

## PSYCHOTHERAPY

***Compassion's Way: A Doctor's Quest Into the Soul of Medicine***, by Ralph Crawshaw, M.D. Bloomington, Ill., Med-Ed Press, 2002, 646 pp., \$38.50.

Throughout a distinguished career, spanning more than 50 years of psychiatric practice, advocacy, and leadership in health policy, Ralph Crawshaw has written prolifically. His humane and insightful essays and reviews, many of which have had substantial impact, have been published in first-rank general medical publications, including many in the "A Piece of My Mind" section of *JAMA*. As an architect of the Oregon Health Plan, director of the Oregon Health Decisions program, and Senior Scholar at the Center for Ethics and Health Policy of the Oregon Health Sciences University, with work funded by the Kellogg and Robert Wood Johnson foundations, among others, he has worked tirelessly, effectively, and influentially in the front lines of many of the ongoing battles for better health care. In short, he's the real deal.

In this bountiful album of more than 80 essays, addresses, and occasional book reviews and film reviews, Crawshaw has brought together a productive lifetime's worth of experiences and reflections. He addresses numerous aspects of the human condition, the courage necessary to be compassionate, how compassion is expressed, and the realities, challenges, and successes experienced by medical practitioners in their individual and collective attempts to provide humane and soulful care. As with any box of confections, each reader will be personally touched, affected, and delighted differently by individual pieces in the assortment. Several I particularly liked, whose titles will also illustrate the span of topics with which Crawshaw deals, are "The Foley Catheter" (his personal experiences), "The Bedpan Factor," "The Psychology of the Hippocratic Oath," "Nurturing Hate in Psychotherapy," "Grass Roots Participation in Health Care Reform," "A Modest Policy Proposal: The National Health Selective Disservice," "Reflections of a Director on Resigning From a Mental Health Clinic," "The Soul of Medicine." "The Patient-Physician Covenant," an often quoted piece reemphasizing the moral basis of medical practice, appearing in *JAMA* in 1995, is definitely worth reading. Crawshaw first-authored this article with a group of highly distinguished medical luminaries.

For physicians of any ilk—and certainly for psychiatrists—who seek professional and spiritual renewal, and who might benefit from being reminded and invigorated about why we do what we do, this book is just the thing to keep at the bedside for daily inspiration. The book will also be a perfect gift for young people thinking about or embarking on careers in medicine. I've already seen it included on several web sites as recommended reading. Warning: This book can kindle (or rekindle) passion about compassion.

JOEL YAGER, M.D.  
Albuquerque, N.Mex.

***Counseling the Culturally Diverse: Theory and Practice, 4th ed.***, by Derald Wing Sue and David Sue. New York, John Wiley & Sons, 2003, 507 pp., \$80.95.

This hefty tome looks, feels, and reads like a textbook for graduate students in counseling psychology. Obviously, since this is its fourth incarnation, it has been very successful, and it is generally accepted as the best book in the field. The keys to its success are simple: it is comprehensive, clearly written, neatly divided into 20 chapters ending with sections on implications for clinical practice, and contains many clinical vignettes that balance the theoretical material.

The book starts slowly, with a discussion of the "superordinate nature" of multicultural counseling, the politics of counseling and therapy, and sociopolitical considerations of trust and mistrust. Much of this section can be summed up by the authors' contention that

the power of racism, sexism, and homophobia is related to the invisibility of the powerful forces that control and dictate our lives. In a strange sort of way, we are all victims. Minority groups are victims of oppression. Majority group members are victims who are unwittingly socialized into the role of oppressor. (p. 72)

Despite this ominous start, the book moves on to clinical material that really is quite practical. The authors argue correctly that a counselor/therapist dealing with culturally diverse clients needs to be adaptive and not tied down to traditional approaches, although I couldn't help but chuckle at the suggestion that change-agent outreach programs may involve shooting basketball and playing billiards with clients. Thank God we psychiatrists have patients who, unlike clients, would most likely swoon or run away at the suggestion that we shoot a few hoops together. Just imagine the possibilities of such a scenario in the hands of the comedian Larry David in an episode of *Curb Your Enthusiasm*! But I digress.

The section of the book that most fascinated me was on white racial identity development. Here the authors explore the responses of different people to the question, "What does it mean to be white?" In fact, I plan to spend an entire session of my cultural psychiatry seminar asking the residents to answer this question. The authors note that

whiteness is transparent precisely because of its everyday occurrence and because Whites are taught to think of their lives as morally neutral, average, and ideal....Persons of color find White culture quite visible because even though it is nurturing to White Euro-Americans, it may invalidate the lifestyles of multicultural populations. (p. 239)

As a resource book for teaching about clinical competence, the book is terrific. Ideally, all psychiatrists should be familiar with the book's contents, but I seriously doubt that, after a mind-numbing day of 15-minute medication management visits, there are many psychiatrists who have the will and strength to read this lengthy tome. More's the pity, because

through years of personal experiences I have learned that our pills tend to be more efficacious and our patients more compliant when we pay attention to cultural facts. If you go about things the right way, it's amazing sometimes what can be accomplished in 15 minutes.

ARMANDO R. FAVAZZA, M.D., M.P.H.  
Columbia, Mo.

***The Freud Encyclopedia: Theory, Therapy, and Culture***, edited by Edward Erwin. New York, Routledge, 2002, 641 pp., \$165.00.

This very large, attractive, nicely printed and bound, one-volume encyclopedia contains an odd mélange of essays on a whole variety of issues and people, all of which the editor felt were connected in one way or another with Freud and the history of psychoanalysis. Some of the essays are long and difficult while others are sketchy, but most are written by recognizable authorities in the field. Certainly the editor is to be congratulated on being able to collect such a large number of essays from so many different authors and on so many topics.

