The Brain and Mental Illness

Brave New Brain: Conquering Mental Illness in the Era of the Genome, *by Nancy C. Andreasen, M.D., Ph.D. New York, Oxford University Press, 2001, 368 pp., $29.95.*

Most psychiatrists now recognize that dysfunctions of mood regulation, perception, cognition, and behavior are medical illnesses that usually involve disorders of the brain and, frequently, other organs and somatic systems. When patients are first diagnosed as having psychiatric illnesses, they invariably have questions about all aspects of their disorders and the treatment recommendations. It is reasonable to expect that, as our field learns about the biological aspects of mental illness, our patients also will desire and expect more in-depth information about these components of their conditions. The following are samplings of questions that my patients have had about depression, the answers to which involved biologically related information:

> My daughter experiences unbearable suffering from depression. What did I do wrong as a mother?
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> After not being depressed for the first 43 years of my life, why and how did I suddenly get sick at this time?
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> Are you saying that my changing hormones during menopause could make me vulnerable to depression? How exactly does that work?
>
> Could the stress of losing my husband have changed my brain chemistry?
>
> You say that my brain is involved in depression. What actually is going on in there?
>
> Why do I have to wait so long for the antidepressants to "kick in?"
>
> You said that antidepressants treat the underlying illness of depression, rather than just "covering over" my symptoms. Does this mean that the medications will cure my illness?
>
> What are the chances that my children will "inherit" my depression?

For many years, in addition to doing my best to answer my patients' questions about the biological aspects of their illnesses in the treatment setting, I have also recommended their reading *The Broken Brain: The Biological Revolution in Psychiatry,* by Nancy Andreasen (1). Invariably, my patients have been interested in and encouraged by what they have learned. Additionally, the information and understanding gained have complemented our therapeutic work and enhanced their recoveries. Dr. Andreasen began to conceptualize *The Broken Brain* almost 40 years ago—long before her distinguished accomplishments in neuroscience research, neuropsychiatry, and as editor of this preeminent journal of psychiatry. In fact, she had not yet become a physician. At the time, she was an English professor, pregnant with her first child and seriously curious and concerned about the biology of reproduction. In *The Broken Brain,* Dr. Andreasen wrote,

> [I] knew quite a lot about the creative achievements of the human mind but nothing about the human brain and the body from which they derived.…I found myself becoming curious about how the body works and about how doctors themselves work and think.…My doctor was quite sensitive and intelligent, but he did not have time to tell me all that I wanted to know.…The books and pamphlets available to explain the biology of reproduction and the process of delivery tended to be sketchy, and they were also so pompous and paternalistic that I put them down in dismay.…I felt ever since that ordinary readers deserve more-intelligent efforts to translate the world of medicine and science into clear and readable form. This book tries to achieve that goal for my own field of specialization, psychiatry. (pp. vii–viii)

The Broken Brain was published in 1984. In that text, Dr. Andreasen established a new publishing standard for clarity and compassion in describing, in ways that are enlightening, useful, and comforting to patients and their families, the essentials of psychiatry's revolutionary return to mainstream medicine. The first portion of the book traced the early history of psychiatry and the origins of the stigmatization of the mentally ill, reviewed the competing conceptual models for understanding and treating people with mental illness, and answered fundamental questions, such as, What is mental illness? What is the brain? How does one make a psychiatric diagnosis? How do the new medications and brain imaging tests work? and What causes mental illnesses? The result of this effort is what I and many, many other psychiatrists believe to be our field's most authoritative, helpful, and influential text on mental illness for patients and their families.

Dr. Andreasen's new book, *Brave New Brain: Conquering Mental Illness in the Era of the Genome,* is much more than a sequel to *The Broken Brain.* In her new book, the author sets her sights even higher. Her lofty goal is to review and explicate the remarkable explosion of knowledge related to the neurobiology of mental illness that has occurred over the 17 years since the publication of *The Broken Brain.* Additionally, the bold new book is a powerful argument for Dr. Andreasen's controversial assertion that scientific advances, recent and imminent, will lead us to "discover a brave new world in which mental illnesses, now painfully common, become infrequent and easily treated" (p. xi). To accomplish these daunting goals, she calls on her formidable skills as a writer, teacher, clinician, and scientist scholar and relentlessly presents fascinating and relevant information—compelling evidence to corroborate her exciting thesis. Irresistibly, the reader of *Brave New Brain* becomes drawn in, involved, informed, and, ultimately, convinced.

Brave New Brain is divided into four parts. The initial section reviews the overwhelming personal and economic toll of mental illnesses. Dr. Andreasen wields an unyielding scalpel—case studies—to expose the painful disabilities wrought on patients and their families by psychiatric disorders. The case histories also reveal the frustrations resulting from stigma and the limitations placed on mental health practitio-

ners by oversimplified conceptualizations of the "causes" and treatments of mental illnesses.

In part 2, the author becomes tutor and teacher as she explains what the new scientific information has revealed about what the brain is and how it works. She moves deftly from the macro-anatomy of the brain ("It weighs just over two pounds. We each get issued only one.") (p. 41) to cellular and molecular biology ("All the physical growth or degeneration and all the physical and mental responses of that single human being are determined by DNA in the cell nucleus—as it interacts with external 'events,' from nearby changes in cell temperature to very distant ones such as the mental stress that occurs if a person is raped or mugged.") (p. 105). In addition to the first chapter, "The Brain," the two other long and remarkable chapters in this section—"Mapping the Genome: The Blueprint of Life…and Death" and "Mapping the Mind: Using Neuroimaging to Observe How the Brain Thinks"—present a current, comprehensive, and comprehensible review and reference, for both patient and practitioner, of the "new science" of psychiatry.

Section 3 provides an update of scientific advances in the four major categories of mental illnesses that Dr. Andreasen focused on in her first book: the schizophrenias, mood disorders, anxiety disorders, and dementias. Emphasis is placed on applying recent discoveries in genetics, molecular biology, cell biology, and brain imaging to enhance our understanding of these specific conditions. Dr. Andreasen offers a report card on the advances of science and medicine in the nosology, pathophysiology, treatment, and prevention of these disorders. As one would expect, she is a fair but hard grader (e.g., D+ for progress in the treatment of dementias). No reflexive flag-waver for our profession, the author takes on, for example, some of the limitations of DSM: "The scientific basis of DSM is credible. But it is not infallible. Because DSM has become institutionalized in training programs and quality assurance testing programs, it is revered too much and doubted too little.…Many research scientists are concerned that DSM criteria may limit creativity and flexibility in thinking, which may inhibit progress in understanding the underlying mechanisms of mental illness" (p. 182).

By part 4 of *Brave New Brain,* Dr. Andreasen has constructed the data-reinforced foundation from which to launch and defend her contention, "During the coming century we will combine our knowledge of the human genome and our knowledge of the brain to develop new weapons with which to wage a war on mental illness that may eventually lead to a definitive victory" (p. 317). In addition to articulating a convincing strategy about how such a war could be waged and won, the author also presents the challenging hurdles (e.g., ethical issues arising with each scientific advance) and pitfalls (e.g., psychiatrists' "overreaching" by aspiring to be agents of social change) that would impede victory. The net result of the author's argument is a vision for combating mental illness that is both hopeful and realistic.

I encourage all psychiatrists to read *Brave New Brain*. Almost magically, by centering on the recent and future scientific advances that are invigorating psychiatry, Dr. Andreasen has captured and expressed for us the immense purpose, potency, and potential of our profession. I will recommend this book to my patients and their families and to my students regularly and with unalloyed conviction. In a manner that is both lucid and involving, this book presents essential information about the understanding and optimal care for people with mental illnesses, while offering realistic and requisite hope.

