PSYCHOTHERAPY

The Gift of Therapy: An Open Letter to a New Generation of Therapists and Their Patients, *by Irvin D. Yalom, M.D. New York, HarperCollins, 2002, 263 pp., $23.95.*

When I agreed to review this book, I did not know it was a "how to" book, which would have made me reluctant to accept such an assignment. I had already read two of Yalom's books, his novels *When Nietzsche Wept* (1) and the double entendre *Lying on the Couch* (2). I found both entertaining and knew that the author is a good writer, so I was curious to see how he fared when delving into an area that I have been immersed in all my professional life.

My initial reaction to his book was extremely ambivalent. Maybe it could serve as a primer for beginning clinicians, but what use would it be for seasoned veterans? Was it not somewhat pretentious for a person who has not graduated from a psychoanalytic institute, as the author admits, to advise analysts? (I will return to this topic later.)

Yalom says that his guidebook is "an idiosyncratic melange of ideas and techniques.... These ideas are…personal, opinionated and occasionally original." In 85 short chapters he addresses the patient-therapist relationship, techniques to deal with specific clinical phenomena, how to relate to patients in general, and many other facets of the analyst's conduct to further therapeutic progress and to release the patient's developmental potential in a nonjudgmental, autonomy-promoting atmosphere.

My initial ambivalence progressively diminished as I kept reading, because I realized that what Yalom is describing in his highly personal experiences is not particularly idiosyncratic or, at least, it should not be. He is advocating courtesy, a respect for the patient and the patient's illness, as well as simple common sense.

Although a professor of mine once said, "Common sense is often more common than sense," Yalom's suggestions are based on compassion, wisdom, experience, and scholarship. He has a wide eclectic vista, which is also a reflection of the different analysts he had, who ranged in orientation from classical to more interpersonal.

My initial defensive response abated as I realized that Yalom is implicitly sending a very important message, perhaps a plea, that we regain our senses as psychiatry is succumbing to organic reductionism. Psychiatry has lost its mind, but Yalom's orientation emphasizes a return to humanistic from mechanistic perspectives.

I must say, however, that some, not many, of Yalom's ideas and actions are difficult for me to accept. This is to be expected because he is writing about personal style and we all have our preferences or quirks based on our character and personal history. For example, he states that during a session, he touches the patient in a nonerotic fashion—a handshake or a pat on the shoulder. He sometimes presents hypothetical problems, and he has certain opinions about personal disclosure. He likes to interview family members and spouses. Many of these maneuvers strike me as potentially manipulative and minimizing the adaptive significance of the patient's attitudes and behavior.

Perhaps my few objections are based on my opinion that Dr. Yalom is too eclectic, but he is an expert in whatever area he is engaged in. Returning to the author's admission that he never was certified by a psychoanalytic institute, I do not think this means he is not an analyst. In fact, I believe he is an unusually talented psychoanalyst and teacher. Chapter 75, which discusses Freud in five short pages, describes psychoanalysis. It is the best summary I have ever read, and only a master clinician and scholar could have written it.

As must be evident, my initial ambivalence has dwindled to almost zero, and I would recommend this book to all clinicians, because even readers with some objections will be forced to reexamine their perspectives and honestly examine their modi operandi. I hope this review will overcome the reluctance of the potential reader who might be deterred as I was initially.

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Integration in Psychotherapy: Models and Methods, *edited by Jeremy Holmes and Anthony Bateman. Oxford, U.K., Oxford University Press, 2002, 214 pp., $45.00 (paper).*

Modern mental health care is increasingly focused on medication and patient management, but solid evidence supports the value of "talking therapies," and several contributors to this compact volume observe that their number now exceeds 400. Are they all distinct treatments or merely variations on a few core modalities? Is the structure of each only an epiphenomenon that conceals a common unifying principle? The psychologists who contributed to this book argue that innovative therapies combine two or more disciplines to form worthwhile new entities. For example, Power compares the multiplicity of therapies to diversity in linguistics: although several thousand languages exist, and each is "impenetrable" to those who speak a different tongue, they all share a common framework of grammatical rules. By analogy, all therapies are based on a common foundation—the therapeutic alliance and other nonspecific factors—to which each approach adds its own particular methodology. The value of integrative therapies may be their application to areas not previously accessible as well as the augmentation of separate approaches when used in concert with others.

The editors define integration as "the welding together of different strands into a new and coherent whole," and they and the other contributors are at pains to distinguish between the integrative approach and the pick-and-choose method of eclecticism by which one therapist applies different kinds of therapy to the multiple problems of a single patient. The first section examines the theory of integrative therapy, using psychoanalytic, cognitive behavior, systemic (the family in its so-

cial and cultural setting), and group perspectives to show how integration has developed over time within these fields and what benefits and problems have resulted.

The remainder of the book examines six therapy models and how they are practiced. Denman reviews cognitive analytic therapy and its application to borderline personality disorder. Margison discusses psychodynamic-interpersonal therapy and the need to balance responsiveness to and detachment from the patient, and Gillies focuses on interpersonal therapy. Heard outlines dialectical behavior therapy, an amalgam of behavior therapy and the principles of Zen Buddhism. Norton and Haigh discuss the therapeutic community as integrative therapy. Van Marle and Holmes supply a solid rationale for the use of supportive therapy with the chronically ill patient. The "models and methods" sections of these chapters are necessarily brief, but anyone who wishes to explore further will benefit from the extensive references.

Two particular strengths of these presentations are the emphasis on the need for validation of results by evidence-based research and the attention paid to teaching others how to practice the therapy described with growing and measurable competence. *Integration in Psychotherapy* makes a solid contribution to the theoretical exploration of new trends in this burgeoning field.

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Listening Perspectives in Psychotherapy, 20th Anniversary ed., *by Lawrence E. Hedges. New York, Jason Aronson, 2003, 329 pp., $50.00 (paper).*

Having read this book as a resident not long after its original publication, I was curious about the 20th anniversary edition. How might Hedges' text, which I recall as richly informative, speak to clinical practice these many years later?

Psychotherapy and psychoanalysis have had multiple crises over the past two decades, both in their paradigms and in their institutions, but psychoanalytic theory—which Hedges makes clear is psychotherapy's vital parent—is remarkably robust. Psychoanalytically oriented psychotherapy is clinically vibrant because of the multiplicity of theories that have evolved in the past 50 years, and Hedges seeks to capture these theories. In the introduction to the current edition (which is much unchanged from the original), he is pleased that "the Relational movement…spawned by Greenberg and Mitchell's 1983 *Object Relations in Psychoanalytic Theory* [1]" has flourished, established lines to its progenitors, and taken an interest in *Listening Perspectives* (pp. xxi–xxii). He recognizes as kindred, among many others, Sandler, Stolorow, Atwood, Oremland, and Ogden.

Our theories, Hedges understands, determine what we listen to and what we hear in our patients. A postmodern, relativistic, and, I would add, antiauthoritarian stance fueled this understanding to advance the relational movement as interpretive, intersubjective, and experiential as opposed to the positivist, intrapsychic, and dogmatic posture of ego psychology of the 1950s.

