

TEXTBOOK

Psychiatry, vols. 1 and 2, edited by Allan Tasman, M.D., Jerald Kay, M.D., and Jeffrey A. Lieberman, M.D. Philadelphia, W.B. Saunders Co., 1997, 1,900 pp., \$259.00.

Creating a textbook is always an ambitious undertaking. So imagine what it must have been like to create a textbook with the deceptively simple title *Psychiatry*. Think about it for a minute. Not *Principles of Psychiatry*. Not *Textbook of Psychiatry*. Just *Psychiatry*. The implication for you and me, dear reader, is that all aspects of our amazingly rich and complex field will be contained between the covers of these two books.

As I sat and looked at the two handsome and impressive volumes (dark burgundy cover, gold lettering), I found myself wondering how I might have approached such a task. What would you include in a textbook that is meant to encompass all of psychiatry? How would you organize the immense amount of material? How much of a historical overview would you include? How much from the psychological and social sciences? How much from neurobiology and cognitive neurosciences? How would you make sure that your own theoretical interests and biases did not unduly influence the overall content? Finally—the eternal question for anyone trying to teach material in the medical sciences—how would you strike a balance between presentation of evidence-based findings and acknowledgment of the unique human beings, our patients, who come to us in their suffering and look to us for help?

I opened the cover of the first volume and turned to the preface, curious to see how the three editors had conceptualized their work. To my interest and delight, for these are men whose credentials reach high into the academic and research stratosphere, the editors begin by stating the single most fundamental principle of psychiatry—the one that applies equally well to all of us, from the researcher to the clinician, from the trainee to the experienced practitioner, from the academic specialist in the urban setting to the general psychiatrist in a small town. Here it is, the fourth sentence of a textbook that goes on to nearly 2,000 pages and covers (among many, many other topics) genetics, epidemiology, neuronal plasticity, the trauma theory of neurosis, Melanie Klein, experimental therapeutics, ethics and law, and statistical techniques: “The physician-patient relationship provides the framework for quality psychiatric practice.”

Indeed, as I turned from the preface to look at the table of contents, I saw that the very first section of the textbook is titled Approaches to the Patient. Chapter 1 is called “Listening to the Patient.” This principle—that the framework of clinical psychiatry is defined by the physician-patient relationship—infuses many of the chapters. Clinical vignettes are used liberally throughout the textbook to illustrate important principles of theory and practice. In this day and age (mandated six-session treatment plans, telephone follow-up visits, Web-based health care), I found it refreshing—if not downright seditious—to see a major textbook use as one of its organizing principles the notion that the real-time relationship between two human beings is a critical element in the healing process.

Starting, then, from this basic premise, here is how the editors have organized the vast amount of material that makes up our field. First, they move from the physician-patient relationship (section 1, Approaches to the Patient), to an overview of normal behavioral development in the human being (section 2, A Developmental Perspective on Normal Domains of Mental and Behavioral Function). This link seems prescient to me, for as we learn more and more about the self-organizing and plastic capacities of the human brain, principles of neurodevelopment will certainly become *the* basic science of psychiatry.

Next, the textbook covers the evaluation and empirical foundations of abnormal behavior (more basic science in section 3, Scientific Foundations of Psychiatry), followed by the clinical sciences of psychiatry, which are the assessment of abnormal findings (section 4, Manifestations of Psychiatric Illness) and the classification and diagnosis of psychiatric disorders (section 5, Disorders). The editors conclude with topics that contribute to the art of psychiatry: how to treat psychiatric disorders (section 6, Therapeutics) and how to approach specialized situations (section 7, Special Clinical Settings and Problems). There are also three highly interesting appendixes: one on a brief history of psychiatry, one on research methodology, and one on continued professional development. All in all, more than 200 extremely well-known and highly regarded experts, many of them luminaries in the field, have contributed chapters to this endeavor.

Lest you feel overwhelmed by the sheer volume and breadth of the material covered in this textbook, let me hasten to assure you that the editors and authors have made a deliberate point of keeping it all extremely user-friendly. Despite the fact that we are talking about two large and heavy volumes of almost 1,000 pages in length each, there are plenty of tables, charts, illustrations, and clinical vignettes set off with clear and well-marked graphics. The effect is both pleasing and stimulating.

Textbooks are often aimed at people early in their career, but this one clearly is also meant to be useful to the experienced practitioner. The clinical vignettes are often complex and lengthy, and they present sophisticated longitudinal case material. Topics are covered in a very up-to-date and reasonably in-depth and well-referenced manner. The special section on novel or extreme therapeutic strategies—treatment approaches to consider when standard treatment fails—will be reassuring to the clinician trying to manage a treatment-resistant patient with an unusual combination of antidepressants, for example. The appendixes on research methods and on continued professional development speak to the established practitioner who has developed clinical self-confidence but who wants to be able to evaluate new findings continually and critically in the field.

I found myself browsing through the chapters with real interest and curiosity, catching up on topics I hadn't thought about in a long time (the therapeutic frame, somatoform disorders) as well as delving into areas I'd always wanted to know a little more about (social psychology, intersubjectivity). While perusing the two volumes, in fact, I hit upon what I have decided is an easy, reliable, and valid three-step method for evaluating textbooks in psychiatry, one that should be im-

mediately adopted by reviewers everywhere. Step 1: I read a chapter on a topic with which I am very familiar and have some research expertise (schizophrenia). Step 2: I read a chapter on a topic where I do not have any expertise, but where I have had a recent complex clinical encounter that has left me thinking about or reading about a particular problem (body dysmorphic disorder). Step 3: I let the book fall open at random and read about a subject on which I am completely ignorant (childhood disorders). My ratings are, in order, 1) masterful and thorough, 2) intelligent review, excellent case vignette, and 3) clear, precise, and balanced.