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A Cursing Brain? The Histories of Tourette Syndrome, *by Howard I. Kushner. Cambridge, Mass., Harvard University Press, 1999, 303 pp., $29.95; $16.95 (paper).*

It is a bit odd to read a book about a topic that I have studied for the better part of 20 years. *A Cursing Brain?* is well written and meticulously documented. It wonderfully illustrates how the historical succession of causal explanations from early in the 19th century to the mid-1990s has transformed the categorization and treatment of motor and vocal tics and allied symptoms.

Kushner nicely captures the range of symptoms and the hazards associated with efforts to separate tics from obsessions and compulsions. This is a congenial perspective and consistent with the view that these symptoms represent a hypersensitivity to a select, but changeable, set of somatic sensations and environmental stimuli.

Edward Shorter, in his blurb on the jacket cover, states that this is "a book that families with Tourette's patients will find useful." Although this may well be true, I can only say that greater attention to the subjective experience of the Tourette sufferer would have made the book even more valuable for these families. For example, in 1980 Joseph Bliss (1) published one of the most extensive personal statements concerning the faint sensory urges that so often precede the performance of tics. An appreciation of these premonitory sensory urges can be enormously helpful for parents and educators because it will encourage them to seek the origins of tics within the complexities of somatic awareness rather than within a willful and conflicted psyche.

The occurrence of tics in bouts is another less appreciated but equally fundamental feature. Preliminary data suggest that this on-again off-again pattern of temporal occurrence is nonrandom and probably fractal in character. The result is a self-similarity in the temporal patterning of tics regardless of the time scale during which the tics are monitored, so that the bouts of tics occur in bouts and the bouts of bouts-of-tics occur in bouts. With longer time scales, such as weeks to months, the waxing and waning of tics reflects the same multiplicative process. As with the premonitory urges, an appreciation of the fractal nature of tics can be enormously helpful for physicians, parents, and educators as they decide what to do in response to the confusing ebb and flood of tics. For example, without a clear understanding of this feature, physicians risk placing their patients on new medications or unnecessarily increasing the dose of medications that will be unneeded in a matter of weeks, if not days.

In contrast, Kushner's emphasis on the key role of the Tourette Syndrome Association and the rich legacy of Arthur and Elaine Shapiro is appropriate and timely. Arthur was a unique figure in American psychiatry—equally passionate

about Tourette's and the mysteries of placebo response. He is still revered by his colleagues as the first dean of modern Tourette syndrome researchers. Indeed, having been diagnosed by Arthur is generally regarded as a badge of distinction, if not honor, by the older generation of Tourette's patients. Similarly, the impact of the Tourette Syndrome Association, Bill and Eleanor Pearl, and their daughter-in-law, Sue Levi-Pearl, is difficult to overstate. The Tourette Syndrome Association, with its enlightened determination to empower families and do the best by the Tourette patient, continues to be a model of what an advocacy organization can be. Further, its early emphasis on research and its role in convening international symposia in 1982, 1992, and again in 1999 have done much to advance our understanding of this disorder. Personally, it was in the heady atmosphere of the First International Symposium that my commitment took root. An idealizing mentor and a series of small start-up grants from the Tourette Syndrome Association nurtured this interest. Subsequently, a growing circle of articulate and challenging patients has sustained my commitment.

In several respects, I found *A Cursing Brain?* illuminating—particularly with regard to the evolving French psychiatric tradition and its continued devotion to Freudian principles. Although overstated, the insistence that "tics become an integral part of a person's psychic life" (p. 158) rings true. Further, once established, tics, like children, have a life of their own, and environmental and family factors can and do have considerable influence. A supportive family that maintains its idealization of the child despite his or her tics can expect a very different outcome from the family that is deeply embarrassed and responds with punishment and humiliation.

Kushner's belief in the potential of autoimmune mechanisms to illuminate the etiology of some fraction of tic and obsessive-compulsive disorder cases is also on target. This will be particularly true if there is confirmation of the recent observation of Joseph Hallett and associates (2) that bilateral striatal infusion of sera from a subset of Tourette syndrome patients (previously determined to have high levels of circulating antineuronal antibodies) results in the emergence of motor and vocal stereotypies in experimental animals.

My only major critique of this volume is its omissions. There is no mention of several leading investigators. In the case of the autoimmune story, the groundbreaking contributions of Susan Swedo, Henrietta Leonard, and Judith Rapoport are given little more than a footnote. The genetic studies that have spanned the greater part of the past two decades serve merely as a straw man in Kushner's account. There is a colorful history there. One could recount a contentious tale and detail the seminal roles of Kenneth Kidd, David Pauls, Donald Cohen, Roger Kurlan, and David Comings, among others.

To write a history of the cursing brain and not consider further the contributions of Edward Bird, Harvey Singer, Christopher Goetz, Mary Robertson, Joe Jankovic, Mark Riddle, John Walkup, Bradley Peterson. and Randy Sallee on one side and Ann Young, Michael Conneally, and Neal Swerdlow on the other is to pass over much of the process and scientific progress of the past two decades. Most of all, to limit the role of Donald Cohen, who first introduced clonidine treatment in the later 1970s (a drug that has since become the most widely prescribed agent to treat tic symptoms [see http://www.cw.bc.ca/mentalhealth/tic/catsdrug.asp]) to a few anecdotes is regrettable. I am biased, as he was and is my mentor. His effective leadership in the Tourette syndrome world has been instrumental in encouraging doctors to listen to patients, inspiring the formation of a formidable multidisciplinary team of investigators, and advising the Tourette Syndrome Association in many of its most successful ventures. The omission of Cohen is all the more remarkable given his longstanding effort to find a middle ground between the occasional dogmatism of psychoanalysis and the reductionistic tendencies of neuroscience. Cohen's 1982 article (3) is emblematic of his efforts to bridge this divide. Highlighting Cohen's contributions and his focus on the whole child would have balanced the scales and made for a better read as well as a more accurate historical narrative.

In sum, this is a well-written and engaging story. My version would have been different, but Kushner's account is one that is well worth reading.

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PSYCHOANALYSIS

Psychoanalytic Clinical Practice, *by Richard D. Chessick, M.D., Ph.D. London, Free Association Books, 2000, 331 pp., $30.00 (paper).*

Richard Chessick, a psychoanalyst with a Ph.D. in philosophy in addition to an M.D., is a gifted and rather prolific writer and editor. He has written books on such subjects as psychotherapy of the borderline patient, Freud and psychotherapy, how psychotherapy heals, why psychotherapists fail, Nietzsche, self psychology and narcissism, ideas in psychotherapy, listening in psychotherapy, what constitutes the patient in psychotherapy, a dictionary of dynamic concepts, and emotional illness and creativity.

The present book, *Psychoanalytic Clinical Practice,* is a selection of 16 of his papers, written over a period of several decades: "a summing up of my forty-five years of clinical and teaching experience." Such books, even if predominantly thoughtful and clearly written, as this one is, are not entirely easy to read, or to review. Much in the book is clearly worth the attention of any thoughtful psychiatrist, psychoanalyst, or other psychotherapist, but not all readers will enjoy or want to read all of it; there is healthy variety, which makes simple summary inadequate. Like other readers, I will hear the

Etchegoyen quotation with which Chessick begins the book as something of a useful warning:

> We have to accept perforce the beautiful complexity of the analytic situation and that we can never be sure of anything; we must remain receptive to the material, always attentive to the changes that can occur. The analytic process is very subtle, and we are not going to simplify it with a position taken at the outset.