Basically, Hedges seeks to hear clinical material within a developmental frame, which he parses into four listening perspectives and related diagnoses: 1) neurotic level issues associated with oedipal themes and object constancy, 2) narcissistic presentations associated with issues of self-integrity and esteem, 3) borderline pathology associated with issues of merger and separation, and 4) schizoid or psychotic organization associated with part-objects and inchoate sensory experience. In the examination of each of these, the territory becomes familiar. Neurosis is best served by Freudian theory, of which Hedges offers a perfunctory review. The chapters on narcissism—approximately 50 pages—are devoted to a good and concise review of Kohut's work and examples of the clinical practice of self psychology. Those on borderline pathology—approximately 120 pages—draw on the work of a number of seminal authors—Jacobson, Mahler, Kernberg, Masterson, Bollas, Hartocollis, and Giovacchini, among others, with earlier reference to Klein and Winnicott. There is rich clinical material that is well integrated with the theoretical discussion. Hedges appears to use the term "scenario" to mean something enough akin to transference or transference enactment that I am not convinced there is utility in offering a different word. The final and developmentally most primitive listening perspective, related to schizoid and psychotic functioning, incorporates the work of Klein, Fairbairn, and Guntrip, then Searles, Bion, Little, Grotstein, and, again, Giovacchini and Bollas. Again, there is abundant clinical material. The penultimate chapter discusses controversies between Kohut and Kernberg as well as such diverse contributions as those of Langs, Schafer, Lacan, and Sartre.

Listening Perspectives is an ambitious and multifaceted work, particularly suited to use as teaching material for the serious student. It performs an important service of reviewing, organizing, and contextualizing contemporary psychoanalytic thought, and it did so before relational concepts were as comfortably integral as they are today. In this respect, there is less need for a covert agenda of theoretical revolution. One is cautioned that reification of any construct may become dogma. As Freud wrote, "In psychology we can only describe things with the help of analogies. There is nothing peculiar in this; it is the case elsewhere as well. But we have constantly to keep changing these analogies, for none of them lasts us long enough" (2).

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The Contours of Agency: Essays on Themes From Harry Frankfurt, *edited by Sarah Buss and Lee Overton. Cambridge, Mass., MIT Press, 2002, 381 pp., $45.00.*

Although the focus of much of the discussion between clinician and patient has shifted in recent years from the dynamic unconscious to the role of symptoms, some themes remain fundamental to the psychiatric endeavor. One of the most enduring of these is that of the divided self. How a person achieves agency and a sense of self in the face of conflict, symptoms, and dilemmas is of immediate interest to the clinician and of defining interest to Harry Frankfurt.

Contours of Agency is a compilation of essays from a 1999 conference devoted to Frankfurt's work. In it many distinguished philosophers take up points from Frankfurt's work and offer expansions, alternatives, and straight criticism.

The work of Frankfurt, an analytic philosopher, offers insightful, stimulating, and even provocative perspectives on the divided self and related themes. Over the past 30 years, Frankfurt has given much thought to what it means to be a person (and, comparatively, what it means to fall short of this). His main essays on these reflections are contained in two slim and very accessible volumes: *The Importance of What We Care About* (1) and *Necessity, Volition and Love* (2).

For Frankfurt the fundamental dimension of our humanity is our ability to reflect on our own mental life. We can have thoughts about thoughts, feelings about feelings, etc. It is in the process of finding rectitude between these layers of experience and reflection that we work out who we are and how we live our lives. Thus, for Frankfurt, concepts such as externality (things that occur within our mental histories but are not necessarily part of our identity), wholeheartedness, identity, and will are central to understanding what kind of beings we are. Frankfurt does not seek to define humans from the outside but, rather, from the inside by route of what we care about and the extent of our efforts.

An important aspect of this work is that Frankfurt focuses not on psychopathology or ethics (although he uses examples from both fields) but on everyday experience. It is in this vein that love is, for Frankfurt, the central organizing feature of a person. This love is neither romantic nor moral; it is what we care about, and, being such, it is valuable in and of itself (i.e., without specific reference to the worth of the beloved).

The essays in *Contours of Agency* are too numerous to review here. Their quality will vary with the interest of the reader. Of note are "The True, the Good and the Lovable: Frankfurt's Avoidance of Objectivity" by Susan Wolf and "Love's Authority" by Jonathan Lear, a philosopher and trained psychoanalyst. These essays take up the difficult issue of Frankfurt's claims about love. Frankfurt's responses to each essay are among the most lucid and edifying parts of the collection.

As for the mental health reader, the book likely contains more finely grained arguments than desired. Although the readings do not bear directly on clinical or ethical issues (for the latter I recommend Jeanette Kennett's recent volume [3]), the thoughtful and rigorous commentary on the bases for human agency provides a worthwhile stretching of some mental muscles that the clinician will undoubtedly call on in this era of evolving paradigms of mental illness.

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PSYCHOPHARMACOLOGY

Practical Child and Adolescent Psychopharmacology, *edited by Stan Kutcher. New York, Cambridge University Press, 2002, 467 pp., $60.00 (paper).*

Child and adolescent psychopharmacology has definitely been coming of age. The field has been rapidly expanding as well-established and less well-established pharmacological treatments for different child and adolescent mental disorders become available. The demands for guidance through this new field have been growing. As a result, textbooks of child and adolescent psychopharmacology started to arrive.

The newest arrival, *Practical Child and Adolescent Psychopharmacology,* in the Cambridge Child and Adolescent Psychiatry Series, is edited by Stan Kutcher, a well-known child and adolescent psychopharmacologist. He assembled a team of 31 distinguished contributors from Canada, the United Kingdom, and the United States. The book consists of 15 chapters and could be divided into two parts: introduction plus general issues in child and adolescent psychopharmacology (chapters 1, 2, and 3) and psychopharmacology of specific disorders (the remaining 12 chapters). Let me summarize the contents of the book first and then evaluate it.

The first two chapters provide a social and developmental context of child and adolescent psychopharmacology. Chapter 1, "Child and Adolescent Psychopharmacology at the Turn of the Millennium," briefly summarizes the history of the field and then discusses the changing prescribing philosophies, new trends in prescribing, setbacks, and rising expectations. Chapter 2, "Developmental Psychopharmacology," deals with some important biological concepts, such as plasticity and sensitive periods in development, apoptosis, cellular migration and growth, coupling, the effects of stress and early experience on hippocampal neurogenesis, and pediatric pharmacogenetics. Chapter 3, "Clinical Aspects of Child and Adolescent Psychopharmacology," is a thorough overview of basic clinical issues in prescribing psychotropic medications to children and adolescents. It discusses information gathering (structured and unstructured interviews, the parental interview), baseline assessment for psychopharmacological treatment (including a great mental status chart), psychoeducational aspects of prescribing, deciding which medication to use, and how long to treat. This chapter reminds the reader that 1) while the rest of medicine relies increasingly on procedures, tests, and the like to define diagnosis, psychiatry must still live by its wits and 2) child psychiatrists are referred the most diagnostically complicated, treatment-refractory children.

