Book Forum

THE PHYSICIAN-PATIENT RELATIONSHIP

The Right to Refuse Mental Health Treatment, *by Bruce J. Winick, J.D. Washington, D.C., American Psychological Association, 1997, 402 pp., $59.95.*

As I was reading this book, I was caring for an elderly woman with a long history of schizoaffective disorder. She had been transferred to my inpatient unit from a nursing home, where she had thrown a food tray at a fellow resident and had injured one of the four staff members required to subdue her. As I tried to puzzle out whether she was more likely undermedicated or overmedicated, she refused to eat or undergo diagnostic procedures, directed an unending stream of filthy invective at the staff, and terrorized the other patients with incessant screaming. She stripped the curtains from around her bed and barricaded the door of her room with the furniture. She was clearly in terrible psychic pain. She refused treatment.

The power to take away a person's freedom or a person's right to refuse treatment is an awesome thing. It entails a profound responsibility: to exercise that power with compassion, respect, knowledge, and care. Our society makes psychiatrists responsible for the care and protection of those whose mental illnesses place them or others in danger. Forced treatment should be a last resort, not a cheap substitute for adequate staffing, patience, and a humane treatment environment. We must always be aware of, and respect, our patients' rights. This book promises to deal with one aspect of those rights: the right to refuse treatment. What it delivers is an exhaustive and often repetitive search for Constitutional, legislative, and judicial bases for that right. To argue compellingly for the right to refuse treatment, however, requires a genuine understanding of the reasons psychiatrists are empowered—required, in fact—to force treatment on patients.

The very structure of this book betrays the author's failure to grasp the nature of the grievous problems for which mental treatments are sometimes required. The book begins with chapters on each of the major treatment modalities for mental illnesses. It has no chapters, not so much as a paragraph, on the illnesses themselves, their neuropathology and neurophysiology, or the mechanisms by which medications address the pathology. There are no figures on the incidence of mental illnesses for which forced treatments are used or on the frequency or circumstances of their use. The reader could easily get the impression that antidepressants are forced on patients as often as antipsychotics.

After the descriptions of mental health treatment modalities, the book goes on to a systematic consideration of the legal arguments for refusing them: freedom of speech and thought, due process, privacy, bodily integrity, autonomy, and freedom of religion. The government's interest in safety and life is weighed against these rights. Finally, the author discusses the therapeutic benefits of the right to refuse treatment, the need for informed consent, the right to a hearing, and the overly optimistic view that advance directives may resolve many forced-treatment issues in the future. If one does not begin with an understanding of the havoc mental illnesses can wreak on cognition, emotion, personality, functionality, hope—on the faculties a person needs to make an informed decision about treatment—then forced treatment can easily be construed as an arbitrary intrusion.

This fundamental omission leads to a fundamental flaw in the author's arguments. When discussing First Amendment rights guaranteed by the U.S. Constitution, he quotes Constitutional scholars as saying that the framers "believed above all else in the power of reason." He interprets freedom of speech as including "constitutional protection for mental processes" (p. 146) and states, "Development of the mind and the process of conscious thought—including the ability to think in abstract terms, and to have and communicate emotions and thoughts—is essential to the identification and achievement of self-fulfillment goals," again, goals that were crucial to the framers of the Constitution. The failure to recognize that the mental illnesses for which involuntary treatments are most commonly used are not only characterized but defined by the loss of the capacity for abstraction, communication, and emotional experience turns the author's argument on its head. We are required to treat some individuals so that these faculties can be restored to them.

This book is a publication of the American Psychological Association. Perhaps that fact is related to the author's propensity to tell the reader, time and time again, that psychotherapy and behavioral treatments are minimally intrusive and pose little danger, while the use of psychotropic medication is fraught with great risk. It is psychiatrists on whom the responsibility for most patients requiring coercive treatment falls. In the discussion of "least restrictive alternatives," physical restraint is conceptualized as less intrusive than forced medication. The author seems to be writing in a time warp as he describes extended hospitalizations in large public hospitals staffed by unlicensed practitioners and hidden from all public scrutiny and repeatedly cites publications from the 1970s to support his contentions about medication side effects.

In this book, ECT is still administered bilaterally (thankfully, anesthesia has been introduced) and is "not curative" of depression. The atypical antipsychotics, selective serotonin reuptake inhibitors, and other new medications seem not to have been invented. "Drug-free holidays" are still a means of improving treatment efficacy rather than an approach that increases the likelihood of relapse, recurrence, and sometimes irreversible losses of function. Psychiatric diagnoses are arbitrary and ambiguous. The author does not recognize the danger that underfunded government agencies can use the right to refuse treatment as an excuse not to provide it. On the other hand, psychiatric hospitals, in contrast to prisons, another major area of concern, are presumed to have such an ample supply of well-trained staff that forced medication is not necessary to protect staff and patients from violence. In contrast to mental illness, mental retardation is "congenital, untreatable, and unchangeable" (p. 256).