The immediate question that arises on looking through the book is about the book's intended readership. Candidates in psychoanalysis and those psychoanalysts who desire refresher material are probably best advised to look in the standard American Psychoanalytic Association text edited by Moore and Fine (1). Practicing psychiatrists and psychotherapists would probably want to look first at my *Dictionary for Psychotherapists* (2), which addresses many of the topics covered in this encyclopedia but in a shorter form. On the other hand, there are some aspects of this encyclopedia that will be of great value for both dynamic psychiatrists and psychoanalysts because they are so well collected in this volume and not easily available in one place elsewhere.

Probably most important are a series of excellent biographical sketches of a whole variety of individuals who were important in the origin and development of psychoanalysis from the time of Freud to the present day. It is nice, for example, to find biographies of Baginsky, Brentano, Groddeck, and Herbart along with the usual crowd of pioneers and accepted experts in the field of psychoanalysis all covered in one volume. These biographical entries alone make the encyclopedia a worthwhile addition to one's library. Curiously, although some relatively minor figures are included, biographies of some of the heavy hitters such as Loewald, Winnicott, Kristeva, and Kohut are not to be found. A related category of useful essays in the encyclopedia covers the views of certain psychoanalytic pioneers, such as the essay on Melanie Klein written by the authority on Kleinian theory, Hannah Segal. There are similar articles on the views of Lacan, Kohut, and others.

The second interesting and unusual aspect of this encyclopedia is represented by a series of articles on psychoanalysis in a variety of countries and places such as Africa, Venezuela, Korea, the Philippines, and many others, with the very curious exception of Israel. Another worthwhile aspect of the encyclopedia is the relatively brief and authoritative articles about each of Freud's famous case histories; these will be of value to the student and practitioner alike.

There is, however, a lack of conceptual clarity in the encyclopedia as a whole, and this is a little surprising because the editor of the encyclopedia is a professor of philosophy at the

University of Miami at Coral Gables. There are several types of articles in the same genre, which indicate that either instructions were not made specific to the 200 contributors or the contributors did not pay attention to the instructions and the editor did not monitor their contributions. For example, some contributions are simply statements of the authors' points of view. Some contributions cover Freud's point of view briefly and then go on to state the author's point of view. Some contributions cover Freud's views more extensively and then go on to offer information on what has developed in the field on that topic since the time of Freud. Some contributions cover only the views of Freud in a rather scholarly manner, focusing exclusively on what Freud had to say. There is a nice index in the book, and the references to Freud's writings are mercifully to be found in the Standard Edition.

I read through the entire encyclopedia before attempting to write this book review. The overall impression is that it is not hard to read and contains a lot of little pearls of information, but, perhaps because it is assembled by a philosophy professor, the book does not really have the "feel" of psychoanalysis as a clinical science. The articles are more or less abstract without much in the way of clinical illustrations; so the book comes across like a piano rendition of a Bruckner or Mahler symphony. The editor, who contributed nine entries, has picked topics on which he could express skepticism, to say the least, about psychoanalysis as a whole. He is concerned about the meaning of "truth" and questions of validity that are hopelessly tangled up in today's philosophical debates but are not of much use to the practitioner. Erwin's article "Castration Complex" is a good illustration of his skepticism. He worries about the basis for the claims about the castration complex, which leads him to worry about "more general epistemological issues of the justification of psychoanalytic interpretations of clinical phenomena" (p. 67). Comparison of his article with that on the same topic in Moore and Fine (1, pp. 35–36) will give the reader an excellent way to assess this encyclopedia.

I propose now to comment briefly on some of the entries that I found representative as I read along in order to provide some idea of the general scope of this encyclopedia. In his preface, Erwin asks, "Exactly which parts of Freudian theory are at least approximately true and which are not? On this issue, scholars are still deeply divided" (p. xiii). The problem with this opening orientation is that psychoanalysis developed in the clinical consulting room and from the crucible of working with emotionally disturbed individuals; as such it is not really the province of scholars but of those psychiatrists and psychoanalysts who are attempting to struggle with mentally ill patients on a day to day and year to year basis. In this sense, psychoanalysis cannot be approached as one might approach a problem in philosophy—the "theory of knowledge" or the "meaning of Being," for instance. Divorced from the struggle in the clinical consulting room, psychoanalysis cannot be understood.

By far one of the longest and my least favorite article in the encyclopedia is by Grünbaum, who is also one of the members of the advisory board of the encyclopedia. As Grünbaum has indicated many times in many places, he has no use for psychoanalysis at all and thinks it is going to disappear. This is probably the most polemical and unbalanced article in the encyclopedia, and there is nothing in it that is new or different.

The brief biographical article on Adler by Hoffman is unusually informative and nicely balanced, an attempt to give a fair presentation about a very controversial figure. The essay "Africa, and Psychoanalysis" by Peltzer and Reichmayr introduces the interesting concept of "ethnopschoanalytic observations" and reviews what these observations have revealed in West Africa.

A good way to evaluate the quality of the articles on psychoanalysis in different geographic locations is to compare Cesio's article "Argentina, and Psychoanalysis," which consists essentially of a listing of dates and people, with the outstanding discussion "France, and Psychoanalysis" by Roudinesco, a well-known authority who generously gives some background as to what the practices and beliefs were and are in the development of psychoanalysis in France.

The essay "Cinema, and Psychoanalysis" by Casebier says very little about Freud and discusses the views of Althusser and Lacan and the use of psychoanalytic theory to explain different aspects of the characters in movies. In my opinion, Althusser, a dedicated Marxist, has been long since discarded, and devoting about half the article to Lacan produces an unbalanced picture. It would have been valuable to have Glen Gabbard as an additional authority on this topic.

