

PSYCHOPHARMACOLOGY

Molecular Neuropharmacology: A Foundation for Clinical Neuroscience, by Eric Nestler, M.D., Ph.D., Steven E. Hyman, M.D., and Robert C. Malenka, M.D., Ph.D. New York, McGraw-Hill, 2001, 539 pp., \$49.95.

This book is indeed a worthy successor to *The Molecular Foundations of Psychiatry* (1). Substantially enlarged, with 11 contributing authors, this work would be an ideal introductory neuroscience text for medical students, residents, and graduate trainees in related disciplines. The emphasis is on neuropharmacology, but the authors note that true mastery of the subject requires an appreciation of the "entire sequence of events that commences with the binding of a drug to an initial molecular target" (p. xv). Perhaps most importantly, *Molecular Neuropharmacology* also serves as a clarion call alerting clinicians to a new era in therapeutic drug development.

The book is organized "layer by layer," allowing the reader to relate neuropharmacology to neural systems and ultimately to clinical neuroscience. Part 1, Fundamentals of Neuropharmacology, provides a brief discussion of general principles of neuropharmacology and a detailed presentation of nervous system function. Part 2, Neural Substrates of Drug Action, reviews the major neurotransmitter systems in terms of their synthesis, degradation, and transporter proteins, which are the initial targets for most existing psychotropic drugs. This section also emphasizes neurotropic factors, increasingly recognized as important influences in the CNS, and their potential as exploitable therapeutic targets.

Part 3, Neuropharmacology of Specific Neural Functions and Related Disorders, incorporates the first two sections to build a systems-level description of the major domains of nervous system function, including the autonomic nervous system; neuroendocrine function; movement; emotion and mood; reinforcement and addiction; higher cognitive function and psychosis; attention and sleep; pain; memory and dementia; and stroke and seizure. Each specific domain is discussed in terms of its neural mechanisms, diseases that affect the domain, and the effects of different drugs on normal function as well as specific disorders. Finally, relevant clinical information in each section is related to molecular genetics, intracellular mechanisms, and the effect of drugs on disorders such as Parkinson's disease, Huntington's disease, depression, schizophrenia, degenerative dementia, stroke, and epilepsy. Perhaps the most exciting aspect of this book is the insight provided for the identification of molecular targets that will drive development of novel therapeutic approaches in the future.

Caveat emptor! This text will require a great deal of work from any reader. The information provided is complex, comprehensive, and not easily digested in a single reading. To help, the authors provide introductory key concepts for each chapter, "boxed" information that serves as useful annotations to the text, and well-designed illustrations. I believe the ideal way to comprehend the wealth of information provided is incrementally (e.g., chapter by chapter, section by section) and with discussion in a small group. This approach would al-

low for the best appreciation and mastery of the material. If that is not possible (which unfortunately is often the case), this work will still reward less intense scrutiny. For example, it could serve as an excellent reference, providing exceptional background for topics of interest to the reader.

Increasingly, insights provided by the neurosciences will guide the development of psychotherapeutic agents. *Molecular Neuropharmacology* simultaneously awakens the reader to the possibility of more effective therapies and clarifies how complex the journey to this goal truly is.

Reference

1. Hyman SE, Nestler EJ: *The Molecular Foundations of Psychiatry*. Washington, DC, American Psychiatric Press, 1993

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Neuropsychopharmacology: The Fifth Generation of Progress, edited by Kenneth L. Davis, M.D., Dennis Charney, M.D., Joseph T. Coyle, M.D., and Charles Nemeroff, M.D., Ph.D. Philadelphia, Lippincott Williams & Wilkins, 2002, 2,010 pp., \$189.00.

Drs. Davis, Charney, Coyle, and Nemeroff have sculpted the fifth masterpiece of *Neuropsychopharmacology*. Following the new tradition set by its immediate predecessor, this edition provides an even more comprehensive overview of the preclinical and clinical arms of the field. The book not only provides basic and clinical scientists with overviews of preclinical and clinical psychopharmacology but also devotes more detailed coverage to help the reader understand the methods by which data in each of these arms are assessed in research. The introductory sections provide a basis for the detailed coverage of the enormous amount of progress that has been achieved since the previous volume.

Skillfully revised, updated, and restructured, *Neuropsychopharmacology: The Fifth Generation of Progress* incorporates the latest basic and clinical advances in neuropsychopharmacology and identifies promising new areas of investigation. In the tradition of its acclaimed predecessors, this volume establishes a critical bridge connecting the principles of molecular and cellular biology with the etiology, diagnosis, treatment, and prevention of neuropsychiatric disorders and substance abuse. More than any other work in the field, this book consistently and successfully integrates basic neurobiology, biological psychiatry, and clinical psychopharmacology.

The first four sections of the book cover preclinical and clinical psychopharmacology. The preclinical section features an extensive review and update of all currently known neurotransmitter systems and signal transduction. The following sections focus on molecular biology and genetics, with an especially appealing chapter titled "Applying Functional Genomics to Neuropsychopharmacology." Section 3, Emerging Imaging Technologies and Their Application to Psychiatric Research, makes it easier for educators and clinicians to help medical students understand and accept the fact that the brain is the final frontier and psychiatry is the best field of medicine to practice in this century. Section 4, Drug Discov-

ery and Evaluation, includes two very valuable chapters, "The Role of Pharmaceuticals in Mental Health Care Outcomes" and "Issues in Clinical Designs."

The following nine clinical sections provide a comprehensive update on the etiology, biology, and treatment of the entire spectrum of psychiatric and neuropsychiatric disorders. Each section also includes critical analyses of current research methods and key integrative concepts. New chapters worth special attention include "Gene Delivery Into the Brain Using Viral Vectors," "Diffusion Tensor Imaging," and "Pharmacogenomics and Personalized Therapeutics in Psychiatry."

