CASE HISTORIES

The Mummy at the Dining Room Table: Eminent Therapists Reveal Their Most Unusual Cases and What They Teach Us About Human Behavior, *by Jeffrey A. Kottler and Jon Carlson. San Francisco, Jossey-Bass (Wiley), 2003, 325 pp., $24.95.*

Kottler and Carlson have provided us with a "Ripley's Believe It or Not" approach to case histories. This may be a new low point in the publishing of clinical material on patients since Khan's viciously conceived, ill-tempered, and spiteful book (1) was published. At times Kottler and Carlson's running commentary sounds like cheerleading and exhibitionistic narrative, a kind of "show and tell." At other times it is more like a Siskell and Ebert argument on the fantastic aspects of the cases rather than on substantive learning. I found myself wishing, more often than not, that they would stay out of the fray and let the narratives speak for themselves.

There are 32 chapters in this book, each one an interview with a therapist who is asked to reveal his or her most unusual cases. Because of the constraints of the book, only a fragment of each case is provided. It is a setup for the therapists and the readers. For some therapists it was an invitation to focus on a problematic case that stayed in their memory and caused conflict in their lives for decades. Their stories reflect the deep intersubjectivity that empathic therapists may experience with their patients. For others, the offer struck a chord of drama to bring on the freak show. For yet others it became an excursion to their most enigmatic, unusual, or outlandish patients whose narratives became yarns to be displayed at conferences, cocktail parties, or trainee workshops.

In our post postmodern world of psychotherapy one may view the model of inquiry employed as a kind of co-constructed narrative between two subjectivities, in this sense involving the needs of the editors for something entertaining and the needs of the therapists to unburden something unforgiving. In the final analysis (if I may use such a phrase), the editors' emphasis is on the smoke and mirrors approach to the narrative. At every turn we find the patient taking the therapist down a strange path of disbelief if not despair. Some of the therapists seemed naive about what the tide can bring in; many of the therapists tell stories that go back to their early days of training or first years as a therapist when they were most naive and impressionistic. Some of the narratives are undoubtedly contrived or wrangled by memory, but we all remember our first love with more exquisite detail than others. So it is with clinical memory.

The titles of the chapters are advertisements of what's inside, as in the following: "The Urge to Eat From Garbage Cans," "The Penis That Needed Permission From the Church," "Therapy With a Gopher Snake and a Horned Lizard," "The Medicine Man Who Never Had a Vision," and "The Woman Who Hanged Herself to Check Her Husband's Response Time." There are others, but I do not want to spoil the plot. Although the chapters are mostly developed from interviews with the therapists, the editors take the poetic license of setting up the reader for either a laugh or a cry. In this book therapists are deceived, tricked, cajoled, lied to, manipulated, teased, thrown about, and heckled by their patients. What else is new? But there is something to be learned. Every patient or family has a story, a secret, that becomes a yarn and is worth telling, if but in fragments, to whet our appetite for the deeper issues that leave us, like "the mummy at the dining room table," propped up at the dining room table so that conversation can take place. This is a readable book, but it is also a coffee-table book, something to glance through and be entertained by, without ever being transformed.

Reference

1. Khan MMR: The Long Wait and Other Psychoanalytic Narratives. New York, Summit, 1989

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NEUROPSYCHIATRY

Sleep and Movement Disorders, *edited by Sudhansu Chokroverty, M.D., F.R.C.P., F.A.C.P., Wayne A. Hening, M.D., Ph.D., and Arthur S. Walters, M.D. Burlington, Mass., Butterworth-Heinemann, 2003, 576 pp., $187.50.*

It is a testament to the degree to which the disorders of sleep have caught the attention of the medical community that a specialized book of this kind can now be written. This is not another general text on sleep disorders but one that looks specifically into movement disorders as they are expressed over the sleep and waking states: those which stop in sleep, are precipitated by sleep, or occur in the transition from waking into sleep or in the shift from non-REM to REM sleep.

There is a great deal of interesting material in this book. The chapters are short, easy to read, and written by the most knowledgeable people in the field; yet, as a reader, I wished the editors had put some more organizational threads into this collection. For example, Michael Thorpy writes a 3-page chapter on movement disorders of wake/sleep transitions, noting that head banging and body rocking begin in infancy, then leaps to a discussion of nocturnal leg cramps, which have a greater frequency in older adults. Some 150 pages later there is a chapter by Don Bliwise on aging and sleep disorders.

In addition to the lack of any clear organizing structure, there is also a good deal of redundancy in the chapters. Discussions of periodic limb movements of sleep, the parasomnias, REM behavior disorder, and bruxism appear over and over in chapters written by different groups, many of which cite the same references. There are, in addition, six chapters on restless legs syndrome. Nonetheless, there is a good deal to recommend in this book. In "An Approach to a Patient With Movement Disorders During Sleep and Classification," the editors provide a very well written overview of the subject that gives a short summary of the clinical entities covered in this volume. The chapter by Malow and Plazzi on nocturnal seizures is worth the price of the book alone. It is beautifully organized and illustrated and includes two useful case histories. It helps to distinguish among the various epilepsies and the distinctions between these and the non-REM parasomnias. Some of the same ground is covered in the chapter by Zucconi. There are also two chapters on sleep in Parkinson's disease and the relation of this to REM behavior disorder.

