

CONSULTATION-LIAISON PSYCHIATRY

The American Psychiatric Publishing Textbook of Consultation-Liaison Psychiatry: Psychiatry in the Medically Ill, 2nd ed., edited by Michael G. Wise, M.D., and James R. Rundell, M.D. Washington, D.C., American Psychiatric Publishing, 2002, 1,160 pp., \$175.00.

The heft of this textbook is based on the intellectual weightiness of the more than 100 contributors who bring together a tradition of psychosomatic medicine with the practical science of modern consultation-liaison psychiatry. Nothing challenges the biopsychosocial skills of a psychiatrist more than working in a complex medical/surgical environment, making a psychiatric diagnosis in a medically ill patient, and communicating with other physicians and other medical staff. This textbook brings together the theory and practice of consultation-liaison psychiatry, which underscores efforts of consultation-liaison psychiatrists to attain added qualification status for the practice of psychiatry in the context of the medically ill.

Many 19th-century medical books asserted that an individual could not be simultaneously medically ill and insane because the human body would not be able to sustain the combination. Now we know that complex psychiatric and medical comorbidities are major culprits in the relentless cost escalation of medical care, and the cost-effectiveness of consultation-liaison psychiatric interventions has been demonstrated time and again. The chapter by Hall et al. in this book on the cost-effectiveness of the consultation-liaison service is both an excellent summary of the research and a practical guide for the psychiatrist in asserting the value of psychiatric care and advocating for adequate reimbursement and support in the general medical setting.

The book is divided into four parts: General Principles, Psychiatric Disorders in General Hospital Patients, Clinical Consultation-Liaison Settings, and Treatment. Unlike a concise guide one can carry around in one's pocket while traveling the wards and intensive care units, this book nicely fits on the office shelf for more in-depth reading and understanding when time permits.

For those of us who love both medicine and psychiatry, consultation-liaison has been a great, exciting experience. For me, 20 years ago at the National Institutes of Health, doing this work was extremely interesting and stimulating in a complex research environment with patients who suffered from complex medical illness. Being helpful to patients, families, and consulting physicians while knowing that you would see the patient only once or twice required a special set of skills and was rewarding in its own right. I did not have available a textbook such as this opus of Wise and Rundell; this superb compilation of what we have learned in the last quarter-century would have been of great benefit.

STEVEN S. SHARFSTEIN, M.D.
Baltimore, Md.

Handbook of Psychiatry in Palliative Medicine, edited by Harvey Max Chochinov, M.D., Ph.D., and William Breitbart, M.D. New York, Oxford University Press, 2000, 435 pp., \$79.50.

The flyleaf of this book, authored by many well-credentialed people, states that it complements the *Oxford Textbook of Palliative Medicine* (1). It has two forewords and one preface. There are 43 contributors and 28 chapters. The majority of the authors are from the United States; most of the remainder are from Canada, with a couple from the U.K. and one from Israel. A little more than half of the authors are medical doctors; the rest are psychologists, nurses, and social workers. This is a serious book.

Repetition is inevitable in such a lengthy, authoritative textbook about a highly specialized activity, but the repeated points are important ones. Thus, those of us who read it from cover to cover will benefit from the retelling.

Part 1 has seven chapters grouped under the heading Psychiatric Complications of Terminal Illness. Chapter 3, "Diagnosis and Management of Depression in Palliative Care," is comprehensive without presenting new material. Chapter 6, "Delirium in the Terminally Ill," is tight and punchy and mentions sedation with the anesthetic propofol.

Part 2 has four chapters grouped under the heading Symptom Management. Chapter 8, "Physical Symptom Management in the Terminally Ill: An Overview for Mental Health Professionals," includes pain of course, as does chapter 9, "Psychiatric Aspects of Pain Management in Patients With Advanced Cancer and AIDS." This is a weakness of the book, perpetuation of the brain-mind division. Naturally, these chapters deal with many of the same subjects. Pleasingly, both give permission to use stimulants. In chapter 11 there is consideration of "the mechanism by which psychological distress is transduced into fatigue." Again, the supposed brain-mind division emerges and, in this instance, quite misleadingly. In a revision the authors might consider the term "organism distress." The authors helpfully inform us that when stimulants are used, the rate of discontinuation due to side effects is less than 10%. If I were to be stranded on a desert island and could only take one chapter of this book, I would pick chapter 8.

Part 3 has five chapters on Psychotherapeutic Intervention and Palliative Care. Chapter 13, "Existential Psychotherapy in Palliative Care," is esoteric, reminding us that Nietzsche advised separating from our own thoughts. It is doubtful that most dying people are in a position to pursue this advice. Chapter 14 summarizes the supportive relationship for dying patients. In chapter 15, cognitive behavior therapy lays claim to relaxation training, hypnosis, and other techniques that antedate the main body of cognitive behavior therapy by 50 years.

Part 4 has two chapters on Pediatric Palliative Care. Despite my claim to have read every page in the book, I skim-read these; such is my personal difficulty with this area.

Part 5, Family and Staff Issues, has four chapters and involves much repetition. Chapter 21, "Burnout and Symptoms of Stress in Staff Working in Palliative Care," does not provide an adequate definition of the term "burnout," whose time appears to have passed. It gives a picture of a trunk and branch

system of a tree, designating it “A Visual Model of Hospice Nursing,” and a picture of a plant root system, designated “The Root of Hospice Caregiving.”

In part 6, *Ethical and Spiritual Issues*, which has four chapters, chapter 24, “Addressing the Needs of the Patient Who Requests Physician-Assisted Suicide or Euthanasia,” is a useful piece of work that makes no pretense at having found the answers. This chapter is quite similar to chapter 4 in part 1, “Suicide, Assisted Suicide, and Euthanasia in the Terminally Ill.”

Part 7 has two chapters on Research Issues and is weak. Chapter 27 states that “audit of the psychiatric aspects of palliative care is underdeveloped” and recommends remedial action. Chapter 28 is a mere five pages long (including references). It acknowledges the lack of research in the field but is optimistic about the opportunities for research in the future.

This is a valuable reference book for the libraries of universities, hospitals, and workers in this highly focused field. It does not set out to be an easy-to-read introduction for the general psychiatrist and does not accidentally achieve that end.

Reference

1. Doyle D, Hanke G, MacDonald N (eds): *Oxford Textbook of Palliative Medicine*, 2nd ed. New York, Oxford University Press, 1999

SAXBY PRIDMORE, M.D.
Hobart, Australia

HISTORY OF PSYCHIATRY

Great Feuds in Medicine: Ten of the Liveliest Disputes Ever, by Hal Hellman. New York, John Wiley & Sons, 2001, 237 pp., \$24.95.