I have always known that is important to treat patients with respect and fairness, to try to understand their perspectives, and to convey a genuine sense of caring. I learned from

patient advocates in a state mental health system how important it is for patients to make autonomous, informed choices about their treatment. I also learned that there is a cadre of so-called patient advocates whose job it is to adduce legal arguments to support the rights of severely ill individuals to refuse the care that would reduce their suffering and impairment. These latter, and those of us who want or need to know those arguments, may profit from reading this book.

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Ethics in Psychiatric Research: A Resource Manual for Human Subjects Protection, *edited by Harold Alan Pincus, Jeffrey A. Lieberman, and Sandy Ferris. Washington, D.C., American Psychiatric Association, 1999, 326 pp., $75.00.*

As a physician who 20 years ago teetered on the life path bifurcation between bench-top biomedical research with a Ph.D. and hands-on clinical work with an M.D., I was intrigued to read this book. The editors represent the research experience from the perspective of APA (Harold Pincus and Sandy Ferris) and from within the university setting (Jeffrey Lieberman). The diverse and highly credentialed chapter authors take on virtually all of the concerns that have recently appeared in major mental health newsletters and journals.

The introduction focuses the reader on some specifics in medical research ethics around which discussion and opinion continue to evolve, most notably human experimentation by Nazi scientists, the Tuskegee Syphilis Study, and radiation research by the U.S. Department of Energy conducted during the Cold War. Although one conclusion is that the regulations promulgated by the federal government through the Department of Health and Human Services in 1991 (45 C.F.R., Part 46) offer some substantial protections, a more chilling conclusion is that complete protections for many groups of patients—most notably those with mental illness—are by no means guaranteed.

The editors' stated intention to provide a reasoned starting place to illuminate the fundamental principles of ethical investigation is handily fulfilled. Each of the 12 chapters addresses one specific area of interest and is replete with references and other resource materials. The writing is dense with references, the style pragmatic, and the topics presented more in a basic educational manner than as ideas up for debate. Throughout, the approach is sensible and even-handed, drawing more from an academic perspective and credible literature than from anecdotal data.

Some sections will appeal primarily to administrators (namely, chapters 5, "Surrogate Decision-Making and Advance Directives With Cognitively Impaired Research Subjects," and 10, "Administrative Issues and Informed Consent") and researchers (chapter 2, "Issues in Clinical Research Design"). I found the sections dealing with quality care in the context of clinical research (chapter 3), how to inform subjects about risks and benefits (chapter 6), substance abuse research (chapter 8), and family concerns (chapter 9) most useful and readily applicable.

In general, this is a serious volume that compacts a huge amount of information into a quite readable space. I suspect that separate chapters may be used consultationally, on an as-needed basis, rather than being read straight through. In summary, this collection provides a quintessentially comprehensive and inarguably definitive summary of current themes in the ethics of research with human subjects.

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Educating Doctors: Crisis in Medical Education, Research, and Practice, *by Stewart G. Wolf. New Brunswick, N.J., Transaction Publishers, 1996, 217 pp., $32.95.*

For those of us who became psychiatrists in the 1950s and 1960s, Stewart Wolf is a familiar name. He was, by then, an eminent physician and scientist at the forefront of "psychosomatic" research. With Harold Wolff, Hans Selye, Roy Grinker, Stanley Cobb, and others, Stewart Wolf had put this branch of medicine and psychiatry on the map. He had received an honorary doctorate and prestigious awards, including APA's Hofheimer prize for research in 1952. During his distinguished research career he studied the effect of emotional states, including stress, on the gastrointestinal system, the cardiovascular system, and endocrine function. He conducted important studies on the effect of placebos and on the effects of social integration and social supports on health and disease.

In the preface to *Educating Doctors,* Wolf states, "My aim here is to reexamine the responsibilities, goals, and activities of medical teachers, researchers and practitioners, and to encourage the reader to understand the problems facing medicine." It is thus with considerable curiosity that I undertook to read this recent book, hoping that it would bring much-needed wisdom to the current quandaries. Unfortunately, neither the author's stated intentions nor the implied promises are met in this frustrating book.