Chessick is most interested in, and useful about, the psychological and psychodynamic center of biopsychosocial psychiatry. Neither sociocultural psychiatry nor biological psychiatry is much in evidence, nor is integrative biopsychosocial psychiatry. To select a focus within a larger, complex biopsychosocial field is, after all, rather parallel to much biological psychiatric writing nowadays, which usually leaves out major real psychiatric areas in order to focus on a few relatively "hard" or quantifiable biological variables. Such specialization of research focus—blinkered as much of it is—is probably inevitable in current psychiatric writing. This requires work by readers, whether the focus is biological or psychodynamic. Is that a major flaw? I do not think so—unless the reader herself or himself forgets that in the 21st century we all need to integrate any detailed study of one or another part of psychiatry into biopsychosocial understanding of whole human beings.

Chessick studies psychotherapy with a somewhat philosophical and occasionally poetic bent, quoting, among others, Rilke, Yeats, Nietzsche, and Kierkegaard. These names all seem to me attractive and relevant in context, as did Chessick's focus on Ezra Pound in his book on creativity (1). Chessick also manages to provide good data, pointed clinical examples, and self-revelatory vignettes, while retaining a healthy skepticism about our usual wish to overgeneralize:

> The hardest part…is to be willing to keep discontinuous and conflicting models in one's mind, which offends the natural and very dangerous human tendency for a neat, consistent and holistic theoretical explanation of all material, even if it is wrong.

After a useful prefatory essay labeled "What Is Psychoanalysis?" (well worth reading on its own), there are chapters titled "Psychotherapeutic Interaction," "Postmodern Psychoanalysis or Wild Analysis?" "The Two-Woman Phenomenon Revisited," "Externalization and Existential Anguish in the Borderline Patient," and "Psychoanalytic Treatment of the Borderline Patient" as well as chapters on what brings about change, adult eating disorders, and ulcerative colitis. One chapter is an inventive, risky, and to me not wholly successful dramatization (which has been staged) of a guilt-and-sex-laden psychiatric problem: "In the Clutches of the Devil." A chapter on nothingness and meaninglessness is followed by a useful report of "A Failure in Psychoanalytic Psychotherapy of a Schizophrenic Patient." These are followed by chapters on impasse and failure in treatment; the inadequacy of several major psychiatric acronyms, labels, and, implicitly, DSM-IV ("OCD, OCPD: Acronyms Do Not Make a Disease"); and contingency and unformulated countertransference. There is a chapter titled "Self-Analysis: A Fool for a Patient?" and another on Freud and archaic sadism.

Chessick's prose is clear, his energy as a writer formidable. Most psychiatrists would be usefully challenged and stimulated by browsing in, reading an essay or two in, or reading all of this thoughtful and accessible collection of essays by a clear philosophical psychoanalyst.

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Freud: Political and Social Thought, 3rd ed., *by Paul Roazen. New Brunswick, N.J., Transaction Publishers, 1999, 331 pp., $28.95 (paper).*

Another Freud book. That was my first reaction on receiving this review copy. Does the world really need another Freud book? But it turns out that this one is a reissue of a work first published in the 1960s that well deserves its continued lease on shelf space. It is a work of intellectual history and a reminder of a simpler time in that discipline; a time before it was necessary to inflict ponderous, verbose "methodologies" on one's subject. It sufficed Paul Roazen to have a few understandable theses, a crisp writing style, and an encyclopedic command of apt Freud quotes apropos of any point he was trying to make.

Freud influenced social thought on at least three separate levels. First, and probably of least enduring significance, was through his socially focused books themselves, works like *The Future of an Illusion* and *Totem and Taboo,* which—apart from *Civilization and Its Discontents,* now ensconced in the liberal arts canon—are rarely read anymore and feature farfetched notions like "the primal parricide." Freud himself shared this assessment, it seems. Roazen quotes Freud as saying that *Civilization and Its Discontents* "strikes me…as quite superfluous in contrast to earlier works which always sprang from some inner necessity. But…one cannot smoke and play cards all day" (p. 103). And of *The Future of an Illusion* he was even more blunt: "This is my worst book! It's the book of an old man" (p. 103).

A second and more important way in which Freud influenced how we postmoderns think about society has been the application of his interpretive methods (derived from the study of individual psychopathology and dreams) to the study of human cultures, be they tribal or contemporary. The appreciation of society's unconscious motivations and conflicts, and of the need to decode social structures and cultural productions such as folk myths, art, and advertising, is an extremely fertile legacy. Its details have been elaborated less by Freud himself than by such denizens of the Seine as Paul Ricouer, Jacques Lacan, and Claude Levi-Strauss (who memorably recalled his first reading of Freud in *Tristes Tropiques* [1].) It is this level of influence that keeps professional social theorists and critics reading Freud today, while few psychiatrists still do.

It is a third level that comes through most clearly in Roazen's book, first published before the French theorists at-

tained their full response from American social thinkers. This third and less academic thread figures especially in Roazen's final chapter: Freud's profound influence on the way most reflective people in the developed world think about themselves and their societies ever since he wrote. As Roazen points out, the very greatest thinkers tend to have an unresolved polarity at the heart of their work. In Freud's case, this polarity is "between the need for individual fulfillment and the necessity of social coercion" (p. 255).

Freud was a firsthand witness to the European upheavals of his time. Forced to sign a statement attesting to his fair treatment by the Nazis as he left Vienna, he wryly added, "I can heartily recommend the Gestapo to anyone" (p. 127). His unsurpassed pessimism about human nature is too strong for most Americans to take. "Men are not gentle creatures who want to be loved.…Their neighbor is for them…someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity for work without compensation, to use him sexually without his consent…to humiliate him…to torture and kill him" (2, p. 58).

But beneath this pessimism, unacknowledged, was an implication that truth, or insight, can make us free; a conflation of the moral ideas of freedom and justice with an implicit psychoanalytic ideal of health conceived as the freer flow of an individual's instincts. "We seek…to enrich [the patient] from his own internal sources…energies which, owing to repression, are inaccessibly confined in his unconscious" (p. 277).

Principally, it has been expansive Americans who have seized upon and elaborated this Romantic leitmotif in Freud, with our humanistic, client-centered, Gestalt, and self psychology movements (many of them pioneered by European expatriates). But we discard Freud's pessimism at our own peril.

Unlike many psychodynamic psychiatrists, I have never seen Freud as a personal hero, partly because of the extent to which his own glaring conflicts colored his theories. But I emerge from this book with much more respect for how well he did keeping himself *out* of his formulations. This was a man who never felt any "craving…to help suffering humanity" (p. 108) and who wrote of us human beings that "in my experience most of them are trash" (p. 245). He nevertheless provided us with new and powerful means of helping and understanding each other.

To whom should I recommend this book? Not to Freud-steeped senior analysts, who either will have read it in earlier editions or will find much of it old news. And probably not to most young psychiatrists, who with their pressing clinical concerns and more recent educations will find current books by writers such as Nancy McWilliams (3), Glen Gabbard (4), or even (in a less didactic vein) myself (5) to be of more use.

No, this is a work of intellectual history, from which one gets a better idea of what Freud really thought about society before another generation or two of Freud scholars and social theorists further submerged the vibrant, uncompromising, and often self-contradictory personality that shines through its pages.

