

# Book Forum

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## NEUROPSYCHIATRY

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**Neuropsychiatry and Mental Health Services**, edited by Fred Ovsiew, M.D. Washington, D.C., American Psychiatric Press, 1999, 406 pp., \$59.95.

**The American Psychiatry Press Textbook of Neuropsychiatry**, 3rd ed., edited by Stuart C. Yudofsky, M.D., and Robert E. Hales, M.D. Washington, D.C., American Psychiatric Press, 1997, 1,114 pp., \$159.95.

The term "neuropsychiatry" was widely used at the beginning of the twentieth century but fell out of favor in the 1950s as psychiatry turned its interest away from the brain. A renewed search for the biological bases of psychiatric symptoms has been paralleled by the reemergence of a sub-discipline of neuropsychiatry, defined in *Neuropsychiatry and Mental Health Services* as "encompass[ing] both the care of the patient with overt brain disease...and an approach to the care of patients with the major psychiatric disorders traditionally considered nonorganic or 'functional.'" Although this definition seems so broad as to cover all of traditional psychiatry, these two volumes illustrate the discipline's focus on disorders with identifiable structural brain disease and concomitant "psychiatric" manifestations as well as disorders in which there is substantial indirect evidence that functional central nervous system dysfunction is present.

The two volumes reviewed here take very different approaches. *The American Psychiatric Press Textbook of Neuropsychiatry* seeks to be encyclopedic and offers in-depth reviews of basic neuroscience, clinical evaluation, structural and functional diseases of the brain, and general principles of treatment. Although there are useful chapters on schizophrenia by Carol Tamminga and mood disorders by Mayberg, Mahurin, and Brannan, the bulk of the chapters focus either on the evaluation of individuals with presumed neuropsychiatric disorder or on conditions such as headache, seizure disorder, sleep disorder, brain tumors, HIV infection, and Alzheimer's disease. *Neuropsychiatry and Mental Health Services*, on the other hand, offers focused reviews of fewer topics. It, too, seeks to link current understanding of brain function and dysfunction to the treatment of conditions such as substance abuse, HIV infection, and developmental disabilities, but the chapters are much more clinical in nature and place less emphasis on presumed or plausible mechanisms of pathogenesis.

Each book meets its stated goals. *Neuropsychiatry and Mental Health Services* provides an excellent introduction to students and clinicians working in settings in which neuropsychiatric disorders are often seen. However, although it focuses on some of the more common conditions considered neuropsychiatric, there are many prevalent syndromes, such as stroke, epilepsy, and dementia, which are dealt with only in passing. Its discussions of treatment are practical, but supporting references are few. A strength is its emphasis on the need for treatment settings to be structured in a fashion that meets the needs of patients with neuropsychiatric disorders.

*The American Psychiatric Press Textbook of Neuropsychiatry*, on the other hand, best serves students and clinicians as a reference. It is much larger, covers many more topics, and has more extensive reviews of biology and evaluation. For example, while reviewing the book I saw a patient with presumed Fahr's syndrome or cerebral calcinosis. I was able to find three discussions in the book that provided useful information and references to more in-depth articles.

Both of these books can be recommended, *The American Psychiatric Press Textbook of Neuropsychiatry* as a reference resource and an excellent source of information on clinical and laboratory evaluation, and *Neuropsychiatry and Mental Health Services* to clinicians and health system designers interested in learning about the care needs of individuals suffering the most common neuropsychiatric conditions.

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**Memory in Neurodegenerative Disease: Biological, Cognitive, Clinical Perspectives**, edited by Alexander I. Tröster. New York, Cambridge University Press, 1998, 432 pp., \$95.00.