This book has come a long way since the admirable *Psychopharmacology: The Third Generation of Progress* (1). The new edition is a must for the library of every medical school, basic medical science, and psychiatric hospital library as well for all those who are in the basic and clinical fields close to neuropsychopharmacology.

A bonus to obtaining this book is that it gives the purchaser the option to gain free online access to *Neuropsychopharmacology*, the official journal of the American College of Neuropsychopharmacology. A must-do for everybody who purchases the book!

Reference

1. Meltzer HY (ed): *Psychopharmacology: The Third Generation of Progress*. New York, Raven Press, 1987

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Essentials of Clinical Psychopharmacology, edited by Alan F. Schatzberg, M.D., and Charles B. Nemeroff, M.D., Ph.D. Washington, D.C., American Psychiatric Press, 2001, 752 pp., \$79.00 (paper).

Essentials of Clinical Psychopharmacology is a synopsis of the *American Psychiatric Press Textbook of Psychopharmacology, 2nd ed.*, also edited by Schatzberg and Nemeroff. The main goal of the synopsis is to capture and update the most clinically relevant material of the textbook. The audience of the synopsis is intended to be psychiatry residents and primary care physicians.

The book is divided into two major sections. The first, *Classes of Psychiatric Treatments*, reviews the clinical pharmacological aspects of each drug class. Chapters include subsections on history and discovery, structure-activity relations, pharmacological profile, pharmacokinetics, mechanisms of action, indications, side effects and toxicology, drug-drug interactions, and conclusions. The second section of the book, *Psychopharmacological Treatment*, provides an overall review of pharmacological therapies of each major psychiatric disorder. There are also chapters on special populations, such as children and the elderly, and chapters on special clinical situations, such as pregnancy, medically ill psychiatric patients, and psychiatric emergencies. There are 31 chapters and an appendix that reviews recently available psychotropic drugs.

The list of contributors is impressive, starting with the section editors, Dennis Charney, Herbert Meltzer, and Donald Klein. The list of contributors is a "Who's Who" in contemporary psychopharmacology. A minor criticism is that some of the affiliations of the contributors need to be updated.

Of note, only drugs available in the United States are included. This and the fact that all contributors are affiliated with American institutions may represent a limitation to global audiences. A key characteristic of *Essentials of Clinical Psychopharmacology* is that, although it represents a synopsis of the second edition of the *American Psychiatric Press Textbook of Psychopharmacology*, it has been updated with new information and references.

The editors of the section on classes of psychiatric treatments have structured each chapter in a systematic way. This feature addresses the main limitation of other edited textbooks in which each chapter covers different aspects of specific topics.

Schatzberg and Nemeroff have accomplished their goal: they have put together a comprehensive synopsis and update of the most relevant clinical information in their textbook on psychopharmacology. The book is also on target for its intended audience, psychiatric residents and primary care physicians. This is an ideal volume for the shelf of those who take care of the mentally ill. I highly recommend this book.

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Principles and Practice of Psychopharmacotherapy, 3rd ed., by Philip G. Janicak, M.D., John M. Davis, M.D., Sheldon H. Preskorn, M.D., and Frank J. Ayd, Jr., M.D. Philadelphia, Lippincott Williams & Wilkins, 2001, 700 pp., \$120.00.

The practice of psychopharmacotherapy has become more chaotic and complex in the 8 years between the first and third editions of this book. Not only are there more medications, but the indications for these medications have been expanded by their use across diagnostic boundaries and in treating individual symptoms as well as disorders. Such expansion has led to a marked increase in idiosyncratic and poorly investigated adventures in polypharmacy. This polypharmacy is inhibited only marginally by accumulating evidence of the extent and causes of drug-drug interactions, by demands that physicians limit their practices to "evidence-based" medicine, and by concerns that the pharmaceutical industry is distorting traditional physician education. Concurrently, under the hammer of managed care, we psychiatrists have less time to analyze and interpret the exploding amount of information available to us from multiple sources. Even the narrow category of available psychopharmacotherapy books has an embarrassment of riches, presenting the time-pressured clinician with many excellent (and not so excellent) texts varying from encyclopedic compendiums to brief descriptions of available remedies. Clinicians and students must choose their readings and texts carefully to gain the maximum instruction and information for the time invested. *Principles and Practice of Psychopharmacotherapy*, although requiring a significant investment of time (and money), rewards the reader by identifying and discussing what is chaos and what is complexity in our current psychopharmacological treatments.

The new edition begins by clearly explaining the basic principles governing the authors' practice of psychopharmacotherapy (e.g., "an empirically based foundation, derived from scientific investigation, is used to guide treatment decisions"). The next two chapters present the scientific approach to drug

design and pharmacokinetics basic to understanding the discussions in the following chapters on specific categories of drugs. These subsequent chapters have similar formats, first discussing the indications for and then treatment with antipsychotics, antidepressants, mood stabilizers, antianxiety agents, sedative-hypnotics, ECT, and other somatic therapies. Two final chapters are reserved for the assessment and therapy of disorders that cross drug category boundaries, such as obsessive-compulsive and posttraumatic stress disorders, and for assessment and treatment of special populations, such as children, the elderly, alcoholics, and pregnant women.

The book's approach closely (perhaps too closely) adheres to DSM-IV categories. Treatment strategies supported by the authors are consistently based on evidence, and the greatest weight is given to those strategies established by multiple well-designed clinical studies. Strategies with weaker evidence are also noted but are discussed with the liberal use of modifiers such as "possible," "maybe," and "perhaps" and are given less attention and space. When design problems in studies are encountered, these are usually clearly explained rather than dismissed by the customary, "This study was poorly designed." Studies supporting a given treatment approach that are sponsored by the pharmaceutical industry are often identified as such with an explanation of how the study might be distorted by its sponsorship.