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On Freud's Couch: Seven New Interpretations of Freud's Case Histories, *edited by Irene Matthis and Imre Szecsody; translated by Sheila Smith. Northvale, N.J., Jason Aronson, 1998, 267 pp., $50.00.*

Nearly four decades ago, my first Freud was the Freud of *Introductory Lectures* (1). Given in the winter semesters of 1915–1916 and 1916–1917, these were the last series of his lectures at the University of Vienna, which had started 20 years earlier following his appointment as Privatdozent in 1885. According to Freud (1), the audience included doctors and laymen of both sexes. The resulting volume was his most widely circulated book. I still remember the pleasure of Freud's calm, seductive, and convincing rhetoric leading me toward the understanding of parapraxes, dreams, and on to the neuroses.

The Swedish Psychoanalytical Society was stimulated by the 50th anniversary of Freud's death to present a public symposium and, shortly after, a lecture series intended for the general public. *On Freud's Couch* is the published product of this series. Six Swedish psychoanalysts revisit seven of Freud's famous cases: two from "Studies on Hysteria," Dora, Little Hans, the Rat Man, Schreber, and the Wolf Man. Like Freud's original presentations, these are seductively simple (without being simplistic) and jargon free.

The authors are acutely aware of Freud's own elisions and distortions, as well as of the complex layering of discussion and elaboration by succeeding generations of analysts, anti-analysts, and historians. They are discussing not case material but reports of case material or, in Schreber's case, thoughts about a published self-description. A "case example" is the clinician's, not the patient's. Although aware of Freud's inability to "hear" certain themes, e.g., the importance of mothers and mothering, they give him full credit for being willing to listen to hysterics (e.g., "A neurosis never says foolish things," p. 106), for his discounting of degeneration theory, for recognizing the significance of our emotional life, and for understanding that what goes on between patient and doctor is important. Perhaps most valuably, they see his work in its historical context and refuse to judge him on the basis of current knowledge. As one of the authors points out, it would be wrong to fault Billroth for not using laser surgery. The authors note the complexity of Freud's views, e.g., his "complementary series" of etiologic events, and his willingness to rethink and to rehypothesize.

The first two cases, from "Studies on Hysteria," are a charming introduction to the rest of the book. The last, on the Wolf Man, is the most complex, partly reflecting his long life and his continuing, if ambivalent, relationship with analysts and with analysis. *On Freud's Couch* is a fitting companion to the *Introductory Lectures.* Together they make an excellent introduction to the history and current status of psychoanalytic thinking. As Jonathan Lear (2) recently wrote, psychoanalysis

"is a technique that allows dark meanings and irrational motivations to rise to the surface of conscious awareness" so that they can be influenced, modified, and thereby made less disruptive. This book can make our theories more available to both lay and professional audiences.

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Unfree Associations: Inside Psychoanalytic Institutes, *by Douglas Kirsner. London, Process Press, 2000, 324 pp., $32.00 (paper).*

Psychoanalysis continues to have relevance for American psychiatry, as shown by its inclusion as a discrete segment of the *American Journal of Psychiatry* book review section. What is the contemporary truth claim for the therapy and theory that psychoanalysis offers the psychiatrist? For Douglas Kirsner, central to the answer is the way in which knowledge has been transferred from teachers to students by American medical psychoanalytic institutes during the six decades since the death of Sigmund Freud. Kirsner, an articulate scholarly writer, interviewed more than 100 influential analysts and reconstructed a detailed organizational-educational history of four important U.S. institutes. From this large oral history database he extracted generalizations indicating serious didactic deficiencies in the profession, and he now offers his remedies.

The book features comprehensive histories of the New York, Boston, Los Angeles, and Chicago Institutes and follows them from their founding to the mid-1990s. It documents massive failures to teach consistent theories and to develop scientifically proven treatments. Analytic education at all four locations failed to achieve the minimum quantitative standards of a scientific discipline or even to acquire consistent criteria for the identification of student performance typical of a fine art academy or social science university department. What went wrong? Answer: "A basically humanistic discipline has conceived and touted itself as a positivistic science while organizing itself institutionally as a religion" (p. 233).

For decades, the New York Institute worshipped its immigrant European analysts as direct descendants of Freud. In the educational air there was a "language of magic, of religious experience, of a cult, complete with ecstatic insiders and outsiders envious of Freud's genius" (p. 135). The training analysis of student candidates resembled a "master-apprentice" model of teaching, and the revered senior analyst acquired an autocratic, almost aristocratic aura. The latter's theories and clinical style signified absolute truth. Such a model stifled innovation, skepticism, and objective self-scrutiny. Protesters and dissidents emerged who founded the Columbia Psychoanalytic Institute.

In 1974, an internal conflict at the Boston Institute and its associated Psychoanalytic Society led to a dispute between Freudian orthodoxy emphasizing pure scholarship and a group desiring a university identity. This dispute produced major leadership splits and led to secession by a dissident group that founded the Psychoanalytic Institute of New England. In Los Angeles "there was a fratricidal battle between the scholarly Rangell (who in 1946 described the state of Los Angeles psychoanalysis as "golden as the southern California sun") and the charismatic, glittering Greenson, Marilyn Monroe's therapist. The battle's characteristics resembled aspects of the city of Los Angeles itself, which Kirsner says is "ill-defined in appearance, has a number of ecologies, no easily recognized center, and appears to lack the comfortable unity of a normal city" (p. 231). During the 1990s, internal dissension resulted in the painful birth of a second major institute.

The characteristics of the Chicago Institute are also compared to Chicago, a "city on the make," and the "city of broad shoulders." The Chicago Institute sanctioned the establishment of an authoritarian leadership directed by an "oligarchy of director and institute staff" (p. 113). During the 1990s, a powerful director (who was also a former president of APA) exploited a patient financially, and the consequent legal charges precipitated a governance crisis. National economic problems for psychoanalysis, however, including a legal challenge by American Psychological Association analysts, forced the new institute leaders to cling together. Even a conflict between traditional Freudians and a strong new group of analysts dominated by the thinking of Heinz Kohut did not result in splintering of the institute but led instead to its current successful democratic administration, which prizes diversity.

Can psychoanalysis in the 21st century lay claim to the legitimacy and efficacy that medicine attained during the 20th century by incorporating basic sciences like chemistry and by doing controlled variable outcome studies? Recently, Bucci (1), in search of a "psycho-dynamic science," requested empirical research capable of mobilizing normative data that can be compared with the material of valid taped case histories. Such a grand proposal has little chance of success because statistical studies of psychoanalysis so far have yielded trivial results, and funding for even pilot research into treatment outcome is feeble.

Kirsner wisely avoids any such utopian solutions to the educational problems of psychoanalysis while proposing specific remedies: 1) end the requirement for "training analysis" or completely separate an educational analysis from a treatment analysis, suggested earlier by Thoma (2). 2) Establish public procedures for selection of institute leaders through democratic voting. 3) Evaluate students by using elected, not appointed, analyst judges and include a referee not connected with the analytic institution. 4) Establish a student performance assessment system like that of a fine art school or college department of history. 5) Promote a university-like atmosphere of critical inquiry and skepticism.

This completely persuasive book shows such objectivity and scholarly intensity that its clear assessment of the status of psychoanalytic education at the end of the 20th century must be valid. Leaders of American psychoanalytic institutes, take heed!

