Book Forum

GERIATRIC PSYCHIATRY

The Clinical Neuropsychiatry of Stroke: Cognitive, Behavioral and Emotional Disorders Following Vascular Brain Injury, *by Robert G. Robinson. Cambridge, U.K., Cambridge University Press, 1998, 481 pp., $95.00.*

Robert G. Robinson, a pioneer in the field of poststroke psychopathology, has authored a timely and definitive text that brings together many diverse bodies of information in a clear, concise, and clinically useful manner.

After he reviews basic brain organization, vascular anatomy, and classifications of strokes, Dr. Robinson details the poststroke syndromes of depressive, manic, and anxiety disorders as well as other common neuropsychological sequelae, such as catastrophic reactions, pathological laughing and crying, and the aprosodias, to name just a few. Of the 481 pages of text, 282 are devoted to poststroke depression, 72 to manic and anxiety disorders, and 96 to other neuropsychiatric conditions.

For all of the syndromes, Dr. Robinson discusses the prevalence, course, clinical features, presumptive mechanisms, and treatments. He relies heavily on empirical investigations, which are both detailed and summarized in each section. He reviews the data evaluating the relationships between clinical correlates (e.g., physical or cognitive impairment, social functioning, and recovery from stroke) and the neuropsychiatric syndromes (depression, anxiety, etc.)

The volume stands as the definitive text in this field. It is easy to read, with liberal use of tables and figures. It will be especially useful for consultation-liaison psychiatrists, neurologists, and other professionals who care for patients who have suffered a stroke. Furthermore, researchers in the fields of behavioral neurology as well as mood and anxiety disorders must read this book.

In sum, this text is a "keeper," highly useful to clinicians, researchers, and trainees alike. It is a scholarly yet "reader friendly" master clinical tour de force by one of the leaders in this field. Don't just buy it. Buy it and read it.

A. JOHN RUSH, M.D.
Dallas, Tex.

Seminars in Old Age Psychiatry, *edited by Rob Butler and Brice Pitt. London, Royal College of Psychiatrists, 1998, 352 pp., £17.50 (paper).*

Mental health professionals who work in geriatric settings should find *Seminars in Old Age Psychiatry* a nifty and readable reference paperback to carry in their valise to the senior care clinic or nursing home. There is a logical organization of chapters, which focus on such topics as assessment and epidemiology as well as descriptions of the more typical disorders (e.g., Alzheimer's disease and depression) and the less typical but still relatively frequent disorders (e.g., mania and late-onset schizophrenia). There are also discussions of preferred pharmacological and psychological treatments. There are frequent boxed summaries of subjects under discussion to emphasize and repeat the narrative. For example, on page 55 there is a summary of symptoms suggestive of different types of dementia, including the following: vascular dementia has sudden onset; Pick's disease has personality and mood changes; and normal pressure hydrocephalus has the classic triad of dementia, gait disturbance, and incontinence.

Recommendations for antidepressant medication include two principles: proceed cautiously and clearly define success or failure. From my own experience, it is often important to start slowly but attempt to titrate doses up for therapeutic effect. Tricyclics are usually very reliable and cheaper than other antidepressants. There is no evidence that any drug or class of drug is superior. Side effects of tricyclics are anticholinergic; postural hypotension is the most dangerous side effect. All selective serotonin reuptake inhibitors (SSRIs) cause frequent side effects of nausea, diarrhea, insomnia, and anxiety or agitation. However, tricyclics are less well tolerated in medically ill patients. Antidepressants have also been shown to be helpful with dementia patients—monoamine oxidase inhibitors (type A and type B) are successful in improving memory and concentration. SSRIs reduce aggression and irritability. Buspirone and trazodone also are often helpful with agitation and aggression.

Among neuroleptics, haloperidol is often used but often causes extrapyramidal side effects. Chlorpromazine is not recommended because of hypotension. Risperidone, olanzapine, and clozapine are often well tolerated and have lower side effect profiles.

The chapter on psychological treatment considerations in the elderly is particularly good. Dependency, loss of sexuality, and fear of death are frequent, even common, issues. Decompensation of lifelong defenses is often part of a reason for referral. Personal warmth and kindness should always be part of therapeutic tact, but gentle and firm confrontation is often an important therapeutic tool, too.

I enjoyed this book and recommend it.

MICHAEL R. BIEBER, PH.D.
Dallas, Tex.

Clinical Geriatric Psychopharmacology, 3rd ed., *edited by Carl Salzman, M.D. Baltimore, Williams & Wilkins, 1997, 512 pp., $72.00.*

This is a scholarly textbook that provides comprehensive chapters on the clinical presentation and biological treatment of the major psychiatric disorders of late life: disordered behavior and psychoses, affective disorders (depression and mania), anxiety disorders, sleep disorders, and dementias. The treatment chapters provide a setting for describing the major classes of psychotropic medications: antipsychotics, antidepressants, mood stabilizers, benzodiazepines, and cognition-enhancing agents. These chapters follow a similar format, with a thorough review of the medication class, excellent tables summarizing the available clinical trials, clinical

vignettes, and well-organized bibliographies with suggestions for further reading. The chapters describing the various clinical conditions are also well done. I found Reisberg and Kluger's "Assessing the Progress of Dementia" to be a particularly useful synthesis of this group's work.