At the outset, it should be acknowledged that here and there throughout this fairly slim volume, one can experience the pleasure and comfort of encountering many ideas it would be difficult to disagree with: the importance of good character in physicians; the emphasis on human—i.e., psychological—as well as technological skills in effective medical practice; the usefulness of the clinical interview as a diagnostic tool; the impact of the social and economic environment on health; and the gains in knowledge from attention to the individual, rather than from exclusive focus on standardized large groups, in conducting medical research.

Frustration derives from the organization as well as the content of the book. The preface and the afterword are the most relevant to the aims of the book as well as the most timely. In between, there is little connection to these in the actual chapters and between the individual chapters, and there is so much repetition that it seems likely that this is a collection of lectures or essays that have apparently not been published previously. The book would hold more interest if these pieces had been published as a compendium, and under a different title. Sharper editing might have helped the relevance, the overall structure, the repetitions, and also the sloppy referencing.

The content of the book also presents difficulties. Although problems in current medical education, research, and practice are certainly identified, there are too many distortions and errors. One major leitmotif for the book is nostalgia for the good old days before World War II. Can one really long for the personal means of medical student selection when this resulted in the exclusion of minorities and women and often favored the sons of alumni and major financial supporters of the schools? In the face of evidence that sleep

deprivation of physicians can lead to dangerous errors, can one still hold that it was better for doctors, and even for their patients, when interns and residents were not allowed to marry, did not get paid, and spent every other night working without sleep? Wolf deplores the decrease in the numbers of generalists—internists and pediatricians—being trained, although in the past few years the number of medical graduates going into primary care has actually increased. Although technology and specialization are generally recognized as pressing toward less personalized humane practice, it is not clear that curricula and physicians themselves are less attuned to these issues than they were in the past. With respect to research, my impression is that medical students and young physicians have more, rather than less, encouragement and opportunity to engage in research than they did in the earlier years mourned by Wolf.

In view of the emphasis on the individual, on the relevance of the individual's personal history to his or her illness, and on the meaning of events, interactions, and symptoms, I found it odd that there is no mention or reference to psychoanalytic or psychodynamic contributions (although historical background of research and views is extensive and constitutes more than half the references). Given the major influence of psychoanalytic psychiatry on psychosomatic research and in medical schools in the years that Wolf writes about, one would have expected some mention, even if he were to question psychoanalysis on theoretical or empirical grounds.

Clearly, the book does not contribute to an understanding of the current crisis in medicine. It is dated: more than three-quarters of the references are from before 1985. Important present-day phenomena affecting medical education, research, and practice, such as managed care, the impact of computers, and the burgeoning of genetic and molecular research, are barely mentioned. There is little recognition of the entry of large numbers of women into the field, and to a female reader it becomes jarring for even the grammar of the book to assume that all current and future physicians are men. Beyond both the correct and the questionable identification of current problems in medicine, the book really does not offer either explicit or implicit solutions, unless one thinks that one can turn back time.

Having expressed serious criticism, I want to acknowledge that, read as separate essays, the chapters of this book can offer interesting and pleasant reading. There is informative historical information, clear description of elegant experiments and studies by Wolf and some of his contemporaries, and nice appreciations of what was, in some ways, a "golden age" in medicine.

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ASSESSMENT AND DIAGNOSIS

DSM-IV Sourcebook, vol. 4, *edited by Thomas A. Widiger, Ph.D., Allen J. Frances, M.D., Harold Alan Pincus, M.D., Ruth Ross, M.A., Michael B. First, M.D., Wendy Davis, Ed.M., and Myriam Kline, M.S. Washington, D.C., American Psychiatric Association, 1998, 1,140 pp., $75.00 (paper).*

This is the last of four volumes that describe in detail the development of DSM-IV, begun in 1987 and completed in 1994. The first three volumes presented literature reviews of the full range of mental illness, including, among others, substance-related disorders, schizophrenia and other psychotic disorders, mood disorders, anxiety disorders, personality disorders, and childhood disorders. The fourth volume of the *Sourcebook* summarizes these reviews, analyzes data from field trials, and describes how the revision came about and why the changes made were considered necessary.

The most interesting parts of the book are the final reports from the DSM-IV work groups in which the arguments for changes from DSM-III to DSM-IV are presented, some more convincingly than others. For example, after restating the DSM-III criteria for multiple personality disorder, the members of one work group "felt" that the term should be replaced by "dissociative identity disorder," a change still not accepted by some American psychiatrists and not agreed to by European psychiatrists, who continue to use the "old" term in ICD-10, with which DSM-IV is supposed to be compatible.