The rest of the book focuses on psychopharmacology of specific disorders. Chapter 4, "Depression," is a short overview of psychopharmacology for depression with general guidelines for treatment of child depression. Chapter 5, "Bipolar Mood Disorders: Diagnosis, Etiology, and Treatment," summarizes the diagnostic issues, biology, and treatment issues of bipolar disorders. Chapter 6, "Schizophrenia and Related Psychoses," provides, among other material, guidance to the management of the acute phase of psychosis, intermediate and long-term management, and management of the side effects of neuroleptics. I was surprised by suggestions to start treatment with older, "typical" neuroleptics and that a

combination of medium- and low-potency neuroleptics may be useful during the first week or two of acute management. Chapter 7, "Obsessive-Compulsive Disorder," discusses the epidemiology, diagnosis, etiology, and treatment of obsessive-compulsive disorder (OCD). The lengthy discourse on etiology starts with the obvious—"The etiology of OCD is unknown." Chapter 8, "Anxiety Disorders," contains a well-organized and practical summary of psychopharmacology of anxiety disorders (e.g., a dosing table), but the discussion of CNS mechanisms for anxiety is superfluous. Chapter 9, "Attention-Deficit/Hyperactivity Disorder," is a scholarly overview of the literature on the treatment of ADHD and future directions. Chapters 10, "Pervasive Developmental Disorder," and 11, "Aggressive Behavior," summarize the limited body of evidence on psychopharmacology of these groups of disorders or behaviors. Chapter 12, "Adolescent Substance Use Disorder," is a lengthy discourse on etiology of substance use disorder and its treatment in adults but provides very little guidance on treatment of adolescent substance use disorder. Chapter 13, "Tic Disorders and Tourette Syndrome," is a surprisingly lucid and informative summary of the treatment of tics. It emphasizes that most clinicians are shifting away from tic suppression and that comorbid conditions, more than tics, are the object of clinical attention lately—for any tic, including Tourette's disorder. Chapter 14, "Eating Disorders and Related Disturbances," gets quickly into the psychopharmacology of these disorders but provides little information on treatment of children and adolescents. The last chapter, "Medical Psychiatric Conditions," reminds the reader of the association between medical and psychiatric illnesses such as epilepsy, headache, and asthma.

Although this book provide a wealth of information, I do not believe that it fulfills the goal set by its title. The book is informative but not "practical." Some chapters are brief and shallow, and some contain lengthy and scholarly but not very useful discourses on etiology, but most of the chapters give us little practical guidance on the nuts and bolts of child and adolescent psychopharmacology. The book could also benefit from using more case vignettes. I was surprised by the lack of attention to detail on the part of the publishing house, demonstrated by typographical and factual errors (the brand name of citalopram is not Celebrex; brofaromine is not bufaramine). However, in all fairness, some chapters—the ones on clinical aspects of child and adolescent psychopharmacology, on anxiety disorders, and on tic disorders—are excellent, practical, and useful. The book is also well referenced.

I feel that this book will be appreciated by those preparing for a child and adolescent psychiatry examination or by academic child and adolescent psychopharmacologists. Those looking for quick and practical guidance, unfortunately, will be disappointed.

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Handbook of Geriatric Psychopharmacology, *by Sandra A. Jacobson, M.D., Ronald W. Pies, M.D., and David J. Greenblatt, M.D. Washington, D.C., American Psychiatric Publishing, 2002, 445 pp., $54.00 (paper).*

I will confess up front that I am a psychopharmacology geek. Of the many resources available to keep abreast of new developments in the field, I have a special fondness for good handbooks. A good handbook should provide a readable, concise overview of the field, while being easy to consult in the course of a busy clinic day. This particular text may be pushing the upper limit of length for a handbook, coming in at just under 500 pages. However, it is definitely a handbook in spirit—it is chock full of practical, accessible information presented in a highly readable format.

The book consists of eight chapters arranged in three parts. The first chapter is an extraordinarily well-written overview of pharmacokinetics and pharmacodynamics in the older adult and ends with a nice section of pearls about practicing geriatric psychopharmacology. The next four chapters review major drug classes, and the text concludes with three chapters on treatment of substance abuse, movement disorders, and dementias.

The chapters are laid out for easy reading and reference. A particularly useful feature of the book is that each chapter ends with a 1-page summary of the highlights followed by a series of tables, one to a page, of the drugs discussed in that chapter. These provide many practical facts about the compounds (to mention a few: formulations, starting dose, titration schedule, dosage range) and a comments box where individual quirks of each agent are briefly discussed. The tables alone make the book a handy reference. A useful addition to these tables would be the average wholesale price of each drug. Psychiatrists need to keep themselves informed about the often drastic differences in price among drugs in the same class.

A special challenge in geriatric psychopharmacology is to apply the available facts in an artful way. My only quibbles with the book involved a few instances where knowledge taken from studies with younger patients was applied to older adults. One example is the description of using a typical antipsychotic as a "lead-in" to atypical use, with overlap and then discontinuation of the typical medication (p. 45). This is a strategy that I tend to avoid, but the authors cite their successful experience with the technique. Because this type of recommendation rests on personal experience, it is likely to be influenced by the particular group of elderly patients one sees. In general, however, I was in full agreement with the clinical management recommendations.

There are probably too many pages devoted to the tricyclic antidepressants, given their declining use. This information served to remind me what courage was required to be a geriatric psychopharmacologist in the past. Inevitably, the book also has a few facts that are outdated because of the gap between authorship and publication. This was most noticeable in the chapter on the dementias. None of these minor concerns should overshadow the fact that this useful handbook provides a fine overview for a broad audience that could range from medical students to practicing psychiatrists.

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Polypharmacy in Psychiatry, *edited by S. Nassir Ghaemi. New York, Marcel Dekker, 2002, 347 pp., $135.00.*

We are all aware that polypharmacy is a common practice—eminently rational when we engage in it but blatantly irrational in the hands of others. Dr. Ghaemi assembled a cast

of mainly Boston-area authors (12 of 14 chapters) to tackle the daunting topic of polypharmacy in psychiatry. The first chapter, providing conceptual and historical background, is a dandy, replete with pithy aphorisms from such luminaries as Oliver Wendell Holmes ("If the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes") and William Osler ("The true polypharmacy is the skillful combination of remedies"). It becomes readily apparent that even the word "polypharmacy" has numerous meanings with several implications. Combining an antidepressant and an antipsychotic for delusional depression is considered first-line treatment, but combining two or three atypical antipsychotics for treatment-resistant schizophrenia is controversial.

The book goes on to deal with the polypharmacy of specific disorders (bipolar disorder, depression, schizophrenia, anxiety disorders, and posttraumatic stress disorder [PTSD]), polypharmacy across the ages (the old and the young) and in the medically ill, the psychology and psychosocial aspects of polypharmacy, and even herbal and cultural polypharmacy. The chapters run hot and cold: those on bipolar disorder and schizophrenia are particularly well done but that on anxiety disorders is quite the opposite (generalizations without substance).