This is not a book for everyone, but almost anyone interested in behavior could find something of interest here. It is a book that should be of substantial interest to neuropsychiatrists, neuropsychologists, and geriatricians. It is a well planned and comprehensive review of memory functions in Alzheimer's disease, Parkinson's disease, Huntington's disease, Lewy body dementia, frontotemporal dementia, and several moderately rare neurodegenerative processes. The book is divided into three major sections. The first, Biological Perspectives, covers biological aspects of neurodegenerative diseases with separate chapters covering the neuropathology, imaging, and biochemical aspects of these conditions. Also included in this section are several interesting chapters on the relevance of animal studies of memory function to human memory function. The second section, Cognitive Perspectives, contains a chapter on executive functions and separate chapters delineating specific types of memory deficits (recent, remote, semantic, and procedural memory), which are usually subsumed under the general category of memory impairment. Dealing with specific aspects of memory functions in this manner lends great clarity to the types of memory impairment and allows a clear discussion of which aspect of memory is affected in each neurodegenerative disorder. The third section, Clinical Perspectives, includes not only the usual clinical and treatment data but also very interesting chapters on risk factors for each of the neurodegenerative diseases, cross-cultural issues, various aspects of psychometric performance and measurement in these conditions (e.g., the impact of depressive illness on cognitive function and testing and the impact of surgical treatment), pharmacological management, and a very thoughtful chapter on the ethical and legal issues encountered by the clinician caring for the patient with cognitive impairments. Surpris-

ingly for a book that draws so heavily on neuropsychological data, there is little mention of the behavioral management of these conditions. Each major section has a helpful and thoughtful summary chapter.

Because there are not that many studies of memory functions in these neurodegenerative disorders, there is of necessity some overlap of information in many of the chapters. This probably cannot be avoided in a multiauthored and multidisciplinary book, but the diverse backgrounds of the contributors reveal the utility of converging lines of evidence from different disciplines in developing understanding of complex central nervous system processes.

Memory function is a complex area, often difficult to understand. Much of this difficulty is due to the many different terms used for similar memory functions or parts of memory functions. The editor of *Memory in Neurodegenerative Disease* has managed in most cases to keep the authors using the same terms for each aspect of memory function; in doing so he has brought a clarity to this important and difficult area. For the psychiatrist and neuropsychologist interested in this area, the chapters in the clinical section will prove invaluable. They raise but often do not answer such questions as the effect of depression on cognitive function, what cognitive skills are preserved in the various types of dementia, and when should the patient with dementia be restricted from driving.

The first section provides a good review of the biological findings in each of the conditions, and the second section is a rather exhaustive review of each measurable memory function. For those interested in a clear and comprehensive review of neurodegenerative diseases and their impact on memory and cognitive functions, this is an excellent introduction. For the researcher in these areas, this book represents a comprehensive overview that raises many important and theoretical issues. Although it is not a book that will grace every bookshelf, *Memory in Neurodegenerative Disease* should certainly be in most medical center and psychology department libraries.

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**Practitioner's Guide to the Neuropsychiatry of HIV/AIDS**, edited by Wilfred G. van Gorp and Stephan L. Buckingham. New York, Guilford Publications, 1998, 280 pp., \$35.00.

Almost two decades have passed since the emergence of a new disease that involves the brain in several ways, namely, HIV/AIDS. Great strides have been made in the understanding of the neuropsychiatric complications of this infection, which include cognitive disorders, dementia, mood disorders, psychotic disorders, and bereavement. In addition, there has been great progress in our ability to care for patients with these conditions (1). Therefore, the time is ripe for a comprehensive book geared toward the "non-neurologically trained mental health clinician." This is precisely the gap that this book is attempting to fill.

Attractive and nicely bound, the volume consists of 10 chapters. The first four, although of varying titles, have very similar content. They are reviews or syntheses of current knowledge on the spectrum of the neuropsychiatric consequences of HIV infection. The first chapter, "The Neuropsychological Features of HIV Disease" by Hinkin et al., is rather comprehensive. Its great strength is a detailed discussion of the various neuropsychological changes associated with HIV infection and their clinical relevance. However,

this chapter and the following three are highly repetitive in presenting current knowledge on mood disorders, psychosis, motor disorders, and other neuropsychiatric features of HIV disease. In addition, the four chapters either are selective in what information they reference or interpret the same information in somewhat contradictory ways. Chapter 4, by Sciollo et al., is the best written and most complete discussion of the noncognitive neuropsychiatric complications of HIV disease.

The chapters that follow are focused on interventions. The focus of the chapter on "Pharmacological Interventions" is on the cognitive disorders; it contains little useful information on the pharmacological treatment of other neuropsychiatric conditions. The next chapter, "Psychosocial Interventions," is more clinically relevant and quite useful in its discussion of supportive, psychotherapeutic, and other psychosocial interventions. However, most of the interventions discussed have relevance for gay men and are less applicable to other populations affected by HIV, such as injection drug users. Chapter 7 focuses on the caregivers of individuals with HIV disease and ways to help them; it does a reasonable job in addressing this topic. It is followed by an excellent review of "Suicide and HIV Disease," probably the strongest chapter in the volume. Next are chapters on "Ethical and Legal Issues" and "Enhancing Adaptive Functioning of Cognitively Impaired Patients With HIV Disease." Both of these contain interesting information; however, similar discussions have been published in a variety of other settings, and the ones in this book do not add much new insight.