The older I get, the more I love lists. I must not be alone because the number of books of lists has grown exponentially as my generation of baby boomers has aged. Hal Hellman has now contributed a second book of lists to complement his earlier *Great Feuds in Science* (1). Popularly written, these books summarize intellectual and conceptual conflicts. (No violence—not even Ludwig Wittgenstein gesturing with a poker at Karl Popper.) In this installment we have Harvey versus Primrose; Galvani versus Volta; Semmelweis versus everyone; Bernard versus everyone; Pasteur versus Liebig, Pouchet, and Koch; Golgi versus Ramón y Cajal; Freud versus everyone; Sabin versus Salk; Franklin versus Wilkins; and Gallo versus Montagnier.

Medicine from the 17th century to the present, from high theory to laboratory practice, from the nature of the neural net to the primacy of discovery, is presented in vignettes that are readable and accurately summarize the science of these debates. (All of Hellman's sources are serious works on the history of medicine.)

Yet the very notion of right versus wrong in these pairings means that there was a predetermined victor, even in those moments (as with Semmelweis) when those who were right were destroyed by their claims. All of the victors are Muhammed Ali, and all of the vanquished are stumblebums.

Medicine is heroic in that it always overcomes errors, moving toward the light of truth.

Such a presentation of the history of medicine assumes that the players are the heroic characters that confront each other on the stage of history. In medicine (at least since the 19th century) the very notion of the laboratory and the team has meant that such positions are always collective, producing no truly world historical figures. Even in the history of psychoanalysis, Freud comes out of the neurological laboratories of Vienna (which, according to Hellman, shaped him more than anything else) to create psychoanalysis—the one true one-man operation in 19th-century medicine. But it is also true that another collective is also at work in the history of medicine. There is always a consensus-building acknowledgment of what is good medicine and what is quackery, and this consensus comes as much from the general culture as from the medical culture.

Hellman's accounts are readable, but they really miss the point of such pairings. It is not that one was right and that the other was wrong. Medicine tries over time to accommodate all positions, casts off those which are perceived as too weak by the various collectives in which it functions, and is willing to return to these or demonize them over time. This relationship also shifts as new discoveries, inventions, and beliefs are added to the art and science of medicine. What is true at one moment in medicine becomes anathema the next and then returns in triumph again (e.g., the history of ECT from 1950 until today).

I love lists. I enjoyed reading Hellman's work. But if you want the nuances and the flux, read the books he lists in his bibliographies.

Reference

1. Hellman H: *Great Feuds in Science: Ten of the Liveliest Disputes Ever*. New York, John Wiley & Sons, 1998

SANDER L. GILMAN
Chicago, Ill.

The Question of God: C.S. Lewis and Sigmund Freud Debate God, Love, Sex, and the Meaning of Life, by Dr. Armand M. Nicholi, Jr. New York, Free Press, 2002, 295 pp., \$25.00.

This book apparently arose out of a course that Dr. Nicholi has been giving, first to undergraduates and then “for the last ten years to the Harvard Medical School students” (p. 5). Why this course was given and especially why it was given to Harvard Medical School students is not explained; the book jacket tells us only that there are now hundreds of Nicholi's former students. The author, although he deals at length with some of Freud's writings, is not a psychoanalyst. He is Associate Clinical Professor of Psychiatry at Harvard Medical School and the Massachusetts General Hospital, a very prestigious affiliation indeed. He is an actively practicing psychiatrist and “serves as a consultant to government groups, corporations, and professional athletes.”

The book is written in a pleasant style and is clearly meant as a book for the general public, not for scholars. It has a journalistic ambience, and Nicholi is a skilled popularizer and rhetorician.

Nicholi attempts to juxtapose in some manner the views of Sigmund Freud and the views of C.S. Lewis on the subject of religiosity. What actually emerges from the book, as far as I could gather, is that Nicholi has used the views of Lewis to attack Freud and argue not just for the existence of God but for the validity of the Christian religion. It appears to me that a religious Moslem or a religious Jew or a religious Hindu or Buddhist would be just as annoyed with this book as a Freudian psychoanalyst.

Freud and Lewis probably never met and never had a discussion; Lewis was of a generation later than Freud. We are given a number of Lewis's arguments against Freud's views, but we are not given any arguments by Freud against Lewis, whom I doubt he ever heard of; if he did, he might have abruptly dismissed him as a guilt-ridden neurotic. The net result of this book is that the views are not juxtaposed but, rather, Lewis's responses to Freud serve the author Nicholi as a rhetorical vehicle to express disparagement of Freud's point of view.

Of course it is true that Freud wrote a great deal and some of his writings were not consistent over a long life, and in general Nicholi is right when he argues that Freud was excessively harsh and annoyed with the human practice of religion. It is also true that Freud suffered greatly from Christian anti-Semitism, that he was a great believer in the power of reason to eventually rescue our extremely troubled species, and that he was somewhat contemptuous of the value of religious belief.

Nicholi states, "The purpose of this book is to look at human life from two diametrically opposed points of view: those of the believer and the unbeliever (Freud divided all people into these two categories)" (p. 5). Actually, Nicholi is invidiously comparing the point of view of science or materialism, which he uses Freud's writings to exemplify, with that of the Christian religion. He makes much of Lewis's conversion to Christianity, which took place in the gentle ivory-tower ambience of Oxford University where he taught philosophy for many years, quite a different place from the harsh streets of Vienna.

Nicholi uses a number of rhetorical tricks. For example, we are told twice (p. 7 and p. 55) about a Gallup poll indicating that 80% of Americans believe they have a personal relationship with God and that 96% of Americans report they believe in God. Nicholi uses this sort of information to make Freud sound like he was standing against a large clamor of disagreement. Indeed, Freud and psychoanalysis have opposed hugely popular views on a number of subjects, such as the so-called innocence and purity of children. The fact that a belief is popular does not have anything to do with whether it is correct.

On the whole, Nicholi gives a fairly accurate picture of Freud's background and statements with a few minor exceptions. For an example of the latter, he states that Freud "disliked" music (p. 15) and that "he appeared to possess a strange attraction to Rome" (p. 15), an attraction that Nicholi hints might have to do with contradicting Freud's views on religion. That Freud was a serious student of history and deeply interested in ancient civilizations is not mentioned in this context, nor are his frequent citations from the operas of Mozart and others.

The unpleasant childhood of Lewis is well presented, and it is clear from the beginning that Lewis lived on hope. He seems to have been abused by a boarding school headmaster and that he was just as disbelieving in God and Christianity in his younger years as Freud was. Nicholi concludes chapter 1, on the lives of Freud and Lewis, with the following peculiar statement: "What caused Freud to continue to reject the rich spiritual heritage of his family and to remain an atheist?" (p. 35). Although we have reason to ask why Lewis underwent a conversion, why does there have to be a cause for Freud's *not* undergoing a conversion? Once Freud had grown past adolescence and, in the spirit of the Enlightenment, had rejected religion, there is no reason to think that something caused him not to change his mind. The implication once more is that he *ought* to have changed his mind.