The chapter on polypharmacy in the medically ill strays from the topic of psychiatric polypharmacy and provides a more general overview of drug-drug interactions. The numerous tables address selected interactions between psychiatric and other medical drugs, but they are incomplete and not derived from original data but, rather, adapted from earlier (1995, 2000) publications. Under such circumstances, it is always difficult to know if fact, fiction, or combinations thereof are being passed on to current readers. Perhaps even more troublesome are unsubstantiated, unreferenced statements (e.g., blood-brain barrier changes with age allow adequate CSF lithium levels to be attained at lower serum levels). The chapter on PTSD has a considerable amount on neurochemistry, perhaps because, as the authors point out, "there have been no clinical studies of polypharmacy in PTSD."

When dealing with herbal medications, one is always confronting polypharmacy, even when only one product is used, given the complex chemical makeup of the herbals. Mix a few of them together, and the chemical permutations become almost infinite. The combination of herbals with more conventional psychotropics is virtually unstudied with regard to efficacy and greatly underappreciated with regard to risk (St. John's wort inducing CYP3A4 and P-glycoprotein, ginkgo biloba interfering with platelet function, kava inducing hepatotoxicity, fluvoxamine increasing melatonin levels 17-fold, and so on down the line).

All in all, the editor and authors have done their best in dealing with a rather murky, understudied, ill-defined topic. Many of the chapters conclude with suggestions, guidelines, and recommendations for clinicians. The book itself concludes with recommendations from Ghaemi: Base combination treatment on empirical evidence (unfortunately, there isn't much), reserve polypharmacy for treatment resistance, focus treatment on syndromes rather than symptoms, eliminate unnecessary polypharmacy, and encourage more and better research in the area.

Overall, this is a book well worth reading (you won't find anything else like it), but be prepared to accept some unevenness among the chapters.

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ASCP Model Psychopharmacology Curriculum, 2nd ed., volumes 1 and 2, *by the Committee of the American Society of Clinical Psychopharmacology, Ira D. Glick, M.D., Chair; James Ellison, M.D., James Halper, M.D., David S. Janowsky, M.D., R. Bruce Lydiard, M.D., Ph.D., Jessica Oesterheld, M.D., Peter Ross, and Sidney Zisook, M.D. New York, ASCP, 2001, 780 pp., $750.00 plus $150.00 for CD-ROM (price varies; contact ASCP for pricing range).*

This is a tremendous two-volume series for a very limited audience. The development of a model psychopharmacology curriculum intended for residency training programs has been the goal of a number of organizations. The American College of Clinical Psychopharmacology published their first edition of the model curriculum in 1997. The two volumes at hand comprise the second edition, and the third edition, according to Dr. Glick, will be available some time next year or the year after. The intended audience for the model curriculum is residency training programs and individuals whose lecture material consists of psychopharmacology. Given that there are approximately 120 residency training programs in the United States, the model psychopharmacology curriculum has a quite limited audience. I tried to determine if these volumes would be appropriate for other individuals: people studying for board examinations or medical students or people practicing psychopharmacology, for example. I don't think the use is intended for these individuals as much as for training programs and people who are giving lectures.

The two volumes provide a demonstration of a didactic program in psychopharmacology with specific lecture topics concerning antipsychotics, antidepressants, mood stabilizers, antianxiety agents, and hypnotics; psychopharmacology for the medically ill and for geriatric patients; substance abuse; psychopharmacology of aggression, ADHD, eating disorders, and personality disorders; and some special additional topics. There are case studies, slide sets, a list of books for patients and their families, a list of books and journals that are of use to help training, and a listing of rating scales that are used to assess psychopathology and change in the different conditions. On a personal note, I think clinicians too infrequently use rating scales to document the severity of their patients' illness in treatment outcome. Having these rating scales in one volume is quite useful.

The second volume has a basic course for beginning residents (15 chapters), an advanced course for those in postgraduate years 3 and 4 (19 chapters), and information on child and adolescent psychopharmacology (six chapters). In addition, there are case vignettes. The slide sets are both in hard copy as well as on a CD-ROM.

I had the opportunity to speak with Dr. Glick regarding the model curriculum and asked him a few questions about these volumes. First of all, it would be important to have a mechanism to update the information. Indeed, that is the case; the lectures are updated yearly with new lectures. People who

purchase the books are given the opportunity to update the lecture material.

Second, consultation is available from Dr. Glick and others in the American College of Clinical Psychopharmacology regarding questions that arise. This is important because psychopharmacology is a fluid field, and changes in our knowledge about the medications and the availability of the medications occur quite rapidly. Providing an expert panel to update the didactic material makes the model psychopharmacology curriculum alive, and this becomes an exciting endeavor.

I reviewed a number of slide sets that were provided looking for what is current knowledge as well as searching hard for commercial bias. The knowledge is quite current, and I detected no commercial bias in the slide sets. Given that the current volume is approximately a year or more out of date, one would look forward to the updates that have occurred in the current year as well as the possibility of a newer edition in the next year or so.

I feel that the approach taken by this publication is required for training programs. The material is provided by experts in the field. The depth of the material is appropriate to the level that the residents should expect. The suggested readings and references are quite pertinent. The interaction of the purchasers of the model psychopharmacology curriculum with the members of the American College of Clinical Psychopharmacology provides an additional depth that goes beyond the actual pages of the text.

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LAW AND ETHICS

Ethics Case Book of the American Psychoanalytic Association, *edited by Paul A. Dewald, M.D., and Rita W. Clark, M.D. New York, American Psychoanalytic Association, 2001, 106 pp., $20.00.*

This book courageously tackles a complex and compelling topic—ethical problems in the practice of psychoanalysis and in psychoanalytic education. Published by the American Psychoanalytic Association, it is written especially for its members. However, I believe it will be of great interest to all psychiatrists and other mental health professionals. Its authorship appears a bit murky. Although Dewald and Clark are listed as editors "with the help of the Subcommittee on Ethics Revision," whose members are also listed, no author or authors are identified. Having just finished the book, I am tempted to add, echoing a refrain that occurs throughout this excellent book, "Is this an ethical or a technical issue?" Less facetiously, I suspect it is an artifact of self-publication, as are the horrendous number of typographical errors in the book. But these are minor criticisms of a book that takes on the formidable challenge of addressing some of the most nuanced and seemingly insoluble of ethical dilemmas.

The introduction explains the book's rationale. In the process of preparing a revised ethics code for the American Psychoanalytic Association (which is included in this book), the Subcommittee on Ethics Revision found that group discussion of specific vignettes enhanced participants' sensitivity to ethical issues and also helped achieve a consensus about ethical guidelines. They then wrote this book to provide a wide range of hypothetical and disguised actual cases to stimulate group discussions. Keep this in mind, or you will wonder why the book abounds in such extraordinarily thorny ethical conundrums, often without offering the authors' help in resolving them. Only a minority of these vignettes include "discussion" sections, in italics, which suggeststhe Subcommittee's opinion on the extremely provocative questions they have raised.