In sum, *Psychiatry* is a wonderfully conceived and beautifully executed textbook. Each time I open it, I am more impressed by the quality of work of the authors and editors. They have given us the gift of a gold standard for our field.

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PERSONAL ACCOUNTS

***I Know This Much Is True*, by Wally Lamb. New York, HarperCollins, 1999, 912 pp., \$27.50; \$16.00 (paper).**

Wally Lamb's highly successful second novel, *I Know This Much Is True*, like his first, *She's Come Undone* (1) examines a family's struggle with mental illness and treatment. Both books are important because popular literature, film, and art have a significant impact on how people outside mental health view mental illness and those who endeavor to treat it. *One Flew Over the Cuckoo's Nest*, for example, as a book (2) and a film, has had a lasting impact on the public's perception of mental hospitals, ECT, and psychiatric nurses.

Lamb's focus on mental illness is apparent from the outset. In the opening pages, a central character amputates his hand while on pass from the local psychiatric hospital. With that baptism, the story thrusts the reader into the lives of Thomas and Dominick Birdsey, identical twin brothers born to a single mother and raised in a 1950s Connecticut Naval town. Thomas has schizophrenia, a reality that becomes apparent to the family during his first year of college. In real time, the book covers a short period, from the mutilation episode through several months of Thomas' inevitable commitment. However, the use of flashbacks and other clever devices (a rediscovered grandfather's diary is beautifully woven into the story line) allows the story to begin many years before the twins' birth. This history provides a rich contextual background for the book's present events and supplies the psychological underpinnings of the main characters.

In addition to schizophrenia, the book examines posttraumatic stress disorder (PTSD). Written in the first person by the twin who is not afflicted with schizophrenia, the story recounts a jarring history of multigenerational childhood abuse. Dominick's memories, coupled with tragedies in his adult life, cause him to develop classic PTSD symptoms that profoundly affect his ability to function. Perhaps the book's greatest strength is bringing alive how trauma affects individuals and families in complex and sometimes unpredictable ways. Dominick's struggle with his own wellness, and the ex-

pectation that he too could eventually develop schizophrenia, is developed in a realistic and compassionate fashion.

Sadly, despite extensive description and discussion of the forensic treatment setting, Thomas' psychiatrist is mentioned only in the most peripheral fashion. Rather, the psychiatric establishment is portrayed as a politically motivated and unsympathetic monolith whose main function appears to be locking patients away. The two mental health provider characters who are developed, a social worker and a psychologist, are both portrayed as empathic and skilled patient advocates. Boundary blurring abounds, as it does in many recent portrayals of mental health treatment. The psychologist ends up treating the nonhospitalized brother, and the social worker has him over to her house for dinner.

This is a moving and intense book that describes the experience of those afflicted with mental illness and the families who love them in vivid and unforgettable detail. Lamb explores both psychological and biological contributors to the disease process and presents treatment as appropriate and useful. *I Know This Much Is True* is, however, unrealistic in many ways and will likely add to a broad literature already in existence that distorts real-life treatment issues and the mental health providers who struggle with them.

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***Where She Came From: A Daughter's Search for Her Mother's History*, by Helen Epstein. Boston, Little, Brown, 1997, 352 pp., \$24.95; \$12.95 (paper, published 1998 by Plume [Penguin Putnam]).**

Helen Epstein, a journalism professor, author of four previous books, and daughter of a concentration camp victim, has written a remarkable story about her search for her mother's history. When she was 22, Frances Epstein, Helen's mother, was sent with her first husband and her parents from Prague, Czechoslovakia, to a nearby concentration camp. Frances' mother and father were then deported to Poland, where they died. Her first husband also died in the camps. Frances survived other concentration camps (including Auschwitz), typhus, three births, one abortion, one appendectomy, two disk fusions, back injuries, tuberculosis, and bleeding colitis. She also managed to survive poverty-stricken post-World-War-II Czechoslovakia and Communist Czechoslovakia. She flourished after a second marriage in Czechoslovakia and immigration to America. After all her horrendous experiences, Frances became a wife, mother, and high-fashion couturier.

Helen, author of this memoir, was estranged from her mother during late adolescence and reconciled with her a decade before Frances' death. Helen reconciled when she too became a mother. The reason for the estrangement and reconciliation is never clarified and remains private.

After her mother died in 1989, Helen mourned in traditional and nontraditional ways. A nonobservant Jew, she did not sit Shiva, the seven days of Jewish mourning. However, she did resolve some of her grief and guilt by sifting through

her mother's workroom, her papers, her closets, her drawers, and her kitchen. In addition, she found a memoir her mother had written 10 years before her death. This memoir contained her mother's memories of her own family and her personal history. This was the map that started Helen Epstein on her quest for a personal and historical understanding of her family. However, even with this understanding, Helen never overtly reveals her reaction to her role as the child of a concentration camp victim.

Helen used her mother's memoir to research and reconstruct the life of her mother, Frances; her grandmother, Pepi; and her great-grandmother, Therese. Helen traveled to Czechoslovakia, Austria, and Israel, searching out friends, relatives, and people who had known her family. She researched material in libraries and archives on three continents. She pieced together an account of the women in her family and other women who lived in Central Europe during the period her great-grandmother, grandmother, and mother lived there. Thus, *Where She Came From* is not only a memoir of three generations in an assimilated Jewish family but also a social history documenting the daily lives, occupations, and preoccupations of women who were contemporaries of Helen Epstein's relatives.

Helen's great-grandmother, Therese, was an innkeeper's daughter who fell in love with a Czech Christian but was married to a Jewish peddler, a man who was more interested in his books than in earning a livelihood for his family. In 1890, Therese leaped to her death from a fourth floor window in Vienna. Disappointed in love and in the death of her beloved only son, she sought refuge in suicide. Her daughter, Pepi, orphaned at the age of eight, grew up in a Jewish section of Kolin; she was raised by a devoted aunt, Rosa.