Among the book's strengths is writing that is consistent and lucid throughout, with little repetition of material. Each chapter ends with an exhaustive list of references that are remarkably up-to-date (the book was published in 2001, and the latest references are to 2001). Useful tables and flow charts outlining treatment strategies for specific DSM-IV disorders abound throughout the chapters. The book ends with a serviceable index.

Some might consider the book's philosophical and practical allegiance to efficacy over effectiveness studies a weakness because there is not enough discussion of the current battle lines in this contemporary debate. Others might judge the book out of step because of its reluctance to discuss neurotransmitters in extended detail or to tie most disorders and symptoms to specific neurotransmitter types and subtypes.

For whom is this book of value? Residents, medical students, and those contemplating a career in psychopharmacological research certainly would benefit. What about the harried clinician who has time for few texts? I would vote for this book to be on our shelves because of its insistence that supporting evidence (and its quality) be the prime criterion for considering a treatment strategy and that less proven approaches be viewed skeptically. The number and popularity of non-evidence-based sources are growing and pervasive. We clinicians need sources of scientific information that not only provide credible guidelines to treatment but also teach us to recognize the value of what is offered. When we have to venture beyond the evidence for our patients (which we must do frequently), we must not fool ourselves (or be fooled) into believing that science is always on our side, no matter how tightly our chosen molecule binds to our favorite receptor.

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PSYCHODYNAMICS

Impact of Narcissism: The Errant Therapist on a Chaotic Quest, by Peter Giovacchini. Northvale, N.J., Jason Aronson, 2000, 324 pp., \$40.00.

Peter Giovacchini has written a brilliant book that elaborates and highlights the area of narcissism not only in the patient but also in the therapist. Narcissism is a topic that has not gotten sufficient attention in dynamic psychotherapy, and this book fills that void. Giovacchini also traces the history of changes in psychoanalytic thinking from Freud to the present. Paradoxically, psychoanalytic thinking is a journey back in time as well, from Oedipus to Narcissus. The emphasis now is not on the Oedipus complex but on preoedipal development and the formation of psychic structure, especially self-representation. Giovacchini is critical of those classical analysts who idealized Freud and resisted any advancement in theory or technique. He briefly reviews the contributions of Melanie Klein, W.R.D. Fairbairn, Karen Horney, Erik Erikson, Frieda Fromm-Reichmann, Abram Kardiner, Franz Alexander, Otto Kernberg, and others. This provides a foundation for the rest of the book.

The book notes that there has been a tendency in some psychiatric quarters to be reductionistic and to polarize factors responsible for producing psychopathology as being either environmental, psychological, or biological. Clearly, all these areas are important and interact. Giovacchini not only highlights intrapsychic dynamics but also explores relational and cultural forces and their impact on personality. He makes an important point that intrapsychic dynamics play a strong role in humanizing treatment. His approach is based on object relations theory, especially the work of D.W. Winnicott. Giovacchini repeatedly discusses the transference-countertransference relationship, especially the projection onto the therapist and onto others of split-off aspects of the self. Giovacchini's therapeutic approach is in agreement with my psychoanalytic work (1), based on object relations, in which aspects of the self or object representation are placed through projective identification into family members and the therapist. I disagreed with one chapter in the book, in which Giovacchini criticizes Heinz Kohut and self psychology, although Kohut's claim for originality did not acknowledge the previous contributions of others such as Sandor Ferenczi and Franz Alexander. Giovacchini speculates that the two analyses of Mr. Z published by Kohut were about himself and not a patient. However, Kohut also emphasized preoedipal development and the importance of "relationships" both during early childhood and in therapy. I think that Kohut's most important contribution is that he raised the temperature of the therapeutic setting from cold to warm, which was an important contribution to patients suffering personality disorders.

This book should prove to be of very practical use to the dynamic psychotherapist, since Giovacchini's sensitive treatment of patients is demonstrated by a wealth of actual clinical case material and vignettes. He discusses a number of difficult cases treated in a very skillful and instructive manner. He has not simply written a general cookbook that encourages thoughtless compliance; rather, he recognizes the need of the

therapist to be aware of each patient's uniqueness. For example, he discusses the use of silence in patients, which has often been considered as simply representing resistance. He notes that silence may also be a manifestation of withdrawal for survival or the testing and establishment of autonomy. *Impact of Narcissism* is highly recommended for both beginning and experienced therapists. It is a rich feast presented by a master clinician.

Reference

1. Slipp S: Object Relations: A Dynamic Bridge Between Individual and Family Treatment. Northvale, NJ, Jason Aronson, 1984

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***Tales From the Couch: Writers on Therapy*, edited by Jason Shinder. New York, William Morrow (HarperCollins), 2000, 220 pp., \$24.00.**

A psychotherapist is like an editor who hears and interacts critically in order to make the story more clear, authentic, meaningful, and passionate, always respecting the teller's will. The ending remains under the writer's control, and new insights and attitudes are likely to emerge about those parts of the story which cannot be changed. "Of the healing arts, therapy is surely the most literary, since it involves the telling and revision of a story," says Mark Doty in his essay.

We already have an abundance of case histories by therapists and a few from the patient's vantage point. *Tales From the Couch* offers 17 of the latter, all from notable writers, well edited by Jason Shinder, poet, critic, and teacher. For therapists, these stories will open our eyes to the collage of person and professional that our patients see in us. General readers will see why intelligent, articulate people go into therapy (sometimes in desperation, never as a lark) and what happens there. The forms of help vary, but always the importance of relationship, listening, and respect comes through. Therapists appear in several guises, from prim to gross, reserved to seductive, theory-bound to imaginative.

