitive processes that has not been demonstrated: we do not know whether cognitive phenomena are cause, effect, or epiphenomena of clinical syndromes. Theory here appears to supersede, and perhaps to misguide, clinical empiricism.

The second section of the book discusses psychotherapy integration. One chapter neatly reviews the controversies and ideologies of this area, conceding that integration is a theoretical goal rather than an accomplished fact. The integrationists themselves are divided. The authors usefully distinguish among technical eclecticism, theoretical integration, and a common-factors approach to integration. The next chapter makes a spirited effort to present cognitive therapy as the basis for psychotherapy integration. It remains unclear why any single universal approach is desirable.

The volume culminates in two chapters on the application of cognitive therapy to clinical disorders. The chapter on panic disorder maintains the emphasis on theory, discussing how cognitive theory accords with and adds to behavioral theory. Since few therapists now practice behavior therapy without a cognitive component, this appears to be a convincing attempt to accommodate theory to clinical developments.

The final chapter, "Schizophrenia and Other Psychotic Disorders," is an exciting discussion of a relatively new clinical frontier for cognitive therapy. Many clinicians, having been taught that "you can't talk a delusional patient out of his belief," may find it counterintuitive that a talking therapy can help psychotic patients. Cognitive therapy can help such patients, but the authors might have designated cognitive therapy more modestly as adjunctive to pharmacotherapy, rather than vice versa (p. 139). Cognitive therapy for psychosis attempts to address distortions of cognitive process as well as cognitive content. It requires a strong therapeutic alliance, building meta-cognitive awareness while protecting patient self-esteem, and seeks to test delusional beliefs collaboratively rather than challenge them directly.

The authors conclude that cognitive therapy theory and practice are congruent and that the theory is "internally consistent, parsimonious, testable,…broad in its scope of application," and empirically supported (p. 165).

Although Dr. Beck is a psychiatrist, for several reasons cognitive therapy has become principally the domain of psychologists. Unfortunately few psychiatrists practice this potent treatment. Focusing as it does on theory more than on practice, this book may not provide the ideal introduction for psychiatrists who wish to learn cognitive therapy, but it does provide an overview of this still evolving and critically important treatment modality.

JOHN C. MARKOWITZ, M.D.
New York, N.Y.

FORENSIC PSYCHIATRY

The Handbook of Forensic Psychology, 2nd ed., *edited by Allen K. Hess, Ph.D., and Irving B. Weiner, Ph.D. New York, John Wiley & Sons, 1998, 756 pp., $85.00.*

Drs. Hess and Weiner have brought together 44 psychologists, psychiatrists, and lawyers to produce this encyclopedic treatment of forensic psychology. They cite the works of 2,000 authors. The editors list the contributors by name, degree, and, usually, the institution in which they work. Although there is no biographical information on any of them, their scholarship is impressive and speaks for itself.

There are 25 chapters organized into six sections. The first comprises three chapters that place forensic psychology in perspective by defining it and relating its history. Parts 2 to 5 address the applicability of psychology to civil proceedings, criminal proceedings, expert testimony, and intervention with offenders. The final section deals with professional ethics and training.

More than half of the text is devoted to the applications of psychology to legal proceedings. Of particular interest to me as a psychiatrist who does forensic work were the chapters on assessment of dangerousness, on defining and evaluating competency to stand trial, and on specific intent and diminished capacity.

The authors of the chapter on dangerousness conclude that there has been substantial progress in recent years through improvement in research methods and the development of assessment instruments and guidelines for evaluators. They emphasize the Violence Risk Assessment Guide, which combines clinical evaluation with statistics-based prediction (p. 181). This and other instruments that they discuss in detail have been developed since the first edition of this work was published in 1987.

The chapter on competency to stand trial provides an overview of the large body of published writing and research on the subject. The authors conclude that competency to stand trial depends on the match between the defendant's mental status and the demands placed on him or her in the context of the case.