At the turn of the century, Pepi became one of Prague's "new women" and launched a career as a seamstress. She ran her own house of high fashion and dressed the elite in Prague. Pepi's daughter, Frances, left school and joined her mother's business as an apprentice and then business manager at the age of 15. Frances was a proud, assimilated citizen of the first Czechoslovak republic, where Jews enjoyed unprecedented freedom until the German invasion in 1939. Her mother, Pepi, sank into despair and depression even before the invasion.

Life changed dramatically after the invasion. At first, the change was subtle and unnoticed, but more and more rights and privileges of Czech citizenship were taken away from Jewish citizens. Finally, Jews were ordered to wear a yellow star as a badge of their dishonor. Despite this, Frances continued to work diligently as the owner and then manager of the fashionable Salon Weigert. She was her mother's business partner and the family breadwinner in a family where her father, Emil Rabinek, talked rather than worked and borrowed money from relatives and friends. Pepi, Emil, and Frances were deported from Prague and spent 3 years in Terezin (Terezienstadt), Auschwitz, Hamburg, and Bergen-Belsen.

In her mid-50s, Frances wrote a memoir of those 3 years, entitling it, "Round Trip," beginning with her deportation from Prague and ending with her solitary return, without husband or parents, who died in the camps. Her memoir is quoted in *Where She Came From*, and Frances' life in concen-

tration camps is recounted in poignant and heart-rendering detail. Like other concentration camp victims, Frances had told Helen of these events only in bits and pieces during Helen's childhood in an attempt to spare her the terror, horror, degradation, and humiliation that her parents endured. Helen recounts the full picture of Frances' experience in wartime Czechoslovakia in *Where She Came From*.

Even after the war, Frances had little cause for joy. She had been displaced from her previous home and her business, she had lost contact with most of her friends, and her relatives had been annihilated. Still, she managed to survive, and with the help of a cousin and a new husband, Kurt Epstein, she emigrated to America. Frances and Kurt flew out of Prague July 21, 1948, carrying several kilos of hand luggage and baby Helen in a canvas bag. With the diapers and baby things, she packed a few old family photographs and three porcelain figurines that had belonged to her mother and grandmother. In New York, she borrowed money, bought a sewing machine, and started a high-fashion business.

Helen's book begins with Frances' death and ends in 1996 with a trip to Vienna and a visit to her great-grandmother Therese's grave. She reports that during that visit she "acted out" in many ways. She refused to speak German, wore tee shirts and jogging shoes in a fashionable, ornate Viennese breakfast room, and whistled in inappropriate places. Ultimately, a small group of friends and relatives accompanied her to Vienna's central cemetery for a visit to plot 19-19-84, her great-grandmother's final resting place. She resisted the longstanding Jewish tradition of placing a stone on her great-grandmother's tombstone because it seemed too cold a thing to leave. She wanted her great-grandmother to have something alive. She ends the book by reporting that she returned to her great-grandmother's grave with a trowel and a pot of heather that she hoped would prove hearty and take root, a symbol of her family's heartiness, deep-rootedness, and ability to survive.

Because of my family's European origins and the decimation and annihilation of my great-grandmother's generation, I read this chronicle/memoir with a special interest. It brought back memories of the stories my father and grandmother told me about their life in a small Polish-Jewish community before World War II. Their community was unlike Prague in that it was rural, unsophisticated, and very poor. Yet even in this backwater community, Jewish life and traditions were mocked and then destroyed in the days before and during the war. The souvenirs I have from my father and grandmother's life are few and precious—a photograph, a letter, a piece of silver, and many fragmented stories. Through *Where She Came From*, exhaustively researched and beautifully narrated, Helen Epstein has fleshed out some of my family's similar and yet different background. In chronicling the lives of her ancestors, Epstein has given readers fascinating glimpses of a lost and unfamiliar world, a world whose long history ended suddenly and tragically, a world, however, that can still be glimpsed through stories, memoirs, and pictures of survivors and their children.

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PSYCHOANALYSIS

Kohut's Freudian Vision, by Philip F.D. Rubovits-Seitz. Hillsdale, N.J., Analytic Press, 1999, 234 pp., \$49.95.

Heinz Kohut is now known as the founder of the school of self psychology, thought by some to be a parallel or tributary to the mainstream of psychoanalysis and by others to be a radical alternative, if once derivative, mode of psychological thought and clinical procedure. Whichever the case, it is characteristic of our increasingly ahistorical era that Kohut's origins in and prolonged adherence to the classical Freudian mainstream have been largely forgotten and his innovative ideas seen as revolutionary rather than evolutionary revisions of traditional views.

Rubovits-Seitz, who was closely associated with Kohut for many years, takes it as his mission in this volume to correct these misconceptions and to demonstrate the continuity of Kohut's thought with the classical Freudian corpus. His principal vehicle for doing so is the presentation of on-the-spot synopses of the series of lectures on psychoanalytic psychology given by Kohut to students at the Chicago Institute of Psychoanalysis in 1958–1960, several years before Kohut's turn to self psychology. Already known as a gifted teacher and theoretician, Kohut sought in these lectures to explicate Freud's evolving theoretical views and, in particular, to clarify the often confusing complexity of Freud's metapsychological concepts. Considering as he did that Freud's fundamental contribution was his demonstration of the nature and power of unconscious mentation and its relation to consciousness, Kohut traced with great clarity the progression and modification of these constructs from the treatment of Anna O and *Studies on Hysteria* (1) through *The Interpretation of Dreams* (2) to the final reformulation in "Inhibitions, Symptoms and Anxiety" (3).