Nicholi is right in stating that it is only an assumption that all knowledge comes from science and no knowledge comes from revelation and that this was Freud's view. Speaking of religious belief, however, Nicholi asks, "How did Lewis overcome his resistance to belief? He did, and Freud did not. Freud cannot tell us why" (p. 50). Again, the author assumes there has to be some reason for Freud's not changing his mind.

Nicholi is impressed by the fact that some of his students who were atheists "acknowledged that whenever their plane hits turbulence they find themselves praying" (p. 51). It is hard to understand what this is meant to demonstrate, since it is well-known to military men that there are "no atheists in foxholes." Freud would clearly have retorted that the tendency to regression under stress is great and that regression implies magical thinking and, at its worst, delusion formation.

Nicholi tells us that "modern medical research has shown that extrinsic religiosity can have a negative effect on physical and emotional health, whereas intrinsic faith often has a scientifically demonstrative positive effect" (p. 52). Many of the publications he cites for this statement maintain that people who are sick get consolation from religious belief, which is certainly true and again offers a demonstration that severe stress produces regression and magical thinking, which is consoling and keeps hope alive. But I doubt if there is general scientific agreement in the medical profession that religious belief produces or enhances physical and emotional health and healing and so, like exercise, is to be recommended to all.

There is no doubt that Freud was very dismissive of conversion experiences and oceanic feelings and the like. Nicholi extends this rhetorically to having Freud claim that everyone who embraces the spiritual world view is emotionally ill (p. 55). It is up to the reader to assess these kinds of statements and arguments and pick and choose what he or she finds valid.

I was impressed with chapter 3, "Conscience: Is There a Universal Moral Law?" because I had thought that the Kantian idea of the existence of conscience serving as some kind of proof of religion had been largely given up, now that we understand the powerful effect parents have on the formation of the superego. Here again the reader will have to decide.

Some of Lewis's rhetoric is presented without comment and refutation by Nicholi, in marked contrast to his frequent challenging of Freud's position. For example, Lewis writes, "The doctrines of repressions and inhibitions" imply that "the sense of shame is a dangerous and mischievous thing" (p. 65).

How that is implied is not made clear. I know of no psychoanalysts who are against the sense of shame that we all feel when we have failed to live up to our expectations for ourselves. I know of no psychoanalyst who thinks the sense of shame is per se or intrinsically pathological.

It seems to bother Nicholi that Freud in a letter wrote that he was “better than other people.” First, it happens to be true. Second, it is taken out of context and used by Nicholi to speculate that Freud had a problem with self-esteem, whereas Lewis was “appalled” by the “terrible things” he found out “about my own character,” which, says Nicholi, made him realize his need for outside help, representing a step in “his transition to a spiritual world view” (p. 75).

An important hint is given that another approach to this debate might be possible. By dividing the world into materialists and spiritualists, as he says Freud did, Nicholi admits that Plato is hard to place alongside G.K. Chesterton in the “spiritualist” category, and he is correct. The conclusion from this might be that the division is inadequate, and that one does not have to choose between Freud’s militant atheism and Lewis’s mystical Christianity; there are many other possibilities.

Nicholi thankfully does not try to provide speculative psychoanalytic interpretations of why Lewis converted and why Freud was an atheist. We don’t know why Lewis had his conversion experience or what it meant to him; what we do know is that all human decisions, beliefs, and actions represent compromise formations made by the ego in order to satisfy the conflicting demands of the id, the superego, and the external world.

Nicholi’s bottom line is that Freud, described by Nicholi as a depressed cocaine abuser in his younger years, became an unhappy, pessimistic, grumpy old man flailing wildly at religion until the end of his life because he never found cause to undergo a religious conversion. Lewis, on the other hand, underwent a religious conversion, found the true Christian faith, and became transformed into a serene Botticelli, a pleasant, loving, giving, and gentle person. The implications of this for the undergraduate students and the medical students in his courses, as well as for the general lay public for whom this book seems to be addressed, are obvious and will undoubtedly be welcomed.

In his discussion of depression in chapter 5, Nicholi the psychiatrist makes no differentiation between the depressive disorder diagnosed in our consulting room and the fact that many Americans are unhappy. There seems to be no recognition of the possibility that depressive disorders have genetic and neurobiological components, whereas even a person with perfectly normal genes and neurophysiology can certainly suffer from sustained unhappiness due to the circumstances of his or her life and the culture in which he or she must survive.

In the same chapter Nicholi uses Lewis’s approach to illustrate his own attitude toward mental illness and toward the difficulties in living that we all experience. Lewis, like the medieval thinkers, emphasized the “free will” that God gave humans and explained unhappiness and evil in the world as a matter of the misuse of free will. This implies that if individuals made the right decisions and had the right attitudes there would not be evil causing unhappiness and misery in the world. Taking this farther, Nicholi illustrates his cognitive approach on pages 115 and 116, where he explains “as a psychi-

atrist” why Lewis “changed from a wary introvert with very few close relationships to a personable extrovert with scores of close friends and colleagues” (p. 115). This, we are told, had to do with Lewis’s reading of the Old and New Testaments “seriously,” his understanding of the importance of “loving one’s neighbor by wanting the best for him and exercising one’s will to act accordingly” (p. 116), and the realization with his conversion that death no longer marked the end of life so that everyone is immortal and worthy of our attention.

Some psychiatrists may also fuss about the fact that certain studies are taken as definitive when they are cited and that Nicholi, although he repeatedly refers to his research, cites no publications of this research. For example, we are told of his research with Harvard students who tell him that their sexual experiences after their religious conversion, when they followed “the strict biblical standard of chastity, or marriage with complete fidelity,” were now much more satisfactory and no longer “a desperate attempt to overcome...loneliness” (p. 158).

Although Freud’s statements are often contradicted by Nicholi as they are reported to us, some very questionable beliefs of Lewis are allowed to pass without comment. For example, Nicholi writes, “Does sexual attraction always serve to bring a couple together so that, as they come to know each other, they eventually ‘fall in love’? Lewis believes that often they fall in love first and then find themselves sexually attracted” (p. 139). Movie makers and novelists please note.

Later in the book we are offered Nicholi’s solution to all successful relationships, *Agape*. He offers this to us “as a clinician,” having noticed when consulting “with hospitals, universities, corporations, and others” that the problem is that there are conflicts between people “resulting from people acting primarily on feelings of rivalry, jealousy, hatred, revenge, or vindication” (p. 178). He seems not to notice that his “clinical experience” supports quite well Freud’s description of human relationships; the difference is that Nicholi believes that by an act of will one can stop doing these kinds of disturbing actions. This again to my mind hints at a cognitive approach to mental illness without reference to the unconscious and the power of the instinctual drives to take us over a cliff.