For the readers of the *Journal,* the chapter titled "Psychiatric Aspects of Movement Disorders of Sleep" by Mann, Campbell, Caroff, and Ross may be a bit disappointing. It summarizes what is known about sleep in several psychiatric diagnoses, most of which is inconclusive. However, it also reviews the effects of the major antidepressant and antipsychotic agents in common use on different aspects of sleep as well as the long-term efficacy of clonazepam for the control of REM behavior disorder and the non-REM parasomnias. All in all, the editors have provided a good introduction to the movement disorders of sleep.

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Agitation in Patients With Dementia: A Practical Guide to Diagnosis and Management, *edited by Donald P. Hay, M.D., David T. Klein,Psy.D., Linda K. Hay, R.N., Ph.D., George T. Grossberg, M.D., and John S. Kennedy, M.D., F.R.C.P.C. Arlington, Va., American Psychiatric Publishing, 2003, 250 pp., $47.00.*

"Agitation" is the term currently applied to a wide range of disruptive behaviors exhibited by the demented elderly and other patients with severe brain damage. One classification system groups behaviors according to the independent dimensions of aggressive-nonaggressive and physical-verbal-vocal. This scheme is probably useful in identifying risk to patients and caregivers, but it has not as yet proved useful in identifying neurochemical correlates or pharmacotherapies for agitation.

After consideration of the issues of terminology and measurement, additional chapters are devoted to epidemiology, ethical-legal issues, drug and hormone therapy, and nonpharmacological therapies ranging from psychotherapy to ECT. Although support for the usefulness of each form of therapy is claimed, typically the evidence is sparse and limited to reports of a few cases. The contrast in the poor quality of the research on agitation in dementia with the many large double-blind, placebo-controlled drug trials on cognition in dementia is quite striking. The reason is unclear in view of the fact that almost 50% of dementia patients exhibit some form of agitation at any one point in time. A second observation about the literature is that the majority of studies of treatment have been done in nursing homes. Although agitation, particularly wandering and physical aggression, appears to be more common in nursing home populations, agitation poses a much more serious management problem for caregivers who live with a demented person than does cognitive decline. After incontinence, agitation is the second most cited reason for placing a demented relative in a nursing home. If caregivers could be provided with better ways of dealing with agitation, the benefits for them and for the health care system could be substantial. Apparently, however, this sort of research has not been done.

It is certainly not the fault of the authors or editors, but there really isn't much new in this book. The state of the art is summarized by editor Donald P. Hay, reflecting on his feelings after receiving a call in the middle of the night from nursing home staff about an agitated, disruptive patient. He states, "We often wish that we had a magic pill or a surefire technique to recommend, but unfortunately we do not."

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THERAPIES FOR PSYCHOSIS

Personal Therapy for Schizophrenia and Related Disorders: A Guide to Individualized Treatment, *by Gerard E. Hogarty. New York, Guilford Publications, 2002, 338 pp., $39.00.*

Gerard Hogarty, a social worker and research scientist, is Professor of Psychiatry at Western Psychiatric Institute and Clinic, University of Pittsburgh. It was his research in the early 1970s that proved the efficacy of drug treatment in preventing rehospitalization for schizophrenia, and the same research clearly showed the scientific world that drugs alone were not enough. Hogarty's research agenda has been straightforward ever since: to clarify the elements of social therapy that add to the efficacy of drugs and to integrate the two approaches into a seamless whole. He has carefully scoured the literature on patients' personal experience with this illness, on subjective and objective signs of prodrome and recovery, on what helps at different stages of illness, and on theories of why it works. He has kept the elements of supportive therapy that empirical research supports and has added a blend of medication management, psychoeducation, alliance building, cognitive strategies, and social skills training. He has tested each element, weeded out the superfluous, and kept the whole flexible and attuned to the individuality of people who may share a diagnosis but differ in many other ways. He has used his clinical skills to pace his interventions pragmatically, keeping an eye out for what individuals can bear at acute, middle, and semi-recovered stages of the progression of their illness. He understands that therapy itself can unwittingly make a person ill. And he has packaged all this wisdom into a wonderfully readable book, a practitioner's guide to the gradually staged and proven-to-be-effective therapy of schizophrenia.

Among the how-to, he has slipped in, almost imperceptibly, theory, mechanisms, even statistics. Students knowing only what's in this short book would effectively know most of what they need to know about schizophrenia, its theoretical causation, its epidemiology, its evolution, its complex management, its unanswered questions, and its prognosis. The outlook is practical and always hopeful. Achieving stability is possible, asserts Hogarty, but it's hard work. It needs to draw on a powerful alliance and to persist. It's a life-long effort. But it works!

Thank you for a great book, Gerard Hogarty.

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