Kohut's Freudian Vision includes a paper, "Concepts and Theories of Psychoanalysis," jointly prepared in 1963 by Kohut and Rubovits-Seitz, that spells out, elaborates on, and clarifies the themes encapsulated in the preceding synopsis of Freud's views. Rubovits-Seitz describes how Kohut's precision of language and his insistence on absolute clarity of expression delayed the completion of this essay, in which one can see the seeds of Kohut's later ideas beginning to sprout among the metapsychological thicket. In particular, he elaborates at some length his notion of optimal frustration as the key to healthy development and, far more than Freud, the direct correlation between the quality of parental response and formative childhood experience.

The book concludes with Rubovits-Seitz' discussion of the continuities he perceives between the essentials of Freudian theory and Kohut's later theories on narcissism and self psychology. Acknowledging the differences between the two, he, like Kohut himself, maintains that "at the level of basic methods and concepts the continuities between self psychology and traditional psychoanalysis are as significant as their differences" (p. 164). "Kohut himself stressed that self psychology adds something to traditional analysis; it does not substitute for it" (p. 165).

It is here, of course, that the locus of controversy lies. It is doubtless true that in certain respects Kohut's mature work builds on Freud's basic discoveries; in fact, Kohut's depictions

of particular patterns of narcissistic transference have been widely accepted and integrated into mainstream analytic thought. Kohut's abandonment of Freud's metapsychology, after years of struggle, was shared, and in some cases anticipated, by a number of more classically oriented analysts, notably George Klein, Merton Gill, and Roy Schafer. In his last statements, however, as Gedo (4) put it in his critical review, Kohut (and with him many of his followers) "put forth the claim that the appropriate end point of...psychoanalytic treatment...is the erection of compensatory mental structures" and stated that "he wished to replace insight with empathy as the primary goal of the therapeutic enterprise" (p. 416). Although Rubovits-Seitz maintains the position that Kohut restricted his technical innovations to the treatment of "narcissistic disorders," it seems clear that, at the end at least, Kohut included all manner of psychopathologies as "disorders of the self."

In the current ecumenical trend that seems to have invaded psychoanalysis, self psychology is being embraced, along with a number of other schools—interpersonal, intersubjective, object relational—once considered heretical or deviant by some. This may well prove to be for the good; it certainly opens possibilities for a more dispassionate exchange of views and collaborative investigational efforts. In this spirit, Rubovits-Seitz' slender book may help to bridge some gaps and to remind members of the different psychoanalytic persuasions of their common roots.

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Emotional Illness and Creativity: A Psychoanalytic and Phenomenologic Study, by Richard D. Chessick, M.D., Ph.D. Madison, Conn., International Universities Press, 1999, 474 pp., \$59.95.

The basic thesis of this remarkable and densely written book—that biography is destiny—requires us to glance at its author before considering his text. Dr. Chessick is a psychoanalyst, editor of several psychoanalytic journals, a gifted writer, a much-honored teacher, and a lifelong student and longtime professor of philosophy, in which he holds a doctorate. Such a scholar cannot disavow his own creativity by discussing his topic as an abstract concept. What he knows about the processes of analysis and synthesis fixes him in a spotlight of his own devising and demands something far more complex than any cold statement of theory might allow. Citing more than 600 wide-ranging references for what must be considered a life work, he both summarizes and exempli-

fies those guiding principles of greatest personal importance. *Emotional Illness and Creativity* is a Chinese puzzle of books hidden within books, a Möbius strip of a highway through and around some of the issues that have been Chessick's life.

Two clinical stories form the armature around which this sculpture is built. The life of Ezra Pound serves as an example of a great poet whose creativity was all but stifled by madness, and the life of "Barry" (a composite or synthetic patient drawn from Chessick's life experience as a psychoanalyst) demonstrates what similar stresses can do to the creativity of a lesser mind. Chapter by chapter, the stepwise development of these two individuals is interleaved with psychoanalytic citations and well-articulated philosophical concepts. One has to know a patient from the inside to evoke him so perfectly that another person can "see" him, much in the way a seasoned supervisor knows that a clinician cannot really understand a patient unless able to "be" that individual for the purpose of role play. Chessick's ability to write mediocre prose and poetry in Barry's voice is itself a literary and psychoanalytic tour de force. The two life stories blend with scholarly material and neatly justify the author's contention that illness interferes with rather than impels creative work. A book this complex also offers subtexts that deserve our attention and that do not yield to analysis until it has been read fully and savored.

The opening words, a paragraph of but one sentence ("Underneath it all is being-towards-death."), is so disagreeably blunt an assault on the sensibilities of the reader that one is still off balance when a paragraph later Chessick nods pleasantly at Nietzsche's celebration of art and aesthetics to state, "This includes artists who have created or at least elaborated the innumerable myths we call religions as well as other mythologies and ideologies that found cultures" (p. 1).

Chessick's philosophy is as pathomorphic as his psychoanalysis—not only does he restrict his theory of the mind to systems based purely on the investigation of deeply disturbed adults, but he also labels poets and patients with diagnoses ill supported in the text and controversial for many of us. "Although his father came the closest to fulfilling this [nurturing] function, Barry did not develop homosexual proclivities, but remained in search of the beloved one who never comes, as described by another narcissist, Rilke" (p. 55). Foreign words are rarely translated, Greek phrases are left in that alphabet and to the imagination of the average clinician, passionate love is caricatured as a vehicle "for a time enabling one to escape the constraints of reality" (p. 131), and the ability of loving others to soothe our ruffled affects is not cheered as a major joy of interpersonal intimacy but is consistently demeaned as a mere "selfobject" function worthy only of children or the child within the adult. "But no generalizations can be made about the function of falling in love beyond the fact that it tends to occur when there is a serious problem to be solved" (p. 140). As one reads the work of this truly gifted thinker, one becomes increasingly sad that he seems to believe that a fully mature human must live alone, fulfilled only by the pursuit of philosophical studies, which he proves must always be unsatisfying. No single work in my experience has so clearly explained the degree to which Freud's great work was locked into and limited by nineteenth-century German philosophy.