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BIOLOGICAL PSYCHIATRY

Psychoneuroimmunology: Stress, Mental Disorders, and Health, *edited by Karl Goodkin, M.D., Ph.D., and Adriaan P. Visser, Ph.D. Washington, D.C., American Psychiatric Press, 2000, 403 pp., $55.00.*

Psychoneuroimmunology is an edited textbook on this important but daunting subject, comprising 11 chapters on various aspects of immunology and their possible connections to the brain. The book is part of the Progress in Psychiatry series, a collaboration between the APA's Annual Meeting Scientific Program Committee and the American Psychiatric Press.

The amount of information on the subject continues to grow. Increasingly, there is more science and less speculation. Many of the ideas of the past in regard to psyche and soma can be better confirmed by sophisticated laboratory data. Many of our ideas from the past turn out to be true. One author points out that "during ontogeny, the neuroendocrine system and the immune system develop in mutual dependence. Consequently, dysregulation in one of these systems induces changes in the other." After birth it is more chronic than acute stressors that make the difference. The majority of the chapters are concerned with changes that occur with HIV-1 infection. There is copious research available. The chapters on dementia and bereavement are helpful and quite compelling. The dementia chapter gives a thoughtful approach to dementias as a whole, pointing out that cortical and subcortical types have quite different presentations. Likewise, the subject of bereavement in HIV-1 infection is well outlined. Some of the ideas would be helpful in other types of bereavement.

The subject of cancer merits three chapters. It is important to know whether tumors are immunogenic. Virally induced tumors apparently are "most likely" immunogenic, whereas chemically induced tumors most likely are not. Surgery, blood transfusions, and chemotherapy and radiotherapy may affect the immune system. Psychotherapy, relaxation therapy and guided imagery may be of help to patients suffering with cancer, in view of the immune response with cancer. Some studies have suggested increased survival time with psychological intervention. According to the chapter authors, factors affecting immune status can include aging, chronic infection and inflammation, cancer, surgery, malnutrition, overtraining in athletes, noise, smoke, pollution, alcohol, loss of a spouse, unemployment, marital discord, disruption of social support, anticipation of a cancer diagnosis, or caring for a loved one with Alzheimer's disease. Quite a list. It is important to remember that exposure to chronic stress does not necessarily result in immunosuppression but may lead to adaptation.

Although there is much to be learned, there has been much progress. It is easier to look at natural killer cells and CD4 cells than to devise the appropriate psychotherapy. It is easier to look at the effects of psychiatric medications than to look at the effects of psychotherapy. Markers are hard to come by. The potential is enormous. It seems more intuitive to use psychological techniques with people infected with HIV-1 than with those suffering with cancer. The former would likely be more receptive. It seems clear that much could be offered to both groups.

The use of an edited approach that makes use of the expertise of several research groups as opposed to a standard comprehensive textbook works well for this book. Much of the information is so tenuous that too much information in sequential form would be difficult to digest. Chapters on cardiology and pollutants would have been interesting and timely. In addition to those particularly interested in this field, the book would be helpful to general psychiatrists both in terms of what might be happening to the general patient and in terms of exploring new ways of using the psyche to heal the body. I found the information on the potentially toxic effect of psychiatric medications on cancer patients to be most thought provoking. This is a well-written compilation of papers on the current state of knowledge in the field.

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Transcranial Magnetic Stimulation in Neuropsychiatry, *edited by Mark S. George, M.D., and Robert H. Belmaker, M.D. Washington, D.C., American Psychiatric Press, 2000, 320 pp., $49.00.*

The 20th century saw two major revolutions in the somatic treatment of psychiatric disorder. First, ECT, which was developed in the 1930s, was shown to be effective in treating mood disorders in the 1940s. ECT remains the single most effective treatment for moderate to severe mood disorder. Second was the pharmacological revolution of the 1950s. It led to the development of a number of agents to treat schizophrenia, the anxiety disorders, and the mood disorders. Their effectiveness has been confirmed in numerous studies over the past half century.

The dawn of the 21st century has seen the emergence of two new potential somatic treatments for psychiatric illness, vagus nerve stimulation and transcranial magnetic stimulation, the subject of the book under review. This edited volume provides an excellent introduction for students, clinicians, and researchers wanting to learn about transcranial magnetic stimulation. It begins with chapters reviewing the history and physics of the procedure that are informative and accessible to readers who have no expertise in electrophysiology and provide an appreciation of the methodologic limitations of the current technology. The remainder of the book comprehensively reviews studies done through 1999 using transcranial magnetic stimulation as a probe to understand basic brain neurophysiology and as a therapeutic agent. Although more data need to be accumulated, the evidence reviewed in this book supports the safety of this procedure as a technique for examining brain function, particularly for briefly interrupting the function of specific brain regions but also as a probe for examining neural plasticity and connectivity.

Clinical studies done to date suggest that transcranial magnetic stimulation may have efficacy in treating mania and depression, but they also demonstrate that it will not help patients with idiopathic movement disorders or stuttering.

However, follow-up studies and comparisons with existing therapies (pharmacological and ECT) are needed before conclusions can be made about its comparative efficacy.

A major strength of this volume is that most chapters clearly lay out the limitations of the work done to date. Many of the studies have been small, some are uncontrolled, and no large randomized, controlled trials have been reported. What is striking from these chapters is that the study of transcranial magnetic stimulation is developing in a rational, scientific manner with very few unsubstantiated claims. Its potential applications as a basic research tool and as a clinical therapeutic tool are exciting, but it is too early to determine if it will enter the clinical armamentarium or become a valid method of studying brain function. This volume is an excellent introduction to its potential uses and to the research that needs to be done before it is made widely available for either clinical or research practice.

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Disorders of Appetite and Reward Systems

Eating Disorders: A Guide to Medical Care and Complications, *edited by Philip S. Mehler, M.D., and Arnold E. Anderson, M.D. Baltimore, Johns Hopkins University Press, 2000, 200 pp., $38.00; $18.95 (paper).*

This book is a handy reference for busy practitioners who need to know the bottom line quickly in the medical care of patients with eating disorders. This book consists of 15 chapters covering diagnosis, medical evaluation, and specific medical problems in eating disorders. Each chapter begins with a list of common questions and has numerous tables, referred to as "boxes" in the book. In most chapters the boxes consist of valuable, concisely presented facts for the reader. In a few chapters, however, the contents of the boxes are rambling and redundant.

Several chapters are especially useful and deserve special mention. Chapter 3, on the medical evaluation of the patient with an eating disorder, is well written and well organized and presents concise and practical information for the busy practitioner. There are expedient rules for refeeding in the chapter on nutritional rehabilitation.

Although the chapter on electrolyte abnormalities gives sound medical advice for repletion of electrolytes, it does not emphasize that the most effective way to correct chronic electrolyte abnormalities is to prevent purging behavior. The chapter on cardiovascular risks has some fine illustrations with excellent case examples and well-written, concise tips for dealing with cardiac complications. A useful algorithm in chapter 8 guides the physician through a reasonable approach to the treatment of osteoporosis in anorexia nervosa. All of the chapters have case examples, which are helpful and very upbeat, since all of the case reports have good outcomes. A chapter devoted to treatment failures and concomitant medical issues would have added a more comprehensive perspective of the medical care of eating disorders. A cheerleader approach to the treatment of eating disorders is advantageous for the physician because it is likely that many of these patients will require repeated medical interventions.