"He is inside me," concludes Adam Gopnik about his late analyst, in a feisty, funny, and touching essay. Rebecca Walker (among others) speaks of several therapists, making useful distinctions about what works. Douglas Bauer relates an encounter with his own housepainters at his therapist's office. The real life of the psychiatrist (Leslie Farber) intrudes too much in the experience of Emily Fox Gordon, but she remains grateful that he rescued her from an institution. Caroline Maso has a kind of primary process approach, unlike the others. "If it doesn't feel right by the fourth or fifth session," says Philip Lopate, an admirer of Freud's writing, "it will never feel right, no matter whose fault it is." Ntozake Shange writes, "Psychoanalysis has made me a finer writer, a fuller person and a funnier one." Meg Wolitzer also has praise for analysis.

George Plimpton is not the only one to analyze and challenge the therapist. Diane Ackerman refers to therapists as "serial lovers....The therapist must prove his devotion by *not* lying down with his lady...the patient is more naked than naked....His quest is to restore what has been lost or stolen from the castle of her self-regard." For Ethelbert Miller,

therapy is an opportunity, I suspect, to talk with oneself while talking to another person. A form of meditation, listening, learning how to breathe, and letting go. It is the realization that emotional stability is a tightrope and that the ability to maintain one's balance is essential for celebrating the joy of living.

Susan Wood tells how the process of understanding is reflected in a poem, giving rare insight into the creative process. Pam Houston illustrates treatment for posttraumatic stress disorder. Lucy Grealy points to the fact that within Freud's scientific enterprise the heart of both diagnosis and treatment is the telling of a story. In fairness, stories cannot be summed up, and I can only mention the two fine writers who round out this unique anthology, Susan Cheever and David Mura.

This book is ideal for training of new and maintenance of older therapists. Here some of our most articulate friends and critics control the story, edit our dialogue, and make judgments—with intelligence, feeling, irony, and wonderful effect. It is a pleasure to learn from them, to see ourselves, to feel complimented, mostly, but also chastened.

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***On Freud's "Group Psychology and the Analysis of the Ego,"* edited by Ethel Spector Person for the International Psychoanalytical Association. Hillsdale, N.J., Analytic Press, 2001, 183 pp., \$29.95 (paper).**

As psychoanalysis is primarily a discipline and science centering on the pathology and treatment of the individual, it is little wonder that Freud's classic paper on group psychology is seldom included in the core curriculum of psychoanalytic institutes. Even today Freud's essay on group psychology continues to draw mixed reviews. Modern-day dynamically trained mental health practitioners view it as a classic contribution, but many psychoanalysts see it as an inferior work or, at best, as a sidebar to analysis. Thus, it is surprising that the International Psychoanalytical Association Publications Committee selected it to be the springboard for the International Psychoanalytical Association Monograph Series.

This work is edited by Ethel Spector Person and consists of two parts. In her succinct introduction, Person provides a roadmap of the contributions to follow. In part 1 of the book, titled "Group Psychology and the Analysis of the Ego" (1921): The Text, John Kerr performs a scholarly exegesis of some excerpts. Among Kerr's key contributions are his analysis of and reservations regarding the way Freud explained the phenomena of contagion and gregariousness in crowds and mobs observed by earlier writers and his discourse on the "group" leader as the father of the primal hoard rather than as the oedipal father of childhood. It bears mentioning that when he used the German term *Massenpsychologie*, Freud was addressing the psychology of crowds and large organizations rather than the small treatment groups with which most mental health professionals are familiar.

Part 2, Discussion of "Group Psychology and the Analysis of the Ego," consists of seven chapters. Analytic scholars and clinicians from the United States, Latin America, Europe, and Israel contribute chapters titled "Background, Significance and

TREATMENT OF DEPRESSION

Influence,” “Group Psychology and the Psychoanalytic Group,” “Power and Leadership in Complex Organizations,” “Groups and Fanaticism,” “Psychoanalytic Family Trees,” “Group Psychology, Society, and Masses: Working With the Victims of Social Violence,” and “Group Psychology, Psychoanalysis, and Culture.”

All of these chapters are laudatory, but probably the most appealing and pragmatic to the social science and psychiatric communities are Anzieu’s “Background, Significance and Influence,” Zaleznik’s “Power and Leadership in Complex Organizations,” and Eizirik’s “Group Psychology, Psychoanalysis, and Culture.” Anzieu’s chapter, completed shortly before his death, offers an enlightening sociohistorical context of the circumstances during which Freud wrote “Group Psychology and the Analysis of the Ego.” In lucid fashion, Anzieu provides a synopsis of the 12 chapters of Freud’s work and highlights the key features. He follows this with a brief description of the pioneering contributions of several English analysts such as W.R. Bion, S.H. Foulkes, and H. Erziel, all of whom helped to describe some of the powerful and unconscious forces operative in therapeutic groups.

Zaleznik, an authority on organizational issues, brings up many contentious questions that social scientists have raised about the veracity of some basic tenants in Freud’s essay. For example, did Freud overgeneralize in distinguishing between primary and artificial groups by referring only to a study of the Church and to the Army? Did Freud overlook or ignore the importance of designated authority and allied roles in complex organizations when he employed the myth of the primal horde as a major pillar in his group psychology? In the most current chapter of this book, Zaleznik, a certified analyst with the Harvard University Graduate School of Business, provides informative illustrations of the dynamics in the execution of power and authority in companies and their subsequent consequences.

In the final chapter, Eizirik relates Freud’s essay on group psychology to other seminal works, devotes a paragraph to each of Freud’s 12 chapters that selects what he sees as germane contributions to the understanding of mass psychology, and summarizes a few pertinent studies on mass psychology and on organizational and group dynamics stimulated by Freud’s essay. By viewing psychoanalysis as an artificially structured group, Eizirik claims that the loss of the illusory power of psychoanalysis, a cardinal property of most large groups, can be explained by modern-day demands of rigorous verification and outcome studies.