Nicholi repeatedly refers to Freud’s difficulties with colleagues, without explaining that some of these difficulties may have to do with the pathology of the colleagues, not with Freud’s personality. He portrays Freud as a friendless individual, which is simply historically not true. There is no mention of Freud’s inner circle of psychoanalysts and friends who loyally protected him nor of Freud’s enduring friendships over many years with his B’nai B’Rith colleagues. Nicholi is correct in quoting Freud’s letters to Oskar Pfister, the Swiss pastor with whom he remained friends for many years, in a correspondence that I have also alluded to in my own writings (1). Freud says, “I do not break my head very much about good and evil, but I have found little that is ‘good’ about human beings on the whole. In my experience most of them are trash, no matter whether they publicly subscribe to this or that ethical doctrine or none at all” (cited by Nicholi on p. 181). This is a correct assessment of Freud’s attitude, and the reader must decide if it is right or wrong.

Late in the book we are told that Lewis believed in devils and also are informed that “some scholars” believe that Freud felt that he “had made a pact with the devil” (pp. 208–209).

Here references are cited, but nothing is said as to the validity of such claims. There have been many wild claims about Freud's personal life in the literature, for he produced much enmity by his theories, and it is hard to find any evil for which he has not been held accountable. The reader deserves a careful assessment of some of these citations. That "devils" may simply represent the projection of "all bad" self and object representations is not considered.

Finally, whereas we are told that Lewis faced death "with not only cheerfulness, calmness, and inner peace, but with actual anticipation" (p. 239), Freud's death is described quite differently: "Did Freud fear he would die in a frantic state of fear and panic?" (p. 229). Their two deaths are juxtaposed; the description of Lewis's death comes from his brother, and the implication about Freud's death is a speculation by Nicholi.

Perhaps the most astonishing paragraph in the book is the last one. Here we are told that if we are to try to answer the question of God, "We owe it to ourselves to look at the evidence, perhaps beginning with the Old and New Testaments" (p. 244). Try that out on a Hindu or a Buddhist friend or some member of the thousands of religions all over the world who ignore the Bible that is used by Christianity today. I am reminded of the time when President Ronald Reagan tried to deal with the Ayatollah Khomeini of Iran by sending him a gift of the Bible.

In conclusion, although this book is not basically wrong in its description of either Sigmund Freud or C.S. Lewis, I found it to be primarily a rhetorical exercise in which the material is presented with the clear implication that a conversion to the Christian religion is a highly salutary event that would bring a person from their everyday misery and crabbiness to good interpersonal relations, felicity, and a conviction of life after death, as well as better mental and physical health. Why this is being taught to undergraduates, and especially to Harvard medical students, I do not understand. Many religious Christians will find this book most interesting and enjoyable, but I do not see that it has anything to offer to the practice of clinical psychiatry.

Reference

1. Chessick RD: Freud Teaches Psychotherapy. Indianapolis, Hackett Publishing, 1980

RICHARD D. CHESSICK, M.D., PH.D.
Evanston, Ill.

Evolving Perspectives on the History of Psychology, edited by Wade E. Pickren, Ph.D., and Donald A. Dewsbury, Ph.D. Washington, D.C., American Psychological Association, 2002, 608 pp., \$39.95 (paper).

When people think of psychologists, they usually refer to applied psychologists—clinical, counseling, school, or organizational psychologists—rather than the academic who taught their introductory psychology course in college. Yet the origins of psychology are more closely tied to those academics than the applied types who are so prevalent today. This interesting history of psychology, edited by Pickren and Dewsbury, illustrates that modern psychology did not spring full-blown out of Wilhelm Wundt's head in 1879 when he established a laboratory for "experimental introspection" in Leipzig, Germany. The origins of psychology, as well as its

subsequent course of development, are very much tied to particular historical eras and the personalities and interests of particular individuals.

Wundt defined psychology as a science to be differentiated from philosophy, specifically, German idealism, spiritualism, and metaphysics. His was a "pure" discipline based on experimental methods and natural or social scientific principles. When William James imported Wundtian psychology to the United States, he expanded its theoretical reach but diluted its scientific methods. Unlike Wundt, James established it in academic departments of philosophy and tried to build a bridge between psychology and the nation's popular obsession with spiritualists. It was left to G. Stanley Hall to create the necessary infrastructure to make psychology a legitimate academic discipline: scientific peer-reviewed journals, a scientific society (i.e., the American Psychological Association), and separate degree-granting academic departments of psychology. Hall was also the first to recognize Freud's contribution and invited him to give the famous lectures at Clark University, where Hall was president.

Application of psychological knowledge didn't begin until World War I, when psychological tests (e.g., to measure intelligence) were developed and validated to assess military recruits. Then, during the Depression, high rates of unemployment among psychologists led them to seek positions in nonacademic settings, such as schools and businesses. The explosive growth of applied psychology occurred only in the last 50 years, since World War II. The subdiscipline of clinical psychology was developed in response to the need for staff at Veterans Administration hospitals to care for the huge number of psychiatric inpatients. This demand led the federal government to provide substantial funding for jobs and training for clinical psychologists to do therapy and assessment. Thus was born the contemporary practicing psychologist, who bears little resemblance to the academic experimental psychologist.

Despite the inherent tension between the science and practice of psychology, the father of clinical psychology, David Shakow, laid out a curriculum based on a scientist-practitioner model that has been used to train tens of thousands of Ph.D. clinical psychologists. Shakow applied the same scientific standards to clinical psychology that the experimentalists applied to "pure" psychology. His approach has been criticized for underemphasizing science, since the majority of clinical psychologists become independent practitioners. This split between scientists and practitioners culminated in the secession of academic psychologists from the American Psychological Association, which they felt was too dominated by applied types.

In one of the more interesting chapters in this volume, Lawrence Smith describes how behavioral psychology's attempt to predict and control behavior, as exemplified by John Watson and B.F. Skinner, reflects a technological ideal of science derived from Francis Bacon. Even these so-called pure scientists were seduced by the wish to apply their findings. One section of the book describes the application of psychology in the public interest, including the powerful influence Kenneth Clark's research on racial identity had on the *Brown v. Board of Education* judicial decision leading to school integration. The Supreme Court had such confidence in the merit

of Clark's psychological findings that they were willing to make this momentous decision.

Most striking to me is how psychologists have always necessarily been located in their historical era. For example, during the Depression, many psychologists were quite activist and leftist. Another chapter describes the insidious anti-Semitism of E.G. Boring, one of the century's most important experimental psychologists. Another describes Yerkes's racist theory of inherited intelligence. What *Evolving Perspectives on the History of Psychology* makes clear is that psychology is just as racist, sexist, and influenced by historical events as any other field.