Gross and Rubin present a considerably longer essay, "Clinical Theory." Unfortunately, this is still extremely condensed and covers a great many topics and aspects that I fear will leave the reader confused. It does stay mostly with an attempt to investigate the views of Freud, in contrast to "Conflicts, Theory Of" by Cooper, which covers Freud's views and then goes on to discuss what Cooper calls "post-Freudian conceptualizations of conflict" (p. 104). This, as well as "Post-Freudian Psychoanalytic Views on Crime" by Cordess (p. 115), is again extremely condensed and makes one wonder what were the instructions given to the contributors.

Palombo's article on dreams first presents Freud's theory and then tells us how Palombo would modify Freud's theory of dream construction "to bring it up to date" (p. 158). Palombo's theory may or may not be correct, but it certainly does not represent a settled issue and contains a number of statements that would be highly controversial. Contrast this, as well as the entry "Envy" by Bänninger-Huber and Widmer, which after a nod to Freud essentially gives their view of envy, with the article on "Drive Theory" by Weinberger and Stein. The latter gives an excellent summary of Freudian drive theory, to say the least a very controversial topic these days, without much discussion of the current controversy or the authors' point of view. I was surprised that the "Envy" article makes no mention of Melanie Klein, who of course wrote extensively on that topic.

In reading through the book there is inevitable repetition and redundancy; for example, it is hard to justify the presence of a brief article on "Ego" by Lasky followed by an article on "Ego Psychology" by Meyer and Bauer. These could easily be combined. We are of course given thumbnail sketches of the biography of Freud and the various developments of his theories in several articles, but I do not see how that could have been avoided.

The essay "Fantasy (Phantasy)" by Esterson offers some clinical material but is divided into two parts: Freud's views and then "critical appraisal" (p. 190). Here again one wonders what the contributors have been told, because many of the

essays do not contain critical appraisals, which (unlike that of Grünbaum) are respectful, careful attempts to make clear what is valuable and what is somewhat obsolete in Freudian theory.

"Freud, Sigmund (1856–1939)" by Rudnytsky is an outstanding article offering a summary of Freud's life and work in a few pages. It is sandwiched in between an all-too-brief essay on Anna Freud by her well-known biographer Young-Bruehl, and what strikes me as a redundant essay on "Freud's Family" by Roazen. The latter could have been included in the Freud article. What in some ways I consider the model article for such an encyclopedia, a format that I might have insisted on from everybody if I were the editor, is "Homosexuality, Psychoanalytic Theory of" by Socarides. Although his views are not universally accepted, he wrote the article in as balanced a fashion as one could ask and stays completely with the contributions of Freud on this extremely controversial topic, concluding, "It is beyond the scope of this article to describe later psychoanalytic developments in the understanding of the origin of homosexuality" (p. 261). Another of the model articles in the encyclopedia is "Structural Theory" by Compton. It deals quite competently with a very complex topic and focuses on the views of Freud.

The contribution "Interpretation" by the well-known author Donald Spence represents what I would consider the best skeptical article in the book, setting the stage for an understanding of the endless controversy that is going on today about the importance and role of interpretation in the psychoanalytic process.

The format of "Italy, and Psychoanalysis," by Di Chiara, lies between the articles on Argentina and on France. It ends with a very curious lack of information. We are informed that there are now two societies in Italy, but we are not told why there are two societies and what their differences are. After a presentation I gave in Italy last year at the joint meeting of the American Academy of Psychoanalysis and the *Organizzazione di Psicoanalisti Italiani Federazione e Registro* I was able to verify that the difference is similar to the difference between the American Psychoanalytic Association and the more liberal American Academy of Psychoanalysis. In reply to my e-mail, Dr. Marco Bacciagaluppi wrote,

You are quite right. OPIFER (Organizzazione di Psicoanalisti Italiani Federazione e Registro)—of which I am Founding and Past President—was founded in 1996, as an open-minded and pluralistic psychoanalytic association and as an alternative to the much older and traditional SPI (Società Psicoanalitica Italiana). Our model was explicitly the American Academy, as an alternative to the American Psychoanalytic Association.

I was disappointed that there was no discussion of this and the controversies involved in the encyclopedia article.

Bergmann's biography of Kris contains a clinical pearl that is not from Kris but from Bergmann: "In 1993, I pointed out that while neither analyst nor analysand can will the good hour, analysts by pursuing their own interests and not giving their analysands the necessary space for exploration can derail the formation of many good hours" (p. 314). One of the most surprising articles in the encyclopedia is "Metapsychology" by Holt. He states,

Despite its prestige and familiarity, despite its appearance of being a serious intellectual achievement, Freud's metapsychology is scientifically trivial and useless. It merely supplies a jargon in which observations may be restated in impressive sounding terms that actually add nothing to the original clinical formulations. (p. 341)

This may or may not be true, but it would require a volume in itself to debate it. I found this kind of definitive pronouncement disappointing, especially since other articles by Holt have been extremely insightful about some of the tensions present in Freud's personality and writings. In contrast to this, a valuable short entry that I wish would be read by everyone in the field of mental health is "Morality, and Psychoanalysis," by Wallwork. In reviewing Freud's approach to this topic, Wallwork points out, "Psychoanalysis fosters genuine morality insofar as it frees the patient's autonomy, honesty, and capacities for respect and care for others from debilitating constraints of intrapsychic conflict" (p. 349). Wallwork says that it is because of this Freud can write in one of his letters that psychoanalytic treatment aims to bring about the highest ethical and intellectual development of the individual.

The brief articles "Reaction Formation" by MacGregor and Davidson, "Reception of Freud's Ideas" by Kurzweil, and "Religion, and Psychoanalysis" by Meissner are typical of some of the little gems scattered throughout this encyclopedia that probably can be discovered only if one reads through the whole book (who would think of looking up the topic "Reception of Freud's Ideas"?). On the other hand, I found "Schizophrenia" by Karon and Teixeira to be all too brief. It would probably be misleading to students who are not aware of all the genetic, biological, and neuropathological discoveries that would have to affect the thinking of any psychoanalyst working with schizophrenic patients. Remarkably, it says very little about Freud's technical views on the topic. This should have been a major essay in the encyclopedia.