Overall, van Gorp and Buckingham's book contains some good discussions of the neuropsychiatric features of HIV disease. However, the information is often repetitive, and the writing is at times dense. Where the volume clearly fails is in not presenting an overarching approach to the neuropsychiatry of HIV infection. Rather, it is a collection of disparate, often repetitive papers. It also fails to present the relevance of the knowledge contained in the volume to day-to-day clinical practice, one of the stated goals of the book. For example, although some of the chapters include case discussions that are quite insightful, this approach is rather sparsely used overall and ignored in most chapters. As a result, the volume is more encyclopedic than of everyday usefulness to the practitioner. It is probably of greater interest to mental health professionals who are actively involved in the care of HIV-infected patients and who have a variety of academic interests as well than to the "non-neurologically trained mental health practitioner."

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**The Psychiatry of Stroke**, by D. Peter Birkett, M.D. Washington, D.C., American Psychiatric Press, 1996, 416 pp., \$54.00.

Stroke remains one of the most common and devastating neurological disorders in the world, presenting clinicians with a continuing challenge in seeking its prevention and alleviation. Stroke ranks as the third leading killer in the United States. It is the most common cause of adult disability. Each year, more than 500,000 Americans have a stroke and about 145,000 die from stroke-related causes. Psychiatric symp-

toms have been recognized as important factors determining the integration of people with stroke back into the community. Patients recovering from a stroke are under the care of a team of specialists, including physicians, physiotherapists, speech and occupational therapists, and neurologists.

This book is written by a clinician and directed toward clinicians and other professionals involved in the care and rehabilitation of stroke patients, medical students who wish to accelerate and complement the process of acquiring clinical experience about the psychiatry of stroke, and families of stroke patients. The author summarizes the recent advances in our understanding of the behavioral and emotional disturbances that arise in stroke. The book is divided into three sections organized in a logical sequence, although they may be read in any order, and begins with an introduction. This is followed by a section dealing with background and causation. Specific syndromes resulting from stroke are considered in the second section, followed by the final section on outcome and psychosocial consequences of stroke. At the end of the book, there are appendixes showing a basic anatomy of stroke, a listing of helpful resources for family caregivers, and an interesting sketch examining the effects of stroke in some major twentieth-century leaders.

The first section of the book will help the psychiatrist understand the risk factors and diagnosis of stroke as well as its neuroanatomy. The second section provides a comprehensive review of the literature on specific psychiatric syndromes produced by stroke. The third addresses the stroke recovery process, the family, and legal, economic, ethical, and financial issues.

*The Psychiatry of Stroke* is a valuable source of information for a broad audience, providing an update on emotional consequences after stroke. It serves as a straightforward synopsis for reading or may be useful for reference. Inevitably, this book must be compared with the one recently published by Robert Robinson on the same subject (1). If anyone should write or edit a book on the psychiatric consequences of stroke, it is Robert Robinson. However, Birkett has done a nice review of the literature, especially in psychiatric syndromes and legal, economic, and financial issues. Those with special interest in the psychiatry of stroke will find profit in reading both.

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#### PERSONALITY AND ITS DISORDERS

**Personality and Psychopathology**, edited by C. Robert Cloninger, M.D. Washington, D.C., American Psychiatric Press, 1999, 496 pp., \$58.50.

This handsome collection of papers represents the proceedings of the March 1993 meeting of the American Psychopathological Association, which focused on the issue of personality and psychopathology. The chapters that constitute this volume offer an impressive window on the research and

theoretical discussions that were active in this area of inquiry during the late 1980s and early 1990s, and, as such, this work provides a useful punctuation mark for what has been termed the "first phase" of personality disorders research (1).