Past reviews of the first three *Sourcebook* volumes have been mixed. Volume 3 was considered to be "not for the casual reader because the mass of data presented does not make it reader-friendly" (1). Volume 2 was recommended for psychiatrists who wished "to plot their course through…our fascinating clinical domain" (2), and volume 1 was considered to be "highly desirable in comprehensiveness and sophistication" (3). Taken together, these observations hold true for volume 4, which I recommend, if for no other reason than the process is about to begin all over again. Future revisions of the manual are promised by the editors of the *Sourcebook,* and psychiatrists interested in classification can get a head start toward DSM-V by reading this book.

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Culture and Psychiatric Diagnosis: A DSM-IV Perspective, *edited by Juan E. Mezzich, M.D., Ph.D., Arthur Kleinman, M.D., Horacio Fabrega, Jr., M.D., and Delores L. Parron, Ph.D. Washington, D.C., American Psychiatric Press, 1966, 360 pp., $55.00.*

This book is the outcome of a conference held in 1994 on Culture and Psychiatric Diagnosis, sponsored by the National Institute of Mental Health (NIMH) and APA. At the core of this conference was the intention to enhance the cultural validity of DSM-IV. Attending this conference primarily were members of the NIMH Culture and Diagnosis Group and members of the DSM-IV Task Force and work groups.

The main objective of this book with respect to DSM-IV is to provide psychiatric practitioners with a good cultural framework from which they can better understand the clinical manifestations presented by their psychiatric patients. During the preparation of DSM-III-R, a group of psychiatrists with expertise on cross-cultural issues, including myself, provided advice and recommendations for certain psychiatric diagnostic categories. Therefore, the opportunity to expand on the much-needed cultural sensitivity in DSM-IV was an

excellent idea. The time was also very relevant because the United States is rapidly becoming a pluralistic society.

This book consists of a foreword, an introduction, and 11 sections. In the foreword, Leon Eisenberg delineates the importance of culture in diagnosing psychiatric disorders. In the introduction the editors address the conceptualization and foundation of this book. Section 1 comprises six chapters focusing on general issues related to the cultural and historical foundations of psychiatric diagnosis, nosological perspectives, the relevance of culture for DSM-IV, and specific issues pertaining to African Americans, Native Americans, Asian Americans, and Hispanic Americans. Section 2 comprises four chapters focusing on organic and psychotic disorders. Section 3 has three chapters on substance-related disorders. Section 4 has four chapters on mood and anxiety disorders. Section 5 has four chapters on somatoform and dissociative disorders. Section 6 has four chapters on eating and sexual disorders. Section 7 has four chapters on adjustment disorders. Section 8 has four chapters on personality disorders. Section 9 has four chapters on childhood-onset disorders. Section 10 has four chapters on culture-bound syndromes. Finally, section 11 contains five chapters addressing multiaxial issues. All of the chapters were written by respected experts in their field of expertise.

Missing in this book, in my opinion, are two chapters. One would offer a constructive, historical review of the evolution of the Diagnostic and Statistical Manuals before DSM-IV, with focus on key trends in the profession with respect to cultural aspects of diagnosis and treatment. The other would address constructively how future DSMs will deal with pluralistic societies. An additional weakness in this book is that, occasionally, too much unnecessary time is spent in criticizing DSM-IV rather than taking the full opportunity not only to enhance the much-needed cultural validity of DSM-IV and to fully develop culturally driven strategies for DSM-V.

In summary, this book goes a long way to underline the close relationship that exists between culture and clinical conditions in psychiatry and, in so doing, makes an excellent contribution in patient care not only for the ethnic minority populations who reside in the United States but for all U.S. population groups.

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ICD-10 Casebook: The Many Faces of Mental Disorders—Adult Case Histories According to ICD-10, *by T.B. Üstün, A. Bertelsen, J. van Drimmelen, C. Pull, A. Okasha, N. Sartorius, and other ICD-10 Reference and Training Center Directors. Washington, D.C., American Psychiatric Press, 1996, 237 pp., $35.00.*

"Names," says an old maxim, "are things. They certainly are influences. Impressions are left and opinions are shaped by them.…The mean and selfish talk of their prudence and economy; the vain and proud prate about self-respect; obstinacy is called firmness, and dissipation the enjoyment of life; seriousness is ridiculed as cant, and strict morality and integrity, as needless scrupulosity; and so men deceive themselves." Tryon Edwards (1809–1894) published this maxim in his first book of quotations in 1852 under the title *Jewels for the Household*. He certainly was not thinking about psychiatric diagnoses, but his words apply rather well to the self-deception that underlies the notion that to name something is to know it.