In the matter of the determination of a defendant's capacity to form the requisite intent to commit an offense, expert witnesses generally cannot offer testimony that will alter the outcome of a trial. During the 1960s and 1970s, high court decisions moved to ameliorate the M'Naughten Rule, with its narrow definition of legal insanity, in favor of more liberal standards set down in the American Law Institute Model Penal Code (p. 355). The effect was to equate diminished capacity with diminished responsibility. There was a legislative and judicial backlash after the assassination attempt on President Reagan and the killing of San Francisco's mayor and one of its supervisors. Legislation and court decisions have subsequently reversed the trend. As a result, psychiatrists and psychologists can demonstrate that, because of mental illness, a defendant was incapable of appreciating the wrongfulness of his or her behavior but not that, because of inability to form intent, the crime was not as charged.

There are four chapters on intervention that cover crime prevention and punishment; assessment, diagnosis, and treatment in correctional settings; substance abuse programs; and several psychosocial treatment strategies, including psychotherapy.

It seems to me that this volume, which thoroughly covers the English-language literature on forensic psychiatry and

psychology, is one that those of us who work with forensic patients ought to have at hand as a source. I suspect that the first edition is already serving in that way for many who have access to it.

WILLIAM R. FLYNN, M.D.
Napa, Calif.

The Portable Lawyer for Mental Health Professionals: An A–Z Guide to Protecting Your Clients, Your Practice, and Yourself, *by Barton E. Bernstein, J.D., L.M.S.W., and Thomas L. Hartsell, Jr., J.D. New York, John Wiley & Sons, 1998, 274 pp., $39.95.*

Attorneys Barton Bernstein and Thomas Hartsell set out to provide a quick and ready reference to legal and ethical issues faced by mental health professionals of all disciplines. They secondarily hope that their book will serve as a resource for mental health consumers. Although part of the subtitle, "An A–Z Guide," conjures up a reference in which the reader could readily locate a topic alphabetically, the authors instead divide the book along more traditional lines into nine general topical areas: Clinical Records, Confidentiality, Contracts, Fees, Forensic Issues, Practice Models, Malpractice, Managed Care, and Teamwork. Each of these general topic areas is further subdivided into specific topics, which make up the book's 32 separate chapters. Nearly every chapter opens with one or more interesting vignettes serving as affectively charged, thought-provoking introductions to the material. In each chapter, margin notes provide highlights of the text. At the end of nearly all the chapters, a "Legal Lightbulb" section lists the chapter's important points.

The book clearly applies a legalistic perspective. The authors provide the disclaimer that their work is educational and not authoritative, and readers are advised to consult their own attorneys. The authors repeat this advice throughout the book, but they do not seem to place enough emphasis on the importance of associating with an attorney who is well versed in mental health practice and law.

The book's legalistic view paves the way for dissemination of crucial information in dealing with aspects of mental health practice that are far afield from direct clinical practice. The chapters in the Practice Models section are useful guideposts to setting up clinical practice, especially for the uninitiated. These issues are often neglected during residency training. The four appendixes at the end of the book contain illustrative examples of documents associated with the establishment of an independent practice association, partnership, professional corporation, and general corporation. Chapters on "Third Party Payers," "Capitation Agreements," "Gag Rules," "Sliding Fee Scales," and "Recovering Unpaid Fees" provide further practical information about these often contentious matters. For example, the authors outline the dangers of "hold-harmless" clauses and the potential for fraud accusations when deviating from a fee schedule. The authors aptly observe that, in disputes, only the attorneys benefit.

This book is a valurable resource for a variety of other cogent practice-related topics. The chapter on "Electronic Records," in view of the widespread professional use of computers, the Internet, facsimile machines, and answering machines, has current relevance. The chapter on "Acts of Commission" warns the reader about malpractice that arises primarily from boundary and other ethical violations. Ethical violations are an area of increasing concern for mental health professionals.

What is useful about this book, its legalistic approach, is also its drawback. For example, in the "Discharges and Termination" chapter, the authors advocate, in addition to a termination meeting, the use of termination letters, particularly for patients who fail to come to scheduled appointments and who cannot be contacted by phone. They further suggest that both a regular and a certified letter be sent to inform the patient that treatment needs to be continued and providing a list of potential treaters. Even with this advice, they neglect to help those of us who labor in the public sector, where the additional cost of a certified letter would not be budgeted and there are no other referral options. Other shortcomings of the book are the limited reference list and a few typographical errors, including the legal citation to the *Tarasoff* case (p. 159).