The first phase of research in the personality disorders had as its focus matters related to the basic description of the personality disorders, the assessment of personality disorders, and the development of preliminary notions linking personality disorders to the realm of normal personality. The first phase of research necessarily hinted at future directions that were to be pursued in the coming decade, and the papers Dr. Cloninger has assembled provided an exciting glimpse of things to come. In short, the papers in this volume provide excellent summaries of the early personality disorder research efforts after the introduction of explicit diagnostic criteria for axis II disorders in DSM-III and, later, DSM-III-R. In a way, they represent where the field was just before embarking on what has been termed the "second phase" of personality disorders research (1), one that has come to focus more on issues related to etiology, pathogenesis, sophisticated models of the relationship between personality and personality disorder, and careful longitudinal study of the personality disorders using appropriate methodological designs refined previously by life-span methodologists.

*Personality and Psychopathology* contains a number of papers that the scholar of personality disorders will find especially useful. For example, Waller's paper, "Evaluating the Structure of Personality," is a true gem that details the careful substantive and psychometric issues that have been dealt with in his work (in collaboration with Professor Auke Tellegen) on the seven basic factors underlying personality. This chapter is particularly illuminating with respect to a critical evaluation of the popular lexical description of personality embodied in the so-called five-factor solution. Loranger's chapter usefully details the development and initial validation of the International Personality Disorder Examination (2) and, as such, represents an excellent summary of this important assessment development, particularly given that it is now widely recognized and enjoying considerable research and clinical use. Eaves and colleagues provide a useful tutorial on the application of modern quantitative genetics analytic strategies to family data, and their chapter suggests the exciting developments to come later in the 1990s, especially with the emergence of quantitative trait loci approaches to genetic influences on individual differences.

At this time, personality disorders research has indeed moved in the directions hinted at in the papers in this volume. For example, there are now two major longitudinal studies under way that seek to articulate the natural course and longitudinal trajectory of personality pathology clearly over time—my Longitudinal Study of Personality Disorders begun in 1990 and the Collaborative Longitudinal Personality Disorders Study begun in 1996 by J.G. Gunderson and colleagues. Moreover, integrations of the neurobiological literature with both personality and personality disorder constructs are beginning to emerge that seek to characterize the complex interactive nature of neurobehavioral systems underpinning these two phenotypic domains in an effort to move this area of modeling ahead (3; unpublished work of Depue and Lenzenweger).

I recommend this volume for its powerful historical value and its unique position in demarcating the transition point between the first and second phases of empirical research and theory development in the personality disorders.

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**Skin Game**, by Caroline Kettlewell. New York, St. Martin's Press, 1999, 192 pp., \$21.95.

Many women who cut themselves ("cutters") seem to find some measure of relief by writing poems that are typically poignant, heart-breaking, visceral, and laced with bitter anger. Such poems derive from the horrific childhood physical and sexual betrayal and abuse that can be found in up to 60% of cutters. But what about the other 40%? What sort of stories do they have to tell?

Caroline Kettlewell, the author of *Skin Game*, is part of that other 40%, and, to my knowledge, she is the first to present a detailed personal account of cutting herself in which abuse and anger are supplanted by reasoned insight. Her astute observations and brilliant writing style keep the blood from spattering the pages. It is easy in this case to hate the cutting but admire the cutter.

This is the story of a bright girl who grew up in a Virginia boarding school for boys where her father taught. Her childhood was fairly normal; yet, she writes,

I needed to kill something in me, this awful feeling like worms tunneling along my nerves. So when I discovered the razor blade, cutting, if you'll believe me, was my gesture of hope. That first time, when I was twelve, was like some kind of miracle, a revelation. The blade slipped easily, painlessly through my skin. As swift and pure as a stroke of lightening, it wrought an absolute and pristine division between before and after. All the chaos, the sound and fury, the uncertainty and confusion and despair—all of it evaporated in an instant, and I was for the moment grounded, coherent, whole. *Here is the irreducible self*. I drew the line in the sand, marked my body as mine, its flesh and its blood under my command. (p. 57)

Her family moved to Charlottesville, and her cutting, hidden from everyone, continued. In the seventh grade she

tried one night to cut deeper, torn between the anticipated thrill of a deep slash and the body's organic mindless resistance to such assault....To cut with conviction. To wound for the feverish beauty of the wound itself. I wanted blood—not the refined bubble of sundered capillaries, but a frantic spill, something beyond caution, beyond control. (p. 100)

I shall not take you through the frightful years of her life: the repetitive cutting, the anorexia, the failed first marriage, the psychiatrists, and the therapy. Rather, let us jump to about

age 30, when she fell in love with a man of determined good cheer. She explained to him that her cutting, unlike alcohol or doing drugs, was not destructive. He replied that it was destructive because it hurt him. "I was surprised, taken aback, then, by the expectation implicit in his stubborn refusal just to let the matter slide—the expectation that true love obligated me to consider *his* feelings in the issue" (p. 167).