The clinical chapters, which are the meat of the book, are sandwiched between an excellent series of overview chapters and useful appendixes. One overview chapter, "Older Americans and Their Illnesses," provides an epidemiologic and social context for the book's focus. Another chapter, "The Aging Process and Response to Psychotropic Drugs," reviews the effect of aging on neurotransmitters, drug kinetics, and dynamics. I found the chapter by Avron on "Drug Prescribing, Drug Taking, Adverse Reactions, and Compliance in Elderly Patients" to be particularly useful because it covers behavioral and regulatory issues not usually so well summarized in psychopharmacology texts.

This is an excellent reference book, useful both to practitioners and those in training. However, it is not a "how to do it" guide. Reviewing it highlights for me the gulf between evidence-based medicine and clinical practice. Especially in a subspecialty like geriatrics, the available controlled studies, which are thoroughly reviewed in this text, do not capture current clinical practice. For example, because of the availability of studies, the section on treatment of depression includes 25 pages on heterocyclic antipsychotics and fewer than 10 pages on SSRIs and other new antidepressants. Similarly, regarding mania there are seven pages on lithium and only one each on valproic acid and carbamazepine. I know these ratios do not reflect the way I prescribe these agents and probably are not reflective of the author's clinical practice.

How to integrate more clinical wisdom into such a scholarly text remains an intriguing question. The clinical vignettes help; addition of reviews of available consensus guidelines and even "editorializing" by the author, possibly in a special section of each treatment chapter, might also help.

DANIEL LUCHINS, M.D.
Chicago, Ill.

CHILD PSYCHIATRY

Emotional Development in Young Children, *by Susanne A. Denham. New York, Guilford Publications, 1998, 260 pp., $38.95; $18.95 (paper).*

Consider the problem: We know that humans exhibit and experience affect from birth cry though agonal moan, but for the cadre of observers and clinicians who rely on spoken narrative to understand the development of emotionality, the "formative years" for child development are also the silent years. Most of what we might want to know about the early experience of affect cannot be explained or described to us by the babies and toddlers we might want most to interview. No matter how much of infantile affect is pure physiology and subcortical in origin, adult emotion also involves information derived from stored and retrieved life experience; therefore, the neocortex is involved. Most theories regarding the nature of emotion favor "sophisticated" neocortical structures over "primitive" subcortical mechanisms as the wellspring of emotion. It is the procession from innate to adult, from primitive to sophisticated, that fascinates Denham and provides the motivation for this well-written book.

The author is a highly respected researcher who has blended her own studies of small children with hundreds of others from a wide range of scholarly literature, focusing our attention on separate paths of affective maturation. How, she asks, is affect expressed over the life span? How do children understand their own experience of emotion? How do they understand the emotionality of others in social situations? What rules for the regulation of affective expression operate during each stage of development? How do all of these maturational sequences influence and correlate with social competence? Denham develops maps for each realm of affective development.

Many of the studies cited suggest that, even in the earliest years, the style of affect expression adopted by children depends greatly on parental standards and habits. Empathic capacity varies in direct proportion with parental ability to welcome, solicit, and accept the affective messages of their young offspring: "Children who are more capable of explaining emotions in conversations with parents are also more sympathetic in response to peers' emotions" (p. 39). Quite early, children develop personal styles of affect regulation, affective expression, tolerance for the affect of others, and systems for the management of the affect seen in others. All of this fits well with Kelly's hypothesis (1) that adult intimacy is dependent on a couple's ability to express affect to each other so that they can mutualize and maximize positive affect as well as mutualize and minimize negative affect. Parental management of affective expression during the first few years of life, therefore, profoundly affects our ability to achieve personal intimacy as adults. Unless some therapeutic process intervenes in the microculture so established, the faces that observe and, one hopes, mirror the cradle shape social interaction at many levels.

Scientists, too, live in cultures. It is disappointing that Denham offers as her own theory of emotion what really is Cannon's hypothesis (2) that emotion begins with neocortex-based perception, which she describes as "notable change" (figure 1.1, p. 6), and that the cognitive part of emotional experience is quite separate from or independent of the physiological. Facial display in infant, toddler, or older child, therefore, is given little attention, and the kind of emotion notable to her group is more what we might call a stable affective state than what anyone can see flickering over the face of child or adult. The intent of this book is to summarize a lot of work on the surface of emotional maturation, not the deeper significance of emotion itself or its relation to interaffectivity. The absence from this volume of reference to Stern (3) or Beebe (4) exemplifies this narrow focus, however important such an attitude may be to the development of a career in research. Perhaps necessary reading for other researchers in child development, this book might prove useful for those psychotherapists who see adult styles of emotional expression as clues to trauma or more subtle difficulty in early life.

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DONALD L. NATHANSON, M.D.
Philadelphia, Pa.