Psychiatry is good at naming. The case histories in this little book were selected from those used in ICD-10 training courses around the world and in the clinical field trials that resulted in the current international classification system. The field trials apparently yielded some 400 case summaries. This book presents more than 100, each illustrating one of the categories of the adult diagnoses coded F0 to F6 in ICD-10. Because the psychiatric categories are very similar to those in DSM-IV, the cases may well be useful for training and discussion. And questioning.

The personal stories are culled from around the world, and each contains the presenting problem, the history, the findings, and the course of illness. Each is followed by a discussion section that illustrates the application of ICD-10 guidelines in the making of a specific diagnosis. Each example is colorfully titled, so the story (and the salient diagnostic issues) remains firmly planted in the minds of students, e.g., "The Royal Visit," "The Smell of Revenge," "Pulling Up the Flax."

The editors direct interested students to two companion books, the "blue" book (ICD-10 chapter 5, "Clinical Descriptions and Diagnostic Guidelines") for clinicians and the "green" book (ICD-10 chapter 5, "Diagnostic Criteria for Research") for researchers. This one is the "red" book, meant as an easy introduction to the art of diagnosis based on predominantly cross-sectional information about presenting symptoms and physicians' findings.

Students may find it helpful to make the crosswalk between the international system and the American system. ICD-10 continues to use the term "organic mental disorders" (F0 and F1), F1 encompassing psychoactive substance abuse disorders. DSM-IV has stopped using the word "organic" (presumably all disease has biological correlates) and, instead, uses descriptive categories: deliriums, dementias, amnesic disorders, mental disorder due to a general medical condition, and substance-related disorders. ICD-10 F2 and F3 are grouped as psychotic mental disorders (schizophrenia and mood disorders), although many of the examples are without psychotic features. Why is something a psychotic disorder if only some of the cases, some of the time, exhibit psychosis? Incidentally, what is psychosis? The ICD-10 F4, F5, and F6 categories cover "neurotic, stress, and personality disorders." DSM-IV calls these anxiety, somatoform, factitious, dissociative, sexual and gender identity, eating, impulse control, and personality disorders, having dispensed with the meaningless word "neurotic." Perhaps, soon, the equally meaningless word "personality" will yield to more understandable descriptors.

Despite the somewhat different names, the syndromes are clearly similar in the two systems, and, around the world, as in the United States, the available treatments continue to be limited in number and efficacy no matter what the disorder is called.

There is certainly magic in names. "Some to the fascination of a name surrender judgement, hoodwinked" (William Cowper, 1731–1800).

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Psychiatry for Primary Care Physicians: A Reference for Physicians on Assessing and Treating Mental Health Disorders for Adults, *edited by Larry S. Goldman, M.D., Thomas N. Wise, M.D., and David S. Brody, M.D. Chicago, American Medical Association, 1998, 389 pp., $49.95.*

This volume, edited by two psychiatrists and an internist for use by the outpatient-based primary care physician, was developed by using a unique collaborative approach, teaming psychiatrists with primary care physicians for each chapter. The type size is somewhat small, but generous use of white space results in a very readable format, which complements the direct, jargon-free, clinically relevant writing style. A brief introduction is understated yet effectively motivational. One chapter introduces the process of psychiatric assessment (emphasizing biopsychosocial understanding and interview technique), another discusses psychiatric diagnosis according to DSM-IV, 11 chapters present psychiatric disorders by diagnostic category, one deals with violence and aggression, followed by chapters labeled "Difficult Patient Situations," "Particular Mental Health Concerns of the Elderly, Gay Patients, and Women," "Somatic Treatments," and "Psychotherapeutic and Behavioral Treatments." This structure is logical and avoids excessive repetition but separates details of treatment from discussion of the disorders.

Psychiatrists might wish for a text such as this to help their primary care physician colleagues better understand the modern practice of psychiatry, but perhaps they also recall Alexander Pope's admonition, "A little learning is a dangerous thing;/ Drink deep, or taste not the Pierian spring." Might one modest-sized book lead a nonreferring primary care physician to get into trouble too often, or is perhaps Thomas Huxley's epithetic rejoinder more germane: "If a little knowledge is dangerous, where is the man who has so much as to be out of danger?" In this instance this potential risk does not seem paramount, particularly as the issue of when to refer is routinely addressed. Other strengths include the authors' consistently emphasizing the problem of stigmatization, promoting the use of support groups and providing relevant telephone numbers, and offering brief relaxation technique instructions and the Mini-Mental State.