This monograph deserves a place in the library of those interested in organizational dynamics and large groups and places in proper perspective Freud’s contribution to group psychology. Although it will probably not earn a place in the core curriculum of psychoanalytic institutes, many group psychotherapists may wish to own this text to improve their understanding of what Freud had in mind when he described the dynamics of crowds and large groups.

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Treatment of Recurrent Depression, edited by John F. Greden, M.D. Washington, D.C., American Psychiatric Press, 2001, 208 pp., \$31.95 (paper).

This slender volume is one of five titles for 2001 in volume 20 of the American Psychiatric Press Review of Psychiatry, all of which are designed to “inform clinicians of the latest findings” and thereby counter the growing epidemic of misinformation about mental health issues, fueled by television, Web, magazine, and newspaper accounts that usually fail to capture the balanced, evidence-based approach clinicians desire. The focus of this volume is recurrent depression, a disabling problem that is for the most part inadequately treated, despite numerous advances in the field over the last decade.

Four central chapters focus largely on treatment themes and are bracketed by initial and final chapters that have a more public health perspective, highlighting, respectively, key factors that contribute to the overwhelming “burden” of recurrent depression and key steps that need to be taken to shift our current approach and adopt a more preventive and “proactive” paradigm of treatment. The core chapters, written by top experts in the field, cover gender-specific issues, including pregnancy, postpartum, and menopause; review evidence about the relative long-term and preventive efficacy of medication and psychotherapies; focus on the special population of patients with bipolar disorder; and review novel brain stimulation treatments that could improve future treatment options.

The book is not meant to be an exhaustive treatment of every aspect of this subject but seems to have selected particular areas likely to be of interest to clinicians. The chapter on depression in women contains two very useful tables that compile information on the teratogenicity of relevant psychotropics and a timely, evidence-based discussion about the relative value of estrogen treatment for postmenopausal depression (it is probably effective for some but should not supplant initial pursuit of better-studied modalities). Similarly, the chapter “Chronic and Recurrent Depression” tells a story, rather than offering an exhaustive review, with a focus on key studies over the past two decades that established the value-added effect of psychotherapy, but suggests this may be true only if it is administered with sufficient frequency and intensity. The chapter on bipolar illness focuses on interepisode management, providing advice about frequency of visits, family involvement, the destabilizing effects of inadequate sleep and light exposure, and the importance of the therapeutic relationship, especially for the prevention of the manic phase. Finally, the chapter on “minimally invasive brain stimulation” modalities largely focuses on repetitive transcranial magnetic stimulation and vagal nerve stimulation, providing a cautious, sober assessment of the limited knowledge in this area. The authors’ caution about the need to limit enthusiasm for vagal nerve stimulation until it is tested in controlled studies is particularly timely in the light of recent news that the first controlled trial for this treatment was negative, casting some doubt on the open trials reported in this chapter, although the length of this trial may have been too short to measure delayed effects.

For all its strengths, the book has some limitations. The chapters have different organizations, varying approaches to the "evidence-based" theme (e.g., citation of uncontrolled, anecdotal evidence), and several ways to focus on treatment (some focus exclusively on treatment, others focus on epidemiology, clinical features, and risk factors as well). Although this diversity allows the interested clinician to read chapters separately, without having to appreciate the book as a whole, it does detract from the book's attempt to present an integrated view of the treatment of recurrent depression. To some extent, the excellent initial and concluding chapters by the editor, which seem to echo a number of themes and concepts covered in the other chapters, serve this purpose and can be read by themselves to accomplish this task.

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Guidelines for the Systematic Treatment of the Depressed Patient, by Larry E. Beutler, Ph.D., John F. Clarkin, Ph.D., and Bruce Bongar, Ph.D. New York, Oxford University Press, 2000, 455 pp., \$55.00.

The authors of this monograph are three senior professors of psychology who are dissatisfied with available professional guidelines for the treatment of depression (e.g., those of APA and the Agency for Health Care and Policy Research). The authors offer a thoughtful critique and, in later chapters, mix in scholarly reviews of several related topics, although the one on basic research in psychobiology seems misplaced in this volume. Their focus, however, is an ambitious effort to develop their own treatment guidelines, comprising general treatment principles and not based on a particular model of psychotherapy.

The authors analyzed published studies of individuals with symptoms of depression to elucidate which patient-centered factors appeared related to treatment outcome. They extracted provisional guidelines from these studies based on reviewers' consensus, tested these principles on several retrospective and one new patient sample with a systematic approach, and produced this book to promote their resulting theses and computerized rating instrument. Their guidelines address the intensity and duration of treatment as well as the effect of therapists' directiveness and actions on raising or lowering patients' levels of distress, relating these variables to patients' levels of functional impairment, experienced social support, and distress.

This is an important and worthwhile effort, but its credibility nonetheless falters as it strains to achieve generalizations, frequently combining proverbial apples and oranges to offer fruit salad conclusions. For example, in reviewing old and disparate studies, the authors confound several issues into a notion of "complexity/chronicity" relating to the severity, chronicity, and multiple types of comorbidity someone with a depressive disorder might have. In addition, in addressing the important question of how valuable psychotropic medication may be for patients with mild depressive episodes, they principally draw conclusions from one study of 184 patients, 20 of whom received an antidepressant (desipramine); details of dose, duration, compliance, and comorbidity are not mentioned. There is a general bias against psychopharmacology, and only an idiosyncratic, se-

lective review could result in assertions such as that depression fails to be a specific entity because it lacks a specific treatment, citing two studies allegedly demonstrating that "nonantidepressant medications and a variety of psychotherapies are all, on the average, similarly effective among patients diagnosed with Major Depression." The fact that selective serotonin reuptake inhibitors may successfully treat individuals with depression, generalized anxiety disorder, posttraumatic stress disorder, obsessive-compulsive disorder, social phobia, panic disorder, and premature ejaculation does not mean that these disorders are not usefully separated, any more than the fact that propranolol is useful in treating hypertension, angina, essential tremor, and performance anxiety means that these disorders are not validly separable. There is poor understanding of the psychopharmacological literature, an atavistic belief in the validity of "endogenous depression," and an opinion that psychotropic medication should not be a first-line treatment even for moderately severe depression.