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Beyond the Influence: Understanding and Defeating Alcoholism, *by Katherine Ketcham and William F. Asbury, with Mel Schulstad and Arthur P. Ciaramicoli, Ed.D., Ph.D. New York, Bantam Books, 2000, 355 pp., $13.95 (paper).*

The authors of this book are a professional writer of nonfiction, a journalist, an alcoholism activist, and a clinical psychologist, respectively. They wrote this book for the general public as a sequel to *Under the Influence,* co-authored by Ms. Ketcham and James R. Milam, Ph.D., and first published in 1981.

The authors of *Beyond the Influence* vigorously argue that alcoholism is a disease, not a behavior problem. They contend that theories explaining alcohol addiction as a consequence of personality flaws or stress have impeded effective prevention and treatment. They freely discuss their personal experiences or those of loved ones. Former Senator George McGovern, who lost an adult daughter to the disease, wrote the foreword. The authors also try to put to rest the notion that an alcoholic can drink at all. I thought that their discussion of the distinction among social drinking, problem drinking, and alcoholism was particularly well done.

This is not a volume for the psychiatrist's library. We should already know what is in it. We should, however, recommend this book for reading by anyone who drinks or who will drink alcoholic beverages. It is easy to read. It is not a scientific work but one of investigative journalism, filled with vignettes, brief case histories, and quotations from wise men and women through the ages. The work of prominent psychiatric experts such as George Vaillant and Marc Schuckit is freely cited. The text is made easier to read by the fact that references are given at the end of the book and cited by chapter and page.

The authors take on the "booze merchants" and the advertising industry for encouraging everyone to enjoy alcohol even though they know very well that there are people who should never do so. Individuals who are destined to become alcoholics are physiologically different from the rest of the population. Business interests perpetuate the idea that alcohol addiction is the result of foolishness and abuse of drinking. The fact is that there are legions of people who are powerless over their alcohol use.

The book is divided into three sections: The Problem, The Solution, and The Future. The authors contend that physicians who rely strictly on DSM-IV criteria woefully underdiagnose the disease. One of the co-authors presents his drinking history to illustrate that point. The chapter on the solution, i.e., prevention and treatment, reminded me of a 1997 book by a psychiatrist, Robert L. Dupont, titled *The Selfish Brain* (1, 2). Dupont advocated reliance on 12-step, abstinence-based programs as the sine qua non for the solution to any addiction.

The authors are not optimistic about the future in view of the profits to be made in the sale of beer, wine, and spirits. This book is about the early education of those at risk for addiction and out-of-control drinking.

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PERSONALITY AND PERSONALITY DISORDERS

Neurodynamics of Personality, *by Jim Grigsby, Ph.D., and David Stevens, Ph.D. New York, Guilford Publications, 2000, 425 pp., $42.50.*

I am reminded of D.W. Winnicott's statement that there is no such thing as a baby, it is the mother-child relationship that is significant. Similarly, it is not the brain, the mind, or the environment that is responsible for the formation of personality and psychopathology. Each of these is important, but it is their interrelationship that needs to be understood.

This concept is the major contribution of this book, which explores the interaction of neurobiological, genetic, chemical, and psychosocial factors. These factors operate in a complex, nonlinear system and need to be studied in relation to one another. To do otherwise, to feel one has the sole true answer, is to err on the side of being reductionistic and simplistic. For example, some investigators attribute depression simply to a chemical imbalance and dismiss other factors. Chemical transmitters and hormones are important, but their production is stimulated by the brain, which in turn is influenced by the environment. Again, the book emphasizes the importance of the relationship among all these factors rather than any single element out of context.

The authors point out that the brain is constantly influenced and regulated by its environment, which influences synaptic connections in the brain from the cradle to the grave. This plasticity of the brain is beneficial in that it increases our chances for adaptation and survival by meeting changing environmental demands. For example, visual and auditory neural networks need to be established between the brain and the environment during critical periods of infancy to ensure functioning of vision and hearing. In addition, attachment, gender identity, and learning language during infancy require interpersonal relations. In adults, sensory deprivation, jet lag, circadian rhythms, and paraphrenia in older people with visual or auditory impairment are other examples of the interaction of the environment and the functioning of the brain.

The beauty of this book is that it is itself interdisciplinary: the first author is a research scientist and the second a clinical psychologist and psychoanalyst. Both are from the University of Colorado Health Sciences Center. They comprehensively cover a great deal of research, stating that this book is directed toward "presentation of the model, not with a detailed discussion of how it might be applied clinically." However, understanding the neurobiological basis of how the brain functions gives us a better understanding of the mind and how we as clinicians can be more effective with our patients.

The authors discuss the development of the procedural (implicit) memory system during early child development. Procedural memory involves our motor and cognitive skills, perception, and much of our character and behavior, which are unconscious. Language develops several years later in childhood and forms the declarative (explicit) memory system, which is conscious. Declarative memory is both episodic, recalling personal events, and semantic, remembering objective facts. These two memory systems in the brain, declarative and procedural, appear to validate Freud's topographic model of the mind.

In terms of treatment, the authors note that much of our character and behavior are products of procedural learning, which are automatic, repetitious, and unconsciously enacted in therapy. The authors suggest that when patients enact these character traits, the traits can be pointed out repeatedly once a therapeutic alliance is established. Neurobiologically, the prefrontal cortex can then gradually modify procedural learning. The work of Sandor Ferenczi and Wilhelm Reich, who recommended a more active psychoanalytic treatment approach than Freud, is also discussed. It must be noted, however, that Freud himself felt that working with the transference and with resistance, which are enacted unconsciously, is more important in psychoanalytic treatment than intellectual insight. We need to listen to the music and not only to the words, as in free-floating attention.

When unconscious enactments are brought into consciousness, declarative memory may be able to modify procedural memory. Other areas of unconscious enactment of procedural memory that the authors do not mention are projective identification and nonverbal communication, which in turn can influence countertransference. This book provides empirical support for the value of working with these unconscious enactments in treatment. In addition, a long time and repetition are required for procedural learning to change, which makes the process of working-through in long-term therapy understandable.

Neurodynamics of Personality covers such topics as synaptic plasticity, modularity of the brain, neural networks, physiological state and the biology of emotion, temperament, primate studies, functional systems, regulation of behavior, development of character, and biology of the self, including split-brain studies. This book is a valuable contribution, especially for those psychiatrists who wish to gain a detailed and comprehensive knowledge of the neurobiological functioning of the mind and are interested in the development of a scientific foundation for psychiatry.

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The Personality Disorders: A New Look at the Developmental Self and Object Relations Approach, *by James F. Masterson, M.D. Phoenix, Ariz., Zeig, Tucker, & Co., 2000, 276 pp., $35.95.*

In this compact volume, Dr. Masterson invites the reader to look back and review his early formulations regarding the psychodynamic treatment of borderline personality disorder and related psychopathologies and presents his current thoughts on the status of his model. Indeed, the primary focus of the book is a revisitation of his 1972 model, originally

presented in *Treatment of the Borderline Adolescent: A Developmental Approach* (1). Dr. Masterson places considerable emphasis on both integrating the model advanced in his previous monograph with contemporary developments in psychodynamic models of severe personality pathology (e.g., Kernberg, Kohut) and on differentiating it from the same models. Dr. Masterson also touches on other more recent developments in our understanding of severe personality disorders, including Linehan's behavioral approach, in terms of treatment.

The developmental emphasis in Dr. Masterson's rich thinking about borderline psychopathology is unmistakable and much appreciated. His model as well as those of Kernberg and Kohut has always maintained a prominent developmental thrust, and the relevance of this vantage point becomes only clearer with the accumulation of empirical data on both the effects of trauma and the development of neurobiologically based affect systems.