She married and finally came to grips with her longstanding depression. After treatment with an average dose of a selective serotonin reuptake inhibitor, the anxiety and unhappiness that had clouded and wasted the preceding two decades of her life were lifted. She stopped the medication, however, when she decided to have a child.

I went through my entire pregnancy feeling I was trying to pull off a sham, pretending to the part of the ethereal Madonna when I was wholly unqualified for the part. And yet, when my son was born into the waiting shelter of my arms it was as though the shape and structure of me had been made precisely to the purpose of fitting him. I was shocked by the fierce and immediate entanglement of this bond, that my son should become to me like a chamber of my heart. (p. 174)

She stopped cutting "only because I could afford to, because my need for it had apparently run its natural course...no matter how compelling the urge, the act itself was always a choice. I had no power over the flood tide of emotions that drove me to that brink, but I had the power to decide whether or not to step over it. Eventually I decided not to" (p. 177).

I have met with hundreds of cutters, and some have told me stories similar to Kettlewell's. That, perhaps, is why I can still honestly offer hope to individuals whose lives have been overtaken by deliberate self-harm. *Skin Game* is a memoir and not an autobiography, so there is much about the author that is not revealed. Yet it is a solid book and a marvelous read. I, for one, am gratified that the author's pen was mightier than her razor.

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## MANAGED CARE

**Between Mind, Brain, and Managed Care: The Now and Future World of Academic Psychiatry**, edited by Roger E. Meyer, M.D., and Christopher J. McLaughlin. Washington, D.C., American Psychiatric Press, 1998, 340 pp., \$38.00.

Can humane values and a comprehensive biopsychosocial model of human brain and behavior be conceptually maintained, clinically provided, and taught in a price-sensitive, market-driven economy? Can psychiatry, and managed care (in its myriad of changing identities), develop a scientific and intellectual base that will inform and drive clinical practice? Can our training programs and academic centers shape the roles and responsibilities that psychiatry and other behavioral health disciplines will embody?

Dr. Roger Meyer and his research associate Christopher McLaughlin set out on a quest to answer these questions. "Whither academic psychiatry?" they ask themselves and survey others. At the outset, they remark that they are "pessimistic." At the end of their quest, they say the glass seems

"as full as it is empty." From their data and their reports, however, I was left feeling that academic psychiatry saw its bull market some time ago and that prospects for a rally are not very good, with the exception of research.

The story starts in 1992, when Dr. Meyer spent a sabbatical year at the Center for Advanced Study in the Behavioral Sciences at Stanford University. With the support of the MacArthur Foundation, he conducted a study on the impact on academic psychiatry of the profound economic changes affecting clinical practice, teaching, and research in our academic centers. His work was further informed by a distinguished advisory committee developed through the Association of Academic Health Centers, which also hosted the study. Like the fine researcher he is, Dr. Meyer posits the questions noted, designs his method and instruments, and journeys to many departments within the academic landscape. His report encompasses 1) the academic faculty, including the sources of their support, 2) the clinical service delivery systems, as they are now termed, within academic centers as they try to respond to managed care, 3) the past, present, and future educational missions of academic psychiatry, 4) the place of research in the mission of academic psychiatry, 5) psychiatry and primary care, and 6) academic psychiatry's role in and effects on the system of care of the Department of Veterans Affairs and veterans. Although the book is an edited text, all of the chapters but one are written by the editors.

At each stop in the journey through the world of academic psychiatry, we are offered an abundance of data, clear thinking, and careful questioning and discussion. At each stop, Dr. Meyer and Mr. McLaughlin offer their best recommendations for future success, if not survival. The reader also is exposed to six case studies (Stanford, the University of Louisville, the University of Maryland, the University of Colorado, Dartmouth, and Sheppard and Enoch Pratt), which tell compelling and very different stories. The reader is left with a set of project conclusions that describe not only what they discovered but also what they regard as lessons learned and essential ingredients for the future world of academic psychiatry.