As a first edition, this work constitutes an excellent effort of experienced academic clinician-authors. It is replete with much useful information and many clinical pearls but has such a broad scope that some room for improvement can be found. For example, in the chapter on depression I regretted not finding any mention of St. John's wort, the possibility of antidepressant-induced mania or hypomania, or clear recognition of dysthymic disorder. The chapter on sexual disorders is solid, but there is no mention of sildenafil, which has so quickly changed patient workups and treatment. Oddly, there is not even a brief section anywhere dedicated to bipolar disorder, mania, or hypomania. I would have wished that a text for primary care physicians would at least mention the pregnancy risk for someone taking both carbamazepine and birth control pills, and of the teratogenic risks of lithium, carbamazepine, and valproate. My own pedagogic preference would also argue for including more case vignettes (some chapters do have effective examples).

This book would probably work particularly well as part of a primary care residency training program or medical student clerkship, or as part of a liaison psychiatry course or teaching rounds, where clinical cases could make the material come more alive.

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ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

The Anxiety Disorders, *by Russell Noyes, Jr., M.D., and Rudolf Hoehn-Saric, M.D. New York, Cambridge University Press, 1998, 343 pp., $74.95.*

Two of the country's leading anxiety disorder mavens have collaborated to create this tour de force. Before heaping praise on the contents, I must mention an area of noncontent. Despite their statement in the preface that "all the disorders found in the most recent DSM-IV and ICD-10 classification" are included, obsessive-compulsive disorder (OCD) is nowhere to be found. Perhaps the authors are among those who feel that OCD is really not an anxiety disorder. Regardless of the reason, if you want to read about OCD, don't buy this book. But if you want to learn an awful lot about all the other anxiety disorders, the book would be a very wise investment.

The first chapter, "Normal Anxiety and Fear: Psychological and Biological Aspects," lays a firm foundation for the chapters on the disorders that follow. The authors cast a comprehensive net over all aspects of the psychological and biological bases of anxiety and competently examine the knowns, unknowns, and maybes with honesty and fair balance (and the chapter is referenced into 1997). Those intrigued by that structural mouthful, the nucleus paragigantocellularis, will be pleased to know that it plays a central role in the psychobiology of arousal/anxiety. The chapter concludes with the acknowledgment that although a little anxiety may be a wonderful thing, too much "causes dysfunctions that need correction through psychological and pharmacological interventions."

The chapters that follow address generalized anxiety disorder, panic disorder and agoraphobia, social phobia, specific phobia, posttraumatic stress disorder, and anxiety in the medically ill. The format is more or less the same and is indicative of the thoroughness of the authors—definition, diagnostic criteria, reliability and validity, measurement, epidemiology, etiology and pathogenesis, clinical picture, natural history, complications, differential diagnosis, and treatment.

The authors do not shy away from controversy; rather, they tackle it with a sense of due diligence. It is refreshing to see them confront the sometimes elusive entity of generalized anxiety disorder by referring to it as a "newly described disorder about which much uncertainty exists." They proceed to wring as much uncertainty out of it as is scientifically possible and by doing so should leave readers feeling that they know as much about the disorder as anyone.

The chapter on panic disorder and agoraphobia is absolutely thorough (and supported by almost 21 pages of references). The chapter on social phobia, on the other hand, lags a bit in the treatment section, with monoamine oxidase inhibitors referenced into 1992, anxiolytics into 1993, and selective serotonin reuptake inhibitors into 1994. This condition is the currently fashionable anxiety disorder, and the recent explosion of journal publications has outpaced anyone's ability to provide timely references in a book chapter.

Even specific phobia, the often overlooked, "lesser" anxiety disorder, receives appropriate consideration. The etiology and pathogenesis section is particularly interesting because biological factors (regional blood flow, physiological reactivity, neuroendocrine variability, and neurotransmitters) are integrated with psychological factors (aversive conditioning, vicarious learning, and Freud).

The book concludes with chapters on posttraumatic stress disorder (PTSD) and anxiety in the medically ill. The authors quite appropriately acknowledge that the conceptualization of PTSD "is still in flux," but, at the same time, they are able to discuss the condition with great clarity. Anxiety in the medically ill is a complicated issue. Although much of it is transient and would never meet diagnostic criteria for a disorder, some represents the comorbidity of anxiety disorders with medical illness, and some represents disorders induced by a medical condition or a substance. The relatively brief chapter is a good introduction to a topic that deserves more extensive consideration.

All in all, the authors have done a masterful job in presenting a comprehensive and timely overview of the anxiety disorders (OCD excluded). The book is well worth reading.