The Psychoanalytic Study of the Child, vol. 52, *edited by Albert J. Solnit, M.D., Peter B. Neubauer, M.D., Samuel Abrams, M.D., and A. Scott Dowling, M.D. New Haven, Conn., Yale University Press, 1997, 405 pp., $60.00.*

Since its first volume appeared in 1945, founded by Anna Freud, Ernst Kris, and Heinz Hartmann, the annual volume of *The Psychoanalytic Study of the Child* has remained a leading presenter of work and thought in psychoanalysis, child psychiatry, child development, and related fields. The present managing editor, Albert Solnit, with the assistance of Peter Neubauer, Samuel Abrams, A. Scott Dowling, and others, has continued a distinguished tradition of carefully selected, edited, and peer-reviewed excellence.

As some psychiatrists will have noticed, over the past 50 years the world has changed. Biological psychiatry has recently overshadowed psychoanalytic and social psychiatry. Psychoanalysis has become far less dominant in scientific thought, in child development, and in psychiatry. Over time, the contents of the annual volumes of *The Psychoanalytic Study of the Child* have somewhat embodied and adapted to these changes. In fact, it is one of the few annuals or journals whose every volume over the past half century contains articles that are still widely read, and very much worth reading.

Like psychoanalysis itself, *The Psychoanalytic Study of the Child* is probably less well-known and less widely discussed than it was a few decades ago. Some would say that psychoanalysis, and perhaps *The Psychoanalytic Study of the Child*, has too long gone along as a cloistered world, creative and fanciful, often deep, often subtle, and sometimes brilliant—but sometimes flatly wrong, often unintegrated with other relevant data and thought, and usually unprovable: a part-science world. Some might even call *The Psychoanalytic Study of the Child* a bit faded or peripheral and obsolete, or even stagnant and beside the point, in an era of biological psychiatry, genetics, epidemiology, questionnaire studies, DSM-IV, and managed care.

I am not among these severe critics. Although I do not find every article in *The Psychoanalytic Study of the Child* lively and compelling (who finds everything in any good journal lively and compelling?), I am glad the editors are both holding on and forging ahead; and I think a continuing and vigorous *The Psychoanalytic Study of the Child* is healthy and helpful for good biopsychosocial psychiatry. To me and, I think, many other readers, the present volume demonstrates the relevance, depth, and even fascination of many aspects of psychoanalytic clinical work and thought to many issues of human development, biopsychosocial psychiatry, psychology, and brain biology, as well as anthropology, sociology, history, and art.

The book is divided into five sections: Psychoanalytic Theory, Development, Clinical Contributions, Applied Psychoanalysis, and Historical Perspectives. Under Psychoanalytic Theory, we find Rosemary Balsam on "Active Neutrality and Loewald's Metaphor of Theater"; Joseph Fernando on "The Exceptions: Structural and Dynamic Aspects," which deals with character types and the attitude of justified rebellion; Thomas Freeman on "Mental Economics and Psychoanalytic Theories of Psychotic Phenomena" (a welcome if not fully persuasive look at psychosis); and Evelyne Albrecht Schwaber on the patient's psychic reality, as contrasted with other realities.

Under Development, there is a good essay on many uses of play, by Marian Birch; a thoughtful paper by Pietro Castenuovo-Tedesco on "The Psychological Consequences of Physical Illness or Defect and Their Relationship to the Concept of Deficit"; a discussion of kidnapping fantasies by Laurie S.M. Hollman; a study by Ruth F. Lax of a boy's envy of his mother as narcissistic mortification; and an ambitious but to my mind almost caricature thesis that rhythms of infancy shape aesthetic pleasure.

The Clinical Contributions section begins with what seems to me a troubling and not uncommon situation of a talented child clinician selectively pushing inadequate mid-twentieth-century ideas and clichés about pre-homosexuality and homosexuality onto a child and family; a useful paper on "Technical Issues in Adolescent Analysis," by Claudia Lament, who rather boldly and successfully uses a 55-year-old Henry James protagonist as a parallel to adolescent unsureness and growth; a paper on "Anniversary Reactions in a Five-Year-Old Boy"; and a paper on father loss and "father hunger" in an adolescent boy.

Under Applied Psychoanalysis, there is a paper by Yecheskiel Cohen on attachment and psychopathological development; a multiply illustrated paper, by Margaret R. Karp, on "Symbolic Participation: The Role of Projective Drawings in a Case of Child Abuse"; a speculative paper, also illustrated, on Cubism and Freud, by Nancy Olson; a brief and tidy paper on Huston's and Joyce's "The Dead," by Paul Schwaber; and a discussion by Inge Seiffge-Krenke of boundaries between chronically ill adolescents and their mothers.

Under Historical Perspectives, we find a useful summary of some prominent models of residential care (Anna Freud, Aichhorn, Bettelheim, Redl, and Wineman), by Bertram Cohler and Patrick Zimmerman; and an interview by Peter L. Rudnytsky with Mary Ainsworth on the origins of attachment theory, which contains useful summary nuggets.

I recommend this volume to all thoughtful biopsychosocial colleagues: it is a good and useful volume in a properly tenacious tradition.

LAWRENCE HARTMANN, M.D.
Cambridge, Mass.