This is a book for the serious student of academic psychiatry and will be of considerable interest to a select leadership group of academic psychiatrists, department chairs, deans, physician executives, training directors, faculty practice managers, and research administrators. These readers will be treated to concise case histories, clear survey material, and scholarly discussion of a remarkable range of material.

I was troubled by reading this text, perhaps because the research and discussion make such a case for how imperiled clinical practice and faculty support are. Research seems to be faring the best and can envision a sanguine, though highly competitive, future. Academic departments of psychiatry are financially at great risk to lose money by taking care of patients. Faculty support is on the endangered species list. Even departments that are holding their own seem to be doing so by having everyone (physicians, patients, and executives) running as fast as they can with little if any financial, professional, or personal margin.

This text adds to a small but growing body of critical information on our academic medical centers by shining a halogen lamp on psychiatry. The picture that Dr. Meyer and Mr. McLaughlin offer should concern us because "the now and future world of academic psychiatry" has its survival at stake.

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**Managed Mental Health Care: Major Diagnostic and Treatment Approaches**, edited by S. Richard Sauber, Ph.D. Philadelphia, Brunner/Mazel, 1997, 377 pp., \$34.95.

This book is the eighth in the series on Mental Health Practice Under Managed Care edited by Dr. Sauber. The current volume has 15 authors, most of whom are psychologists (two are psychiatrists).

This is a very well written, coherently organized textbook for any mental health practitioner working in the United States today. In fact, all residency programs in psychiatry ought to make this a standard textbook, especially for teachers who, like me, never dreamed or heard of managed care in our training days. This work is a basic training/survival kit that will help the reader navigate the alligator-infested morass of managed care.

I started with the appendixes, which include an invaluable glossary of managed health care terms and definitions. The 13 chapters cover such topics as "The Paradox of Change: Better Them Than Us!" a very blunt, in-your-face, "tough love" kind of therapy for those among us who dig our heels in as a response to the advent of managed care. Skillfully using our own psychodynamic psychobabble, Dr. L'Abate urges us to grow up. I found this chapter very helpful in my own struggles dealing with a practice I was neither prepared for nor helpfully trained to cope with. I have seen colleagues bitterly drop out of medicine altogether or seek locum tenens positions or positions in state-run mental health institutions because they could not handle the reactions this chapter addresses.

The fourth chapter, "Maximizing Psychotherapeutic and Psychopharmacological Outcomes: The Psychiatrist's Role in Managed Care," more than any other in this book, forced me to totally reassess the direction of my professional and personal life.

The chapters on brief group therapy, distance writing, computer-assisted training, and marital and family therapy approaches are "state-of-the-art." The chapter on children by William L. Buchanan, Ph.D., is a very lucid and clinically sound piece. I found heartening his statement that "medication should never be the primary intervention for a child's mental disorder and...other types of psychological treatment should always be the primary focus of therapy." Being a "full-service" solo practitioner, I do all these other types of psychological treatment; I cannot imagine doing otherwise, even though most managed care companies do not pay for contacts with the school or family therapy. I use Dr. Buchanan's time-out flow chart for the school-age child regularly in my practice. Parents and children all tell me they like it.

The chapter on anxiety disorders by David A. Gross, M.D., and Andrew Rosen, Ph.D., deserves special mention because it is quite outstanding in its applicability and scholarlyness. Using the programmed genome and permissive diathesis and stress diathesis models as paradigmatic springboards, they skillfully guide us through all aspects of caring for anxiety disorders.

In her chapter on the treatment of alcoholism, Judith Lewis advocates the dictum that every alcoholic ought to receive treatment based on the least intrusive possible alternative. She cites W.R. Miller's now well-known quote from 1985 that "the absolutely consistent testimony of...controlled studies...is that heroic interventions—those in longer, more intensive residential settings—produce no more favorable outcomes overall than treatment in much simpler, shorter, and less expensive settings."

When I finally put this book down, I realized that what I had just read was good common sense. It validated my faith in the old saying, "The best care of a patient is caring for the patient." Practicing good medicine is not about being managed, it is about going back to our Hippocratic roots and never making the seductive security of financial redoubts become redoubtable oppressors managing the mortgaging of our professional and personal souls.