Although the reader might reasonably wish that every single question had been answered, the book's format serves to remind us that many ethical dilemmas have no clear-cut and absolute answers. This is especially true of the vignettes in this book, since they include a preponderance of dilemmas that evoke conflicting ethical precepts, not to mention conflicting legal, moral, theoretical, personal, economic, societal, and public relations considerations. Short of adding King Solomon to the Subcommittee, it is probably impossible to offer definitive answers to all ethical quandaries. The book is modest in acknowledging its limitations:

> There has been a progressive change in the culture of the profession in that there are many theoretical differences concerning appropriate interactions [with patients]. Within the Ethics Code there are relatively few moral or ethical absolutes.... In this climate it is highly problematic to make ethical judgments, let alone decisions that must be implemented by actions. (p. 95)

Perhaps the book should come with a warning label—"Danger! Contents may be hazardous to readers with harsh superegos!" Such readers may suffer toxic sequelae from overdosing on a bolus of just about everything that can possibly go wrong in analytic practice, no matter how well-intentioned the analyst is. As Glen Gabbard (1) has documented, the psychoanalytic profession needs to come to terms with its sad history of serious boundary violations, including those perpetrated by some of its most respected figures. Gabbard has often taken the leadership in asking that we acknowledge these ethical violations and that we do all we can to prevent future violations or to impose appropriate sanctions when they occur (e.g., reference 2). Given our current need to compensate for our past history of group blind spots and inaction, we have to be cautious that we not overcompensate, swinging the proverbial pendulum too far in the other direction.

The book asks that analysts follow the code of ethics even when this means the analyst might be punished for breaking the law (pp. vi, xxx). Should an analyst follow his or her own conscience, even when it conflicts with this code of ethics? Gutheil and Gabbard (3) have warned against the misapplication of the concept of boundary violations to boundary "crossings" and other less ethically loaded issues. Even such seemingly innocuous behavior as addressing a patient by his or her first name, seeing a patient during one's last appointment of the day, or charging the patient a reduced fee have raised eyebrows when hypervigilance about boundaries condemns these actions on the grounds that they will lead to a

"slippery slope," with seriously unethical behavior unavoidably at the bottom of the hill.

The Subcommittee that wrote this book solicited input from all members of the American Psychoanalytic Association early in their endeavor. I was invited to attend one of their meetings, apparently because I was the only member who sent them detailed feedback. One point I made was that the slippery slope argument should not be misused. The Chinese proverb does not assert that each single step invariably leads to a long journey. As Gabbard has shown (1, 2), heightened awareness of good professional boundaries does not reduce analysts to cold, emotionally distant automatons. On the contrary, it allows us to be optimally engaged with the patient, as both we and the patient are reassured that important professional boundaries will always be respected.

As enthusiastic as I am about how well this book succeeds in its goals, I hope it will be greatly expanded in subsequent editions. There are so many issues it could not take up in its current limited format. For example, it is silent on the important question of similarities and differences between psychoanalysis and other professional activities of psychoanalysts and other mental health professionals. Few analysts restrict their practice solely to classical psychoanalysis, and analysts are vastly outnumbered by other mental health professionals, who are themselves rightly concerned with professional ethics. I am aware of cases where the technical principles of classical analysis are misapplied as ethical imperatives in treatments where those principles are completely inappropriate. For example, I heard that someone was reprimanded by a state licensing board for discussing a mutual interest in classical music with a chronically psychotic patient she was treating in supportive psychotherapy. Self-disclosure, when clearly in the service of building an alliance and offering oneself as an auxiliary ego, may be entirely appropriate and therapeutic in supportive therapy. (An excellent resource on supportive therapy was written, in fact, by one of this book's editors [4].)

An earlier draft of the Subcommittee's guidelines would have prohibited bartering with patients as always unethical. I wrote to the committee about a psychiatrist I knew in a small community who accepted produce from indigent farmers in lieu of monetary payment. Although this may not be standard practice in large cities, I was troubled by the implication that guidelines suitable for one setting would be applied across the board. In its current form, the book includes one vignette involving a more questionable use of barter (pp. 51–52) but does not state the Subcommittee's opinion on its use in general.

The book does not address cases of false accusations against practitioners. This omission creates the misleading impression that every allegation of unethical conduct is valid, as long as the patient seems like "a credible individual" (p. 91). In an earlier era, all children's allegations of sexual abuse by adults were similarly assumed to be valid. In both cases, the pendulum inevitably swings too far from one extreme to the other—from excessive disbelief to excessive credulity. I heard of a highly ethical psychiatrist who made a serious suicide attempt when he realized his professional society believed his patient's false allegation of sexual misconduct. The patient later admitted she concocted the story to get back at him for refusing to have a sexual relationship with her. In addition, Gabbard (5) has identified a group of depressed practitioners who react with "masochistic surrender" to patients' efforts to violate boundaries and go on to interact self-destructively with ethics committees, allowing themselves to be punished far in excess of their wrongdoing.

The book repeatedly urges us to seek consultation early on whenever we face ethical uncertainties. This is eminently sound advice, since reluctance to share a dilemma with a trusted colleague may in itself be a warning sign that we are trying to conceal potential wrongdoing. Having said this, I believe the book overlooks many of the complications that consultation can create. It wisely urges that we use a consultant who can be objective rather than turn to a friend who is likely to approve of whatever we are doing. But it does not address the dilemma we may be in if we disagree with the consultant's advice. Should we ignore our own judgment? Seek a second consultant? What do we do if two or more consultants disagree with each other? One analyst is criticized for his "uncritical willingness to accept" a consultant's advice (p. 70). And what about the consultant's duty to report? In one humdinger of a vignette (pp. 46–49), a woman reports to a consultant that her analyst is trying to engage her in a sexual relationship. But she asks the consultant to keep confidential what she has told him. I believe this is the only example in the book that acknowledges disagreement among the co-authors as to how the consultant should resolve his conflicting duties to maintain the patient's confidentiality and also to protect her and other patients from unethical conduct. The book hints at a clever option: that the consultant himself should seek consultation, and lots of it, from so many colleagues that eventually the patient's secret would be a rather open one.

What about the toll that ethics work can take on consultants, ethics committees, and professional societies? The book in no way minimizes the many financial and emotional costs of adjudicating allegations of unethical conduct. In one vignette, the local society lacks the financial resources needed to conduct an ethics investigation. I am aware of an instance where the legal fees for a local society were $40,000 for a single case that did not even involve a lawsuit. As past chair of my local psychoanalytic society's ethics committee and former member of an ethics appeal committee of the American Psychoanalytic Association, I can also attest to the psychological strain of handling complaints against respected friends and colleagues. In fact, I have thought that an appropriate punishment for milder ethical misdeeds might be the "community service" of being a member of an ethics committee!