SCHIZOPHRENIA

The Professor and the Madman: A Tale of Murder, Insanity, and the Making of the Oxford English Dictionary, *by Simon Winchester. New York, HarperCollins, 1998, 242 pp., $22.00; $13.00 (paper).*

For a psychiatrist, nonmedical books about psychiatric illness can be particularly painful. The amount of misinformation is astounding, and the result is often an unfortunate dissemination of opinions masquerading as absolute fact. As a result, we are hindered in our already difficult task of fostering public empathy and understanding for an increasingly disenfranchised population. However, Simon Winchester's *The Professor and the Madman* is a wonderful exception to the rule.

Mr. Winchester has written a fascinating account of a physician with schizophrenia and his voluminous contributions to the *Oxford English Dictionary.* As the story unfolds, we learn that in 1872, an American Civil War surgeon named Dr. William Minor shot and killed an innocent passerby in working-class London. As it was immediately apparent to the British authorities that Dr. Minor was gripped with a long history of at times murderous delusions, he was sentenced to the British Asylum for the Criminally Insane "until her majesty's pleasure be known."

By coincidence, Minor's sentencing roughly coincided with the beginnings of the *Oxford English Dictionary*, the monumental work that intended to list and etymologically explore the origins of every English word in existence. The editors of the *Oxford English Dictionary* recognized that they could not on their own accomplish such lofty aspirations and appealed to the public for assistance. Dr. Minor heard of their appeal and seized upon the opportunity to effect a kind of redemption through scholarship. This is not to say that such scholarship was curative. Dr. Minor remained quite ill, and Mr. Winchester is to be commended for his sensitive portrayal of both the benefits and limits to intellectual pursuits in the context of severe mental illness.

In fact, in telling Dr. Minor's story, Mr. Winchester manages to describe a very disturbed and at the same time altogether human character. Dr. Minor's upbringing and developmental history are exhaustively explored, and the description of Dr. Minor is given with a refreshing combination of curiosity and genuine respect. For example, according to Dr. Minor's medical records, he began to suffer a preoccupation with what he called "lascivious thoughts" at the age of 13, while he was residing in Ceylon with his missionary parents. Mr. Winchester muses that the Ceylonese girls who commanded Dr. Minor's attention must have "seemed a rare constant in a shifting, inconstant life." Similarly, in describing the horrors that Dr. Minor witnessed during his Civil War tenure, Mr. Winchester postulates that Dr. Minor's awful wartime duty of cattle-branding deserters with a scarred letter D psychologically unhinged and angered the young physician. "Was this," Mr. Winchester imagines Dr. Minor to have thought, "truly permitted under the terms of the Hippocratic oath?"

Thus, we are presented with a compelling series of seminal life events in the context of slowly emerging psychiatric illness. Dr. Minor "began to harbor suspicions about his fellow soldiers," fearing that they were constantly "muttering about him…goading him, persecuting him." Eventually, Dr. Minor dropped out of medicine and became enveloped by his paranoia and delusions. In telling this story, Mr. Winchester nicely describes a familiar tragic decline entirely consistent with paranoid schizophrenia. His attention to the details of Dr. Minor's life also engages the reader in an important and time-honored psychiatric debate: To what extent do severe stressful events become precipitants for eventual psychosis? How can we reconcile Dr. Minor's obvious intellectual prowess with his stubborn refusal to examine his paranoia rationally? And are we prepared as a culture to forgive a madman's horrible crimes if they are committed in the context of his delusions? "Can it ever be said," Mr. Winchester asks, "that a major psychological illness like schizophrenia, with its severe disruption of the brain's chemistry, appearance and function, truly has a cause?"

As a nonpsychiatrist, Mr. Winchester brings a freshness to this debate, and the fact that the story features triumph as well as tragedy makes the debate seem even more important. "The Victorians," Mr. Winchester notes, approached insanity with "their characteristic mix of severity and enlightenment." Dr. Minor was definitely confined to a psychiatric prison, but within his prison he enjoyed an extensive and self-purchased library, time for afternoon tea, and the assistance of fellow patients whom he employed as servants. He could participate in intellectual pursuits, and, incredibly, he formed a friendship with the widow of the man he murdered. One can feel Mr. Winchester's perplexity as he writes of Dr. Minor's accomplishments and at the same time ponders the fact that Dr. Minor "remained profoundly and irreversibly mad."

This perplexity becomes almost personal in his description of Dr. Minor's friendship with James Murray, the chief editor of the *Oxford English Dictionary*. Mr. Murray wrote,

> So enormous have been Dr. Minor's contributions during the past 17 or 18 years, that we could easily illustrate the last 4 centuries from his quotations alone.

Mr. Winchester seems to be marveling at the serendipity in the fact that Murray and Minor would meet and collaborate, while at the same time lamenting the tragedy that prevented a closer and even richer intellectual exchange. Thus, we are treated historically to one of the central challenges in psychiatry. Just as we must appreciate our patients' accomplishments and at the same time endure and empathize with their limitations, so must Mr. Winchester find solace and even reason for celebration in the fascinating achievements of an extremely ill individual.

Mr. Winchester tells his story with compassion, intelligence, and humor. Perhaps most important, the story is ultimately optimistic. For patients and physicians alike, *The Professor and the Madman* accomplishes the very difficult task of reminding the reader of the possibilities that persist in spite of formidable obstacles.

STEVEN C. SCHLOZMAN, M.D.
Boston, Mass.