As a reader who never took an introductory psychology course, I found this book to be new and surprisingly engaging. Understanding the history of psychology is truly relevant to the issues I struggle with as a clinical psychologist in an academic medical setting. Its 27 chapters are somewhat uneven but generally of high quality. Beginning with a section on historical approaches, the editors are cognizant that history cannot be recounted with a single voice. I was particularly engrossed by two chapters by Thomas Leahey: one on paradigm shifts in psychology and another on historical misunderstandings; by Sheldon White's chapter on G. Stanley Hall's developmental psychology and the beginning of the child study movement; and by Layli Phillips's recontextualizing of Kenneth Clark.

The editors provide brief helpful introductions to each section, especially welcome since these chapters were compiled from previously published material. Although I might quibble with certain omissions (e.g., personality psychology is limited to a discussion of Gordon Allport, ignoring Henry Murray, Robert White, and David Rapaport), in general this volume surveys most important areas of psychology. It is next to impossible to define a unified psychology in view of the numerous subdisciplines, as exemplified by the 52 divisions within the American Psychological Association.

In sum, although many of these discussions might seem esoteric to the average clinical psychiatrist, I would hope that psychiatry might also want to trace its intellectual history in part to the history of psychology.

SCOTT WETZLER, PH.D.
Bronx, N.Y.

PSYCHOPATHY AND VIOLENCE

Prison Masculinities, edited by Don Sabo, Terry Kupers, and Willie London. Philadelphia, Temple University Press, 2001, 296 pp., \$55.65; \$17.47 (paper).

This is a fascinating book! It is well written and well edited by three diverse editors—a professor of sociology, a psychiatrist, and a poet who happens to be a prisoner in a New York correctional institution. These three men have combined their talents, their interests, and their efforts to produce a book that is revolutionary, inspiring, and upsetting, all at the same time. The book is so rich in its breadth and depth that it would be difficult to summarize it in a few sentences. It really must be read not only by those who are concerned about the

conditions within our prison system in the United States but also by those who are concerned about the effects of that system on the men (and women) who ultimately return to the community often worse off than when they were first arrested.

Most individuals who are incarcerated have not committed violent crimes. Many have, but the majority have not. Yet, while in prison, the chapter authors point out, young men have to learn to adopt a violent attitude in order to survive. They use the word “masculinities” not only in its sexual connotation but primarily as a gender issue to illustrate the problems that men in prison have as a result of the culture of “masculinization.”

The editors speak of the prison code in a homosocial environment. They speak about “doing masculinities in prison.” They give the following examples regarding the core commandments within the prison:

Even if you do not feel tough enough to cope, act as if you are. Suffer in silence. Never admit you are afraid. Whatever you see “going down”...do not get involved and do not say anything. Do not snitch—the penalty can be death. Unless you want to be branded a punk, do not do anything that will make other prisoners think you are gay, effeminate, or a sissy. Act hard and avoid any semblance of softness. Do not help the authorities in any way. Do not trust anyone. Always be ready to fight, especially when your manhood is challenged, and act as if you do not mind hurting or even killing someone (this is sometimes the only way to avoid being put in a position of having to hurt or kill).

That last statement is chilling: it shows that the culture within the prison teaches the individual to act as though he is ready to kill someone in order to avoid a situation where he may have to kill someone.

In other sections, the chapter authors point out the failure of the prison system as it is now constituted. They discuss, for example, the release of individuals directly from solitary confinement to the street, where they have no possibility of getting a job, have not learned how to socialize effectively within the prison system, and are expected to get a job if they are to maintain their parole status. They point to the failure of the system and the return of many individuals to the prisons.

This book is primarily a political treatise on the use of masculinities or male gender issues to perpetuate a failing system and to keep various people in power or in business. In addition, the editors raise the question of race and its political issue in the prison system. They point to the overwhelming majority of men of color in the prison system far beyond their representation in the community at large. Angela Davis, one of the chapter authors, presents her views of “Race, Gender, and Prison History: From the Convict Lease System to the Supermax Prison.” From the standpoint of sexual problems for men in a homosocial environment where sex is not allowed, the chapter titled “Caged and Celibate,” by Mumia Abu-Jamal, depicts the problems for the men who are not supposed to engage in sexual activities.

What is unique about this book is the inclusion of several pieces by inmates or former inmates reflecting their experiences in the prison system. There are treatises, firsthand ac-

counts, and poetry that reflect the extremely difficult conditions faced by inmates in our prison system. The authors even distinguish among the various people who are incarcerated by the labels we give them, e.g., a prisoner is "a positive thinker, always thinking freedom...not a snitch, trustworthy among prisoners." A convict is one who has been "convicted of a crime, has a con mentality of trying to get over on anyone in any way possible, guilty but considers himself to be a 'victim of the system.'" And an inmate is one who will "do anything, has no individual will or resistance, acts as a snitch. The term 'inmate' is used to deceive the public and prisoners about the abuses and injustice in the prison system."

Reading this book led me to three thoughts. First, I was reminded of the treatise by Dr. Herbert Thomas (1), a very thoughtful psychoanalyst and correctional psychiatrist, who studied the concept of shame in the prisoners in the state correctional institution at Pittsburgh, where he has worked for many years. People entering the system have a sense of shame for having been caught and labeled as inmates, convicts, or prisoners. They may experience further shame at the hands of guards who may be sadistic and humiliating to them. If they are unfortunate enough to be sexually abused or raped by another inmate, they will experience even further shame and loss of self-esteem.

Second, women have talked about rape as a violent act of domination rather than a sexual act. Clearly, in prisons, homosexual rape is an act of violence and domination and unlikely to be sexually motivated in some cases.

The third association I had while reading the book was with the very fine drama on prison life on the Home Box Office network titled *Oz*. On the cover of the book, Tom Fontana, the creator of *Oz*, is quoted as saying, "Every legislator in America should be locked in solitary and forced to read this book."

I would not go as far as Mr. Fontana, but I would highly recommend the reading of this book to any thoughtful psychiatrist, mental health worker, or corrections officer who cares about the mental health of our prisoners and who also cares about the welfare of our community, which is exposed to the inmates who are released from prison, many of whom are more violent and less socially able than they were before they were incarcerated.

Finally, the book has a section on rehabilitation that offers suggestions about changing the system to allow for a more appropriate environment for men who must be locked away for committing crimes. The masculinities culture described by the editors and the authors of this fine book needs to be studied, explored, and modified in order to improve the mental health of our inmates as well as to protect society when these inmates return to live among us. We are all involved, even though the prison system has been set in isolation and away from the consciousness of us all. We do not like to think about what happens to people once they are whisked away to prison to serve their time for committing crimes against society. However, this book reminds us that we must be aware of the conditions in prison and must help to change the situation for the benefit not only of the prisoners, inmates, and convicts, but also their families, their friends, and the community at large.