The essay "Scientific Tests of Freud's Theories and Therapy" by the well-known Fisher and Greenberg covers the field and makes many statements about evidence reinforcing what they are presenting without detailed references to the pertinent studies. It would have been much more scholarly and appropriate to give us specific references to the "scientific literature" the authors claim provides justification. I assume they hope the reader will turn for details to their volumes, references to which are given.

An encyclopedia edited by a philosopher would not be complete without the brief article titled "Symbiosis" by Horner. It begins with a review of the concept throughout psychoanalytic theoretical writings without reference to Freud except to say that the antecedents to the concept can be found in Freud (without references given). It then goes on to explain that they can even be found "before Freud, in German romanticist literature and philosophy, specifically the Idealist philosophical writings of Fichte, von Schelling, and Hegel" (p. 558) and that "the writings of Fichte and Hegel in particular are preoccupied with the ontology of the self both in individual and generalized terms" (p. 558). Although I enjoyed their remarks because philosophy is one of my disciplines, I think the ordinary reader is entitled to a few more pages expanding on these statements rather than just giving references to classic philosophical works that are really very difficult reading for

the nonprofessional, such as Hegel's *Phenomenology of Mind* or Fichte's *Foundations of the Entire Science of Knowledge*.

One of the most interesting articles in the encyclopedia, "Transference," by Meyer and Bauer, gives a reasonable overview of Freud's concept of transference followed by a very nice discussion of the relationship between transference and resistance in the somewhat muddled terminology of psychoanalysis. However, it does not deal with the controversial issue (2, pp. 376–384) of whether there is or is not such a thing as transference neurosis. This is a modern issue rather than a matter that was a question to Freud, who invented the term, but I fear that students may be misled.

The encyclopedia closes with a very competent article, "Working Through," by Levey, which again strikes me as something that should be required reading for any dynamic psychotherapist. In conclusion, although this book is a curious mixture of all sorts of essays, it is worth dipping into when one has a question about this or that issue or this or that pioneer in psychoanalysis. Sometimes readers will be disappointed, but at other times they will be richly rewarded depending on the article chosen. I hope the encyclopedia will be given a second edition with much tighter editing, but even as it stands now it represents a worthwhile contribution to those interested in learning about the history of psychoanalysis and the vicissitudes of its founders and progenitors.

#### References

1. Moore B, Fine B (eds): *Psychoanalytic Terms and Concepts*. New Haven, Conn, Yale University Press and American Psychoanalytic Association, 1990
2. Chessick RD: *Dictionary for Psychotherapists*. Northvale, NJ, Jason Aronson, 1993

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

## NEUROSCIENCE AND PSYCHIATRY

***Brain Circuitry and Signaling in Psychiatry: Basic Science and Clinical Implications***, edited by Gary B. Kaplan, M.D., and Ronald P. Hammer, Jr., M.D. Arlington, Va., American Psychiatric Publishing, 2002, 266 pp., \$48.00.

The importance of the alterations in the activity of specific neural circuits in the pathophysiology of psychiatric disorders is not a new notion. However, coupling these concepts with the intracellular signaling mediated by neuronal membrane receptors and ion channels is a novel point of view, as is the subsequent link to psychopharmacology. *Brain Circuitry and Signaling in Psychiatry* provides an updated overview of the interface of these two cutting edge subjects. The first two chapters provide a concise review of both neural circuitry and neuronal signaling pathways. For the nonneuroscientist, these reviews are informative and succinct. Chapter 2 is quite reader-friendly, and the sections titled Second Messenger-Protein Kinase System and Second Messenger-Induced Gene Transcription and Synaptic Remodeling summarize recent advances in neuroscience concerning how neurons respond to extracellular signals as well as the rapidly expanding area of neuroplasticity. The remaining six chapters discuss neural



circuitry and signaling in common neuropsychiatric syndromes, including schizophrenia, addictive disorders, anxiety, depression, bipolar disorder, and dementia.

Chapter 6 is of particular interest because many recent findings about the role of cAMP/protein kinase A/cAMP response element binding protein pathways and brain-derived neurotrophic factor signaling in depression and neurogenesis are summarized. The review of circuitry and signaling in anxiety disorders is also quite comprehensive. In particular, the neurobiology of fear and anxiety with an emphasis on the roles of the anterior thalamus and the lateral and central nucleus of the amygdala is well discussed. The latter structure plays a critical role by integrating the outputs and coordinating the autonomic and behavioral responses through interactions of other brain structures, including the locus caeruleus, paraventricular and lateral hypothalamus, hippocampus, and cerebral cortex. Neural circuitries and related signaling in panic disorder, posttraumatic stress disorder, and obsessive-compulsive disorder are also discussed extensively.

Although chapter 2 reviews many of the major signaling pathways in neuronal cells, proinflammatory cytokines such as interleukin-1, interleukin-6, tumor necrosis factor- $\alpha$ , and interferon-mediated signaling, surprisingly, are not discussed. A large body of evidence supports the hypothesis that cytokine-mediated signaling also plays an important role in certain psychiatric disorders, as evidenced, for example, by interferon- $\alpha$ -induced depression in the treatment of patients with hepatitis C. In addition, in chapter 8, the Alzheimer's disease section should probably be expanded to include areas such as signaling related to *N*-methyl-D-aspartic acid, oxidative stress, and nonsteroidal antiinflammatory drugs. Nevertheless, this book is worth reading for those who want to update their knowledge of the interface of two burgeoning research areas, neural circuitry and neuronal signaling.