More than a third of the way through the book, Chessick describes Pound's "imagist method" as writing in which unexplained and detached images become the poetry and the reader of the poem is left with the hard work necessary to make the narrative coherent (p. 147). "The idea is that a specific image will present an intellectual and emotional complex in a brief moment of time, which, when experienced, instantaneously gives a sudden sense of liberation" (p. 148). On reading this, I found that this dense and complex book suddenly became lucid and far more approachable. The author has taken from the deeply disturbed poetic genius a system of exposition that maximizes the reader's affective reaction. Now it became clear that Chessick has used Pound's technique to amplify his own quite reasonable thesis: each of us has certain deeply affecting core concerns, matters that Chessick calls our "project" and analogous to what Tomkins (1) defined as a "nuclear script." Through these scripts we evaluate all the problems of life that cannot be abolished by mere thought (life and death, the family romance, the limitations of personal equipment, etc.) and are handled best by acceptance within some form of personal maturity that limits our proclivity to find everywhere analogues of that reality and repetition of the affective sequences associated with it.

What are the affects Chessick finds most troublesome, most important? Shame, usually characterized in terms of drive theory as the result of a narcissistic wound, looms largest as the source of both psychopathology and the project of everyman. "The problem of life lies in the necessity to withstand the inevitable narcissistic wounding which occurs...in a surrounding world of barbaric, unempathic, and hostile" others (p. 185). Not one of his references deals specifically with the psychology of shame, despite the great extent to which it figures in his work and the rapidity with which that literature has grown in importance (2, 3). And excitement? Degas said that the proper affective attitude of a painter about to put the first brushstroke on a canvas should be approximately that of a criminal about to perpetrate a crime. Even if we accept Chessick's decision that true creativity need not imply illness, within psychoanalytic theory the excitement that animates artistic expression must be attributed to libido, which a well-trained clinician understands as energy that would not be released in a more enlightened or less conflicted adult. Between the lines of this superb book is authentic despair that the tools of psychoanalysis and philosophy are inadequate to advance our understanding of the everyday experience of creativity.

Inexcusable in a modern book about creativity (especially given the excitement/lassitude seesaw described throughout it) is the absence of reference to Jamison's demonstration that the biology of affect has been a critical element in the creative work of so many geniuses about whom we have valid biographical data (4). Most theories work not because of the data on which they are based but because of what they exclude from consideration. Chessick's brilliant exposition of creativity from a broad-based psychoanalytic stance excludes far too much for me to accord it a status higher than that of a crystal-clear vision of the past history of our field. I would turn attention from this vision toward theories of the mind based more on affect than drive, theories that link the mind with neurobiology rather than eschew reference to it.

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CHILDHOOD

The Nurture Assumption: Why Children Turn Out the Way They Do, by Judith Rich Harris. New York, Free Press, 1998, 450 pp., \$25.50; \$15.00 (paper, published 1999 by Simon & Schuster).

This book has a second subtitle: “Parents Matter Less Than You Think and Peers Matter More.” Since the days of David and Goliath, we all have loved the cheeky underdog. Harris, who writes with clarity, elegance, and irreverent ironic humor, dispatches to the dustbin many of the studies that show the lasting importance of mother and father on the psychological fate of the child. Most of us who do research in child development—and also those who don’t—believe that parents have an abiding power to influence children for better or for worse. That is the gospel of psychiatry, psychoanalysis, academic psychology, and educational psychology, but there should always be room for contrary thinking. Harris doesn’t endorse the conclusion that parents are so powerful and ridiculous, or at least disparages, those who do (or did), like the behaviorist J. Watson and the analyst S. Freud. The two large forces that can obliterate parental effects on the child are summarized by two small words: genes and peers.

Genes, inheritance, or “nature” have been shown to account for 50% of the variation among children. They account for the similarity between a child and his or her parents in physical appearance, temperament, IQ, and emotional health. Genes also determine many of the prominent traits and behaviors of a child that tend to elicit repetitive responses from the parents and from other adults. A sweet, beautiful baby gets kisses, smiles, and candy. An ugly, nasty child gets curses and beatings. Harris cites research showing that genetic components of child behaviors can be readily transported from one context (e.g., the home) to another (e.g., the school) but that behaviors reinforced by parental nurture tend to be more context dependent. If a father punishes a child for lateness, the child may be on time for dinner but late in handing in homework at school.

The child’s environment, i.e., nurture, is also responsible for 50% of the variation among children. For Harris, however, nurture equals peer group pressures—forget about adults and teachers. She cites research showing that humans, like other primates, have been blindly designed through evolution to be group animals and learn the best behaviors to assure survival through imitation and modeling of behavior. So the developing child’s peer group and the child’s intense longing for high

status in that group (play group, gang, classroom, sport, gender) decisively shape his or her adult personality and characteristic behaviors. Once away from home, children want to be like other children they know well and unlike their parents and other adults. If the parents have any influence at all, their cultural standards and important values are transmitted to their children through the influence of adult public social and community groups interacting with groups of local children.

Harris concedes that perhaps religion and methods of food preparation are private matters and may possibly be transmitted within family constellations. She buttresses her conclusion that peer pressure far exceeds parental effects by extensive reviews of child development research, a summary of celebrated experiments with adolescents placed into group settings, and the use of examples from other cultures as described by historians and anthropologists.