In summary, this book would be particularly useful for those psychiatrists who have minimal or no legal knowledge or who are mystified by the law concerning mental health practice. Although it paints a frightening picture of the legal ramifications of clinical practice, this book can also serve as a vehicle to moderate these fears.

GREGORY B. LEONG, M.D.
Tacoma, Wash.

Psychiatry and Law for Clinicians, 2nd ed., *by Robert I. Simon, M.D. Washington, D.C., American Psychiatric Press, 1998, 253 pp., $21.95 (paper).*

Psychiatrists engaged in clinical practice in the United States are sojourners in a litigious society. The inescapable task confronting them is to exercise sound professional judgment while remaining within the often vaguely defined boundaries of an ever-shifting legal infrastructure. The precepts of American law, for better or worse, are full of nebulous terms of art that may show small consonance with diagnostic and treatment models commonly employed by clinical psychiatrists. The second edition of Dr. Simon's *Psychiatry and Law for Clinicians* is a boon to psychiatrists wishing to practice good medicine and, at the same time, minimize the risk of legal liability.

The 10 chapters that make up this book are suffused with a rich abundance of up-to-date materials pertaining to numerous topics, including the doctor-patient relationship, confidentiality, informed consent, psychiatric treatment, seclusion, involuntary hospitalization, suicidal and potentially violent patients, and therapist-patient sex. Each chapter is bifurcated into a section providing an overview of the law and a section on clinical management of legal issues. Many references are appended to the end of each chapter. Interwoven into the text are a plethora of tables, which often provide pithy and excellent summaries of the textual material.

It is important to understand what this book is and what it is not. It is not for lawyers, and it is not for lay readers. It is intended to help fit clinical psychiatrists with a sturdy coat of armor to ward off blows from the legal system. Although Simon offers a great wealth of prescriptive advice that may help the clinical psychiatrist successfully traverse the mine-ridden legal landscape, his rudimentary exposition of law-psychiatry issues does not eliminate the need for competent legal counsel in potentially litigious clinical situations. Psychiatrists who read this book may be empowered to conduct a superficial examination of the body of law and psychiatry. However, an examination of this nature does not constitute an adequate substitute for a painstaking, highly knowledge-

able dissection of pertinent legal appendages by well-trained legal professionals.

Withal, this is a splendid, highly readable book. Clinical psychiatrists who pass over the opportunity presented by this material and later become ensnared in a legal trap may retrospectively regret their omission.

LEO UZYCH, J.D., M.P.H.
Wallingford, Pa.

SUICIDE

Suicide: Biopsychosocial Approaches, *edited by Alexander J. Botsis, Constantin R. Soldatos, and Stefanis N. Costas. Amsterdam, Elsevier, 1997, 278 pp., $188.50.*

This volume is a compendium of well-researched, tersely written articles on the topic of suicide. The book is divided into four sections: Epidemiology in General and Special Populations, Etiopathogenic Considerations, Clinical Issues, and Conceptual and Ethical Issues. A preface, index of authors, and brief keyword index round out the volume. The articles draw from data as recent as 1996. The volume covers the topic with clarity and sensitivity, providing the reader with more technical data than most readers can absorb or use but also wrestling with topics as contemporary as the daily newspaper.

Depression, exacerbated by physical suffering or accelerated by drug use, is the primary contributor to suicide. Strong values, whether religious or cultural, tend to be inhibitors of suicide. Although these are not new conclusions, the research that supports these conclusions is overwhelming in detail. Robert Plutchik's chapter, "Suicide and Violence: The Two-Stage Model of Countervailing Forces," provides an excellent model for understanding suicide as a function of aggression and violence under situations of great stress. This model attempts to weigh variables that are amplifiers of aggression and are likely to lead toward suicide and variables that are attenuators and are likely to reduce the risk of suicide. The strength of this model is its capacity to help clinicians focus interventions on concrete events or tasks (attenuators) that appear to be able to reduce the risk of suicide. In a later essay, Plutchik argues for further research on this model.