XIAOHONG WANG, M.D., PH.D.  
CHARLES B. NEMEROFF, M.D., PH.D.  
Atlanta, Ga.

**Neurobiology of Aggression: Understanding and Preventing Violence**, edited by Mark P. Mattson. Totowa, N.J., Humana Press, 2003, 324 pp., \$125.00.

An 11-year-old brain-damaged boy in my clinic episodically attacked his mother. He described feeling remorseful afterwards and apologized, but the attacks increased in frequency. He had been bullied and exposed to media violence, and he described frightening hallucinations and depersonalization when he felt trapped and helpless. There had been some response to risperidone, albeit with akathisia, sedation, and weight gain.

This extensively referenced collection of comprehensive reviews by multiple contributors was helpful in thinking about my patient, with some exceptions. The book is to be commended for its broad coverage, ranging from theory to practice, from laboratory bench to barstool to swing set, from molecule to society and back. The contributors reveal that "aggression" is not unitary. Rat paradigms seem to correlate with abnormalities of specific neurotransmitters, brain regions, pathways, cells, and points in development. Human aggression is much more complex, involving personal history (especially of abuse and neglect) and decision-making pro-

cesses. Aggression can be seen as a normal phenomenon, as well as from the points of view of pathology, ethology, and evolution. Interpersonal conflict and ethnic riots generally have no single cause and occur in contexts. The media contribute, and "the United States, as the largest manufacturer and exporter...has an obligation to the 'global village' to provide more research" into its effects (p. 247).

A cognitive behavior therapy program addresses the attribution of one's own hostile intent to others. The notion of the "cognitive script,...a map of what will probably happen" (p. 277) would suggest the need for a separate chapter on memory, formally discussed only in the context of the dementias.

A few chapters reiterate the inadequacies of checklists, self-reports, and descriptive diagnostic schemes such as the DSM; there is no "gold standard definition" of aggression. No single deficit or gene corresponds directly to aggressive behavior. The few well-controlled drug studies show mixed results, with all-too-frequent iatrogenic exacerbation of aggression, perhaps from intolerable bodily feeling states. Research lags behind clinical practice.

The careful reader will be rewarded but will probably miss a final summary chapter or a dialogue among the contributors to help with integration. The field lacks a common research and clinical language and a seamless continuum from molecule to personality. It would be helpful to have more detailed illustrations, particularly of neurotransmitter pathways and limbic and frontal areas, and more detailed exposition on inositol and on the serotonin receptor subtypes, apparently particularly central to pharmacological approaches.

I would also like to have seen a chapter from the perspective of the individual's experience. Feeling unbearably guilty regarding the effect of his disability on his entire family, my patient would isolate himself in a tight space; then, hallucinating the devil attacking him, he would attack rather than be attacked. At times, however, the recalling of a loving family member would seem to abort an attack. Early psychoanalytic writers, who described the balancing of aggressive and libidinal drives and the importance of memory and the superego in different forms of aggression, continue to challenge researchers to match the complexity and usefulness of this early model.

JAMES DEUTSCH, M.D., PH.D.  
Toronto, Ont., Canada

## CHILD PSYCHIATRY

**Pediatric Psychopharmacology: Principles and Practice**, edited by Andrés Martin, Lawrence Scahill, Dennis S. Charney, and James F. Leckman. New York, Oxford University Press, 2002, 791 pp., \$129.95.

The ever-expanding field of psychopharmacology in child and adolescent psychiatry seems to be hungry for more books summarizing and categorizing new findings and developments. The latest arrival among such books is this imposing volume, an enormous editorial feat. Just a brief look at the list of 56 chapters authored by 117 experts would fill the reader with enthusiastic expectation to read the latest synopsis of

our knowledge and understanding of pediatric psychopharmacology.

The book is divided into four major sections. The first, *Biological Bases of Pediatric Psychopharmacology*, provides "a foundation of neurobiology upon which the rest of the volume is built." This section consists of three subsections—Developmental Principles of Neurobiology and Psychopharmacology, Genetic Principles, and Developmental Psychopathology. The second section, *Somatic Interventions*, reviews psychotropic agents used in pediatric psychopharmacology as well as other somatic treatments, such as complementary and alternative medicine approaches, ECT, and transcranial magnetic stimulation. The third section, *Assessment and Treatment*, begins with general principles such as clinical assessment, clinical instruments and scales, the psychology of prescribing, and combining pharmacotherapy and psychotherapy. It continues with a focus on treatment of specific disorders and syndromes and discussions of special clinical populations such as substance-abusing youth, individuals with mental retardation, medically ill children and adolescents, and preschoolers. The section closes with a focus on other areas of clinical concern such as aggression, agitation, and elimination disorders. The last section, *Epidemiological, Research, and Methodological Considerations*, reviews issues such as the methodology and design of clinical trials, regulatory issues, ethical issues in research, and international perspectives. An appendix titled *Pediatric Psychopharmacology at a Glance* provides a summary table of medications used in pediatric psychopharmacology.

The general approach to treating children and adolescents proposed in this book is developmental and integrative, which the editors point out is the legacy of the late Donald Cohen, to whom the book is dedicated. Psychopharmacology is not seen in vacuum but as "one (albeit a powerful one) among the many tools available for the treatment of psychiatrically ill children and adolescents." The book is well arranged, well organized, and easy to read (with the exception of the first section, which most of the clinicians who are a few years out of training may have to read with a lot of effort).

