nique rather than the patient. Intellectualization compromises any psychotherapy, but the emphasis here suggests that it constitutes a frequent roadblock for cognitive behavior therapy. The book thus confirms the stereotype of ineffective cognitive behavior therapy as a therapist hammering away at cognitions and dysfunctional thoughts while ignoring the feelings and individuality of the patient. Therapeutic alliance remains crucial to outcome. Good treatment depends on common factor strategies, which cognitive behavior therapy techniques may augment.

The section on disorders is readable and practical. It not only details roadblocks but also maps unobstructed avenues to cognitive behavior therapy of particular syndromes. This may benefit clinicians familiar with cognitive behavioral treatment who have not yet applied it to patients with psychosis, bipolar disorder, or other disorders. For example, Haddock and Siddle note that psychotic patients have been prescribed cognitive behavior therapy on the basis of symptoms rather than diagnosis, and that engaging such detached patients in any kind of dialogue is "by far the most important roadblock to overcome" (p. 137). Surprisingly, depression and panic disorder, two of the best-studied cognitive behavior therapy indications, receive no comment. The eating disorder chapter is rudimentary, and that on PTSD presents a cognitive behavior therapy intervention "treatment algorithm" that appears premature in the light of available evidence.

Roadblocks may be inherent to diagnosis: the dialectical behavior therapy chapter presupposes that borderline personality means "difficult" patients. The dialectical behavior therapy stance of emotional regulation, validating patient feelings, and balancing stasis and change is surely salubrious across diagnoses. The chapter on using cognitive behavior therapy to address problematic beliefs about medication is clinically compelling.

Readers may ask whether there is one cognitive behavior therapy under discussion or several. The "Self-Regulatory-Executive Function" model (chapter 4), a meta-cognitive approach, seems to occupy its own, discrete world. Leahy's emotional schemas (chapter 5) provide another wrinkle, emphasizing patients' emotions in cognitive behavior therapy. Holland (chapter 6) discusses emotional processing and emotional avoidance, following Greenberg's chapter on emotion-focused therapy. It is unclear how these conceptual approaches overlap and when one meta-theory might be preferable to another. Other authors mix cognitive behavior therapy with approaches like motivational interviewing. Stevens et al., who underscore the importance of therapists' and patients' feelings in recognizing and repairing therapeutic ruptures, repackage (unattributed) psychodynamic and interpersonal wisdom for cognitive behavior therapists.

Strengths of this volume include numerous clinical pearls and vignettes. The authors candidly reassure readers that even experts reach impasses and fail. Contributors frequently base recommendations on empirical research, although it is unclear how often they prescribe the time-limited cognitive behavior therapy from which this research derives. The book suffers from inevitable repetition and theoretical diffusion. Psychiatrists may grumble that case conceptualizations focus on cognitive schemata rather than DSM diagnoses and that some authors describe "clients" rather than "patients." No one discusses when to give up on a "roadblocked" treatment.

A repeated recommendation for stalled treatment is to seek expert consultation. This book may provide such consultation to readers. The ultimate test of a practical volume is how usefully it serves the reader's clinical practice. I tried suggested maneuvers with difficult-to-treat patients, and some did help us to move down the road.

### Reference

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***Psychological Treatment of Bipolar Disorder,*** *edited by Sheri L. Johnson and Robert L. Leahy. New York, Guilford Publications, 2003, 340 pp., $40.00.*

The late Ernest Gruenberg often said that "American academia produces two types of psychiatrists: mindless or brainless." Nowhere has this become more prophetic than in the deemphasis of psychosocial treatments among many psychiatrists. Psychiatric physicians now represent themselves as psychopharmacologists who spend a few minutes with patients, manipulate drugs, and send the patients on their way. Psychosocial interventions are relegated to those with "inferior training," so that the "well-trained" psychiatrist need not waste his or her time getting to know the patient and the patient's problems. This is not meant in any way to deprecate the importance of a thorough knowledge of pharmacologic interventions but, rather, to recognize the unique role of the psychiatrist as the only mental health professional trained both psychosocially and biologically. It is an unfortunate consequence of the success of medications that many psychiatrists have felt it no longer necessary to spend time understanding the complexity of the patient's life and life experiences.

This small volume is a welcome antidote to this situation. It is an effort to provide the practitioner with an understanding of diagnostic and clinical issues viewed from a psychosocial perspective so that the clinician can provide appropriate therapy for bipolar disorder. It recognizes the vital need for a comprehensive and integrated approach using both medication and psychosocial interventions.

It has both the virtues and deficiencies of all multiauthored texts. The chapters vary both in style and in quality. Nevertheless, the overall quality of the volume is excellent.

A particular virtue of this volume is the recognition of the underdiagnosis of bipolar disease in its early stages. It is far wiser to diagnose bipolar depression incorrectly rather than incorrectly diagnose unipolar depression in its early stages. There is little danger from the additional use of mood stabilizers, but much danger in the failure to recognize their necessity in the management of a particular case until the person is rapid cycling.

The authors recognize the obvious fact that the potential for bipolar illness does not guarantee the development of a bipolar illness. Psychosocial variables can act as precipitating events, and the management of these factors can be critical to the patient's treatment.