Three generalizations from developmental psychology that have been fairly well accepted by academics during the past three decades permeate Harris’ interpretation of a vast body of data: 1) Child development tends to be discontinuous. 2) A child who begins to fail and flounder in development compared with peers is propelled downward, but a child who displays mastery and high achievement is pushed upward with magnification of earlier successes; reversal of this snowballing effect requires a lot of intervention or environmental change. 3) There is no such thing as a potent unified dominant self-organization in the human personality that remains constant in all or most situations. If one accepts these assertions, then quite a large number of inferences follow.

Cinderella, who behaved like a humble servant at home, could turn into a confident princess at the ball. The girl who is an angel at home to please her family turns into a monster under peer pressure at school. If a child has become an ugly duckling in school, failing many courses and lacking the companionship of children similar in ethnicity, socioeconomic status, or religion, he or she will tend to do worse and worse unless transplanted to another learning environment. High self-esteem exists only as long as children are doing something that elicits approval or admiration of their peer group. Bad parents have bad children either because their genes are passed on to their offspring or because the bad parents fall economically downward to bad neighborhoods with poverty, crime, social chaos, and drugs. This unfavorable surrounding in turn damages their children even more. Head Start programs will fail because they target parents more than children. Bilingual education programs will fail because children cannot learn the language of the dominant high-prestige peer group quickly enough. Placing students in tracks according to intellectual achievement will make smart kids smarter and dumb kids dumber. Diversity (racial, economic, IQ, religious) in the classroom is counterproductive to learning because groups of winners and losers inevitably will emerge. An individual child who has traits that are different from those of the dominant peer group in this situation suffers the most psychic harm if there are insufficient similar children. For a deviant child to prosper, there have to be enough “birds of a feather” to “flock together.”

The book gives many fascinating examples from the history of childhood in other countries demonstrating that culture, not parenting, is paramount in determining the behavior and temperament of adolescents. A nineteenth-century German

girl was treated with leeches and forced to hang each day from a horizontal bar because her society feared back crookedness. Yanomamo boys in the Amazon rain forest tied their foreskins to a string around the waist in order to transition to manhood. Harris cites Margaret Mead's research, which found that the Arapesh tribe's members were kind and gentle, in contrast to the Mungamor, who were hostile and warlike, independent of individual parenting values and wishes.

Harris' definition and conceptualization of the term "culture" adhere to those of Mead and appear simplistic, old-fashioned, and naive in the light of contemporary thinking in the area of cultural anthropology. Also, the reader must decide if Harris' examples in which culture and customs control adolescent behaviors are relevant to contemporary life in the United States. Probably they are not.

The issue of relevance comes up in regard to other examples as well. Do the sociological experiments of group conformity by Solomon Asch and the boys' gang formation in the Robbers Cave experiment of Muzafer Sherif et al. have a bearing on the balance between parental influence and peer pressure in shaping the personality of children in Berkeley, Calif.? Do the primate studies of Jane Goodall help us to predict the behavior of young adults in Fountain, Colo., the latest typical U.S. town? No, not without the presentation of many more conceptual and evidential links.

The book has more serious deficits. Although it is a wonderful layman's guide to child development research, Harris too often writes more like a journalist than a bench researcher. She sounds more like a dry-dock sailor than a seasoned salt. In a debate between Harris and Jerome Kagan broadcast by KQED Public Radio in San Francisco in 1999, Kagan noted that much of her material comes from questionnaire data studies that have limited value, rather than from more valid direct observation of children. Kagan observed that Harris relied heavily on easily measured aspects of child development like language acquisition while neglecting harder to quantify but crucial personality configurations such as temperament, aggressivity, and self-confidence.

Except perhaps in the use of data describing the adolescent phase of development, Harris exaggerates the importance of peer group pressure on the behavior of children. The nuances and distinctions that characterize a specific child age category are rarely discussed in connection with a specific research group finding. There are vast distinctions between 7-year-old girls, 10-year-old boys, and 19-year-old young adults. Also, the common observation that individual children choose, drift, or migrate to peer groups that best mirror and echo their parentally influenced inner characters, values, and needs is ignored. Finally, Harris is unwilling to credit the autonomy and inner life of children that has been depicted in so many autobiographies of creative adults. The power of this factor has been repeatedly shown even in narratives of children surrounded by terrible or chaotic environments.

A story is told of a soldier who, while marching in a triumphal victory parade dominated by the loud sounds of the military band, was out of step and marching to a different drummer. When questioned why the great occasion and the music failed to dominate the nature of his movement he replied, "I was musing and this provided me with special strength." This anecdote suggests that although it may be true that every person harbors many selves that are context dependent, choices

of attitudes and behaviors that ignore peer group pressures are often made. The ethnic characteristics of the two rival gangs in the musical play *West Side Story* appeared to dominate peer behaviors in the opening scenes but were surmounted by the love of the teen-age boy and girl, which ultimately asserted the power of individual psychology and individual relationships. I think that the relative invincibility shown by a child who thrives in spite of desperate social circumstances or personal physical fragility derives largely from parent-child relationships or from the ameliorating influence of other adults (1).

Studies that show the effect of an individual child with inner strengths on a group are not to be found in the meta-analysis of Harris' research review. It is valuable to consider the sources of emotional strength of the young African Americans who risked their lives to begin school integration in Alabama and Mississippi during the Civil Rights movement in the South. Children (even better than soldiers) can travel through their developmental lives affected by many more emotional and cognitive rhythms than just those offered by their peer group. It seems plausible that their parents have written some of the music by which they limp or dance through life.

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Child and Adolescent Neurology, edited by Ronald B. David, M.D. St. Louis, Mosby, 1997, 621 pp., \$68.00.

The child is father to the man. How can he be? The words are wild. Suck any sense from that who can.