Any deficits? As with any volume of this scope, there are some. I understand that any book will be at least 2–3 years behind the current state of knowledge. Nevertheless, I missed some discussion and warning regarding the use of atypical antipsychotics and the possible development of diabetes mellitus. This is an important and troublesome issue in this population, and the first reports appeared almost 5 years ago. For obvious reasons, the latest controversy regarding selective serotonin reuptake inhibitors and suicidality could not be addressed either. There are occasional misquotes. I also think that the readers would welcome some specific guidelines or a brief outline for the treatment of each disorder at the end of each chapter on a specific disorder. Thus, my initial overenthusiasm was a bit tempered at the end of the day. Nevertheless, these small issues would be easily correctable in another edition and take away nothing from the usefulness and comprehensiveness of this excellent book. It is a well-edited, well-referenced, fairly user-friendly (in spite of its weight!), encyclopedic volume that will be appreciated by many in the field.

It would be a very useful and well-appreciated reference volume for anybody treating children and adolescents.

RICHARD BALON, M.D.  
Detroit, Mich.

***From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention***, edited by Linda J. Koenig, Ph.D., Lynda S. Doll, Ph.D., Ann O'Leary, Ph.D., and Willo Pequegnat, Ph.D. Washington, D.C., American Psychological Association, 2004, 346 pp., \$49.95.

From clinical forensic experience, I have found that individuals, especially females, who report sexual abuse as children are at higher risk for rape and other sexual assaults as adults. I have also found that most of the men whom I have examined who have been convicted of mass murder or as serial killers have a history of sexual abuse as children. Thus, child sexual abuse is a most important factor in the psychiatric history of patients who have been victimized and defendants who have been charged with violent crimes.

This book focuses not only on the clinical aspects of child sexual abuse but also on the research data supporting the finding that individuals who have been abused as children are at a higher risk for adult sexual assault or adult sexual behavior that may lead to sexually transmitted diseases, especially HIV.

It is no surprise to learn that three of the editors are with the Centers for Disease Control and that two of them specialize in research on HIV/AIDS. The fourth editor is with the Center for Mental Health Research on AIDS at the National Institute of Mental Health.

The book is divided into four sections. The first is an introduction asking the question about the link between child sexual abuse and adult sexual risk. This lays the foundation for the rest of the text. Section 2 develops the clinical aspects of child sexual abuse and adult sexual risk, including relationships, revictimization, and HIV. The authors discuss the implications for boys as well as girls who have been sexually abused.

Section 3 discusses the theoretical bases for adult risk in revictimization, including cognitive, social, and behavioral mediators. For example, several chapters include attitudinal paths for the link between childhood trauma and adult HIV risk and the link between child sexual abuse and risky sexual behavior. One chapter discusses the role of dissociative tendencies, a controversial area in the field of sexual trauma and memory recovery. The important issue appears to be the link between victims of child sexual abuse who later become revictimized as adults.

The final section discusses interventions to promote healthier sexual outcomes among the survivors of child sexual abuse. The hopeful notion of the book is that it does not have to be inevitable that people who were sexually abused as children will be victimized again as adults. The chapters in this section discuss interventions to prevent further abuse, risk-reduction approaches, group therapy for victims of child sexual abuse, and effective risk-reduction programs.

Most of the authors of the chapters are psychologists and researchers. David Spiegel is the only M.D., and his work with hypnosis and memory retrieval is well-known. The book is well written, well edited, and well referenced. For the re-

searcher, the current notions of the effect of childhood sexual abuse on adults are evident, but the issues raised suggest that further research is needed. For the clinician, the book is especially helpful in understanding the motivation, behavior, and attitude of victims of child sexual abuse who come for help with psychological problems as adults. Only by understanding the linkages between child sexual abuse and risky adult sexual behavior can therapists institute intervention and risk prevention.

Because of the importance of the effect of child sexual abuse on victims and on others who may be victimized by men who have been abused as children, we need to study this process more intensely and try to prevent the damage that occurs later as a result of the trauma to these children. It is indeed a monumental challenge, especially in a free society. The authors indicate that they wrote this book following heated discussions among themselves and their colleagues with the intent of preventing further childhood sexual abuse as much as possible and protecting future generations of children. It is not only a noble goal but a necessary one that clinicians who understand the process and the linkages can help achieve. It is also essential for researchers to continue their efforts to shed more light on this murky area. This book is an important beginning of that process. It gives the foundation of knowledge and experience that we have today based on past experience, leading to future progress.

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

## FORENSIC PSYCHIATRY

***Clinicians in Court: A Guide to Subpoenas, Depositions, Testifying, and Everything Else You Need to Know,*** by Allan E. Barsky, J.D., M.S.W., Ph.D., and Jonathan W. Gould, Ph.D. New York, Guilford Publications, 2002, 256 pp., \$36.00; \$24.00 (paper).

Nonlawyer clinicians and therapists ensconced in any of the variant substrata that, broadly and collectively, constitute medicine and human services may be tempted to look warily askance at the legal system as an inscrutable and potentially disquieting realm. Indeed, whereas clinicians are accustomed to working therapeutically and collaboratively, the bedrock of the legal infrastructure is unabashedly adversarial in nature. In this vein, the masterful book *Clinicians in Court* should be a great practical boon to nonlawyers who desire some basic understanding of the unfamiliar province of law.

This well-sculpted vade mecum for clinicians and therapists has been crafted, in a lucid and highly practical fashion, by two authors having distinguished academic and professional pedigrees encompassing law, social work, and psychology. Guided by the overarching concern of providing the treating clinician or therapist with some at-least-rudimentary measure of understanding of the legal system, Barsky and Gould have succeeded in providing a sound road map, well-designed to guide clinicians obliged to traverse the vexing labyrinth of law. By helpfully demystifying some of the tools and armaments of law and litigation, the volume's contents

may lessen tensions and trepidations abounding at the interface of law and clinical practice. For clinicians and therapists seeking relief from law-related anxiety, this text may well prove to be an antidote.

Barsky and Gould adopt an absorbingly didactic approach to elucidating the vastly complex corpus of the law. Their artful examination is both insightful and practical. The glossary of briefly annotated law-related terms, the appendixes consisting of samples of instructive documents, and the many references are useful.