One of the most clinically helpful chapters is "Clinical Problems in Assessing Suicide Risk." Those of us who supervise students in addition to maintaining a clinical practice will not be comforted by either the research indicating the virtual inability to predict suicide accurately or the sobering comment that "judging risk seems so much easier with the benefit of hindsight." What makes this chapter useful is its relative precision in identifying those populations most likely to commit suicide, "separated into four diagnostic groups known to be at high risk and to certain defined periods of time."

Not surprisingly, a number of articles address the topic of "assisted suicide" or "euthanasia." These articles provide a reasoned, compassionate voice on a topic too often tried in the newspapers. One article explores the "right to die" concept as practiced in the Netherlands. This article provides the criteria that are applied to assisted suicide once "a terminal illness with nearness to death has been diagnosed." Although the authors of this essay take a stance that is permissive regarding a person's right to die with dignity, they underscore the responsibility of health professionals to assist the person in exploring all possible alternatives to death. They suggest that once a clinician has urged a patient to consider all the alternatives before embarking on the road of assisted suicide, the clinician becomes ethically bound to help with the patient's self-murder if an honest exploration of alternatives to death is unsuccessful in managing the patient's pain and fear.

This volume is likely to be most useful to educators and researchers in the field of suicidology and euthanasia, primarily because of its format and the tone of the chapters, rather than its content. This is not a book one can digest quickly or easily, in part because of the distressing nature of the subject but more because the writing, even in the clinical chapters, is quite technical in presentation. One chapter was significant by its absence: what do you say, as a pastor or counselor, to the living who remain at the grave site or in the consulting room? So often, years later, the children of people who committed suicide struggle to understand why someone who was so powerful, who gave them the gift of life, chose to leave this life in a premature and apparently premeditated fashion.

DONALD D. DENTON, JR., D.MIN., L.P.C.
Richmond, Va.

Suicide Prevention—The Global Context, *edited by Robert J. Kosky, Hadi S. Eshkevari, Robert D. Goldney, and Riaz Hassan. New York, Plenum, 1998, 412 pp., $115.00.*

This volume contains a selection of the papers and abstracts presented at the XIXth Congress of the International Association for Suicide Prevention held in 1997 in Adelaide, Australia. The editors note in their preface that they intend "to give a flavor of the diversity as well as the information on the work [on suicide] that is currently being done around the world." However, more than a third of the chapters are contributed by researchers from Australia and New Zealand. The book is divided into three sections: Suicide, Attempted Suicide, and Prevention.

The section titled Suicide begins with a chapter addressing the longstanding problem of the lack of a standardized nomenclature for suicide-related behavior. Two interesting contributions by Brent's group on the familial risk for adolescent suicidal behavior follow. The key role of a positive history for psychiatric disorders in parents in increasing the risk of suicidal behavior in their children is discussed in a clear fashion. However, the liability to suicidal behavior appears to be transmitted in families partially as a trait independent from any psychiatric disorder. The sad reality of youth suicide in Australia is the topic of two chapters that report interesting findings on risk factors for completed suicide among youngsters. A number of other chapters are devoted to the state of the art on suicide and suicide prevention in several countries throughout the world, including rural and aboriginal communities such as the Canadian Inuit and the Aboriginal Australians. I agree with the editors' statement in the preface that "the publication of these interesting papers will remind the reader that attitudes toward suicide and attempted suicide differ from community to community, and that we cannot take contemporary Western attitudes in the area for granted when we are thinking about the problem of suicide in other parts of the world."

