

tween compulsive personality and OCD, and the continually puzzling nature of comorbid depression in PTSD (i.e., is it really major depression or a severity marker of PTSD?). The diagnostic chapter contains tables for the differential diagnosis of each disorder and does a nice job of showing how OCD is rather distinct from the other disorders and yet still deserves to be part of the anxiety disorders category. Similarly, it mentions the controversial status of PTSD as both an anxiety and a dissociative disorder.

The chapter on biological theories is the most comprehensive, applying the same organization to reviews of each specific disorder so the reader can easily synthesize findings across the disorders and discern some homologies in pathophysiology. The chapter on psychological theories contains a nice summary of psychoanalytic theories for each disorder with a fair-minded suggestion that, despite the lack of empirical data, these theories are likely still relevant for understanding selected patients. This chapter also covers the more empirically based and evidence-supported cognitive behavior theories. The chapter on pharmacological treatment is surprisingly comprehensive and up-to-date. For example, the use of prazosin to treat PTSD-related nightmares is included, along with augmentation strategies for OCD. The chapter on psychotherapies mentions the controversial status of eye movement desensitization and reprocessing as a treatment for PTSD. A final chapter on selecting treatments provides a reasonable review of the data on combination cognitive behavior therapy and pharmacotherapy for the different disorders.

There are relatively few shortcomings to quibble about. The chapter on the course of illness in anxiety disorders is a bit short and contains selective citations of only some outcome studies rather than a true synthesis of the much larger number. The differential diagnosis section could have mentioned the recent appreciation of high-functioning autism and Asperger's syndrome as mimics of social anxiety as well as the fact that adult attention deficit hyperactivity disorder can often masquerade as generalized anxiety disorder. Medication augmentation could have been discussed for more disorders than just OCD. However, these are relatively minor issues in what is, on balance, an excellent volume and piece of work.

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***A Clinical Guide to the Treatment of the Human Stress Response, 2nd ed.,*** by George S. Everly, Jr., and Jeffrey M. Lating. New York, Kluwer Academic, 2002, 470 pp., \$65.00.

The jacket blurb suggests that this book will be of value to "students, practitioners, and researchers in the fields of psychology, psychiatry, medicine, nursing, social work, and public health." It is not clear, however, that this book will fit any important niche for most mental health professionals.

Dr. Everly appears to have a strong public health background and has developed a critical incident stress-management system designed and widely promoted for use by emergency workers. Given that Dr. Everly cites his previous work with the eminent Dr. Theodore Millon in the chapter titled "Personologic Diathesis and Human Stress," we might expect useful and sophisticated thinking regarding the understanding and treatment of stress-related psychological disorders such as posttraumatic stress disorder (PTSD) and

their occurrence in the context of preexisting structures having to do with identity, interpersonal affiliations, and values. Unfortunately, this is not the case. The chapter on psychotherapy, for example, is a very brief primer on a few types of cognitive therapy that will not appreciably deepen the understanding of cognitive approaches except for beginning students. There is a similar lack of depth in the chapter on PTSD, despite the fact that two full pages are given over to arguing for the putative efficacy of eye movement desensitization and reprocessing.

In contrast to the lack of useful information about psychotherapeutic treatment of stress-related psychopathology, there are detailed chapters on breathing relaxation techniques as well as chapters on meditation, diet and exercise, and religion and spirituality. Appendixes include a 14-question "checklist" (without any cited research support) to determine how well an individual "copes with stress" as well as two appendixes listing different herbal supplements. Much of the book reviews ways that stress is thought to affect "target organs" as envisioned in the work of Dr. Hans Selye.

In our opinion, this book leaves important waterways and depths uncharted. There is a heavy focus on biological mechanisms and a scanty approach to conscious and unconscious psychological processing of the meaning of serious life events. The authors do a good job summarizing some new findings (since the first edition), and these sections focus on brain microanatomy, optimism, spirituality, and complementary or alternative medicine.

Weak as it is in dealing with such issues as how to facilitate adaptive mourning processes or conduct psychotherapy through the obstacles of defensive control processes, this book is an excellent resource for the multitude of workers in the teeming stress-management field. We think that business health officers and directors of personnel well-being programs, primary care physicians, and nurse practitioners would benefit from the chapter reviewing gastrointestinal, cardiovascular, respiratory, musculoskeletal, and skin disorders that may be stress related, as well as the section on immune mechanisms.

This volume does not totally ignore the psychiatric literature, but it certainly does not deal with it adequately. The chapter on pharmacological treatment of the stress response is written by two pharmacists. To our reading, this is a compendium of what the drug companies say rather than an adequate review of how psychiatrists should use pharmacotherapy. The relatively long index does not include any reference to intrusions, intrusive thinking, unbidden images, nightmares, avoidances, denial, psychological defenses, grief, or mourning. There is one entry on bereavement, but that is only in terms of its effect on immune functioning, not the fact that loss and mourning responses are common to many kinds of stress. The index does include references to animal magnetism, coffee, esophagitis, Hinduism, Kung Fu, and lavender (the antianxiety activity of).