This volume could be somewhat more tightly and cleanly edited, and it is not pitched to the general mental health professional. Its flaws notwithstanding, it is scholarly and stimulating in its review of several areas and would be of interest to individuals writing guidelines for the treatment of depression or conducting such research, those who have an interest in factors relating to psychotherapy outcome, and forensic psychiatrists who need to be knowledgeable about guidelines and standards of care.

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Essential Components of Cognitive-Behavior Therapy for Depression, by Jacqueline B. Persons, Ph.D., Joan Davidson, Ph.D., and Michael A. Tompkins, Ph.D. Washington, D.C., American Psychological Association, 2001, 256 pp., \$34.95.

The Accreditation Council for Graduate Medical Education has mandated cognitive behavior therapy as one of five areas of psychotherapy in which residents must develop "competency" (surely the wrong term). This decision should increase cognitive behavior therapy teaching in residency programs and the need for instructional texts. Persons and colleagues have written a basic, highly structured, consciously repetitive text that mirrors their vision of cognitive behavior therapy. Seemingly intended for novices, it is clearly written, focused, and useful so far as it goes. Videotapes (not reviewed) and worksheets accompany it. This is a very basic book, with highly circumscribed content.

From the opening chapter, the authors stress an evidence-based approach to psychotherapy and cite some of the abundant evidence supporting cognitive behavior therapy. A primer-like tone, oversimplified and self-congratulatory, sometimes undercuts the authors' reading of the literature, however. In successive chapters, the text then describes five basic skills to be practiced with forms, videotapes, and exercises: individualized ("idiographic") case formulation and treatment planning, structured therapy sessions, behavioral activity scheduling, using a dysfunctional thought record, and schema change methods. These skills are valuable, particularly case formulation, which is crucial to understanding and

organizing psychotherapy, and a struggle for many beginning therapists.

The book can be criticized for focusing simply on these basics, slighting psychotherapeutic “common factors” (1) and assuming that all will go right. The authors abjure addressing the therapeutic alliance, problematic patients, and nonadherence (p. 4). They speak offhandedly of how “a bit of chit chat and the opportunity for the therapist to express warmth and concern for the patient helps to build [essential] rapport” (p. 60) and that patients “often need time to ‘vent’ and receive some empathic support” (p. 65). This is short shrift for beginning therapists.

Cognitive behavior therapy has been criticized for seeming to focus on technique at the expense to the therapeutic relationship, which may yield a mechanical, affectless treatment. The book’s focus on concrete agendas and homework may further this risk for novices. Moreover, one probable benefit of treatment manuals is to provide the clinician with maneuvers for when things go wrong. These keep the therapist hopeful and active and patients, in turn, interested and engaged. Manuals with fallback options may thus prevent demoralization in the therapeutic dyad. Although this book discusses noncompliance at points, it generally lacks that important quality.

This volume thus has the virtues and liabilities of a primer. It offers simple practice exercises, hammers them home with repetition, and summarizes each step at the chapter’s end. It also seems oversimplified in places. Having endorsed “idiographic” over generic, “nomothetic” case formulations, the authors give examples tending to the latter. There is a sameness, not remarked upon, to all of the depressed patients they describe. The book benefits from an extended case presentation by an experienced cognitive behavior therapist, but because she treats a good-prognosis, high-functioning, generally compliant patient who is likely much healthier than patients most residents see, this example has limited utility. Other case vignettes are sketchy, often simplistic, and, in one country western example, hokey. The reader might expect greater depth and clinical complexity from authors in clinical practice. Perhaps the videotapes provide these.

Residents may be dismayed by the authors’ nonmedical model—DSM-IV receives passing mention—and etiologic edge. The authors seem more directive of and less collaborative with patients than other Beckian cognitive behavior therapy proponents. They also might have distinguished cognitive behavior therapy from other psychotherapies, with which their examples sometimes overlap. Therapists who want more than just these “essential components” might prefer Judith Beck’s *Cognitive Therapy: Basics and Beyond* (2).

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Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse, by Zindel V. Segal, J. Mark G. Williams, and John D. Teasdale. New York, Guilford Publications, 2001, 351 pp., \$38.00.

The authors provide a complex and compelling approach to the prevention of depression. Their combination of significant elements of two key modalities referred to as “mindfulness-based cognitive therapy” is a masterful enmeshment. Their use of these techniques in a treatment process that is equal parts therapy and education is effective utilization of both in a fashion that is attractive and appealing to their patients. Their conclusions as to the effectiveness of their approach are surprising. The evolution of their ideas is a study in creativity, perseverance, and good fortune.

The treatment of depression remains a daunting, always perplexing challenge. Its ubiquitous presence makes depression a major public health problem. The presence of newer, better, safer, less troublesome medications provides a sometimes seductive view that depression is easy to treat. Nothing could be farther from an accurate picture of this tenacious group of illnesses. These costly medications are effective, but they are not prescribed in a well-defined manner. The diagnosis is often generic and general, the plan of treatment vague, the enthusiasm for treatment brief, and the relapse rapid. It is the area of relapse prevention that is the focus of this book.

The authors present their work modestly. Their ideas involve their own creativity, but they build on ideas and techniques from many sources. Their ample praise for the contributing works of others is refreshing. The need for persistence and discipline is paramount. Preventing a relapse requires daily discipline. Time is required, along with hard work. The results are rewarding.