What impact will this book have on psychiatrists? How will it influence their opinion of psychoanalysis? One psychiatrist told me after reading it that she had decided against seeking analytic training, since the book left her with the impression that unresolvable ethical dilemmas are almost daily fare in analytic practice. I feel certain that this is not the impact the American Psychoanalytic Association wants the book to have. I wonder if one unconscious motive that led the association to publish it is to engage in a sort of public mea culpa—acknowledging past lapses and making reparation by showing just how seriously the profession is addressing unethical conduct now. This is a reasonable goal. However, if the book inadvertently implies that all psychoanalysts are either sociopathic predators or sanctimonious prigs, or both, the book does not reach its more adaptive goals.

Further, it is unfortunate that recent efforts to root out unethical colleagues and strip them of their professional li-

censes happen to coincide with an era of apparent oversupply of mental health professionals, creating the appearance of a conflict of interest for ethics committees (perhaps they could be constituted by respected retired colleagues who are still performing their community service). Although the book was subsidized by the company that provides malpractice insurance to members of the American Psychoanalytic Association, I am concerned that unscrupulous trial lawyers will misuse it to bring unjustified malpractice suits against analysts and, possibly, against other mental health professionals.

Although King Solomon would have been too wise to step into the morass of ethics work today, we can turn to Nathaniel Hawthorne for the psychological acumen of great literature. Many critics consider *The Scarlet Letter* to be the United States' best novel. It is an extraordinary case study of the psychology of sin—its impact not only on the sinners but also on those who sit in judgment. The townspeople's gradual capacity to forgive Hester Prynne for her adultery and to admire her for her many virtues was constrained by their need to use her as a target of projection, which Hawthorne characterizes as "the propensity of human nature to tell the very worst of itself, when embodied in the person of another" (6, p. 135). Hester's estranged husband becomes obsessed with Hester's infidelity and in tracking down and destroying her lover. Toward the end of the novel, Hawthorne describes the self-destructiveness of this obsession with the sins of others:

> In a word, old Roger Chillingworth was a striking evidence of man's faculty of transforming himself into a devil, if he will only, for a reasonable space of time, undertake a devil's office. This unhappy person had effected such a transformation by devoting himself, for seven years, to the constant analysis of a heart full of torture, and deriving his enjoyment thence, and adding fuel to those fiery tortures which he analyzed and gloated over. (6, p. 141)

So Hawthorne can serve as an astute consultant to all of us, warning us of some of the risks inherent in the nonetheless necessary work of enhancing professional ethics.

I hope this book will enjoy the wide readership it deserves.

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Genetics and Criminality: The Potential Misuse of Scientific Information in Court, *edited by Jeffrey R. Botkin, William M. McMahon, and Leslie Pickering Francis. Washington, D.C., American Psychological Association, 1999, 277 pp., $39.95.*

As a means of ordering human affairs, law is in ongoing dialogue with the surrounding society and culture. Law is also in dialogue with social, behavioral, and medical science. The evolution of science—the rate of change in scientific concepts, methods, and theories—typically outpaces law and social policy. This is especially the case in the field of mental health law. For its part, law finds itself in a constant catch-up position in relationship to evolving scientific concepts. Nevertheless, unless law and social policy evolve in relation to changing knowledge and cultural circumstances, they gradually lose their effectiveness in ordering human affairs, and their perceived credibility and relevance to daily life become archaic or outmoded.

Criminal responsibility is based on notions of moral agency and responsibility and the assumption that human beings are reasoning beings and responsible for their choices. These notions of personal responsibility are rooted in the Greco-Roman and Judeo-Christian foundations of Western culture. In this context, *actus non facit reum, nisi mens sit rea* (a guilty act is not a crime without a guilty mind). Conversely, an individual may be excused or, better, his or her criminal responsibility reduced or exculpated if "guilty mind" is absent in the commission of a crime. This is the conceptual basis for the insanity defense.

Emergent models of mental functioning and psychopathology from the fields of neurobiology and genetics pose enormous challenges to basic assumptions concerning moral and legal conceptions of free will and responsibility. Are certain people genetically predisposed to crime or violence? How does this affect our understanding that individuals are responsible for their choices? Does a genetic predisposition constitute an underlying disease, disorder, or defect that would exculpate criminal acts? Could the state involuntarily commit individuals who show a genetic predisposition to violence? Is there genetic determinism, and how will this affect criminal prosecutions and defense?

Genetics and Criminality addresses these issues in a book funded by the Ethical, Legal, and Social Implications Branch of the National Human Genome Research Institute at the National Institutes of Health. The symposium brought together an interdisciplinary panel of experts in philosophy, behavioral genetics, and law to comment on the emergent knowledge and potential implications. The four-part book deals with 1) foundational concepts of mental health and disorder, free will and responsibility, and the insanity defense, 2) current behavioral genetic research, 3) potential applications and misuses of genetic information in legal contexts, and 4) a summary assessment of the current state of knowledge. Chapters such as "The Genetics of Behavior and the Concept of Free Will and Determinism," "Genetic Research on Mental Disorders," and "Criminal Responsibility and the 'Genetics Defense' " introduce the reader to the state of the fundamental concepts and state of the knowledge.

The volume is rather technical and aimed at advanced readers such as advanced trainees and practitioners in foren-

sic psychiatry or psychology. Most of the legal commentators conclude that increasing understanding of behavioral genetics is unlikely, at least in the short run, to cause major shifts in our current understanding of criminal responsibility. One comes away from reading the book aware of the early stage of certainty in this area, the still relatively weak status of behavioral genetics in psychopathology, the firm certainty of future challenges to Western moral and legal foundations of free will and responsibility with the maturation of this science, and some of the likely uses and misuses of this information in the criminal arena. The book—prescient in its outlook and truly the stuff of science fiction—is recommended to the student of moral responsibility and behavioral science.

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Mastering Forensic Psychiatric Practice: Advanced Strategies for the Expert Witness, *by Thomas G. Gutheil, M.D., and Robert I. Simon, M.D. Washington, D.C., American Psychiatric Publishing, 2002, 176 pp., $29.95 (paper).*

> Every Sunday I go to kneel in mass and ask God's forgiveness for making another lawyer.
>
> —Dennis Patrick Cantwell (1)

Professor Cantwell loved and honored his eldest daughter, who is an attorney, as he loved all of his family, and I know and they know that he was joking when he spoke of asking for divine forgiveness. Dare we wonder if Professor Cantwell, of beloved memory (2), may well have faced the same or similar challenges described by Professors Gutheil and Simon in this text, which all of us who choose to provide forensic opinions may confront?

Professors Gutheil and Simon provide a cornucopia of wisdom for the forensic expert. Those who have provided forensic opinions for a period of years and are just now reading this text will find themselves nodding with rueful smiles.

I have been fortunate. The overwhelming majority of the attorneys with whom I have worked have conducted themselves with the highest ethical level of gracious, professional demeanor. Nevertheless, there have been a few occasions where the words of Professors Gutheil and Simon ring all too true. Here are examples of those few occasions when their warnings were appropriate.