—Gerard Manley Hopkins (1)

Whether one approaches the mental ills of childhood from the background of pediatrics or the background of psychiatry or neurology, the essential knowledge base remains the same. It is somewhat paradoxical that childhood as a developmental stage of life was largely ignored until the beginning of the sixteenth century. It was Juan Luis Vives (1492–1540), working in the court of King Henry VIII, who first emphasized child development and the proper upbringing of children (2). At about the same time, Paracelsus (1493–1541) also discussed the diseases of children and emphasized that the mind and body were a unit and mental illnesses were physical diseases to be treated with medicine. Child neurology is therefore part of the knowledge base for all psychiatrists.

Child and Adolescent Neurology is another addition to Mosby's Neurology Psychiatry Access Series, which includes Folstein's *Geriatric Psychiatry*, Knoefel's *Geriatric Neurology*, Bloom's *Adult Neurology*, Parmelee's *Child and Adolescent Psychiatry*, and Guze's *Washington University Adult Psychiatry*. These books are designed to facilitate understanding by introducing order based on a discriminator model rather than simply listing diseases. To quote from Dr. David's preface,

Much of the confusion that arises in diagnosis may be the result of the clinician who unwittingly crosses the anatomic, pathologic, pathophysiologic, phenomenologic

and etiologic classification domains used in medicine (for example, the inclusion of anatomically-oriented "temporal lobe seizures" in a phenomenologically based classification system that includes complex partial seizures). (p. xi)

The structure of this textbook, therefore, unifies the approaches of the 41 different authors into three sections: Pediatric Neurologic Evaluation, General Pediatric Neurologic Diseases and Disorders, and Common Pediatric Neurologic Problems. The first section, Pediatric Neurologic Evaluation, is a remarkably clear and useful manual for the neurologic history, neurologic examination, and laboratory procedures including neuroimaging. It provides a very useful outline form for the neurologic history and examination that is specifically exempted from copyright concerns and may be reproduced for clinical use without further permission from the author or the publisher.

The neurologic history and examination forms are particularly to be recommended to students and residents learning how to evaluate children, both neurologically and psychiatrically, because they lead to a differential diagnosis that is both complete and standardized for effective communication. In addition to the narrative text, diagnostic tables are placed in easy-to-reference boxes, and helpful "Pearls and Perils" boxes for conditions that are particularly common or dangerous appear frequently throughout the book. Also very helpful are the "Consider Consultation When" boxes, which alert the reader to situations that may require specialty expertise beyond that of the average pediatrician.

This is a true "how-to-do-it" book; it is not meant to be a substitute for the more in-depth coverage of books such as the encyclopedic *Pediatric Neurology Principles and Practice* (3), which is a more conventional reference book for the specialist but lacks the lucid pedagogic style of David's more accessible text. *Neurology of Hereditary Metabolic Diseases of Children* (4) is particularly helpful for a discussion of the differential diagnosis of the hereditary metabolic disorders, compared with the static encephalopathies and developmental abnormalities so commonly seen in pediatric practice. One might wish to begin with *Child and Adolescent Neurology* for initial access and then supplement it with *An Atlas of Clinical Syndromes* (5), another Mosby book, a German text that in translation is an enormous catalog of syndromes both common and rare along with their discriminating characteristics. That text will allow the practicing physician to make the kind of diagnosis generally associated with specialty genetic clinics. For the doctor in training, the *Atlas of Pediatric Physical Diagnosis* (6) has 2,248 illustrations to complete the basic library of a practicing pediatric psychiatrist or neurologist.

The recently published practice parameters of the American Academy of Child and Adolescent Psychiatry (7) and, of course, DSM-IV include physical and laboratory examination as required in making a diagnosis. However, how many child psychiatrists actually incorporate a physical examination in a meaningful way? There has been a trickle-down effect of adult biological psychiatric practice on child psychiatry as the bio-

logical revolution has made it more obvious than ever that the major mental illnesses of childhood are based in neurotransmitter dysfunction, genetics, and anatomy. As psychopharmacology has been extended to childhood, it has become mandatory to consider the entire biological basis of behavior in pediatric psychiatric diagnosis, which, in the past, had been more or less limited to psychodynamic formulations, often based on Freudian developmental theory or what might have been referred to as behavioral or developmental pediatrics.

Early intervention research into schizophrenia, the entire attention deficit hyperactivity disorder industry, and the burgeoning field of learning disabilities have radically transformed the practice of child psychiatry. *Child and Adolescent Neurology* does not pretend to be a psychiatric textbook (schizophrenia does not even appear in the index, and psychotic behaviors are referenced only in regard to complex partial seizures), but it has an excellent chapter on attention deficit hyperactivity disorder by Mary B. McMurray and Russell A. Barkley, as well as useful discussions of the different learning disabilities.

In addition to the annotated bibliography that appears at the end of each chapter, there is a section at the end of the book with more extensive bibliographic data, which is a valuable resource by itself. The treatment sections of each chapter are clear, concise, and logical as well. The inborn errors of metabolism have never been presented so clearly as in the chapters by Paul Maertens and William L. Nyhan with their tables and diagnostic features in easy-to-reference boxes.

In summary, this is a book to buy, not only for those specializing in child and adolescent neurology but also for child and adolescent psychiatrists or those general psychiatrists who realize that adult diseases play out against a background of development or may even have their origins in infancy and childhood. This would be an excellent text for those preparing for the board examination in psychiatry, containing as it does clear and concise tables, charts, and "pearls." I look forward to the future works in this Access Series by Mosby with the hope that they will be as authoritative and useful as David's *Child and Adolescent Neurology*.

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TRAUMA AND DISSOCIATION

Essential Papers on Post Traumatic Stress Disorder, edited by Mardi J. Horowitz, M.D. New York, New York University Press, 1999, 550 pp., \$75.00; \$27.50 (paper).