Psychopathological features, life events, and psychiatric disorders associated with attempted suicide and self-inflicted injury are discussed in the section titled Suicide Prevention. Dr. Beautrais provides a comprehensive case-control study

on risk factors for suicide attempts among young people in New Zealand. This work strongly suggests that suicide attempts "represent the culmination of adverse life course sequences which have been marked by accumulation of risk factors from the domains of social disadvantage, childhood adversity, personality factors, psychiatric disorders and adverse life events." This section continues with a chapter by Kerryn L. Brain on the psychophysiology of self-mutilative behavior, which shows that the reduction of psychophysiological arousal, rather than the emotional response, reinforces self-mutilative behavior. This study suggests that self-mutilative behavior is not significantly associated with the level of psychiatric symptoms the individual is experiencing. Lil Träskman-Bendz concludes the section with a comprehensive review article on the biological markers of suicidal behavior.

The last section provides an overview of suicide intervention programs in different countries. Among many interesting strategies proposed for suicide awareness and prevention, an original idea comes from Graham Stoney, an Australian volunteer counselor who has developed a "suicide-prevention mailing list" on the Internet that currently has about 100 members. However, it is unfortunate that no chapters in this section were devoted to the psychotherapeutic and psychopharmacological approaches to the prevention of suicidal behavior.

Overall, this book, which has the strengths and the weaknesses of all proceedings, provides a good overview on the latest studies of suicide and suicide prevention and will be of interest to researchers in the field of suicidology. However, I would not recommend this volume to a reader interested in a general and comprehensive overview on suicidology.

GIOVANNI B. CASSANO, M.D.
Pisa, Italy

Euthanasia and Assisted Suicide: Psychosocial Issues, *by Samuel I. Greenberg, M.D. Springfield, Ill., Charles C Thomas, 1997, 164 pp., $53.95; $38.95 (paper).*

Dr. Greenberg, a practicing and teaching psychiatrist and psychoanalyst, brings his training and experience to bear on a difficult topic to produce a well-balanced and considerate treatise.

In addition to Dr. Greenberg's text, the reader is treated to a bonus—the foreword by Prof. Ralph Slovenko, one of the most erudite legal scholars dealing with psychiatric legal issues. Another facet of this book is that the reader can start at different points and, depending on his or her special interests, find material sufficiently cross-referenced to allow reexamination of specific issues. For the more disciplined reader, the book starts with a review of the current conflicts addressing medical, legal, religious, economic, and ethical issues. Landmark cases are then presented, and the experiences of other Western countries, including not only the Netherlands but also Germany and, most helpfully, the United Kingdom.

The author's examination of the practice of euthanasia by veterinarians and the veterinarians' emotional reactions to their actions deserves special mention. Physicians' attitudes and psychodynamics are treated with the skill and expertise one would expect from a well-trained and experienced colleague without going overboard in length or interpretation. The chapter on legal aspects is of practical value. It gives the official definitions of the types of euthanasia and the differentiation of euthanasia from assisted suicide. It also offers clear descriptions of current legal procedures—living wills, durable power of attorney, informed consent, and do-not-resuscitate orders.

The reader will be well informed about the appropriate groups and organizations, both lay and professional; considerable space and effort is devoted to define their attitudes and positions. Likewise, the author repeatedly examines public figures such as Drs. Kevorkian and Quill. A lengthy case report makes the book more readable.

Dr. Greenberg does not reveal exactly where he stands on the issues; instead, he repeatedly emphasizes their complexity and persistence. The message that the dying are not treated with compassion and dignity is repeated throughout the book. Dr. Greenberg also says that medical skills in palliative care, including but not limited to pain relief, are underdeveloped and poorly applied.

The ultimate message, intended or not, is that the solution for physicians is improved understanding and treatment of the terminally ill, dying, and agonizing patients—that is, improved medical skill in terms of sensitivity, humaneness, and knowledge.

By contrast, there is no doubt where Professor Slovenko stands: "The participation of physicians in killing people" is a corruption of the medical enterprise and the very identity of the physician. He warns of the danger of legitimizing euthanasia under the medical mantle.

The one drawback of the book is the complete lack of consideration of the views and reactions of any non-Western cultures or societies and their religions. The other great cultures and religions can offer valuable help in dealing with death and dying. Within its scope, however, Dr. Greenberg's book is a valuable contribution to a divisive issue, and it can serve as a model of restraint and understanding.

IVAN FRAS, M.D.
Binghamton, N.Y.