Serious Mental Illness and the Family: The Practitioner's Guide, *by Diane T. Marsh, Ph.D. New York, John Wiley & Sons, 1998, 374 pp., $55.00.*

Treatments based on the idea that dysfunctional families cause serious mental illness are not only useless but have severely damaged the potential for collaboration between professionals and families (1). Family interventions that use engagement, support, education, and problem solving are among the most effective evidence-based interventions available for patients with serious mental illness (2). Effective treatments that delay or prevent relapse regard schizophrenia as a biologically based illness, do not implicate the family environment as its cause, and view families as positive therapeutic agents.

Despite unequivocal empirical support, family interventions are markedly underused (3). A recent field study (4) reported that less than one-third of patients who have contact with their families said that their families had received information, support, or advice about their illness and less than 10% said that their families had attended an educational or support program. Greater dissemination of effective models of family intervention is clearly a priority for service improvement.

Serious Mental Illness and the Family is aptly subtitled *The Practitioner's Guide.* Its goal is to assist practitioners in de-

veloping the competence needed for working with families that include an adult member with serious mental illness. Although not focused solely on empirically tested family psychoeducation, the principles of research-supported interventions are extracted and applied in a flexible and pragmatic model based on assessment of individual family needs and preferences.

Interventions can include family consultation, support, and advocacy groups (the National Alliance for the Mental Ill, for example), individual or group psychoeducation, skills training and coping enhancement, or psychotherapy for family members, as required by individual circumstances. A life span perspective emphasizes the process of acceptance and adaptation to serious mental illness in the family and provides specific insight into issues characteristically faced by parents, spouses, siblings, and offspring.

The practitioners for whom this book is written are described in a series of vignettes focused on putting theory into practice. A staff psychologist is scheduled to meet with the family of a college student who has become psychotic or with the aging parents of a middle-aged schizophrenic man; a family therapist in a multidisciplinary group practice is charged with developing a family program for a managed care contract; a social worker tries to help a couple whose marriage is threatened by the stress of dealing with their son, who has dual diagnoses; an advanced practice nurse receives a call from a patient's siblings, who live in another town but want to meet to discuss how they might become more involved in their brother's care. Chapters are introduced with such vignettes and end with simulated therapist/family process notes showing what the family session might be like. Although at times stilted and Pollyannaish, these vignettes will be useful to trainees who are apprehensive about beginning their work with the families of people with severe mental illness.

Marsh presumes that someone other than a psychiatrist will be primarily responsible for providing services to families. Indeed, the psychiatrist is conspicuous by his or her absence in the clinical situations described. As organized care settings demand greater physician "productivity," the stereotype of the distant psychiatrist who is too busy to do anything beyond prescribing medications is probably increasingly accurate. This is regrettable; it is hard to imagine any other serious medical illness in which the critical tasks of communicating the diagnosis, treatment options, and prognosis are largely delegated to other treatment team members.

Marsh's *Serious Mental Illness and the Family: The Practitioner's Guide* is an outstanding resource for clinicians in social work and psychology; it warrants inclusion as part of the core curriculum for trainees who will work with patients with serious mental illness and their families. Although the guide is nonmedical in focus, it will also be of value to the psychiatrist who defines his or her role broadly as a treatment team leader who coordinates multidisciplinary treatment efforts that include family assessment, education, and intervention.

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WAYNE S. FENTON, M.D.
Rockville, Md.

Handbook of Social Functioning in Schizophrenia, *edited by Kim T. Mueser and Nicholas Tarrier. Boston, Allyn & Bacon, 1998, 423 pp., $62.95.*

This edited book is divided into five sections: Assessment and Description; Developmental Course; Psychological Factors and Individual Differences; Social, Environmental, and Economic Factors; and Treatment and Rehabilitation.

In the first section there is a good balance among the seven chapters, with the possible exception of some redundancy between chapters 5 and 7. The first chapter, "Social Functioning in the Community," is the best of the section. It is an example of good methodology in writing a review chapter. It clearly describes a methodology applied to the conduct of the literature review. The authors clearly operationalized criteria to select instruments that have been used to assess social functioning. They come up with 16 instruments that they carefully review, including their goals and psychometric characteristics, and they provide useful examples. They also make good recommendations on when to use each specific instrument.

Chapter 2, "Social Functioning in Residential and Institutional Settings," has a good discussion on how staff's behavior affects patients' symptoms. The chapter would have been more valuable had it included more discussion of elderly patients as well as further discussion on instruments that are valuable in the assessment of psychiatric patients in institutional settings. Chapter 3, "Social Adjustment of Patients Living at Home," has a good discussion on expressed emotion. It would have been desirable, however, to include more data on the influence of families on treatment compliance and the effects that living with a patient with schizophrenia has on the well-being of families. Chapter 4, "Quality of Life," is particularly good in the discussion of the relationship between quality-of-life assessment and social functioning. There is also a comprehensive assessment of diagnostic instruments. Chapter 5, "Psychopathology and Social Functioning in Schizophrenia," has a thorough discussion on baseline symptoms as a predictor of outcome. The chapter would be improved by the addition of more discussion on the advantages of different instruments in the prediction of social outcome. Chapter 6, "Social Skills and Social Functioning," is a good review of the authors' own work at the Medical College in Pennsylvania. There are also important points made in the section on future directions. Chapter 7, "Phenomenological Perspectives on the Social Functioning of People With Schizophrenia," addresses a topic similar to that of chapter 5. The discussion on clinical approaches is particularly well covered.