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ROBERT L. SADOFF, M.D.
Philadelphia, Pa.

Violence and Psychopathy, edited by Adrian Raine and José Sanmartín. New York, Kluwer Academic/Plenum, 2001, 202 pp., \$80.00.

This volume consists of nine papers presented in Spain in 1999 at the Fourth International Meeting on the Biology and Sociology of Violence. They represent the work of the two editors and six others, including psychologists, criminologists, and a neurologist. Together, these authors cite the literature more than 600 times. There are four chapters on the phenomenon of psychopathy, three on serial killers, one on psychosocial contributions to psychopathy and violence, and one on treatment.

Robert D. Hare's contribution is titled "Psychopaths and Their Nature: Some Implications for Understanding Human Predatory Violence." Hare is a prominent expert on psychopathy and devised the Psychopathy Checklist, which consists of 20 measures by which to evaluate violent patients who meet the DSM-IV criteria for antisocial personality disorder (p. 9) and is an important component in the Violence Risk Assessment Guide (1).

A chapter on brain imaging examines the evidence from positron emission tomography scans of differences in the brains, particularly in the prefrontal cortex, of types of murderers; for example, the predatory killer compared with the psychotic killer compared with the normal individual. One chapter on the emotional processes in psychopathy describes research methods using the "startle probe," an objective means of evaluating differences in emotional reactivity in individuals to test the theory that psychopaths are violent, intimidating, manipulative, and lack empathy in part because they have a "weak defensive activation system" in their brain (p. 72). A chapter on neurobiology explores the possibility that the psychopathic brain differs from others in its structure because of noxious influences prenatally and in early childhood.

The first of the three chapters devoted to serial killers, on the concept and history, focuses on differences between serial killers who are psychotic and disorganized and those who are psychopathic and organized. I would have appreciated knowing the credentials of the author, who is associated with a center for the study of violence in Spain. A chapter on the motives of the serial killer is by a criminologist. The third chapter in this section addresses the interrelationships of psychopathy, sadism, and serial killing. The author, whose qualifications are not given, argues for the concept of sadistic personality disorder, which is not in the DSM system, although sexual sadism is.

The chapter on psychosocial contributions reviews literature that reports experiments done with infants and children in order to measure the effects of parenting and related experiences on some of the traits that may characterize future sociopaths. This author also discusses his "construct theory" (pp. 157–161); his view is that children acquire their motives as they learn language. Motives, he contends, do not require

instinctual drives or wants. He views the putative links between drives and motives as "obfuscating fictions."

Lastly, there is the matter of treatment. Is it possible? The short answer is no, but the author of the chapter on treatment, a German psychologist, after reviewing the record of attempts to treat psychopaths with medications and various psychosocial interventions, tells us what he thinks may work if only we can arrange it. He lists and discusses 15 principles to which a reasonably promising program would need to adhere.

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

LAW AND ETHICS

The Evolution of Mental Health Law, edited by Lynda E. Frost, J.D., Ph.D., and Richard J. Bonnie, LL.B. Washington, D.C., American Psychological Association, 2001, 344 pp., \$49.95.

About a quarter-century ago, former American Psychiatric Association President Alan A. Stone, M.D., wrote a seminal book on mental health and the law (1). As one of the earlier tomes on the subject, Dr. Stone's book has now taken its place among the classic works of forensic mental health.

Over the ensuing years, there has been an explosion of mental health case and statutory law that has given rise to many thoughtful, provocative, and incisive thinkers from the fields of psychiatry, psychology, and the law. During this time, forensic psychiatry has matured from an esoteric practice of a few to a recognized medical subspecialty in the United States. One of the premier forensic mental health think tanks, the Institute of Law, Psychiatry, and Public Policy at the University of Virginia, began operation in 1977. On the occasion of the Institute's 20th anniversary, several prominent figures in the forensic mental health field presented papers that formed the basis for *The Evolution of Mental Health Law*. Editors Lynda Frost and Richard Bonnie undertook an enviable task when assembling the writings of many of the finest minds in forensic mental health. Professor Bonnie is well-known to psychiatry as he has assisted the American Psychiatric Association in its forensic mental health endeavors over the years.

The only faux pas in the book occurs in the preface, where the editors define "mental health law" and proceed to state, "In this broad sense, the phrase encompasses what is often described as 'law and psychology.'" We can only hope that the omission of psychiatry was on the part of the copy editors of the publisher and not the esteemed editors. *Evolution of Mental Health Law* provides a fresh perspective to the legal changes and trends of the latter part of the 20th century and their influence on the mental health field and vice versa. Nearly every chapter is authored by a recognizable name in forensic mental health, including, among others, W. Lawrence Fitch, Thomas Grisso, Seymour L. Halleck, John Monahan, Stephen J. Morse, John Petrila, Elyn R. Saks, Chris-

topher Slobogin, Henry J. Steadman, David B. Wexler, and Bruce J. Winick.

The most exciting chapter opens the book. Law professor Robert A. Burt offers a thought-provoking hypothesis to explain the ebb and flow of the cycles of repression and enlightenment in regard to those with mental disorders or disabilities and those who are African American. Curiously, the cycles in regard to these two groups have been dysphasic since the founding of the United States. Joseph J. Bevilacqua's chapter highlighting the deficiencies in market-driven mental health services is must reading for all who expect to challenge the evils of managed care. Nearly all of the chapters capture the essence of the recent history in the forensic mental health arena from juveniles to psychoanalysis to death row and a myriad of other topics. Prominently mentioned in many of the chapters is the 1997 U.S. Supreme Court decision of *Kansas v. Hendricks*, which upheld the constitutionality of sexually violent predator laws. This case has engendered furious debate and will certainly be the point of departure for the "next" serious review of mental health law.

Similar to other multiauthored books, variability in writing styles cannot be avoided. However, the reader is for the most part treated to provocative and novel ways of viewing and reviewing the past two to three decades on the forensic mental health stage. One aspect of the book that some psychiatrists might find annoying is that some of the attorney-authored chapters are argued with a traditionally legal approach that lacks scientific grounding and in which anecdotal accounts form the basis of the principal points. On the other hand, this book conveys to psychiatrists and other mental health professionals the prominent role of attorneys in crafting mental health law and how they can become allies through "therapeutic jurisprudence," as aptly described by Wexler.