"The attorney is not under oath." What does that really mean? I was aghast to hear an attorney state during a closing argument that I did not have certain qualifications that, in point of fact, I had never claimed to have. This went unchallenged by both opposing counsel and the sitting judge. I was left wondering what was going on. The answer is all too simple. "The attorney is not under oath." In reviewing the matter with another attorney after the trial was over I was informed, "They do that all the time!" Do they? Do they indeed? Not having read Gutheil and Simon this was news to me!

"Be minimal at deposition; then expansive at trial." This is true advice, which I have learned the hard way in a forensic tête-à-tête.

"Be prepared." Correct again. Any attorney's hesitation in preparation may well stem from a wish to keep down costs. I have learned to insist on proper preparation, which necessarily includes examination of the entire database.

"A conservative is a liberal who has just been mugged." How very true. As counterintuitive as it feels to me, I have learned, again the hard way, to request from the start that a check for a reasonable sum accompany the records-to-be-reviewed.

An attorney asks you to see and examine an individual as part of your forensic work. Does this establish a doctor-patient relationship? What will you do? How will you address this issue? On page 22, Professors Gutheil and Simon present a model Consent for Forensic Examination. The following consent form is an excerpted and paraphrased version presenting the pertinent sections of this vital and valuable consent form.

> I understand that the doctor is not acting as my physician.
>
> I agree to give up my rights to have the doctor keep secret what I tell him or her.
>
> I agree that the doctor can make reports for attorneys and to judges in a courtroom.
>
> I understand that this examination may help my case, hurt my case, or have no effect on my case that I can see.
>
> This document is to be signed by the examinee in the presence of the attorney, who must endorse in writing that he or she has fully explained all of these issues to the examinee and that the examinee understands these issues.

This form alone may well constitute a reasonable and proper ethical litmus test for an attorney. If the attorney is willing to have the examinee sign this form and to sign this form himself or herself, well and good. If the attorney hesitates, then perhaps you as the forensic expert know that you may well need to withdraw.

On page 48 and again on page 88 Professors Gutheil and Simon point out, "Some attorneys view the expert as the hood ornament on the vehicle of litigation that the attorney drives to court." I found the repetition of this insight to be empowering. James Thurber might endorse that the safe word for such attorneys is "strange." Fortunately, I have found such attorneys to be in the minority.

I fully concur with the endorsement on the book's back cover by Case Western Reserve University Professor of Psychiatry Phillip J. Resnick, long one of my heroes: "This book provides trenchant analysis of complex ethical and practical issues in expert-attorney interactions. It sparkles with wit and resonates with wisdom born of experience."

This text is a must read for all who choose to provide forensic opinions. Further, it is a recommended text for a course in forensic ethics for both students in colleges of medicine and students in schools of law. I plan to keep this quintessential text on my desk and to refer to it regularly in my ongoing and future forensic work.

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Psychiatry on Trial: Fact and Fantasy in the Courtroom, *by Ben Bursten, M.D. Jefferson, N.C., McFarland & Co., 2001, 210 pp., $35.00 (paper).*

The title of this book may startle; it suggests that the profession of psychiatry itself is on trial. As a consequence of the criticisms of psychiatric testimony in the courtroom, it has been said that, to safeguard the reputation of psychiatry, psychiatrists should stay out of the courtroom.

In the early 1990s, APA's Council on Psychiatry and Law, charged with the task of considering the many criticisms about the quality of psychiatric expert testimony, reported, "Some criticism, to be sure, is ill-informed, stemming from a misunderstanding of the role of the expert witness in court. Much of it, however, comes from knowledgeable commentators who are disturbed by aspects of psychiatrists' conduct on the witness stand" (1).

This book by Dr. Bursten is about the quality of psychiatric testimony, not about its impact on the profession as a whole. He acknowledges that, unfortunately, there is improper psychiatric testimony, sometimes outrageous testimony, but there can also be good testimony that can help the judge or jury reach a more well-informed decision.

With illustrations from his forensic practice of more than 30 years, Dr. Bursten seeks to distinguish between good and improper testimony. The book is not a sourcebook on psychiatry or legal concepts, but it provides enough information about psychiatry and law that the issues can be understood by either profession. Purposefully, Dr. Bursten opts for conversational rhetoric, understandable to nonprofessionals in either field, rather than the academic prose style. The result is a lucid, easy-to-read, enjoyable book, and it is attractively published.

Medieval judges knew a witch when they saw one. How are contemporary decisions made in the courtroom? A court proceeding, to be sure, is not a scientific inquiry; it is, as Dr. Bursten says (p. 5), a persuasion arena where the contestants try to make the judge or jury see things their way. The judge, and particularly a jury, want a good story decorated with figments of facts. A trial is likened to theater. What lawyers want in an expert medical witness are the looks of Robert Redford, the knowledge of Michael DeBakey, and the presence of Ronald Reagan.

In the courtroom presentations of a story or of the facts are circumvented by constraints of time, constitutional and other limitations on evidence, and considerations of confidentiality, yet as a consequence of the decision, people may gain or lose a fortune, they may lose custody of children, or they may be sent to prison or even be sentenced to death. In the view of many, the legal system is a "lottery," so actually it is the reputation of the legal system—more than psychiatry—that is on trial. To be sure, people in the United States have lost confidence in the way trials are conducted—they are costly, they are time-consuming, and the outcomes are incongruous. Trials have appeal only as television entertainment. Increasingly, cases are settled, mediated, or arbitrated. Trials have become a rarity.

In any event, Dr. Bursten says that hunting down causes is one of the most fascinating aspects of his work as a forensic psychiatrist. When he can identify a cause (or the absence of a cause), and he has data to back up his opinion, he feels he is in a position to tell the judge or jury something they would not ordinarily have known from common knowledge (p. 39). Yet there are areas where he wonders whether he can be of any assistance, as for example in a child custody proceeding, where he says that, at least in many cases, trying to decide which parent will act in the best interests of the child is usually a futile exercise (p. 114).

The primary role of the forensic psychiatrist is to explain behavior. "Though this be madness," Shakespeare wrote, "yet there is method in it." Put another way, as Dr. Phil Resnick said as defense psychiatrist in the trial of Andrea Yates, charged with the drowning of her five children, there was "rationality in her irrationality." As might be expected, Dr. Park Elliot Dietz, as prosecution psychiatrist, had a different understanding of her behavior. Then, too, biographies by historians vary in perspectives, although they may all be based on historical truth.

In apt phrasing, Dr. Bursten distinguishes between "junk science" and "twisted science." Junk science is based on faulty research or no research at all—just anecdote or wishful thinking. Twisted science, as he uses the term, occurs when experts use well-researched concepts and data but misinterpret them, perhaps because they misunderstand the meaning of the studies or perhaps in an attempt to impress the judge or jury.

