

from other parts of the world. Novo, by contrast, was an extremely colorful figure who embraced, both figuratively and literally, Freud's ideas about sexuality and particularly homosexuality. Novo was openly gay in a very Catholic setting and used Freud to justify how his behavior was normal. He used Freud in his poems and became what we would now call a cult figure on the new medium of wireless broadcasts. In contrast to homosexual writers in other countries, Novo was able to live an open and celebratory life. Just how he did this is the opening chapter of the book.

Gallo then proceeds to introduce us to other major Mexican intellectuals. These include an eminent professor of philosophy, a monk who founded a monastery in which psychoanalytic group therapy was central, a leading jurist who "psychoanalyzed" criminals to try to understand them and their crimes, and Frida Kahlo, who in some of her art seemed taken by Freud and psychoanalysis. I found all of these figures fascinating in themselves, but Gallo also took the opportunity to discuss, in a very sophisticated manner, Freud's ideas about religion, as presented in *Moses and Monotheism* and the *The Future of an Illusion*. I also found an extra dividend in this section in that it enriched my feel for Roberto Bolano's recently published and acclaimed novels.

Part II is called Freud's Mexico. We are treated to several different aspects of Freud's relationship to Mexico. Of great interest was Freud's relationship to Eduard Silberstein. This was an intense adolescent relationship that Gallo describes vividly. Central to the relationship was the learning of Spanish, which the boys did without a teacher and in secrecy. A primary focus was on a Cervantes novel as a source of Spanish text and also with content related to other parts of this book. From there Gallo provides us with a discussion of Austrian and Mexican history as they relate to each other and also to Freud's interest in antiquities. This involved *Totem and Taboo* and the role of human sacrifice in Aztec history. He discusses differing scholarly views of these sacrifices, from those of sheer horror to the question of whether such activity was in some ways more civilized than that of the Western world. With all this in mind, Gallo considers the evidence for Freud's special relationship to Mexico, although he was never actually there. Freud's books and artifacts give some support, but then Gallo turns to three of Freud's dreams and the story becomes more interesting and integrates what has come before. Using Freud's methods of reconstruction, Gallo discusses three dreams: the Breakfast Ship, Count Thun, and the Self-Dissection dream. Gallo draws from Freud's own interpretations as well as those of a number of psychoanalytic scholars. He also uses his own reconstructive efforts, including noting Freud's "slips of the pen" to present intriguing insights.

In relation to Freud's dreams and their treatment, I think some interesting questions can be raised. Gallo's scholarship and grasp of classical psychoanalysis is impressive but is now somewhat outdated. What is missing is what is often lacking in most academics' discussions of psychoanalysis, whether positive, as it is here, or negative. This is an appreciation of the changes that have occurred in psychoanalytic practice and theory in the last 30–40 years. With these changes in mind, Gallo might well have paid more attention to Freud's memory of his father's comment that he would never amount to anything (Gallo's own slip of the pen). Freud's memory might lead

to a consideration of his dreams not as evidence of competition or aggression with major authority figures but as indications of his struggle to overcome his shame by becoming or replacing a great man. The Spanish and Mexican connection highlights the special and secret language for expressing these feelings. Louis Breger, in his book *A Dream of Undying Fame*, captures this eloquently.

With all this to think about, I leave this review with the statement that this is a rich and rewarding book, and I think most readers will finish with a sense of having learned a great deal that is new and thought-provoking, both about Freud and about Mexico.

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*The author reports no financial relationships with commercial interests.*

*Book review accepted for publication January 2011 (doi: 10.1176/appi.ajp.2011.10121809).*

***Evaluating Mental Health Disability in the Workplace: Model, Process, and Analysis*, by Liza H. Gold and Daniel W. Shuman. New York, Springer, 2009, 322 pp., \$79.75.**

Liza Gold, an occupational psychiatrist, and Daniel Shuman, a legal scholar, have written a book that will be very helpful for professionals evaluating psychiatric disability, requests for accommodation under the Americans with Disabilities Act, and fitness for duty. For many, it will be a resource to be consulted regarding specific topics, such as the legal aspects of disability evaluation or the rules about Americans with Disabilities Act, both of which may be unfamiliar to many psychiatrists. Read in its entirety, the book offers a useful perspective on work and mental health to general psychiatrists as well as to disability specialists.

The book begins with a rich discussion of the ethical issues involved in disability evaluations and invites each of us to consider our own belief systems about the ability or inability to work. For example, are we fearful of malingering? Do we see the employer as the noncaring oppressor? Do we believe that stress is invigorating or damaging? The first half of the book continues with a complex interweaving of legal, psychiatric, emotional, and social considerations in the study of work and disability. The authors address each area in turn and provide a rich assessment of each, which allows psychiatrists to make informed decisions in ways in which they are comfortable responding to questions about their own patients seeking disability status. The book may also help psychiatrists feel more comfortable participating in work-related evaluations for nonpatients. The second half of this text presents a clearly described set of practice guidelines for mental health disability evaluations. The authors provide excellent descriptions of variations in the definitions of disability, functionality, and level of proof required among the various types of disability assessments (Social Security, private insurers, and workmen's compensation). The final two chapters address the special issues of accommodation under the Americans with Disabilities Act and fitness for duty examinations, delineating

the ways in which mental health examinations and reports differ from those required for physical disability.

