

of Psychiatry, 3rd ed. Washington, DC, American Psychiatric Press, 1999

RONALD O. RIEDER, M.D.  
New York, N.Y.

***Textbook of Family and Couples Therapy: Clinical Applications***, edited by G. Pirooz Sholevar, M.D., with Linda D. Schwoeri, Ph.D. Arlington, Va., American Psychiatric Publishing, 2003, 948 pp., \$59.00.

This edited book attempts to provide a broad overview of family and couples therapy that covers the wide spectrum of theoretical approaches. Although this is laudable, it provides us with too many appetizers and an unsatisfying meal. The field of family and couples therapy is difficult to cover because, in the absence of any encompassing theoretical framework, a patchwork of conflicting theories attached to charismatic clinicians has developed. In addition, family therapy began during a period of disillusionment with established authority following World War II and the Vietnam War and relied on philosophical underpinnings without much scientific validation.

Dr. Sholevar says that one can be eclectic and combine all of the family therapy approaches, which is clearly clinically incompatible. He starts this book by stating that family therapy is "an umbrella term for a number of clinical practices based on the notion that psychopathology resides in the family system rather than individuals." This statement denying pathology in the patient reflects the perspective of many systemic family therapists. In the concluding chapter, however, he agrees with the National Alliance for the Mentally Ill that schizophrenia is a biological illness and "there is no clear evidence that some of the stressful family interactional patterns such as communication deviance, expressed emotion, and affective style predated or followed the symptomatic behavior in the schizophrenic patients." These polarized statements contradict one another, and both are inaccurate. The long-term Finnish Adoptive Family Study of Schizophrenia by Pekka Tienari et al. (1) indicated that both a youngster's genetic loading and a family with high communication deviance are necessary for schizophrenia to develop. We also know from neurobiology research that genes are strongly influenced by the environment; both are important.

Chapter 3, "Constructing Therapy" by Scott Browning and Robert-Jay Green, mentions the work of Mara Selvini Palazzoli on systemic family therapy. At a conference in Heidelberg in the 1980s, Dr. Selvini Palazzoli stated that she would drop a bomb: that schizophrenia could be cured by the parents leaving a note on the kitchen table that they were going out. Unfortunately, the bomb exploded in her hands, destroying her credibility. No critique of this event is presented in this book. In addition, the book states that Gregory Bateson rejected the incorporation of his ideas by systemic family therapists because he remained an anthropologist. Bateson was one of my teachers, and he objected to therapists, some of whom were not trained in mental health, taking a controlling stance to effect change. There are some other areas of misinformation. Object relations family therapy was not developed in England, as stated in this book, but in the United States. I published the first book on object relations family therapy (2), and others later expanded this approach. In addition,

Stephen Fleck's name is misspelled as Flick. Finally, in chapter 32, "Family Intervention With Incest," the editors say that the therapist should not believe patients with borderline personality concerning incest because of the patients' cognitive distortion. Clearly, the therapist cannot discount the believability of the patient. In fact, many clinicians find that borderline personality disorder is frequently attributable to incest and consider it a posttraumatic stress disorder from childhood (2, 3).

Despite these criticisms, there are many excellent chapters that are accurate and deal with their topics in depth. These include, among others, "Family Life Cycle" by Joan Zilbach, "Diagnosis of Family Relational Disorders" by David Miklowitz and John Clarkin, and "The State of Family Therapy Research: A Positive Prognosis" by John Clarkin, Daniel Carpenter, and Eric Fertuck. Unfortunately, the book lacks sufficient depth and does not fulfill its mission of providing an accurate and consistent account of family or couples therapy that is helpful to clinicians.

#### References

1. Tienari P, Sorri A, Lahti I, Naarala M, Wahlberg KE, Ronkko T, Pohjola J, Moring J: The Finnish Adoptive Family Study of Schizophrenia. *Yale J Biol Med* 1985; 58:227-237
2. Slipp S: Object Relations: A Dynamic Bridge Between Individual and Family Treatment. New York, Jason Aronson, 1984
3. Stone MH: Borderline syndromes: a consideration of subtypes and an overview: directions for research. *Psychiatr Clin North Am* 1981; 4:3-24

SAMUEL SLIPP, M.D.  
New York, N.Y.

## CONSULTING PSYCHOLOGY

***The California School of Organizational Studies Handbook of Organizational Consulting Psychology: A Comprehensive Guide to Theory, Skills, and Techniques***, edited by Rodney L. Lowman. San Francisco, Jossey-Bass, 2002, 836 pp., \$100.00.

If psychology is the study of human behavior, then human behavior in organizations and the organization's effect on behavior represent core topics. Even the seminal psychologist of the individual patient, Sigmund Freud, recognized the unique phenomena of group dynamics. Yet, psychologists typically intervene at the level of the individual or, at most, with families and small groups. Over the course of an entire career, therapists may treat a total of 200 to 300 patients, all the while yearning for a wider impact. What if each of our interventions influenced an entire organization composed of thousands of individuals?

I read Rodney Lowman's comprehensive *Handbook of Organizational Consulting Psychology* nurturing just such a fantasy. Here were psychologists whose interventions transformed major Fortune 500 corporations. Not only did they increase the company's bottom line, they also saved or created jobs for countless people. (In my fantasy, the exorbitant fees they charge are hardly noticed on the company's balance sheet, in contrast to my patients, who can barely afford my modest fee for psychotherapy.) Most importantly, organiza-