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## PSYCHOTHERAPY

**Cognitive Psychotherapy of Psychotic and Personality Disorders: Handbook of Theory and Practice**, edited by Carlo Peris and Patrick D. McGorry. New York, John Wiley & Sons, 1999, 444 pp., \$131.95.

Can psychotherapy treat psychosis? We were all taught that it cannot, that therapists are foolhardy to challenge delusions, that psychodynamic theory might help therapists to understand patients but provides no symptom relief, and that supportive psychotherapy—a historically pejorative term—is what remains for therapists to deliver while providing pharmacotherapy to psychotic patients. This view has shifted slightly in recent years with Liberman's development of skills training (1), which seems like adjunctive, supportive remediation rather than a psychotherapeutic confrontation of symptoms.

Now cognitive behavior therapists are daring to approach psychosis again, using the familiar tools of "collaborative empiricism" (p. 9), such as Socratic questioning and behavioral testing. The therapist becomes the patient's ally in working on a graded hierarchy of tasks, beginning with the least firmly held beliefs. Hallucinations and delusions are explored in depth, and both their negative and positive effects on the patient are noted. A "verbal challenge" raises doubt about the evidence for delusional beliefs and offers alternative explanations. "Behavioral experiments"/"planned reality testing" evaluate evidence. These interventions, targeting both the form and content of delusional cognitions, are not magic. They work adjunctively with pharmacotherapy, affect positive but not negative symptoms, and their efficacy lacks definitive proof in replicated, randomized controlled trials. Evidence for utility is mounting, however, and it is impressive that cognitive behavior therapy psychotherapists accept the challenge of such difficult symptoms.

The book also discusses the use of cognitive behavior therapy for personality disorders, a less controversial but still daunting psychotherapeutic challenge. Given this willingness to brave two difficult areas for psychotherapy—one traditionally avoided, the other claimed but rarely researched—the book might have been subtitled "in the face of conventional wisdom"! In parallel process, the authors induce the skeptical reader to reexamine his or her own cognitions about the untreatability of psychotic disorders.

In addressing personality disorders, the cognitive terminology often sounds like a relabeling of psychodynamic techniques—emphasis on "developmental reconstruction" (p. 52), for example. Some authors concede the absence of data on the schemata on which personality disorders work focuses. It is surprising to find little mention of Linehan and her cognitive variant, dialectical behavioral therapy.

Given the limited empirical data and the length of the book, it is not surprising that the balance of theory and practice noted in the subtitle tilts to the former. The chapter authors assume the reader's knowledge of cognitive therapy and theory—and even cognitive training for information processing—using terminology with little explanation and no glossary. More research data and practical technique would have been preferable. Case examples are helpful when provided. This book is not a manual on applying cognitive behavior therapy to the targeted syndromes but does offer assessment and treatment approaches, including various homegrown inpatient and outpatient clinical models.

This edited volume draws on experts from several countries. More authors hail from Europe and Australia than from North America, reflecting the geography of research on cognitive behavior therapy for psychosis and personality disorders. The book inadvertently reveals the diffusion of cognitive therapy over time. Several cognitive behavior therapy variants now exist, and the authors, countries aside, seem not always to be speaking the same language. Some approaches, although they have a cognitive core, are quite eclectic. Many authors take an actively antiosological stance, addressing psychotic symptoms and personality disorders in dimensional rather than targeted diagnostic terms. Accordingly, they rarely distinguish between first-break and chronically ill patients or between affective and schizophrenic spectrum psychoses. Although it is not the first book to describe cognitive behavior therapy for psychosis (e.g., references 2 and 3) or personality disorders, this volume does provide reasonably current coverage and useful references.

Although handsome with a large, legible font, the book is marred by typographical errors that are inexcusable in the era of the spellchecker. It provides a helpful introduction to the taming of the wild frontiers of contemporary psychotherapy.

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**Care of the Psyche: A History of Psychological Healing**, by Stanley W. Jackson, M.D. New Haven, Conn., Yale University Press, 1999, 504 pp., \$45.00.

One of the interesting findings in clinical psychiatry in the past few years is that psychological interventions seem to be about as effective as any other means in treating many forms of mental illness. Neuropsychologists and the new brain science have begun to uncover how the brain "cures" itself through psychological intervention. The power of psychological treatment may well turn out to be the same power found in psychotropic medication.