In several chapters, Dr. Bursten illustrates testimony involving psychiatric impairments, evaluations without examinations, standards of care in treatment, child abuse and revival of memory, sexual harassment, unfitness for duty, civil commitment, role conflicts in both treating and testifying, and sex offenders.

In the course of his career in law and psychiatry, Dr. Bursten was the major author of the Connecticut confidentiality statute and contributed to legislation on treatment of alcoholics and on release of information to third-party payers. He is the author of *The Manipulator* (2), and *Beyond Psychiatric Expertise* (3) as well as numerous articles. He graduated from the University of Vermont with honors in psychology and cum laude from the Yale Medical School and was on the faculty of the Yale Department of Psychiatry from 1964 to 1975. He is a graduate of the Western New England Institute for Psychoanalysis. He currently specializes in consultations with attorneys and government agencies.

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TEXTBOOKS

Textbook of Anxiety Disorders, *edited by Dan J. Stein, M.D., Ph.D., and Eric Hollander, M.D. Washington, D.C., American Psychiatric Publishing, 2002, 544 pp., $77.00.*

This is a large book—large in every sense of the word. More than 500 pages long, it is packed with information about a subject that, as the editors say in their preface, "has a ubiquity and a universality that extends across time and across cultures."

It is a well-organized book. After a list of contributors and a preface, there is part 1, Approaching the Anxiety Disorders. The chapter titles are "History of Anxiety Disorders," "Classification of Anxiety Disorders," "Preclinical Models of Anxiety," "Neural Circuits in Fear and Anxiety," "Evolutionary Concepts of Anxiety," "Cognitive Concepts of Anxiety," "Psychodynamic Concepts of Anxiety," and "Combined Treatment for Anxiety Disorders."

In part 2, Generalized Anxiety Disorder, the chapter titles are "The Phenomenology of Generalized Anxiety Disorder," "Pathogenesis of Generalized Anxiety Disorder," "Pharmacotherapy for Generalized Anxiety Disorder," and "Psychotherapy for Generalized Anxiety Disorder."

Part 3, Mixed Anxiety-Depressive Disorders, has one chapter with the same title. To focus in just for a moment, this chapter includes a listing of the criteria for mixed anxiety-depressive disorders reprinted from DSM-IV-TR. A detailed discussion follows of the possible relationship between generalized anxiety and depression. The point is made that the subsyndromal mixed-symptom disorders may lead to meaningful functional impairment, a fact that most clinicians, particularly those who do disability evaluations, can readily attest to.

Part 4, Obsessive-Compulsive Disorder and Related Disorders, part 5, Panic Disorders and Agoraphobia, part 6, Social Phobias, and part 8, Posttraumatic Stress Disorder and Acute Stress Disorders, each contains four chapters—on phenomenology, pathogenesis, pharmacotherapy, and psychotherapy of the particular disorder. Part 7, Specific Phobia, reverts to a single-chapter format. Part 9, Anxiety Disorders in Special Populations, contains four chapters. These deal with anxiety in children and adolescents, in the elderly, in the context of substance abuse, and in medical settings. Part 10, Social Aspects of Anxiety Disorders, has three chapters: "Cultural and Social Aspects of Anxiety Disorders," "Economic Costs of Anxiety Disorders," and "Consumer Considerations."

Finally, there is an appendix with some Internet resources, followed by a rather complete index. For those clinicians involved in the treatment of individuals with one or more anxiety disorders, the sections on pharmacotherapy in many chapters are worth the price of the book in itself. To mention just one of these, "Pharmacotherapy for PTSD," the goals are laid out succinctly, and there is an exhaustive review of the literature covering studies using medication classes including tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs) and reversible MAOIs, selective serotonin reuptake inhibitors, antipsychotics, and others such as alprazolam and inositol. Use of these two mood stabilizers in patients with marked irritability, aggression, and explosive behavior is mentioned. Included also is a discussion of the issues in the future of pharmacotherapy that must be addressed, such as comorbidity, gender and cultural issues, and trauma severity. In the chapter on pathogenesis of panic disorder, the final paragraph deserves quoting:

> A familial form of panic disorder may entail the combination of psychiatric disorder, inherited connective tissue conditions, abnormalities in panic perception, and propensity to autoimmune activity. The view of autoimmunity and panic disorder is supported by the observation of elevated antiserotonin antibodies and serotonin anti-idiotypic antibodies directed at serotonin receptors. A highly significant gene association with panic disorder in conjunction with joint laxity syndrome has been identified on chromosome 15Q (Gratacos et al. 2001) [1]. Future developments are anticipated. (p. 254)

To sum up, in my opinion this textbook is a highly readable, valuable contribution that puts at the reader's fingertips just about any type of information regarding anxiety disorders, be it theoretical or practical, that one might need. This applies to clinicians, researchers, educators, and anyone else who might be interested in this subject. It is highly recommended.

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Current Diagnosis and Treatment in Psychiatry, *edited by Michael E. Ebert, Peter T. Loosen, and Barry Nurcombe. New York, Lange Medical Books/McGraw-Hill, 2000, 640 pp., $92.95 (paper).*

Producing a textbook of psychiatry that is comprehensive yet succinct, simultaneously encyclopedic and easily digestible, appears to be an impossible task. This multiauthored treatise, described by its publishers as "the perfect reference for quickly answering all day-to-day questions on psychiatric disorders…indispensable for students, residents, psychiatrists, general and family practitioners, and pediatricians," is an excellent attempt at accomplishing the impossible. Its 39 chapters written by different authors cover concepts related to the disparate thematic strands constituting the scientific foundation of modern psychiatry and address topics relevant to diagnosis and treatment of adult and child psychiatric disorders. Although the chapters are of somewhat uneven quality (understandable, given its multiauthored nature), they are all fairly comprehensive and yet succinct. The tables and figures in each chapter encapsulate a large body of information, facilitating easier digestion.

The 39 chapters are organized in five sections. The first section, addressing scientific foundations of psychiatry, contains seven chapters covering developmental psychology, behavioral and cognitive behavior theory, neuropsychopharmacology, psychoanalysis, psychiatric epidemiology, genetics,

and health services research. The second section, encompassing nine chapters, covers a variety of clinical techniques and principles of decision-making in psychiatry. Section 3 contains 17 chapters that address diagnostic assessment and treatment of specific psychiatric disorders. Sections 4 and 5, with three chapters each, address techniques and disorders specific to child and adolescent psychiatry.

Despite the outstanding effort, this textbook itself bears testimony to the impossible nature of the task of compiling a succinct comprehensive textbook of psychiatry suitable for all audiences. Furthermore, references in several chapters are dated; in fact, in many chapters the most recent reference is from the 1980s or early 1990s. Published in March 2000, portions of this text are out of date in 2003 (e.g., discussion of ziprasidone and mirtazapine is very terse in the psychopharmacology section, and aripiprazole, atomoxetine, and duloxetine are not even mentioned).

This is an eminently readable textbook that is accessible and fairly comprehensive. It does appear to take on an impossible task, however, and sections need to be updated.

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