Mindfulness-Based Cognitive Therapy for Depression is a convincing work. The authors conclude that this “group-based psychological intervention, initially administered to patients in the recovered state, can significantly reduce the risk of future relapse/recurrence in patients with recurrent major depression.” It is a challenging book, hopeful, with a splendor of useful tips.

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HEALTH CARE AND PATIENT INFORMATION

The Integrated Behavioral Health Continuum: Theory and Practice, edited by Laurel J. Kiser, Ph.D., M.B.A., Paul M. Lefkowitz, Ph.D., and Lawrence L. Kennedy, M.D. Washington, D.C., American Psychiatric Press, 2001, 336 pp., \$45.00 (paper).

It is paradoxical that with the great increase in our understanding of health and disease and progress in medical treatment there continues to be such great dissatisfaction with the way we provide health care. The high cost to the individual and to the nation, the maldistribution of resources, and the byzantine payment mechanisms are just some of the causes of major complaint. Another problem with the way we provide health care is the fragmentation of the health care system

into a multitude of agencies and programs, preventing us from providing the smoothly coordinated health services that our patients and we crave. Falling through the cracks of the system is so common that it is tacitly accepted as normal. The causes of this fragmentation include the devaluation of primary care and family practice by American medicine, the difficulty of coordinating professionals from different disciplines, the abhorrence of “socialized medicine,” the public-private distinction, complex bureaucracies, the multitude of payment mechanisms, and the entrepreneurial proliferation of health care organizations. It seems self-evident that bringing about better integration of services is of the greatest importance and that it should be the aim of any health care organization. How to achieve it is the subject of this multi-authored book from the American Psychiatric Press.

In an introductory chapter, Laurel J. Kiser, one of the editors, provides a schema for the evolution of health care in three stages. The first is the individual program focus, where most of us find ourselves now. In this situation, most health care administration is focused on the program (e.g., an inpatient unit or a rehabilitation program)—providing the treatment, managing the budget, coping with regulations, and, increasingly, handling competition from other programs. In short, meeting program goals. The second stage is the episode of care focus, which some are moving toward, where services are planned for treating an illness, perhaps in a variety of settings, indefinitely or until it is cured. At this stage a number of programs work together in a coordinated fashion to provide the array of services needed by the patient. The third stage is described as the management of health focus. Here there is a holistic emphasis on prevention of disease and promotion of wellness, a mending of the split between the mind and the body, and a focus on the needs of the whole community—a wonderful, if idealistic, vision. No doubt, there are many obstacles to be overcome in reaching this goal, in terms of our knowledge base, our technologies, our devotion to traditional paradigms, and our political will, but the objective is a noble one.

Sadly, the nobility of this goal is somewhat at odds with the current way of thinking in the United States, which views health care as an “industry” operating in a competitive marketplace. According to the industrial paradigm, “doctors and other professionals are...providers,” and their services are bought and sold like other commodities. What we provide is a “product.” The purchasers (employers or government agencies) are always right in this marketplace, and the managed care organizations and institutional care programs scurry around to buy and sell health care services at the best price. The recipients of the services have virtually no say at all; they are also a commodity of sorts, referred to as “lives” in insurance-speak. Most of us take pride in being industrious but have difficulty thinking of ourselves as industrial workers. Industries deal with raw materials, assembly lines, production methods, competitiveness, sales, marketing, profits, mergers, acquisitions, fat cats, unions, strikes, and lockouts. That is not what we thought we were getting into when we joined the medical profession, and it certainly seems inimical to attaining the goal of holistic community-focused health for all.

It thus comes as something of a surprise to discover that the authors of this book not only do not question the contemporary business approach but embrace it, or at least assume that

this is what we have to accept. They give us a lot of guidance on how to coordinate and integrate services but are curiously uncritical of the status quo in terms of the current medical business philosophy. They do not even allude to the multiplicity of insurance companies and funding agencies, with their different rules, as a barrier to smooth integration of health care services. The “behavioral health” in their title does not come from psychiatry or psychology or health services; it comes from the insurance industry. It smacks too much of B.F. Skinner, and I am sure it does not reflect how the readers of the *Journal* think about the work they do.

Be that as it may, whether we adopt an industrial model, a socialized model, or some other, the issue of fragmentation remains, and ways of promoting integration need to be found. Nobody feels the impact of our fragmented system more keenly than the person with a complicated illness who has to cope with a variety of doctors, laboratories, clinics, hospitals, care managers, home care agencies, imaging companies, and, of course, insurances. As psychiatrists we see people with chronic mental illnesses move through an array of emergency departments, inpatient units, outpatient clinics, pharmacies, partial hospitalization programs, clubhouses, vocational programs, residential facilities, health maintenance organizations, Medicaid, Medicare, social services, etc. What is needed, clearly, is a way to deal with this chaos, introduce some coherence and continuity, and move ahead toward a system that truly promotes health and provides effective and efficient treatment for disease.

Chapter 1 in this book is followed by three chapters dealing with the theory of services system integration. Some of this material would have benefited from constructive editing to make it more readable (e.g., “Competitive programs within an organization are primarily operative in systems brought together under some form of horizontal collaborative structure”). The persistent reader can get an understanding of what integration involves, how to measure it, and what are the factors that militate against it. Some readers will find the following 17 chapters more useful. In these chapters, 23 authors deal with such practical aspects of mental health service administration as issues of access, documentation, fee scales, and staffing. Several of the chapters function as a primer, providing excellent overviews of basic aspects of health care administration, introducing the reader to concepts such as level of care, risk corridor, and centralized access models and covering aspects of administration such as staffing and reimbursement.

Two chapters are a little different. Chapter 16, “A Consumer View of an Episode of Care and How Self-Help Helps,” is well written, provocative, informative, and useful. However, it bears no relation to the rest of the book and says nothing about the integration of behavioral health care.