An editor immediately runs a substantial risk when titling a book "Essential Papers on...", since readers will expect to see their favorite classics. As I began perusing *Essential Papers on Post Traumatic Stress Disorder*, I had in mind, of course, my own list of essential and classic papers that I hoped to see in the volume. The problem is that lists of essential papers often only overlap in some areas. This is true here. One would expect to see Lindemann's paper on symptoms of acute grief, Pynoos and Eth's paper on children witnessing violence, Shore's study of Mount St. Helens, and at least one paper by Bonnie Green and Jack Lindy. These are present. Similarly, Lifton and Olson's paper on the Buffalo Creek disaster, published in 1976, was a major contribution to our recognition of the impact on health and community function of the threat to one's life and exposure to death. Eitinger's work on concentration camp victims represents an entire genre of publications on which the studies of posttraumatic stress disorder (PTSD) have been built. However, it is surprising to find a paper on eye movement desensitization in such a volume. What makes a paper essential, what makes it a classic, is much in the eye of the beholder.

Dr. Horowitz has put together an interesting collection of papers, many of which are important readings for those interested in individual responses to traumatic events, and, yes, some are essential readings. Dr. Horowitz has been a major contributor himself in this area, and his paper describing intrusive and avoidant symptoms, which led to the Impact of Events Scale—perhaps the most widely used instrument in studies of trauma—is a superb example of an essential reading. The volume is slanted toward individual responses with a substantial emphasis on dissociation. In addition, there are a few epidemiological studies and a few papers on war-related trauma.

The volume is broken into three parts, which, with some detective work, the reader can identify as related to diagnosis, explanation, and treatment of PTSD. Twenty-eight papers are included, three from Horowitz and his group. Previous volumes in this series have included *Essential Papers on Addiction* (1), *Essential Papers on Obsessive-Compulsive Disorder* (2), and *Essential Papers on Short-Term Dynamic Therapy* (3), as well as others. The reader will find a number of papers of interest and, without doubt, several that are on every person's essential and classic list. Others can be skimmed or avoided, and occasionally an undiscovered jewel will be found by the diligent reader. This book will primarily find value for teachers who desire a ready reference of papers on PTSD and for those who want to have a ready source of these specific papers in a single volume.

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Trauma, Dissociation, and Impulse Dyscontrol in Eating Disorders, by Johan Vanderlinden, Ph.D., and Walter Vandereycken, M.D., Ph.D. Philadelphia, Brunner/Mazel, 1997, 256 pp., \$29.95.

In this fascinating book the authors present the evidence for a link between trauma and eating disorders and then provide a detailed outline of the specialized treatment needed by these patients. In the first chapters the authors detail the evidence for a connection between a history of sexual abuse and eating disorders and associated symptoms. They point out that sexual abuse is reported by a higher percentage of patients with eating disorders (20%–50%) than the normal population, but a similar rate of female psychiatric patients report a history of sexual abuse. They report that there is evidence that a history of sexual abuse is higher among patients with bulimia-like symptoms than among patients with restricting anorexia and that patients with a history of sexual abuse are more likely to have comorbid psychiatric disorders.

The authors cite a report finding that patients with a history of trauma had higher scores on the Dissociative Questionnaire, particularly on the subscale for amnesia, than patients without a history of abuse. They describe the variables that may mediate the link between abuse and dissociative symptoms. The presence of comorbid psychiatric disorders is attributed to impulsive dyscontrol. The authors present the results of a study of stealing behavior, which found that 47% of 73 patients had stolen. In a study of self-injurious behavior, almost half of 94 female patients had at least one form of self-injury during the past year.

The fourth chapter describes the multidimensional assessment recommended. Then chapters 5–7 provide very helpful guidelines for the treatment of patients with eating disorders who have a history of trauma. The first goal of treatment is to help the patient regain self-control by using self-monitoring, response prevention techniques, and alternative abreaction techniques (such as moderate exercise to help reduce tension).

In chapter 6, the use of hypnotherapy techniques is described. The authors chose these techniques because they believe that many trauma patients are stuck in a state of negative self-hypnosis, continuously repeating negative suggestions to themselves. Several specific techniques are used to try to reintegrate dissociated portions of the self. The authors present the concept of an "affect bridge" in which the emotion preceding the problematic behavior (e.g., purging) is used as a bridge to the past where a situation occurred that makes the feeling explicable.

In chapter 8, the risks, complications, and pitfalls of psychotherapy with trauma patients are described. The circumstances in which trauma exploration may result in a revictimization experience are described. Those individuals who are not likely to tolerate exploration of the abuse are identified. In a very helpful section, the authors describe risks and complications for the therapists and ways of avoiding detachment or overidentification.

This book provides several novel approaches to patients with eating disorders who have a history of trauma. The indications and contraindications for the use of several hypnotherapy techniques are described. Many of the treatments recommended are not widely used in the United States, but

the authors provide cogent arguments for considering their use. This book is strongly recommended for any therapist working with patients with complex eating disorders.

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Reprints of Book Forum reviews are not available.

Corrections

In "Development of Major Depression After Treatment for Smoking Cessation" by Janice Y. Tsoh, Ph.D., et al. (March 2000; 157:368–374), there was an error in the Wald χ^2 statistic for the variable "Abstinence" in Table 2 (p. 371). The correct value should be "0.42."

A letter to the editor, "Ziprasidone Overdose" by Simon Burton, M.B., Ch.B., B.Med.Sci., F.R.A.N.Z.C.P., et al. (May 2000; 157:835), contained two errors in paragraph four. The corrected version should read, "One ECG was performed every 4 hours," and "An intravenous infusion with normal saline solution was begun at a rate of 1 liter every 8 hours."