Ordinarily, I would be hesitant to recommend forensic mental health books to anyone except those with a bona fide interest in forensic psychiatry and forensic psychology. However, this book rather eloquently captures the recent past, the present, and perhaps the near future of the forensic mental health field in which we all practice, whether as clinicians, researchers, teachers, consultants, academics, or attorneys, and would stimulate and enlighten all who open its covers.

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

Ethics in Community Mental Health Care: Common-place Concerns, edited by Patricia Backlar and David L. Cutler. New York, Kluwer Academic/Plenum, 2002, 243 pp., \$55.00.

Any conception of the ethical will include in some form concern for people directly affected by one's actions, especially those to whom one owes special care.

—Bernard Williams (1) (as quoted in *Ethics in Community Mental Health Care*)

This edited book takes on the task of clarifying ethical concerns that arise in community mental health care. Bioethicist

Patricia Backlar and psychiatrist David Cutler start from the premise that ethics "is not a hifalutin subject" but, rather, an endeavor in which we reflect on the question of how best to live and what best to do in our professional work. The editors' aim is to present thoughtful analyses and to stimulate reflection on what they characterize as commonplace concerns. They have succeeded in developing a very useful and substantive text that promises to be of considerable interest to mental health practitioners, trainees, and clinical ethicists.

The book is organized around themes that are salient in community mental health care, ranging from traditional psychiatric ethics topics such as professional boundaries and involuntary treatment to newly emerging areas such as anticipatory planning in psychiatric treatment and conflicts of interest. The authors draw from extensive clinical experience, and they share their hard-earned practical wisdom and understanding of relevant conceptual literature in a manner that is very attuned to the realities of community mental health care.

Although the text has some biases and is not grounded in the evidence-based clinical ethics scholarship that has been developed over the past two decades, it is nevertheless a valuable resource that will help many caregivers to think more systematically about complex ethical issues confronted on a daily basis. These ethical issues pertain to therapeutic relationships with mentally ill patients; despair and fear experienced by families and informal caregivers; challenges in developing supportive housing and rehabilitation services; the personal safety of clinicians; how, when, and why to approach involuntary interventions; factors contributing to imprisonment of mentally ill people; use of psychiatric advance directives and health care proxies; and consumer advocacy in the conduct of scientific research.

While they emphasize the ordinary, Backlar and Cutler have developed a not-so-ordinary collection of papers that fills a vacancy in the psychiatric ethics literature, offers sound clinical insights, and conveys an unusual sense of authenticity and compassion.

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TEDDY D. WARNER, PH.D.
LAURA WEISS ROBERTS, M.D.
Albuquerque, N.Mex.

HOW THE MIND WORKS

Dynamic Memory Revisited, 2nd ed., by Roger C. Schank.
New York, Cambridge University Press, 1999, 302 pp., \$60.00;
\$22.00 (paper).

Schank's central quest is the exploration of the roots of memory and intelligence. He started off in the previous edition of this book by dealing with the issue of artificial intelligence and how to get machines to memorize; how to get them to create, acquire, and store memories; and how they learned from new experiences. On the basis of his work in making ma-

chines more intelligent he explored the importance of gain from failure and learning what maneuvers may be learned in order not to fail the next time. He tells us that abstraction and generalizations are integral parts of the learning process. In order to learn one must be able to generalize from experience. This requires real-world experience, which is a central theme of the book.

The term "dynamic memory" involves a flexible, open-ended system that may be modified by experience and failure to understand and the ensuing process of modification of memory to correct what led to the failure. Schank states that memory is failure driven, that when we are incorrect in our predictions of people's behavior and processes we make note of our errors so that the next time we are confronted with the same or similar situation we can make better predictions. He undertakes the many facets of the interaction between memory and reminding. For example, one man telling another of the fact that his wife does not make steak as rare as he would like it reminds the other man of a barber who will not cut his hair as short as he would like it.

In the process of dealing with memory Schank introduces some interesting concepts, such as "scripts." He defines a script as "a structure that describes a sequence of events in a particular context or a predetermined stereotyped sequence of actions that defines a well-known situation." An example of this may be hearing that a person took a final examination. This may conjure up the picture of a student sitting in a lecture hall together with other students and a proctor in the front of the room in some college setting. Learning instead that the examination was a chemical experiment in which the subject was analyzing an "unknown" in a qualitative chemical analysis laboratory will modify that image. Scripts are an important aspect of dynamic memory. They enable a situation to be reenacted in one's mind and then perhaps modified later by learning what the situation was all about.

The author elaborates with many poignant examples. The main themes in his book are what structures there are in memory and how they may be altered to modify expectations and create new generalizations. How can we find the structures and memories to enable us to begin the process of expectation and reminding? Finally and perhaps most important to the heart and purpose of the book, how does knowing all this about memory and learning help us teach better?

The last and most interesting chapter is titled "Enhancing Intelligence." The author asks himself whether intelligence is mutable, that is, subject to change. He equates this question in his introductory sentence to, "Can we truly educate people?" His answer is, of course, in the affirmative. I have some difficulty with such an equation. The difference between "intelligence" and "educability" seems to be glossed over here. Schank dismisses behaviorism as "drill and practice, programmed workbooks, memorization, all this is the legacy that behaviorism left the schools." He chastises Chomsky for claiming what mattered was what formal knowledge people had about their language, not the actual communication or memory process associated with the production and comprehension of language. He states, "This stratagem, and its general acceptance by many linguists, psychologists, and philosophers, has had disastrous consequences for research in these fields." Schank's plea is that students need to be taken away from the concept of the correct answer. Instead, they

need to analyze their experiences and observations and learn from their errors. He states in his final sentence, "We must come to understand that human memory has a wonderful mutable quality and that a teacher's job is to help memory evolve and grow."

As one may see from this summary, this is not an easy book to read or to fully understand. It is full of abstractions and generalizations and is primarily intended for individuals who are interested in understanding how learning occurs and its relationship to intelligence. It is the product of much thought and research of a very analytic mind, but it is not mainstream psychiatry. It is highly recommended to those interested in the process of teaching and how what is taught affects or fails to affect the student, be that student in grammar school or medical school, young or old.

NORMAN B. LEVY, M.D.
Brooklyn, N.Y.

Affective Neuroscience: The Foundations of Human and Animal Emotions, by Jaak Panksepp. New York, Oxford University Press, 1998, 466 pp., \$70.00.

Jaak Panksepp has accomplished a major undertaking that will benefit every scholar, researcher, and clinician interested in learning the neural basis of emotion. The book comes to the *Journal Book Forum* with some delay from the date of publication. Given the nature of the monograph this seems to be a minor issue. In fact, the author describes and discusses such a large amount of scientific literature (well beyond what even a thorough MEDLINE search would yield) to make the book a necessary source of bibliography for the investigator and the student of the neuroscience of affect.