There are excellent reviews of different forms of psychosocial intervention as well as a review of special issues such as compliance and the risk of suicide. The reviews of psychoso-

cial approaches and their integration into pharmacologic management can benefit virtually every clinician. It is a rather sad commentary that the book had to be edited by psychologists, in order to bring back to psychiatrists that which they never should have abandoned.

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***The Present Moment in Psychotherapy and Everyday Life,*** *by Daniel N. Stern, M.D. New York, W.W. Norton & Co., 2004, 283 pp., $29.95.*

In Daniel Stern's previous, internationally acclaimed works such as *The Interpersonal World of the Infant* (1), he has parsed human interactions into the small, fleeting moments between mother and infant that give rise to the infant's interpersonal world and sense of self. Temporality is central to his concept of vitality affects, a type of feeling that describes the contour of an experience such as a fading smile or an explosive inner sense of joy. It seems only natural, therefore, that he should now turn his attention to the nature of time itself. His latest fascinating contribution, *The Present Moment in Psychotherapy and Everyday Life,* is a highly imaginative exploration of "nowness," of what constitutes the present moment.

Stern begins by pointing out that we are subjectively alive and conscious only "now," that "now" is when we directly live our lives, that the present moment is the only time of raw subjective phenomenological experience. To explore what he means by "now," Stern describes a microanalytic interviewing approach (spelled out in detail in an appendix), which he terms "the breakfast interview," in which what was experienced in about 5 seconds while making breakfast is explored in a detailed 1.5-hour interview and graphed according to the intensity, effort, and fullness of the event and the feeling; sensation, thought, affect, or action that was occurring at the time. Stern's examples make what initially seems like a laborious effort come to life; one subject's ongoing "affective/moral couplets" (good/bad or moral/immoral on my diet) come to light, while another subject's moment-to-moment testing of limits and boundaries are revealed in an action as simple as his experience of pouring his morning orange juice.

Using these interviews as a basis for his conclusions, Stern goes on to spell out the nature of the present moment—its duration, characteristics, and temporal architecture and what protects and separates it from past and future. In doing so, Stern also draws widely from other disciplines, creating a fascinating synthesis. For example, in speaking of the present moment as something that lasts no more than 10 seconds and usually closer to 5, he notes that most spoken phrases last in the range of 3–5 seconds, that a breath cycle takes around 3 seconds, that after a 3-second pause in music the subjective sense of forward movement stops, and that both vocalizing turns and packages of maternal movement and sound with their infants last around 2–5 seconds. Stern concludes that the present moment is a special kind of story—a lived story that is nonverbal and need not be put into words. A temporal contouring of affective experience, a kind of vitality affect, serves as the backbone of the plot of this lived story.

In part 2, Stern contextualizes the present moment, placing it in an intersubjective matrix and arguing that intersubjectivity itself is a basic, primary motivational system with a status like sex or attachment. He argues that it is a desire for intersubjectivity that drives the process of therapy forward as patients want to be known and share what it feels like to be them and that the present moment is an example of implicit knowing, automatic and often out of awareness. Finally, Stern tackles the vexing and thorny problem of consciousness as it applies to the present moment: forming the present moment is implicit and out of awareness, but to qualify as a present moment it must enter some type of awareness or consciousness, but what kind? Stern suggests the utility of breaking consciousness into types such as perceptually based phenomenal consciousness, verbally based introspective consciousness, and socially based intersubjective consciousness.

In part 3, Stern shifts to a clinical perspective on the present moment, placing it at the center of psychotherapy and suggesting its centrality to the process of change. Arguing that present intersubjective moments are the smallest and most basic units of psychological experience, Stern explores how the process of "moving along" occurs in psychotherapy, using his view of the present moment as a microanalytic lens through which the therapeutic process is seen. Championing what he terms "sloppiness," a two-mind, hit-miss, repair-elaborate way of working in treatment, and giving examples from session transcripts, Stern helps the reader to see the patient's whole intersubjective, psychological world in the grain of sand that is the present moment.

This work is a must-read for psychoanalysts and psychotherapists interested in psychotherapeutic process and a new and systematic way to think about the "here and now," which most therapists believe is at the center of where change in psychotherapy occurs. But Stern's latest work also has the power to show the eternity in a moment, to paraphrase poet William Blake. In doing so, this book will leave every reader with a new appreciation for the richness of even the most seemingly mundane moments in everyday life.

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## SOMATIC THERAPIES

***Atypical Antipsychotics: From Bench to Bedside,*** *edited by John G. Csernansky and John Lauriello. New York, Marcel Dekker, 2004, 450 pp., $185.00.*

"Who ordered this?" my grandfather would say good-naturedly when unexpected inclement weather ruined a planned outing. That phrase came back to mind when I hefted this medium-sized volume, promising to review the topic of "atypical antipsychotics" (when will we shift to a more appropriate term?). This is certainly germane to everyday practice, but for more than a decade we have been assaulted by an unremitting stream of information about these agents, sometimes accurate but often strongly colored by pharmaceutical marketing messages, invading us through sight and