Section 2, Developmental Course, would have benefited from a chapter on first-episode studies. Chapter 8, "Developmental Origins of Interpersonal Deficits in Schizophrenia," includes a description of an interesting approach taken by the authors in the use of films of families before the probands developed schizophrenia. Chapter 9, "Long-Term Outcome of Social Functioning," reviews seven major studies that have

followed patients with schizophrenia for 20 or more years. It provides a somehow less pessimistic approach than other authors have displayed regarding the long-term outcome of schizophrenia.

The next section, Psychological Factors and Individual Differences, starts with one of the best chapters in the book, "Gender Differences in Social Functioning." It carefully and critically reviews the existing literature, including psychosocial and biological aspects of gender in schizophrenia. Chapters 11 and 12 both address affect and social functioning in schizophrenia. The strength of chapter 11 is the review of different scales to measure affect in patients with schizophrenia. Chapter 12 is a good complement to chapter 11 because it focuses on patients' perceptions. The section on social knowledge is the strength of this chapter. Chapter 13, "Cognitive Factors and Social Adjustment in Schizophrenia," complements chapters 6 and 8 by the same authors; it reviews the effects cognition has on social adjustment in patients with schizophrenia.

The next section, Social, Environmental, and Economic Factors, starts with a well-written chapter on sexuality and family planning with the chronically ill psychiatric patient. The chapter stays away from technical terms and constitutes helpful reading for patients and their families. Chapter 16, "Stigma," is a well-written paper that should be read by all physicians treating patients with schizophrenia. Chapter 17, "Substance Use Disorders and Social Functioning in Schizophrenia," covers major studies in the area; the section on interventions is particularly helpful. The last chapter in this section, "Economics of Social Dysfunction," covers an area that is little-known to many clinicians and is written in clear and concise language.

The last section of the volume, Treatment and Rehabilitation, starts with a chapter on social skills training that is a good summary of the approach of Lieberman and his group at the University of California, Los Angeles. Chapter 20, "Social Functioning and Family Interventions," includes a comprehensive review of intervention studies and the prevention of relapse. It also includes a good description on clinical interventions.

The next chapter, "Cognitive Remediation in Schizophrenia," focuses on laboratory-based studies, and, of importance, it addresses the relationship between laboratory findings and interventions used in clinical settings. The strength of chapter 22, "Models of Case Management and Their Impact on Social Outcomes of Severe Mental Disorders," is that it covers approaches from the United Kingdom and the United States. Chapter 23 is a good review of the relationships between social and vocational functioning. The summary of different rehabilitation approaches, although brief, covers the main strength of each approach.

The chapter on pharmacological treatments is a good review of the literature up until 1997. It does not include studies conducted in the last couple of years with some of the new atypical antipsychotic agents. The last chapter, "Social Functioning and Challenging Behavior," is clinically focused on an important area—the management of aggression in patients with schizophrenia. It provides a number of insights of great interest to clinicians.

In summary, this handbook meets the goals of the editors in that it provides a comprehensive review of social functioning in schizophrenia. It constitutes a valuable addition to the field.

MAURICIO TOHEN, M.D., DR.P.H.
Indianapolis, Ind.

ADDICTIVE DISORDERS

Clinical Textbook of Addictive Disorders, 2nd ed., *edited by Richard J. Frances and Sheldon I. Miller. New York, Guilford Publications, 1998, 637 pp., $65.00.*

This is an excellent book. I recall the first edition quite well and have used it for teaching purposes for a number of years. I am pleased to see a second edition printed. The new version contains a considerable amount of information that was unavailable at the time of the original edition. More has been learned about specific drug receptors, and the epidemiology has been considerably improved and updated.

Approximately one-fourth of all deaths can be attributed to substance-related causes, including nicotine and alcohol. Direct and indirect costs of these addictive disorders are somewhere near $300 billion per year. These are figures reliably quoted from APA and other sources. With mortality, morbidity, and financial costs at such terrible levels, one cannot ignore the problem of substance abuse. In one way or another, addictive disorders represent an added challenge to our entire health care system. Books such as this one edited by Frances and Miller are worthwhile and welcome reading.

The book starts with a brief overview from the editors. This is well written and highly appropriate. It is followed by an excellent historical prospective on substance abuse disorders written by the esteemed Joseph Westermeyer of the University of Minnesota. A great deal of good work on substance abuse disorders has come from Minneapolis, and I cannot think of a better individual to write the historical prospective portion of the introduction. This is followed by a series of chapters on diagnostic instruments and then individual chapters on specific substances of abuse. This organizational scheme works well and results in a handy reference. My only problem with this portion of the book is that the chapters are simply not complete enough. They are well written; indeed, they are page-turners if such a thing can be said of a textbook. Yet each chapter could easily have been another 25 or 45 pages longer and still not been verbose.

