

through several cross-cutting themes: “melancholy,” featuring poems that deal with the classic syndrome; “madness and reason,” expressing oppositions of conventional, rational thought by unrulier passions; “sweet melancholy,” in which authors draw philosophical and noble truths from their psychic sufferings; and several others. In an erudite introductory essay riddled with illuminating examples, Dr. Bauer shows us how to read these poems—how to focus on and extract their pearls.

As for the main events, many of your favorite poets appear: classic English authors, such as William Shakespeare and John Milton; 19th century poets including Blake, Coleridge, Byron, Shelly, Keats, Browning, Dickinson, and Tennyson; American poet laureates such as Stanley Kunitz and Howard Nemerov, and other 20th century greats including Allen Ginsberg, Randall Jarrell, Donald Justice, Edna St. Vincent Millay, Theodore Roethke, Dylan Thomas, and numerous others. Each has much to say about personal struggles and shifting moods. Premonitory brooding works of poets, who ultimately committed suicide, including John Berryman, John Bolton, Sylvia Plath, and Anne Sexton, underscore the deadly seriousness as well as the high art of these writings. Several well-established physician poets are represented, including Robert Bridges (who was also a poet laureate) and Thomas Beresford, a contemporary academic psychiatrist. In addition, I learned about—and from—a host of diverse, perceptive poets who were new to me. A selection of 18th century song lyrics by anonymous authors movingly conveys their moods. (Attention musicians: Many poems included in this book have never been set to music. What inviting material to facilitate future evolutions of the blues.)

For those who read poetry to better plumb and empathically ken the depths of human experiences, including painful ones, and those who find poetry capable of providing humanistic educational tools for medical and allied students, residents, professional colleagues, patients, families, and other learners, this volume provides a welcome and accessible collection. Through this work, Dr. Bauer has advanced the literature on mood disorders. One hopes that in the future he and others will continue these efforts and harvest additional fine specimens of poetry from the wider pools of language and culture that further inform our knowledge and experience of melancholy, madness, and addictions.

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Medicine, Religion, and Health: Where Science and Spirituality Meet, by Harold G. Koenig, M.D. West Conshohocken, Pa., Templeton Press, 2008, 240 pp., \$14.95.

The historically recent antipathy between religion and psychiatry stemming from Freud, Ellis, and other secular intellects has been gradually reversed through the influence of the wider movement over the last several decades to reintegrate spirituality into health care. Ironically, many of the leaders of this effort have been psychiatrists, among whom none is

more prolific than Harold Koenig, M.D., the author of over 40 books on the topic, several of them dealing specifically with religion and mental health. His latest work, *Medicine, Religion, and Health: Where Science and Spirituality Meet*, is a concise yet substantive tour of the burgeoning research base examining the relationship between religion and health. The book, which is directed toward the educated generalist, has chapters covering studies of religion and health, involving the cardiovascular and immune/endocrine systems, longevity, and disability. Mental health professionals will be particularly interested in the chapters on mind-body interactions, mental health, and diseases related to stress and behavior, as well as the final chapter on clinical applications of the research. Psychiatrists will be conversant and likely comfortable with Koenig's overarching thesis:

It appears that psychological and social factors influence the physiological systems of the body that are directly responsible for good health and the ability to fight disease. Therefore if religious/spiritual involvement can be shown to enhance psychological health and social interactions, it is reasonable to hypothesize that religious factors may improve physical health as well, doing so by reducing psychological stress, increasing social support, and encouraging positive health behaviors. (p. 53)

The author presents the book as a review of current controversies in the field, but I found it to be less a debate about adamant questions, such as the efficacy and ethicality of intercessory prayer or the limitations of conventional dualistic mind-body formulations, than a mostly balanced overview of contemporary evidence for the religion-medicine interface as both a legitimate area of research and a domain of practical importance for clinical care. Critics have pointed out methodological weaknesses in the empirical research Koenig cites, such as failure to control for psychosocial confounders, conflicting findings, difficulty measuring intangible concepts, and paucity of randomized controlled trials (1). More significant are the critiques of several theologians and ethicists that the emphasis on data and outcomes is misguided at best and dangerous at worst in that it may trivialize the search for truth, reduce the sacred to the naturalistic, and operationalize the transcendent (2, 3). It should be noted that Koenig recognizes that he does not discuss the latter concerns in this brief book and refers the interested reader to his encyclopedic *Handbook of Religion and Health*, now in revision (4).

Koenig does engage a number of the methodological criticisms in a deliberate and scholarly manner, especially in his fine first chapter, which cogently argues that the current diffuse and broad definitions of spirituality constitute a primary limitation of research while paradoxically constituting strength in clinical care due to their very inclusiveness. Definitions of spirituality, the author contends, have been weakened through conflation and confusion with both mental health and humanistic values and qualities, such as happiness and hope. For the term spirituality to have validity and more reliability, it must return to its traditional anchoring in the religious or sacred.