The range of topics is necessarily delimited. The volume focuses on practical strategies, potentially quite helpful to the clinician professionally enmeshed in the adversarial web of the law. Particularly, the many interlacing strands of law pertinent to the role of a witness in the legal context are assiduously unraveled. Selected topics include 1) clinician-witness preparation for legal proceedings, 2) the core mechanics of a legal hearing, 3) judicious maintenance of clinical records that potentially may become embroiled in litigious circumstances, 4) the prospective role of clinicians in law-rooted alternative forums to adjudication, 5) enthralling commentary regarding expert-witness-related topics, 6) a terse overview of documentary evidence, and 7) challenges and concerns for the clinician ensnared in a malpractice action.

Prospective readers should understand that fully deciphering the innumerable strands forming the fabric of the law is likely a Sisyphean task. Attendant difficulties are compounded by the ever-shifting nature of the law. Moreover, this volume, although written superbly, is plainly not a suitable surrogate for the finely honed counsel of legal professionals, applied with precision to individual, real-life cases.

In choosing to write about law for nonlawyers, Barsky and Gould have taken on the daunting task of safely traversing a course between the Scylla of writing in a too legally complicated manner for nonlawyer readers and the Charybdis of overdiluting the material presented to the point of unwittingly engendering a literary brew that is misleading in its simplicity. Happily, Barsky and Gould have brewed an excellent witness-preparation resource that should prove to be quite intellectually nourishing to a legion of readers who may choose to imbibe its edifying contents, including mental health and human services professionals as well as clinicians and therapists drawn from disparate professional backgrounds but potentially tethered to the law.

LEO UZYCH, J.D., M.P.H.  
Wallingford, Pa.

***Principles and Practice of Forensic Psychiatry, 2nd ed.,*** edited by Richard Rosner. London, Arnold, 2003, 906 pp., \$149.50.

This is a weighty volume literally and figuratively (it weighs more than 5 lb). When the first edition appeared in 1994, it paralleled the belated recognition of forensic psychiatry as a psychiatric subspecialty (1). When the American Board of Forensic Psychiatry (now disbanded) was formed in the 1970s to give recognition to the field, the American Board of Psychiatry and Neurology did not give its imprimatur by way of recognition and examination. The "Added Qualification in Forensic Psychiatry" was not made available until 1994.

The final official arrival of a subspecialty presented the need for an accompanying textbook of forensic psychiatry. The single chapter in the back of standard textbooks of psychiatry would no longer suffice. Although there had always been a scattering of forensic articles in diverse publications ranging from psychiatric journals to law reviews, there was a need for a text discussing the topics typically encompassed by forensic psychiatry. The first edition of Rosner's textbook met this need, as does the second. Both of these volumes were authorized by, and edited for, the Tri-State Chapter of the American Academy of Psychiatry and Law (New York, New Jersey, and Connecticut). The continued expansion of the field, in its academic and participatory aspects, along with dating of certain materials, led to the need for a new edition. Dr. Rosner, as the editor, has pulled together a diverse set of 105 author experts in 92 chapters for another winning production.

It is amazing how rapidly the subspecialty of forensic psychiatry has grown and achieved recognition. Perhaps it has to do with the collapse of the old model of psychiatric practice, according to which patients and physicians directly engaged each other without the intrusion and regulation of third parties. Forensic psychiatry offered the possibility of continuing a variation of the old model by contracting directly with retaining parties. It has also led to an influx from other mental health fields into the forensic arena with a hope of maintaining autonomy in their respective fields. When I was finishing my psychiatric training and expressed an interest in psychiatry and law to a respected professor, I was informed that was something a few psychiatrists did after they retired and were no longer engaged in practicing psychiatry. What a dramatic change in the course of a few decades.

The topics covered in the second edition illustrate the broad scope of the current field. The text is divided into nine overall sections: History and Practice of Forensic Psychiatry; Legal Regulation of Psychiatric Practice; Forensic Evaluation and Treatment in the Criminal Justice System; Civil Law; Family Law and Domestic Relations; Correctional Psychiatry; Spe-

cial Clinical Issues That Arise in Forensic Psychiatry; Basic Issues in Law; and a final section summarizing landmark cases. There are several chapters in each section that are quite thorough and detailed. However, in some areas changes are occurring so quickly that constant monitoring would be needed, such as in the areas of sex offenders and juveniles. This is partly attributable to the constant rendering of appellate legal decisions that alter the holdings on certain issues but also to the changing social conditions that impinge on key psychiatric-legal areas.

Creating a textbook requires judgment on what material to cover. This is especially noted in the selected landmark cases, which deal with key issues in forensic psychiatry or illustrate historical interactions between psychiatry and the law. The cases summarized in this volume have been taken from a list published by the American Academy of Psychiatry and Law in 1999. The problem is not only the obvious 5-year gap in the list but also the fact that any such list is always debatable, as the book acknowledges. A reader also needs to keep in mind that nothing substitutes for the actual reading of the legal cases. Law students have learned this from trying to rely on "canned briefs" of cases, which may not always be complete or accurate. As the text notes, "Careful attention to the court's reasoning may likewise reveal unexpected subtleties or (to the critical mind) inconsistency, tortured logic, or intellectual dishonesty."

One area that is not covered is the massive amount of material from the social sciences dealing with psychiatry and law. However, who can complain in a volume of this size and breadth, given what it does cover? It is the kind of publication that I longed for in my own training days and still turn to when searching out an area and wanting a review chapter.

#### Reference

1. Rosner R: Principles and Practice of Forensic Psychiatry. London, Chapman & Hall, 1994

CARL P. MALMQUIST, M.D.  
Minneapolis, Minn.