Perhaps the greatest strength of this volume is in the exceptionally rich case history material and the explicit focus on the diagnostic approach and therapeutic process in a number of interesting cases. This material is contained in parts 2 and 3 of the volume and takes up approximately 200 pages. Part 2 addresses diagnostic issues from the standpoint of Dr. Masterson's model, and part 3 is concerned chiefly with psychotherapeutic process and case material. Such abundant clinical material will serve as a useful guide to those seeking to see just what it is that Dr. Masterson takes as his focus in work with severe personality pathology.

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PSYCHOPATHY AND VIOLENCE

The Clinical and Forensic Assessment of Psychopathy: A Practitioner's Guide, *edited by Carl B. Gacono, Ph.D. Mahwah, N.J., Lawrence Erlbaum Associates, 2000, 528 pp., $49.95.*

Psychopathy is a construct that arises out of the writings of Cleckley, particularly his book, *The Mask of Sanity* (1). It has been explored further by the use of the Hare Psychopathy Checklist—Revised (2). The concept of psychopathy differs from the DSM-IV diagnosis of antisocial personality disorder in a number of ways, particularly in that the DSM-IV criteria have a more limited focus on a social deviance/criminal activity model. The criterion of lack of remorse in DSM-IV comes closest to the aspects of personality highlighted in Cleckley's construct of psychopathy. The Cleckley psychopathy criteria focus on 16 personality traits reflecting the psychopath's deceitfulness, impulsiveness, pathological interpersonal relationships, and irresponsibility. The Hare checklist, a 22-item checklist consisting of an interview and review of collaborative data based largely on the Cleckley criteria, has proved to be a useful research tool in settings where a large percentage of the study group meet the criteria for an antisocial personality disorder diagnosis. Psychopathy can be diagnosed by using the Hare checklist in a subset of those diagnosed with antisocial personality disorder and even in those not meeting these criteria. In particular, the Hare checklist has been proven in several studies to have robust predictive value for violent recidivism.

This volume was conceived after high levels of interest in psychopathy persisted into late-night group discussions after an Advanced Studies Institute on psychopathy supported by the North Atlantic Treaty Organization. The result is a multiauthored text by leaders in the field of psychopathy assessment, with important contributions by the editor, Carl B. Gacono.

This compilation is divided into three sections. The first, Conceptual Contributions, focuses on the construct of psychopathy, how it differs from the DSM-IV diagnosis of antisocial personality disorder, and its different manifestations in children and adults. The Hare checklist, a key assessment tool for the psychopathy construct, is reviewed in detail. Also included in this section are chapters on information processing deficiencies and the emotional experience of psychopaths. The second section of the book, Clinical Issues and Applications, focuses on assessment of psychopathy, primarily using the Hare checklist, and clinical aspects of the assessment process. Risk assessment and detection of malingering and deception are some of the particular areas that arise with this population. The final section addresses a number of special applications of psychopathy assessment, including the areas of manipulation at work, substance abuse, sexual aggression, criminal lifestyle, and hostage negotiations.

The chapter on the Hare checklist offers an introduction for readers who are not familiar with this research tool. The 22 questions on the scale can be divided into two sets of factors—interpersonal/affective dimensions and social deviance. The use of the Hare checklist requires specialized training, which is beyond the scope of this book. Reliability and validity of this test have been established. Having a reliable and valid test has allowed meta-analyses to be conducted on of a number of independent studies using the Hare checklist to examine psychopathy's role in different forensic settings.

This volume is part of the Personality and Clinical Psychology Series, edited by Irving B. Weiner. As the titles of the book and the series imply, the primary audience is the psychologist in a forensic setting. For other professionals who work in forensic settings, or have an interest in the applicability of the psychopathy construct, there are some helpful sections on clinical applications. Studies and meta-analyses of studies offer interesting empirical data about aspects of psychopathy. The chapter on psychopathic manipulation at work may interest anyone who has dealt with dysfunctional organizational dynamics centered around a controversial employee. Such psychopaths exhibit psychopathic personality traits without committing criminal acts. Instead, they present as co-workers initially liked by everyone but, over time, often generate camps of strong supporters and detractors, creating havoc in the organization. Also helpful to clinicians is the information on malingering and deception related to psychopathy. Overall, however, this volume's focus on assessment limits its usefulness to those who are trained to administer

the Hare checklist or other psychological assessment tools or are familiar with their application.

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Understanding and Treating Violent Psychiatric Patients, *edited by Martha L. Crowner, M.D. Washington, D.C., American Psychiatric Press, 2000, 192 pp., $34.50.*

Underpinning the appearance of this timely collection of nine essays on different aspects of violence and psychiatric disorders is the belief that, for the most part, violent patients are poorly understood and haphazardly managed with an emphasis too often on containment and control rather than on painstaking analysis and humane and effective treatment. As the title makes plain, understanding the mainsprings, context, and precipitating and perpetuating factors at the core of psychiatric violence is an essential starting point if the treatment of psychiatric patients who behave violently is to match in sophistication and quality the care provided to their nonviolent counterparts.

In general, the collection lives up to its declared objectives. There are useful and balanced contributions on the pharmacological treatment of violent adult inpatients, on the assessment and treatment of seriously aggressive children and adolescents, on violence and dissociation, and on current understandings of impulse control. There is much that is compassionate, sensible, and practical, not least the repeated emphasis on the need for clinicians to learn the point and purpose of any particular assault if repeated episodes of violent behavior by disturbed individuals are to be prevented.

The ambiguity and uncertainty of modern psychiatry's engagement with the issue of violence surfaces, however, when the rather different issues of physical restraint and seclusion are considered together. There is the somewhat ritualistic insistence that seclusion should not be used as a substitute for treatment, as a punishment, or as a response to obnoxious behavior. The distinction between seclusion as punishment and seclusion as "a contingency in the behavior therapy of dangerous behaviors" (one of the indications for the use of seclusion advocated by APA's 1985 Task Force on Seclusion and Restraint [1]), however, is often more apparent to the therapist than to the patient. It is interesting to note that New York State does not permit the seclusion of mentally retarded patients. One wonders what would happen to modern psychiatry if the use of seclusion was ruled impermissible in the treatment of the mentally ill.

The collection concludes with a characteristically sober and economic review by John Monahan of the evidence linking psychiatric disorder and violence. That mental illness is a risk factor for violence in the community now seems established, but the degree of the risk remains arguable. Most studies suggest it is small, certainly when compared with factors such as socioeconomic status and a history of violence. Monahan wonders whether earlier hospitalization, looser criteria for involuntary commitment, and the removal of the right of committed patients to refuse medication might prove useful contributions to the reduction of psychiatric violence in the community. Whatever the outcome of such debates, the fact remains that just as efforts to destigmatize psychiatry become more robust and energetic, growing public and professional concern about violence threatens to turn us back to an era of straitjackets, cells, manacles, and incarceration. This volume provides a useful and sober corrective to extreme positions and is a most useful guide to practitioners in daily clinical contact with highly distressed and disturbed patients.

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SUICIDE

Comprehensive Textbook of Suicidology, *by Ronald W. Maris, Alan L. Berman, and Morton M. Silverman. New York, Guilford Publications, 2000, 700 pp., $75.00.*

This book? Grab it! It is an indispensable addition to any mental health professional's library. Although called a textbook, it could as well be termed an encyclopedia (except Evans and Farberow already claimed that title [1]). It is a compendium of knowledge regarding suicide and is the best work of its nature I have read. In addition to its remarkable breadth, it has numerous other strengths: the authors are all unquestioned authorities, and the book is more authored than edited. This allows for more consistency of style than the typical edited book (while cutting down on repetitions). Although a number of chapters are "contributed," the primary authors were judicious in their selections so that these chapters are as strong as their own. I particularly liked the authors' frequent use of boxed clinical examples to illustrate issues and dilemmas. Each chapter concludes with a brief annotated bibliography of suggested readings, and the references grouped at the end of the book are quite extensive.