It may be relevant that Dr. Everly has suggested desensitization techniques to reduce the hypersensitivity of some people after trauma, coupled with techniques that address the cognitive schemata that have been threatened or destroyed by the traumatic event. As he correctly states in the book, he agrees with one of us (1, 2) on these principles. The techniques for desensitization that he suggests include meditation, yoga, physical exercise, massage, neuromuscular relaxation, hyp-

nosis, psychotropic drugs, guided imagery, and so forth. The book is full of useful summaries of research on these particular topics. The emphasis, however, is much more on the physical and not enough on mental processing. That is the reason we do not view this as a useful book for the training of the beginning clinician, whether psychologist or psychiatrist.

#### References

1. Horowitz MJ: Stress Response Syndromes: Personality Styles and Intervention, 4th ed. Northvale, NJ, Jason Aronson, 2001
2. Horowitz MJ: Treatment of Stress Response Syndromes. Arlington, Va, American Psychiatric Publishing, 2003

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## WOMEN'S HEALTH...AND DISORDERS

**Women and Epilepsy: A Handbook of Health and Treatment Issues**, edited by Martha J. Morrell, M.D., and Kerry L. Flynn, M.A. New York, Cambridge University Press, 2003, 297 pp., \$90.00; \$32.00 (paper).

Every physician's fantasy, when confronting a vexing patient, probably mirrors a scene in one of Woody Allen's movies in which he stands in line with Diane Keaton to buy tickets for an esoteric foreign film when another patron loudly expounds his own thoughts about "the medium" to his date. Woody brings forth media guru Marshall McLuhan and thereby humbles the pedant into submission. The fantasy of conjuring up experts to answer vexing conundrums in medicine is made real in this tidy little paperback. This could well have been titled *Everything You Ever Wanted to Know About Epilepsy in Women...But Were Afraid to Ask*.

Published in association with the Epilepsy Foundation of America, this book includes 34 authors ranging from clinicians and researchers to actual patients. The editors have skillfully woven the chapters together into a strong tapestry. The first of six sections leads off with why this book was written in the first place. Lisa Zebian Lindahl tells her story of dealing with epilepsy and provides a number of suggestions for other women with the disorder. Her table titled "Managing Your Seizures" should be required reading for anyone who has any chronic medical condition—not just epilepsy. This table is a triumph of the human spirit: commonsensical, practical, and self-empowering. Like the rest of this book, it invites all patients and their significant others to become "experts" on their condition and to be self-advocates in the often daunting and frustrating quest for compassionate treatment approaches.

The next chapter in this section took me on a roller coaster ride of intense emotions: from shame to fear, to anger, and, finally, to a resolve to be a better physician. Dr. Orrin Devinsky of New York University deftly and passionately acts as a tour guide through the history of medicine in relation to epilepsy, including some shameful episodes. I never knew that Hippocrates was the first to write about epilepsy (in *On The Sacred Disease*, circa 400 B.C.). In an era when people believed epi-

lepsy to be fearsome, ineffable, unknowable, and "sacred," he identified epilepsy as a brain dysfunction that had nothing to do with the gods. He also debunked the theory that epileptics could predict the future.

Hippocrates' work, unfortunately, had been forgotten by the time the handbook on witch-hunting called *Malleus Maleficarum* was published under papal authority in 1494. Written by two Dominican friars, this book had inclusion and exclusion criteria for witches, many of which uncannily described seizure disorders. It also said that witches could cause epilepsy to develop. This book brought on a wave of persecution and torture and led to the deaths of an estimated 100,000 to 1,000,000 women. Even today, 48% of women with epilepsy feel that their physicians—regardless of gender—do not listen to them empathetically, especially in terms of catamenial vicissitudes of their emotions and their seizures.

The section on diagnosis and treatment covers genetics, epidemiology, definitions, diagnostic procedures, and anti-epileptic drugs as well other treatments for females with epilepsy from birth into old age. It also features a well-written chapter on nonepileptic seizures.

The section on hormones and the brain is "must" reading for patients and health care professionals alike. It needs a little updating in view of the recent developments in research on hormone replacement therapy.

The section on unique health challenges for women with epilepsy, including family planning, pregnancy, and parenting, is gutsy, illuminating, and hopeful, an antidote to the misinformation that has characterized the medical and popular press surrounding epilepsy, especially in women of childbearing age.

The last section, Living With Epilepsy, tackles practical issues like relationships, sex, driving, legal issues, and problems in the workplace. To hear a female lawyer with epilepsy speak on legal issues gives the chapter a sense of authority and authenticity missing from similar works by the nonafflicted.

Reading the chapter titled "Parenting the Daughter With Epilepsy" by Joan Kessner Austin, R.N., and her daughter, Janet Austin Tooze, pharmacology doctoral candidate, left me touched and overwhelmed.

There is a book by Robert Hopcke called *There Are No Accidents* (1). As I was finishing this book review, two things happened in my personal and professional life. The first was when I was asked to see a family on an emergency basis. The oldest son was "going ballistic" in school and at home, threatening everyone. It turns out that this behavior came on the heels of his mother's recent surgery for intractable epilepsy and his father's threats to leave the family because he could not stand the messiness of the house and the fact that he had to drive his wife everywhere. This scenario was well covered in this book. Next was during a family reunion, when my wife's cousin saw the title of this book and asked me how I would rate it on a scale of zero to five stars. When I told her I would rate it as five she eagerly wrote down the name of the book. Her teenage daughter had just been diagnosed with epilepsy and "her doctor just does not listen very well," she said. So much for accidents.

#### Reference

1. Hopcke RH: *There Are No Accidents: Synchronicity and the Stories of Our Lives*. New York, Riverhead, 1998

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