Even those who do not find the empirical evidence convincing will be hard pressed to dismiss the impressive case Dr. Koenig builds in this and his other work that clinicians are called upon to sensitively, intelligently, and empathically ad-

dress the spiritual needs and distress of patients, especially those with mental health disorders. Readers will also want to seriously consider the author's contention that a reinvigoration of the collaborations between health care systems and faith-based organizations, which characterized earlier periods of American medicine, has the potential to positively and materially meet the growing demands of an aging population in an era of escalating health care costs.

Despite the conceptual caveats raised above, it would be difficult to find a more readable précis of religion and medicine than this book. It is an excellent introductory text for courses or seminars on spirituality and health care, and the extensive references and appendix of resources facilitate the use of the volume for those wishing to pursue additional scholarship or who need an authoritative yet accessible guide to the field.

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Recovery from Disability: Manual of Psychiatric Rehabilitation, by Robert Paul Liberman, M.D. Washington, D.C., American Psychiatric Publishing, 2008, 588 pp., \$65.00.

This textbook, written by an acknowledged master in the field, is a tour de force. There is nothing one might wish to know about modern psychiatric rehabilitation that is not included, to a greater or lesser extent, in this work—from a page and a half on the psychosocial clubhouse model to nearly 90 pages on involving families in treatment; a section on tackling stigma to a chapter on vocational rehabilitation; and a reference to the importance of accurate diagnosis to a detailed description of social skills training, its application, and its weaknesses.

Liberman has written a comprehensive work, which will be readily understood and appreciated by anyone working with people with serious mental illness, regardless of his or her level of training. Even a rehabilitation specialist with years of experience will learn something from the last chapter on new developments in the field. Every reader should find joy in the author's down-to-earth style and his stand against conformity. He warns us, for example, that the terms “recovery” and “recovery-oriented” can be used as catchphrases to cover real deficits in service provision. He rejects the ubiquitous term “consumer” as an ineffective way to empower patients and the often-heard “survivor” as stigmatizing service providers. He similarly discards “case manager” as being too impersonal. Liberman goes to some lengths to define what he and

his colleagues view as “recovery,” a task the Remission in Schizophrenia Working Group shied away from as being too challenging (1). For Liberman, “recovery” requires a 2-year period of sustained remission of symptoms; engagement in productive activity, like work or school; independent management of day-to-day needs; cordial family relations; involvement in recreational activities; and satisfying peer relationships. These objective features, nevertheless, should be coupled with the subjective experience of hope, empowerment, peer support, and decreased internalized stigma. He points out, however, that a purely subjective approach to defining “recovery” may be divorced from generally accepted objective criteria.

Liberman concludes that attempts to define “treatment” and “rehabilitation” as separate entities are futile as the two are so closely intertwined. Pharmacological and psychosocial interventions must be integrated to obtain good outcomes. Neglect of the patient's peer support needs and failure to engage with the family are likely to impede recovery, and the author rails against service providers who fail to solicit information from family members out of a misunderstanding of the nature of confidentiality in the treatment relationship. Moreover, as psychiatry increasingly recognizes the importance of cognitive deficits in psychosis as a dimension on a par with positive, negative, and affective symptoms, we shall have to look more and more to cognitive rehabilitation and remediation as necessary components of treatment.

Liberman's book reflects the advances in U.S. rehabilitation, which have been accomplished within the past few decades, when American innovation in the field has been particularly important. He pays some attention to non-American models, providing a thoughtful description, for example, of the British integrated mental health care model, which is an appropriate adaptation of the assertive community treatment model for the health care system in the United Kingdom, where primary care physicians assume many of the tasks usually handled by psychiatrists in the United States. His coverage of a vocational approach, which has developed vigorously outside the United States—the consumer-employing social firm (or affirmative business) model—is, however, rather weak and outdated.

Liberman emphasizes something that is not commonly taught in professional schools and is sometimes realized only after a lifetime of work in the field—that evidence-based treatment alone is not sufficient; it has to be coupled with an appropriate set of values. As Liberman writes, “Values without effective treatments are abstractions, glittering generalities, and rhetoric. Effective treatments without values are sterile and insignificant” (p. 551).

We cannot do much better than to carry away from this book some of the values that Liberman cherishes: communicating optimism; instilling hope in the individual and his or her family; conveying respect and concern to our patients; reinforcing their sense of dignity; partnering with them in the treatment process to increase their self-responsibility; working with them to achieve a meaningful and purposeful life; and using humor to make the road to recovery fun. We should recognize, as he does, that empowerment of the individual, engagement of the family, and patience and perseverance are essential aspects of effective treatment. And, above all, we