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



## Corrections

In the article titled "Abnormal fMRI Response of the Dorsolateral Prefrontal Cortex in Cognitively Intact Siblings of Patients With Schizophrenia" by Callicott et al. (*Am J Psychiatry* 2003; 160:709-719), a typographical error resulted in decimal points being omitted from the reaction time data in Table 1. The mean reaction times (in msec) for the unaffected siblings and comparison subjects should have been 117.5 (SD=14.7) and 118.2 (SD=19.0), respectively, on the 0-back working memory task and 108.3 (SD=30.4) and 104.4 (SD=21.3) on the 2-back task. This change does not alter any of the study's statistical analyses or significant findings.

A letter to the editor that appeared in the April issue of the Journal (*Am J Psychiatry* 2004; 161:759) contained errors that did not originate with the author. The corrected letter follows:

### Sertraline and the Cheshire Cat in Geriatric Depression

TO THE EDITOR: The study by Lon S. Schneider, M.D., and associates (1) on the treatment of geriatric depression with sertraline does not rank among the glories of clinical research. It does raise questions about corporate influence and "newspeak" in reporting clinical trials. The study is remarkable first for its size, determined a priori by a power analysis. The aim was to achieve power sufficient to detect a mean difference of 2 points in change scores on the 17-item Hamilton Depression Rating Scale. With a projected pooled standard deviation of 8 points, this difference would represent an effect size of only 0.25. Based on past trials, a sample of 700 cases was deemed necessary. The sample finally enrolled numbered 747—a stunning instance of excess to answer the straightforward question of whether sertraline is superior to placebo, especially considering the low bar that the drug was asked to clear. The study has all the hallmarks of an experimental, a cost-is-no-object exercise driven by the corporate sponsor to create positive publicity for its product in a market niche.

The authors concluded that sertraline is superior to placebo. The difference in mean Hamilton depression scale change score in the key intent-to-treat group was 0.8 points, less than half the stated goal. This clinically trivial difference achieved statistical significance by virtue of the gargantuan sample size and because the pooled variance was less than the authors had assumed in the preliminary power analysis. "Statistically significant" differences on other dimensional primary outcome measures were likewise clinically trivial. Somewhat more encouraging data were obtained for the "completer" sample, but with 131 fewer cases, that sample was not representative of the drug's performance in clinical settings. "Completer" data are no longer accepted as evidence of efficacy.

In the intent-to-treat sample, the authors further reported a "statistically significant" advantage for sertraline in a categorical measure of response, defined as a 50% reduction of Hamilton depression scale score (35% response rate for sertraline, 26% for placebo). This difference also is clinically trivial. It translates to a number needed to treat of 11. This means that clinicians would have to use sertraline 11 times to obtain one response that would not have occurred anyway with placebo (2). In an earlier time, when antidepressant drugs first were developed, the drug-placebo difference in response rates averaged 30%–35% (3, 4), based on which the number needed to treat was about three. Clearly, as reflected in this trial and elsewhere, there has been much dumbing down of expectations for antidepressant efficacy in recent years.

And where, by the way, are the data on remission? There is nowadays wide agreement that remission is the optimal indicator of antidepressant efficacy (5). The authors withheld remission data. When challenged, they will doubtless use the procedural rationalization that remission was not specified a priori as an outcome measure. The question must be, why not? By this fig leaf they conceal clinically relevant data that would probably reflect poorly on the putative efficacy of sertraline. This technique allows the authors to present their results with the best "spin." Thus does the corporate mandate to put lipstick on the pig prevail over the academic duty to communicate independent analyses of the data (6–8) The *Journal* is complicit in this scientific failure.

The authors also failed to emphasize in the abstract (where the most readers would notice it) that none of the functional or quality-of-life outcome measures favored sertraline over placebo. Something has changed in our conceptual paradigm when a drug can be described as "effective" for depression but the patients do not endorse that their lives are any better with respect to vitality or social functioning or emotional role functioning or mental health. Like the Cheshire cat's smile, the only evidence that sertraline was there is the disembodied p value, grinning in statistical space, with no connection to clinical reality. That is not quite what Percy Bridgman had in

mind when he introduced operationalism in science. Lewis Carroll, on the other hand, would have appreciated the irony.

BERNARD J. CARROLL, M.B., B.S., PH.D., F.R.C.Psych.  
*Carmel, Calif.*

### References

1. Schneider LS, Nelson JC, Clary CM, Newhouse P, Krishnan KRR, Shiovitz T, Weihs K (Sertraline Elderly Depression Study Group): An 8-week multicenter, parallel-group, double-blind, placebo-controlled study of sertraline in elderly outpatients with major depression. *Am J Psychiatry* 2003; 160:1277–1285
2. Laupacis A, Sackett DL, Roberts RS: As assessment of clinically useful measures of the consequences of treatment. *N Engl J Med* 1988; 318:1728–1733
3. Klein DF, Davis JM: Review of mood stabilizing drug literature, in *Diagnosis and Drug Treatment of Psychiatric Disorders*. Edited by Klein DF, Davis JM. Baltimore, Williams & Wilkins, 1969, pp 187–298
4. Klerman GL, Cole JO: Clinical pharmacology of imipramine and related antidepressant compounds. *Pharmacol Rev* 1965; 17:101–141
5. Keller MB: Past, present and future directions for defining optimal treatment outcome in depression: remission and beyond. *JAMA* 2003; 289:3152–3160
6. Angell M: Is academic medicine for sale? *N Engl J Med* 2000; 342:1516–1518
7. Davidoff F, DeAngelis CD, Drazen JM, Hoey J, Hoigaard L, Horton R, Kotzin S, Nicholls MG, Nylenna M, Overbeke AJPM, Sox HC, Van Der Weyden MB, Wilkes MS: Sponsorship, authorship and accountability. *N Engl J Med* 2001; 345:825–827
8. Greenberg DS: Conference deplores corporate influence on academic science. *Lancet* 2003; 362:302–303