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Cultural Issues in the Treatment of Anxiety, *edited by Steven Friedman. New York, Guilford Publications, 1997, 261 pp., $32.00.*

The importance of cultural issues in the assessment and treatment of all psychiatric disorders is often given short shrift in training programs and research portfolios, despite the fast-growing numbers of new immigrants and people of color in the U.S. population. Furthermore, when cultural issues in psychiatry are considered, psychotic and mood disorders are often the focus, with little work published in the area of anxiety disorders.

This edited volume is a collection of individually written chapters with a common theme; the book grew out of a one-day symposium on the same topic in New York City in 1995. The book's core is a series of in-depth chapters focused on different ethnic groups (Hispanic Americans, Caribbean Americans, Asian Americans, Orthodox Jews, African Americans, and Asian-Indian Americans); their views of mental illness, anxiety, and mental health practitioners; and how these views affect their symptom presentation and orientation to treatment. The opening and closing chapters are broader reviews of the general topic area of culture and anxiety. There are also chapters on epidemiology, treatment, and psychopharmacology and ethnicity.

Despite the distinct cultural orientations presented, some strikingly similar themes emerge. Many of these cultures still revere and value institutions, such as the family and religion, whose importance in the broad U.S. population has deteriorated if not vanished. They have some surprisingly similar values, such as the importance of elders and a deemphasis of the role of the individual, values that have vanished in our often narcissistic and youth-oriented culture. Many of these cultural groups have indigenous treatment practices that grow out of a shared world view, although there seems little commonality in the multiplicity of viewpoints and individual agendas found in the "dominant" culture in the United States. A number of chapters make it abundantly clear that the reliability and validity of our DSM diagnoses in people from these other cultures are highly questionable. This is further highlighted by the book's descriptions of individual "culture-bound" syndromes, which cannot easily be mapped to discrete DSM diagnoses but cut a wide swath across several of the mood and anxiety disorder categories (e.g., *ataque des nervios* and *hwa byung*).

From the core chapters, I found many thought-provoking pearls that are of definite interest to the clinician treating patients with anxiety disorder. Hispanic patients focus on keeping mental health problems "in the family," which, along with their somatic orientation, may make them more amenable to pharmacological/medical treatment than to psychotherapeutic approaches. African American patients with panic and comorbid hypertension, a common combination, often view the former as a symptom of the latter. They also have a significant distrust of psychiatrists and psychologists rooted in the horrible misuse of diagnostic labeling in the past in the service of maintaining the institution of slavery. The incidence of social phobia may be higher in Japanese cultures because of their increased sensitivity to situationally prescribed codes of conduct. One form of social phobia in Japan is marked by anxiety about causing anxiety in others, in contrast to the self-focused shame that characterizes social phobia in the United States.

Other of the individual ethnic group chapters make important points that are relevant to most ethnic groups. These include an in-depth identification of institutional and individual barriers to culturally appropriate treatment in the chapter on Asian Americans; an extensive case history discussion of how cognitive behavior treatment of Orthodox Jewish patients needed to be modified to be effective; and discussion of "treatment resistance" in the chapter on Caribbean Americans. The psychopharmacology and ethnicity chapter recapitulates the limited data on ethnic variations in the cytochrome enzyme system and their metabolic implications. This chapter has more interesting things to say about cultural effects on medication compliance and placebo effects, two areas that probably are far more important factors in determining treatment outcome. A concluding chapter provides a scholarly review of the place of culture in the experience of affect, how culture affects the various forms of anxiety, and how awareness of these factors can refine cognitive and psychological treatment techniques.

This book will be of most interest to practitioners working with patients with anxiety disorder from different cultures. Given the paucity of available introductory-level information, it is probably one of the best, most readable places to start learning about this. However, as a number of the chapters emphasize, the area is quite complex, and the more detailed sources that are readily available and cited in the book should be pursued by clinicians interested in further increasing their awareness of cultural issues.

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Obsessive-Compulsive Disorders: Diagnosis, Etiology, Treatment, *edited by Eric Hollander and Dan J. Stein. New York, Marcel Dekker, 1997, 379 pp., $125.00.*

This is an excellent overview of the difficult area of obsessive-compulsive disorder (OCD). The editors, Dr. Hollander of Mount Sinai School of Medicine, New York City, and Dr. Stein of the University of Stellenbosch, South Africa, are ex-

tensively published in the field and bring wide experience. One or both are co-authors of five of the 14 chapters.