The chapters in the last two-thirds of the book are dedicated to treatment issues and are also well written. They start out with treatment issues for specific populations and then go on to specific modalities. The chapter on AIDS and addictions is good and necessary for virtually all practitioners these days. The chapters on geriatric addictions and minority populations are also quite good; however, they could have been more comprehensive. I personally would have felt better about the chapter on minority populations if more had been written about substance abuse problems among Hispanic individuals, particularly those in large urban areas and those living in states that border Mexico.

Although the relative gravity of each topic can be a source of criticism, it is also one of the strong points of this book. For example, a truly comprehensive textbook on addictive disorders would easily run to more than 2,000 pages in length. By keeping this book concise and managing to keep it under 700 pages, the authors provide us with a textbook that is quick to read and easy to digest. I have found over the years that residents enjoy this book and can learn from it readily. The epidemiologic data and facts are certainly kept in decent perspective and are always adequate to the needs of the clinician. The chapters are supplemented by excellent bibliographies that allow for further reading and compensate for the individual shortness of any particular chapter. The index is very helpful, and I believe that residents will find it

quite useful for finding topics quickly. This book is exactly what it claims to be, that is, a clinical textbook on addictive disorders as opposed to a comprehensive textbook. The clinician will find this textbook useful and handy in a busy practice. As a certified addictions specialist, I have found it useful in my day-to-day practice for references and other materials. I highly recommend this book and will certainly keep a copy of it on my shelf.

JAMES ALLEN WILCOX, D.O., PH.D.
El Paso, Tex.

Double Jeopardy: Chronic Mental Illness and Substance Use Disorder, *edited by Anthony F. Lehman and Lisa B. Dixon. Langhorne, Pa., Harwood Academic, 1995, 295 pp., $39.00.*

There is no greater challenge in psychiatry today than treating patients with both major mental illness and substance abuse. The widespread prevalence of these co-occurring illnesses has been recognized since the early 1980s. As attention turned toward individuals with severe mental illness, it became clear that substance abuse was extremely common in this population and that it greatly complicated the assessment, treatment, and rehabilitation of these dually diagnosed patients. Deinstitutionalization has resulted in severely mentally ill individuals living in the community, where they have ready access to alcohol and other drugs. Another important factor is the more prevalent use and abuse of illegal drugs.

Clinicians found that treating severe mental illness was relatively clearcut, especially when treatment compliance was good, but that treating dually diagnosed patients was quite another matter. The purpose of this book is to present a state-of-the-art summary of what has been learned about the epidemiology, diagnosis, and treatment of this population as well as issues involving families, housing, legal considerations, and ways to maximize scarce funding.

This relatively brief but wide-ranging volume succeeds in addressing most aspects of the subject. Chapters on mood disorder and substance use, dual diagnoses among adolescents and in the elderly, and mental disorders secondary to chronic substance abuse give this book added depth. A number of chapters have clinical vignettes that are extremely helpful in clarifying the issues and techniques that the authors are discussing.

The first section of the book, Background and Diagnostic Issues, deals with epidemiology, ethnic and cultural factors, and assessment of substance abuse among individuals with chronic mental illnesses. The second section of the book, Treatment, deals with more practical issues. "Treatment of Substance Use Disorders and Schizophrenia," by Kate Bergman Carey, and "Dual Diagnosis in the Elderly," by Steven Bartels and Joseph Liberto, are particularly helpful. The third section, Social System Issues, includes the chapter "'Double Jeopardy': Some Legal Issues Affecting Persons With Dual Diagnoses," by Laura M. Champlain and Stanley S. Herr, which contains useful information that is hard to find elsewhere.

Although the book is generally comprehensive, it would have been useful if there had been a more in-depth discussion of the integrated service model, the parallel service model, and the linkages service model, providing more detail about what these models consist of and the pros and cons of each. These are important topics for anyone attempting to treat this population.

Overall, this book meets its objective of presenting a multifaceted review of the considerable body of knowledge that has been acquired about individuals with both chronic mental illness and substance abuse disorders. Included are practical ways of treating these patients and the social system issues of which we need to be aware. No group poses greater challenges, and this book makes an important contribution to helping us meet these challenges.

H. RICHARD LAMB, M.D.
Los Angeles, Calif.

Manual of Therapeutics for Addictions, *edited by Norman S. Miller, M.D., Mark S. Gold, M.D., and David E. Smith, M.D. New York, Wiley-Liss, 1997, 352 pp., $59.95.*

The authors and editors of this book have set out to provide a "practical guide to the effective diagnosis and treatment of alcohol and drug addiction disorders." The book is geared for use by physicians, residents, and medical students as well as nonphysician and nonmedical health care professionals.

This volume is extremely well laid out. Reading the entire book would provide a broad view of the issues involved in the diagnosis and treatment of addictive disorders. The practitioner can also read a specific chapter for the answer to questions relating to the diagnosis or treatment of one aspect of addiction issues.

The editors reference DSM-IV for all of the categories of addictions. This gives the clinician a grounding in the standard nomenclature and diagnostic terminology. The authors also present substantially wider and more useful criteria for the clinician to use as a basis for diagnoses, however. The charts and graphs throughout the book are extremely helpful and useful, whether they focus on the neurophysiology of the addicting agents, the specific doses of treating medications, or the issues of drug interaction.