Maris, a sociologist, directs the Center for the Study of Suicide at the University of South Carolina. For many years the editor of *Suicide and Life-Threatening Behavior,* Maris has also been President of the American Association of Suicidology. He is known for setting a high scientific standard, and his large bibliography attests to his wide-ranging interests in suicidology. His editing skills are particularly apparent in the present work. Berman is the Executive Director of the American Association of Suicidology and was a professor of psychology at American University. Like Maris, he is a prolific author on the topic of suicide. Silverman is the current Editor-in-Chief of *Suicide and Life-Threatening Behavior* and is an associate professor of psychiatry at the Pritzker School of Medicine. He recently chaired the national advisory committee on suicide prevention, which made recommendations to the Surgeon General, Dr. David Satcher, regarding a national suicide prevention strategy.

The book is divided into five sections. The first is an introduction comprising four chapters presenting a general review/overview of suicidology and reviews of theories, methods, and the history of suicide. The second section is focused on epidemiology and includes a contribution by Steven Stack with an employment/economic focus and another by Bruce Bongar et al. addressing family and interpersonal issues. The third section considers psychiatric, medical, and biological factors in suicide and includes Brian Tanney, Mark Goldblatt, David Lester, and Robert Plutchik as contributing authors. Part four addresses additional suicide-related issues such as indirect self-destructive behavior (a chapter written by the authors and N. Farberow); ethical, religious and philosophical issues, assisted suicide, malpractice, and institutional liability matters. The final section has chapters on treatment and prevention strategies and on survivors of suicide.

There are so many excellent chapters that it is difficult, perhaps arbitrary, to single out especially good ones. Since I do a fair amount of suicide forensic work, I found chapter 20 to be a most interesting and superlative overview on suicide and the law. Similarly, I think the seventh chapter, "Racial, Ethnic, and Cultural Aspects of Suicide," is unusually strong and important.

Is there nothing to be critical of in this major work? Sure, but my criticisms reflect more my personal biases and perspectives than substantive scientific issues or disagreements. For instance, although part 3 is entirely about medical and psychiatric issues, and chapter 16 is devoted exclusively to the biology of suicide and is quite good, it read a bit like "faint praise" to me. I was somewhat disappointed in its lack of a sense of excitement about where we are poised in regard to new findings on the genetic bases for depression and suicide and our current and imminent abilities to treat them pharmacologically. I am more sanguine than the authors in this section appear to be regarding the enormous potential of psychiatry to have a substantial public health impact on both depression and suicide. Its very succinctness suggested undervaluation. To be fair to the editors, however, their rigorously scientific stance mandated even-handedness, and their insistence that theory does not equal fact mandated their skepticism.

I was also less enthralled by parts of chapter 9, "Marriage, Family, Family Therapy, and Suicide," which provides, for instance, a list of the requisite characteristics of family therapists that amounts to a citation of platitudes. I was also disappointed to read once again of Vince Foster's suicide (chapter 11) with a lack of emphasis on depression as the ultimate culprit—and this in a sophisticated textbook on suicide!

However, this is a huge book in scope and to hunt for further nits is nuts. It is a marvelous work, a tour de force on suicide, and a text or reference work to be cherished. The authors indicate their wish for feedback from their readers and their intent to frequently update the book; they should be applauded for both.

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The Harvard Medical School Guide to Suicide Assessment and Intervention, *edited by Douglas G. Jacobs, M.D. San Francisco, Jossey-Bass, 1999, 704 pp., $59.95.*

This book is the first volume in a new series from Harvard Medical School. The main objective of the editor, an associate clinical professor of psychiatry at Harvard Medical School, is to be the definitive guide in handling the crucial life-and-death challenges presented by suicidal patients. The book primarily evolved out of a 2-day conference held at Harvard Medical School in 1997 on the topic of suicide. Many of the authors of chapters were active participants in this conference.

Although it is not meant to be considered as presenting the standard of care, this guide is designed to help clinicians in their assessment and care of suicidal patients. The book is quite voluminous and, therefore, has some overlaps among several of its chapters. It also has a unique feature that I very much liked: a section on "implications for the clinician" that appears at the end of every chapter. I found this unique feature of much interest and practicality, offering a succinct review of the clinical relevance of each chapter. This section is especially practical given the size of the book. I definitely found it very useful and creative.

The book is composed of three parts. Part 1, Assessment, comprises 13 chapters, all of which address important issues in the assessment of suicide, including epidemiology, community approaches, lethality, neurobiology, self-mutilation, and murder-suicide. Part 2, Intervention, is composed of 10 chapters addressing suicide interventions in different psychiatric disorders, suicide and trauma, ECT for suicidal patients, and the treatment of suicidal patients with pharmacological agents and in inpatient settings. Part 3, Special Issues, encompasses eight chapters focusing on suicide among children and adolescents and in the elderly as well as suicide prevention contracts, assisted suicide and euthanasia, liability issues, and suicide in medical settings and in primary care settings. Unfortunately, part 3 does not address the topic of suicide among ethnic minority populations in the United States, a topic that has recently been extensively brought into the medical literature and is relevant in view of the pluralistic aspects of U.S. society (1). This is certainly a major gap in this very comprehensive book.

In summary, I enjoyed reading this compendium of excellent clinical and investigative contributions made by a highly respected group of experts and scholars on the topic of suicide. It definitely should be read and kept handy in one's library.

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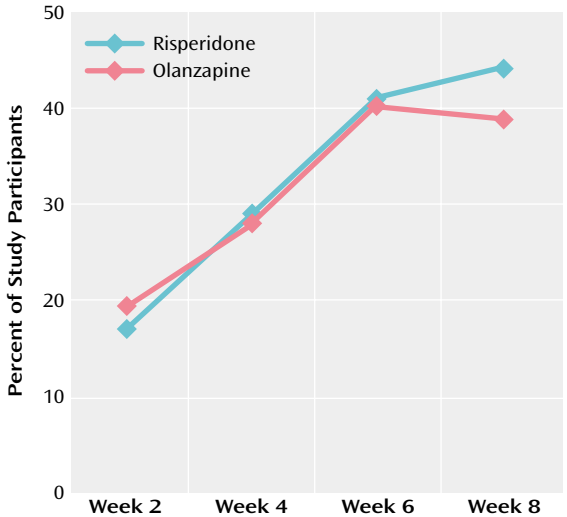
Houston, Tex.

Correction

There was an error in one of the figures that appeared in the article, "A Randomized Double-Blind Study of Risperidone and Olanzapine in the Treatment of Schizophrenia or Schizoaffective Disorder, " by Robert R. Conley, M.D., and Ramy Mahmoud, M.D., M.P.H. (*Am J Psychiatry* 2001; 158:765–774). The figure below should replace Figure 3 on page 771.

FIGURE 3. Percentages of Participants Treated With Risperidone or Olanzapine Who Were Rated Much or Very Much Improved on the Clinical Global Impression Change Scale at Weeks 2–8



	Week 2	Week 4	Week 6	Week 8
Risperidone, N=	160	151	139	133
Olanzapine, N=	163	153	154	145