Chapter 14, “Current Research on Mental Health Systems Integration,” provides an excellent overview of recent mental health services research in this area but comes to disappointing conclusions. The volume of good research is small and shows it is possible to bring about greater integration of mental health services but that it is not clear from the research that a higher level of integration produces better patient outcomes in terms of symptoms, functioning, or quality of life. However, it is early days in this research field, and time may help build a stronger body of informative data.

It is in reading the research chapter that one comes to a somewhat disturbing realization about this book: that it is the researchers, conventionally stereotyped as remote from real life, disinterested, focused on their data sets, who are asking the questions about how the patients fare. The mental health professionals who represent most of the chapter authors discuss organizations and systems as if they were ends in themselves, geared to meet organizational objectives such as integration, profitability, and efficiency. There is no real discussion of how the methods and strategies they propose will affect the quality of the experience or the outcomes for the people who are supposed to benefit. A good example is the chapter on documentation. To judge from that chapter, one could easily conclude that the purposes of documentation are entirely administrative and legal—nothing to do with the quality of the interaction between the treatment team and the person receiving the care. One is again impressed with how the industrialization of health care and the commodification of psychiatry lead toward the devaluation of the patient. Thank God for the mental health service researchers!

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Family Interventions in Mental Illness: International Perspectives, edited by Harriet P. Lefley and Dale L. Johnson. Westport, Conn., Praeger Publishers (Greenwood Publishing Group), 2001, 247 pp., \$69.00.

This book takes us on a rapid world tour with brief stops in Australia, Austria, China, Great Britain, India, Italy, Japan, the Netherlands, Spain, Sweden, a number of other European countries, and the United States. The major emphasis is on individuals suffering from schizophrenia. The basic assumption is that the best treatment for schizophrenia is the appropriate use of medication plus family-focused stress reduction interventions. A valiant effort is made to collect studies to provide a scientific basis for this assumption. The goal is to develop “evidence-based” interventions. Methodological problems are formidable. To cite a major one, it has so far been impossible to devise a double-blind study to evaluate this social intervention in a manner universally used in studying pharmacological treatments. Further, as the chapter authors well demonstrate, interventions must be culturally based, which makes comparable studies almost impossible. Nevertheless, I am reasonably satisfied that the case has been made. So we move on to implementation.

The multitude of authors (I count 34) make many relevant cultural points. For instance, in Anglo-American families criticism seems to be a key factor in predicting relapse. For Mexican Americans lack of family warmth is the villain. In Guangzhou, China, treatment is very much psychopharmacologically oriented; all other services to patients are provided “on their own” (the title of the chapter) by families, and the roles of parents and spouses are spelled out in some detail. (The authors of the chapter on families in Guangzhou point out that in a country as vast and diverse as China it is impossible to write about the country as a whole.) In Australia we find a well-developed national mental health strategy. Positive outcomes are dependent on well-trained staff. Services should encourage consumer participation. Which is “better”: the Chinese approach or the Australian approach? Each is so depen-

dent on economic, cultural, political, and historical factors as to make comparison fascinating but fruitless.

In Japan, it is noteworthy that there is essentially no community-based treatment for schizophrenia. The average length of stays for psychiatric patients in different countries are startling: 7.3 days in France, 8.9 days in the United States, 38.1 days in Germany, 330.7 days in Japan. There are 2.9 psychiatric beds for every 1,000 people in Japan, compared with 0.6 for every 1,000 people in the United States.

This brief book also discusses financing, training, and other obstacles to implementation of what is a firmly held conviction that family participation is the key element in successful management of schizophrenia. The book is an appetizer. If you want to move on to the main course, ample further readings are provided in detailed bibliographies appended to the individual chapters.

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Cybermedicine: How Computing Empowers Doctors and Patients for Better Health Care, revised ed., by Warner V. Slack, M.D. San Francisco, Jossey-Bass, 2001, 250 pp., \$19.95 (paper).

As I write, Mary Shelley's *Frankenstein* ranks 4,079 in sales at Amazon.com. That surprisingly high ranking most likely reflects our sustained appreciation for good writing, but it may also hint that even today we remain apprehensive about technology's offspring.

Dr. Slack's revised edition of *Cybermedicine* is an enjoyable, informative, and thought-provoking antidote to such apprehension. Dr. Slack acknowledges that computers have the potential to both help and harm, but he persuasively argues that the well-informed, thoughtfully crafted application of computing to modern medicine can appreciably enhance the well-being of both patients and physicians. Psychiatrists will be particularly interested in chapter 4, “Cybermedicine in Psychology and Psychiatry,” but the entire book is readily applicable to psychiatry.

As the former editor-in-chief of *MD Computing* and co-founder of Harvard's Center for Clinical Computing (initially self-proclaimed and only later officially sanctioned by brass plaque, as the book entertainingly relates), Dr. Slack has had a long and productive involvement in the creative application of computing to health care. Most strikingly, he has done so with the goal of serving and empowering patients and physicians, in active opposition to the attitude that computers should be used to keep patients and physicians carefully monitored and well regimented. As he puts it, “The ultimate goal of hospital computing is to improve patient care.”

Physicians seeking detailed, specific (and soon outdated) information on technical matters should look elsewhere. This is not the book to read for information on what applications to download for your personal data assistant or which office management suite to buy. More importantly, this book conveys a clinically centered attitude toward medical computing and teaches hard-won and empirically validated guidelines for the development of user-friendly, productive computer applications in health care. Dr. Slack's clearly stated principles for medical computing (pp. 29–31 and 96–97) should be pho-

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tocopied and thumbtacked on medical informatics office walls across the country.

In summary, this is very much the book to read for guidance on how to create and implement successful, clinically grounded medical computing applications that benefit both patient and physician. Through a well-written and engaging

mix of personal reminiscence and rewarding reflection, Dr. Slack tells how medical computing can be servant rather than master (or monster).

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.