Most psychiatrists, even those who never provide a third-party independent medical examination, are asked by patients to provide information for a disability claim, medical leave, accommodation at work under the Americans with Disabilities Act, or fitness for return to work. Psychiatrists rarely have had any formal training in performing disability assessments or in writing reports that may be evaluated by both physicians and nonphysicians. Although work generally occupies a significant part of each patient's day and may directly or tangentially be the focus of many psychotherapy sessions, most psychiatrists do not include a work history in their patient intake. Even when one knows the patient's profession, the patient's actual daily work activities, including physical, intellectual, and emotional demands, may remain hazy to the psychiatrist. Most of us were taught to conduct a child psychiatric evaluation, which includes a detailed developmental history and specific questions about functioning at home and school and with friends. However, we are unlikely to systematically evaluate similar functioning in adults. Thus, when work problems emerge, we may have little sense of the full context in which they occur.

When psychiatrists are asked to send patients' records to Social Security or another disability program or attest to the need for a patient to go on medical leave or return from leave, they may not fully consider the ethical and legal ramifications of simply fulfilling these requests. They may or may not consider the effect on the doctor-patient relationship in giving data to third parties, nor may they discuss these issues with patients before sending a report. Only occasionally will a psychiatrist suggest to his or her patient in ongoing treatment that the patient might be better served by obtaining a third-party independent medical examination from a nontreating psychiatrist rather than involving the patient's own psychiatrist, especially if the matter may end up in litigation.

Gold and Shuman adeptly lay out these complex problems in a way that provides clear information to the practitioner without oversimplifying any of the issues. In addition, they offer a firm foundation of well-researched information that will enable the psychiatrist to perform better mental health assessments and more confidently write reports in a systematic, reliable manner.

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*The author reports no financial relationships with commercial interests.*

*Book review accepted for publication December 2010 (doi: 10.1176/appi.ajp.2011.10121803).*

***Textbook of Pediatric Psychosomatic Medicine*, edited by Richard J. Shaw, M.B., B.S., and David R. DeMaso, M.D. Washington, DC, American Psychiatric Publishing, 2010, 551 pp., \$135.00.**

It was a pleasure to read the more than 500 pages that make up the body of *Textbook of Pediatric Psychosomatic Medicine*. It is an important book that provides a comprehensive review

of much of what is known that is relevant for providing child and adolescent psychiatric consultations in a pediatric setting.

In the introduction of the book, Dr. Gregory Fritz presents a historical perspective of the field of pediatric psychosomatic medicine. For readers who have devoted their lives to pediatric consultation-liaison psychiatry, his reflections of how far the field has come in the past 30 years provide a poignant beginning to this review of the current state of the field. The book is divided into four portions. Part I deals with broad issues related to pediatric psychosomatic medicine, including legal and forensic concerns. Part II is organized by "referral questions," which provide an interesting look into the process of effectively dealing with the problems with which pediatricians most often want help. Part III is titled Specialties and Subspecialties and addresses clinical issues that are relevant to caring for children with a wide range of pediatric illnesses. The final section is devoted to treatment and is divided into four categories: psychotherapy, family interventions, psychopharmacology, and preparation for procedures. While all four parts have real value, I found that my favorite section was the review of the specific pediatric illnesses. These chapters are written from the perspectives of truly expert child and adolescent liaison psychiatrists.

There are several illnesses that are particularly well covered. The chapter written about infectious diseases focuses on four important infectious illnesses and describes the psychosocial issues related to each of their clinical presentations. This chapter is also interesting from a historical perspective. In the past, we restricted our horizon to the seven psychosomatic illnesses. During these years, infectious diseases were clearly catalogued in the "real medical illness" category.

The coverage of gastrointestinal disorders was also excellent. In this chapter, "gut feelings" are explored from a broad perspective, extending from idiopathic pain to serious, life-threatening Crohn's disease. The chapter succinctly highlights key clinical issues that can be missed in more superficial reviews. There are also good discussions of the evidence-based treatments that are currently available.

The chapter on respiratory diseases was of particular interest to me given my long-standing interest in asthma. It was a refreshing experience to review the clear and straightforward presentation of the complex psychophysiological factors that are associated with respiratory diseases. This is a particularly useful chapter for young clinicians who are learning to deal with complicated patients with such illnesses. The chapter is quite practical and focuses on an impressive synthesis of the empirical literature.

This is a comprehensive work that involved 70 different contributors. Consequently, it is inevitable that there is some variability in the consistency with which each topic is reviewed. However, the one disappointment that I experienced repeatedly while reading this excellent textbook was the absence of the consideration of genetic variability in conceptualizing either disease prognosis or approaches to treatment. I turned eagerly to the chapter on endocrine and metabolic disorders, thinking that the exciting progress that has been made in our understanding of the genetic basis of diabetes mellitus would surely be summarized. While the chapter correctly states that both "environmental and genetic factors have been implicated" in diabetes mellitus, the fascinating implications are left unstated.