The structure of the book testifies that this work was written "with the student firmly in mind" (p. vii). Much space is given to the description of the history and the major constructs of affective neuroscience. Methodological problems inherent to studying events once considered immeasurable because they belong to a realm of subjective experience are discussed as well. The book also contains a primer on the anatomy of the brain-mind relationship, a primer on electrical brain functioning and connections, and a primer on brain neurochemistry.

From the outset, Panksepp is clear about the ability to study and understand emotion in the same fashion as cognitive phenomena. The components of affect can be dissected, analyzed in their individual aspects, and linked to the fundamental neurobiological substrate. In this regard, the book represents a coming of age of the study of emotion as rooted in brain science.

A firm point of the book is that important inferences can be made from the study of animal models of affective phenomena. Throughout the monograph, research on animal emotion has a prime position. A case is made for the study of animal behavior and its extrapolations to human affect and emotion to pave the way for an understanding of human affect and consciousness.

From his experience with animal studies, Panksepp posits that there are several ingrained emotional operating systems in the brain, including the systems for seeking behavior, fear, panic, and rage. Along with these, there is a sophisticated special-purpose social emotional system that may mediate sex-

ual lust, maternal care, and play. These inherited circuits support specific functions. For example, the seeking circuits are engaged during interest, curiosity, and eager anticipation. The rage circuits allow reactions of aggression or irritation to threats of a physical or psychological nature. Fear and anxiety circuits help to protect the animal from physical harm. All these circuits are grounded in control systems that also control the sleep/waking cycle. In this regard, Panksepp's proposal about a function of sleep/dreams is interesting. He suggests that "perhaps what is now the REM state [of sleep] was the original form of waking consciousness in early brain evolution, when emotionality was more important than reason in the competition for resources" (p. 128). In short, this form of waking consciousness might have been later suppressed in order for higher brain evolution to proceed.

Although the goal of being thorough is commendable, the book contains a few questionable editorial choices. For example, the text is enriched widely with notes placed in the end of the book. Hence, the reader often has to leave the flow of the discourse and go to the back of the book. The several appendixes at the end of the book are not disruptive of the flow, but they could have been included as regular chapters.

Throughout the book Panksepp at times takes polite issue with other distinguished colleagues. One example can be found in Appendix C, where the position of Joseph LeDoux on consciousness and feelings is contested. The problem is the question of where emotional feelings are generated. Panksepp's position is that the brain has affective feelings even in a decorticated state:

I have argued...that the capacity to have affective feelings is an evolutionary birthright embedded within the intrinsic and ancient organizational dynamics of the mammalian brain situated largely in subcortical realms known as the extended limbic system. (p. 341)

This view is diametrically opposite to that of LeDoux, who suggests that the cortex is a storehouse for our emotional feelings.

In summary, this very scholarly book demonstrates the possibility of studying affect and emotion with rigorous scientific methods, and it is an account of the progress made so far by the field of affective neuroscience. Jaak Panksepp shares his encyclopedic knowledge in a wide variety of disciplines related to the study of affect in animals and humans, spanning from anatomy to neurophysiology and from neurochemistry to evolutionary theories.

SERGIO PARADISO, M.D., PH.D.
Iowa City, Iowa

PTSD

Effective Treatments for PTSD, edited by Edna B. Foa, Terence M. Keane, and Matthew J. Friedman. New York, Guilford Publications, 2000, 388 pp., \$46.00.

For some books, time must catch up to their need. Others are enduring classics. This volume fits both descriptions. The

treatment of posttraumatic stress disorder (PTSD) is not only important, but even more important at the present time. Although the book is primarily a scholarly review of effectiveness and efficacy studies, it is an important overview for the clinician who wishes to know more about the scientific basis for several treatment modalities. Some of these are in widespread use and of little value. Others are probably underused. The introductory chapters by the editors are classics. They warrant the publication of this book regardless of the rest of the volume. These chapters provide a scholarly and clinically sound description of the issues involved in creating an evidence-based approach to the treatment of PTSD as well as the problems of diagnosis and assessment. The editors are leaders in their field and bring the clinician as well as the scholar up-to-date through their presentations.

The editors appropriately address the importance of establishing a professional milieu in a trusting and safe relationship as well as the importance of the therapist's awareness of the patient's welfare as a priority in initiating treatment. These aspects of the therapeutic alliance are always fundamental to any psychotherapeutic undertaking. The continued availability of the therapist represents a fundamental backdrop for any successful treatment.

The volume presents the different treatment approaches and treatment guidelines for PTSD, including chapters on inpatient treatment, marital and family therapies, and psychosocial rehabilitation. Psychological debriefing is addressed thoughtfully, recognizing its substantial limitations, lack of empirical support, and strong clinical support. The role of psychological debriefing remains yet to be determined for early intervention following trauma exposure. As a minimum, however, it can be stated that it has not been empirically shown to be beneficial. In addressing the issues of debriefing, it will remain important to distinguish the contributions of debriefing to limiting disability and relieving pain from those of treatment of a psychiatric disorder. If a patient has broken his arm, we do not hesitate to provide a pain medication. Pain relief restores function and limits long-term disability. However, we do not confuse this with fixing the broken bone.

Cognitive behavior therapy is well reviewed and forms much of the basis for recognizing the importance of opportunities to discuss the specifics of the trauma in all psychotherapeutic treatments. Pharmacotherapy is also reviewed. The recent addition of selective serotonin reuptake inhibitors to the treatment of PTSD makes the importance of staying up-to-date in this treatment area all the more important. The issues of eye movement desensitization and reprocessing are critically reviewed. There continues to be an absence of data as well as no neurobiology to support the concept that eye movements themselves contribute to treatment recovery. As has been said before for eye movement desensitization and reprocessing, what is helpful in this treatment is not new.

The editors are very specific in recognizing that merely experiencing a trauma is not an indication for treatment in itself. Empirical studies of treatments often suffer in the area of generalizability because of the rigor required for double-blind empirical studies. Differential dropout rates are often of more concern to the practicing clinician than to the empirical scientist assessing efficacy of a treatment modality. Whether a treatment outcome is compared with the outcome of a wait list, a placebo, or another treatment modality also greatly affects the results of a study. At present, there are no studies that systematically examine combining psychotherapy with medication in the treatment of PTSD. Since this is an increasingly common form of treatment, it warrants systematic empirical study at an early date.

Further innovative treatments for PTSD are yet to be designed. In particular, the possibilities for prevention of PTSD through early intervention with psychosocial treatments, case management, pharmacotherapy, and fostering natural debriefing warrant ongoing empirical study. We can be sure the editors of this volume will continue to pursue these topics, as will the many authors who represent the leading edge of this field. This contribution of Foa, Keane, and Friedman is an important addition to both clinicians' and researchers' libraries.

ROBERT J. URSANO, M.D.
Bethesda, Md.