There are two chapters on the treatment of comorbid medical and surgical complications of addictive substances. This section is very thoughtful and complete in reference to alcohol, cocaine, and marijuana, but it seems a bit sketchy in terms of tobacco. At this juncture, there is certainly a great deal that is known about tobacco comorbidities, and this section could have shown the completeness evidenced elsewhere in the chapter.

The chapter on cultural considerations also could have been more thorough. The subsection on Native Americans is very short and does not reference the important literature on the differences in alcohol reactions in this subgroup. There is no section on Asians and Asian Americans. This subpopulation has both genetic and cultural differences in its reactions to alcohol and the addictive drugs.

The first three parts of this book are quite medical and physiological in their emphasis. Part 4, Treatment Practices, is a very detailed description of Alcoholics Anonymous and the 12-step process. This section of the book is extremely helpful in understanding the background and basis for treatment using the 12 steps; however, there seems to be no adequate segue for the reader to know how to use all of the medical techniques described up to this point in the book as well as these self-help processes. The transition to combining the concepts is not difficult for the sophisticated reader but may be problematic for the student, nonpsychiatrist physicians,

or others who do not understand the comprehensive approach to addiction treatment.

Despite these minor issues, I think that this volume should be extremely useful for physicians and other clinicians alike.

ARON S. WOLF, M.D.
Anchorage, Alaska

Substance Abuse Prevention in Multicultural Communities, *by Jeanette M. Valentine, Ph.D., Judith A. De Jong, Ph.D., and Nancy J. Kennedy, Dr.P.H. Binghamton, N.Y., Haworth Press, 1998, 171 pp., $39.95.*

In the past decade, the U.S. Center for Substance Abuse Prevention, the leading federal agency for the prevention of substance abuse, provided funding for hundreds of demonstration prevention projects in an effort to stem the tide of substance abuse (alcohol and drugs) in the United States. This book is the story of the results of some of these demonstration projects targeted to culturally diverse populations in the United States.

The authors, all seasoned researchers, selected eight projects to report, and these reports form the substance of this volume. The chapters cover a wide range of preventive approaches, reflecting theories addressing individual and environmental risk factors thought to be contributing to substance abuse in adolescents. The target populations and the associated demonstration programs included African American adolescent girls ("Friend by PEERsuasion"), young Native American children (the Nee-Kon Project), inner-city African American families (the Safe Haven Program), Native American youths (the Logan Square Prevention Project), Asian American youths (Competence Through Transitions), urban middle schools and high schools serving predominantly Hispanic and African American students (the Urban Youth Connection Program), and a program to address the self-perception of personal and communal powerlessness of Native Americans.

The theoretical underpinning of all of these programs is that, because multiple risk factors converged to render an individual at risk for substance abuse, preventive strategies must address a range of individual factors (genetic, emotional, knowledge, attitude, etc.) and environmental factors (family, school, peer group, community economic system, and society at large). Program evaluation designs consist of pre-post test differences following the implementation of strategies aimed at reducing specific risk factors and/or enhancement of specific protective factors thought to have an impact on the incidence of substance abuse.

The challenge of cultural diversity is reflected in both the design and implementation of research strategies. Of necessity, individual programs must be tailored to meet the unique cultural and social needs of each targeted population and community. For example, among Native American groups, the Nee-Kon Project concentrated on environmental factors that place children at high risk for the development of substance abuse. It focused on building resiliency and protective factors in young at-risk Native American children by helping them bond to supportive adults and to school. Families and Head Start staff were involved in interventions designed to make home and school environments more protective. Another prevention program in the Native American community emphasized empowerment to address self-perception of personal and communal powerlessness.

In the Latino and African American communities, the Logan Square Prevention Project addressed problems associated with gang involvement, academic failure, unstructured free time of youth, and acculturation factors. A coalition of neighborhood agencies was organized to implement a comprehensive array of school-based and community-based prevention services.

The Asian American youth program (Competence Through Transitions) emphasized cultural responsiveness. Their approach tapped into the traditional values of Asian parents, who expect their children to excel in academic performance. Acculturation and competence in social transition of immigrants in the areas of social adjustment, intergeneration family adaptation, and involvement of parents and youth in school activities were stressed.

Reading through this volume, one is struck by the diversity of approaches to the challenge of developing substance abuse preventive programs for young people in diverse U.S. communities. Theories on drug abuses and prevention abound, but solid data proving the effectiveness of drug prevention program are few. Evaluation programs are also fraught with methodological challenges, as the chapter authors amply point out. The intervention strategies expounded in this volume are primarily psychosocial and multifactorial. In view of the enormous public health problem of drug abuse confronting our nation, *Substance Abuse Prevention in Multicultural Communities* offers encouraging documentation of heroic measures attempted by some ethnic communities to stem this tide of social ill. It is heartening to note that the federal government took the initiative to fund substance abuse preventive programs in multicultural communities, but more needs to be done. Teachers, scholars, professionals, and programmers interested in promoting substance abuse prevention program in diverse U.S. ethnic communities will find the experiences assembled in this volume to be useful and instructive.

ALBERT C. GAW, M.D.
Medfield, Mass.