Stanley Jackson, Emeritus Professor of Psychiatry and Medical History at Yale University and the dean of American historians of psychiatry, has now provided a comprehensive history of the models and forms of psychological treatment of mental illness in the West. No matter what the form of psychological intervention, whether Greco-Roman music ther-

apy or psychoanalysis, all stand in the rather straight line of a noninvasive, productive response to the debilitating effects of whatever form of mental illness is defined in the society at any given moment. Whether or not we see the general clinical categories of mental illness as constant over history is not placed at the center of Jackson's argument here. What is striking about his history is that he focuses on the treatments and not the diseases. Ancient melancholy may not be identical to nineteenth-century depression or late twentieth-century bipolar disorder. What is fascinating in Jackson's narrative is that, although physicians respond to the illnesses as defined in their time and culture, their psychological approaches have a surprising continuity. The concept of the illness seems somewhat removed from the concept of healing. Psychological treatments are often defined in opposition to forms of somatic intervention, from the potions of the ancient pharmacopoeia, to the "vigorous" cures of the nineteenth and early twentieth centuries, to modern-day drug therapy.

Jackson's project is a rather daunting one. How can one trace the basic theories and approaches so as to make some sense of the whole? He does this in an elegant and absolutely transparent way. His summaries of major theoreticians are succinct, and they provide material for his argument rather than standing alone as elaborate notes. He stresses the individual contribution of numerous physicians and thinkers, but it is clear that this is in no way a "great man" history of psychological healing. His study focuses on a basic theme: How have we imagined psychological healing over the past 3,000 years, and why does this tradition continue? His conclusion is quite direct: because it works! This is a necessary corrective to the sense of many psychiatrists that psychological healing became antiquated as soon as modern drug therapy became available. Good psychiatry has always consisted of using the full armament of therapies available at any given time. This Jackson elegantly illustrates. One hopes that many practitioners read his argument and take it not only as an elaboration of a historical truth but also as a statement of a basic fact about the treatment of the mentally ill in the past as well as today.

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**Personality Development and Psychotherapy in Our Diverse Society**, edited by Rafael A. Javier, Ph.D., and William G. Herron, Ph.D. Northvale, N.J., Jason Aronson, 1998, 704 pp., \$65.00.

Drs. Javier and Herron attempt to delineate normality from pathology on the basis of the clinician's personal perceptions of patients and their environments. The patient's

given behavior is, of course, influenced by his or her cultural heritage and current experiences. The clinician, on the other hand, is also influenced by similar forces and experiences. Based on this concept, this book explores the process in which the clinician defines and delineates pathology versus normality. Although it is not clearly depicted in the book, patients also play a major role in this dyad—in the process of noncompliance with treatment, for example.

In this context, the editors attempt to offer the reader an opportunity to explore the role of culture and ethnicity as they relate not only to mental illness but also to personality development. Based on this foundation, the book includes six chapters on theoretical formulations, six chapters on specific symptoms, six chapters on treatment implications, and seven chapters dealing specifically with the role of culture and ethnicity in personality development. Finally, the book has some recommendations for mental health policy.

The perception of mental illness, with its etiological mechanisms, its course, and the multiple culture-bound factors and social forces involved, is repeatedly addressed in this book. In a way, this interplay among psychopathology, normality, and clinician-patient perceptions and relationships represents both the challenge and the major contribution of this book. I very much enjoyed, for instance, the interplay of socioeconomic, political, and cultural forces represented by and/or affecting the psychotherapeutic dyad depicted in this book. It is very striking to examine the impact these very key factors in human life have on a people's cultural identity and their view of themselves.

A limitation of this book is the fact that most of its contributors are from a similar school of thought as well as discipline. This situation makes this book limited from the point of view of a more comprehensive and thorough approach to psychiatric care, although very relevant and psychosocially interesting. Nowadays, within a managed care environment in which cost effectiveness and revenue production are more important than theoretical formulations and personality development, a book like this one faces major challenges. This statement by no means implies that we should give up and adapt to mediocrity, but we should take into consideration the realities of our current health/mental health care system.

In summary, I enjoyed reading this book, particularly because it deals with diversity and culture. I must acknowledge a certain bias in this regard, however. Given the pluralistic aspects of current U.S. society, a book like this can help the reader to become sensitized to ethnic and cultural factors. Additionally, it might help the reader in delivering psychiatric care within a realm of cultural competency.

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