As with any multiauthored, single-issue monograph, there is a fair amount of repetition: 1) OCD is more prevalent than often supposed (about 1%–2% in the general population), 2) there is a purported neurological substrate (corticostriatal-thalamocortical), 3) there is a purported molecular basis (serotonin neurotransmission), 4) there is now effective pharmacological treatment (about 50% of patients have a fair response to selective serotonin reuptake inhibitors), 5) behavioral/psychosocial therapy is effective (about the same as pharmacological treatment), and 6) combined pharmacological and behavioral/psychosocial treatment has advantages (medication allows more people to engage in behavioral/psychosocial therapy and behavioral/psychosocial therapy delays relapse when medication is ceased).

The opening chapter deals with diagnosis and assessment. Dana Niehaus and Dr. Stein draw attention to the DSM-IV modification of the definition of compulsions, which now sensibly includes the "mental acts" that formerly sat out of place as obsessions. Attention is also drawn to the DSM-IV subtype of OCD "with poor insight," another sensible change, given that 5% of OCD patients lack insight, and the general adult psychiatrist more used to schizophrenia felt threatened by this apparent irregularity. The authors point out that more than 50% of OCD patients have at least one comorbid axis I diagnosis and a majority have at least one other comorbid axis II disorder. They end by reviewing the diagnostic and assessment tools.

There is a chapter on OCD in childhood with valuable information on tic disorders and autoimmune OCD. A chapter on OCD spectrum disorders mentions body dysmorphic disorder, anorexia nervosa, sexual obsessions, hypochondriasis, depersonalization disorder, and Tourette's syndrome. An interesting chapter on veterinary models introduces the "neuroethological view of OCD" and will be valuable to both human and animal doctors. There are three chapters on psychopharmacology.

There is a chapter on behavioral treatment in OCD that outlines exposure and response prevention, and another by Jeffrey Schwartz of the University of California School of Medicine that outlines the treatment strategy of "re-label, re-attribute, and refocus" to be applied whenever an OCD thought or urge arises. Dr. Schwartz also reports on studies that have demonstrated modification of cerebral metabolism through behavioral treatment.

David Shannahoff-Khalsa of the Institute for Nonlinear Science of the University of California contributes a chapter titled "Yogic Meditation Techniques Are Effective in the Treatment of OCD." He explains that left and right unilateral forced-nostril breathing have different effects on the central nervous system and recommends left unilateral forced-nostril breathing for the treatment of OCD. The objective assessments were done with the electromagnetogram, which is not yet a widely accepted or understood technique.

The final chapter, by James Broatch, gives a useful account of OCD support groups.

This comprehensive book should be available through libraries for keen medical students. It should be purchased by trainee psychiatrists and general psychiatrists who are not expert in the management of OCD. It is well referenced, readable, and well balanced.

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FORENSIC ISSUES

Evil or Ill? Justifying the Insanity Defense, *by Lawrie Reznek. New York, Routledge, 1998, 329 pp., $75.00; $22.99 (paper).*

Jeffrey Dahmer tried to turn victims into sex slaves by injecting acid into their brains, strangled 17 men, had sex with the dead bodies, boiled their skulls, and ate their flesh. Despite this bizarre behavior, a jury did not accept a plea of not guilty by reason of insanity and sentenced him to 957 years in prison. With this anecdote, Lawrie Reznek introduces his philosophical quest to understand the difference between evil and illness, the insanity defense, and the role of psychiatrists in the courts. He examines the standard legal defenses of Durham and M'Naghten as well as that proposed by the American Law Institute. Using a multitude of case examples, he looks at specific excuses (such as automatism and intoxication) presented to the courts and explains how they do or do not fit into the standard defenses. He also distinguishes between legal and medical insanity.

This book is not a primer on forensic psychiatry, however. Reznek goes back to his roots as a philosopher to understand why, under certain circumstances, we excuse criminal behavior. He notes that one can perform an evil act such as murder without being an evil person, e.g., in self-defense. He demonstrates that the essential components of most excuses (i.e., that a person is not responsible if he was not in control of his actions or was ignorant of what he was doing) originate in the writings of Aristotle about ignorance and compulsion. Reznek clearly and cogently leads the reader to the conclusion, not previously addressed by philosophers or the law, that our judgment should be based on whether the offender is someone whose actions are consistent with his basically good character. Interestingly, after philosophically arriving at this conclusion, he demonstrates that, despite the legal rules, juries, using "folk psychology," already tend to ascribe responsibility to and punish those with evil characters and excuse good characters.

The book is divided into 13 short chapters plus an introduction and a conclusion. Each chapter is subdivided into sections addressing an issue and raising a question to be answered by the next section. Each chapter is succinctly summarized in a paragraph, and the conclusion pulls all of the ideas into a cohesive whole. In attempting to construct this thesis clearly, and perhaps to avoid scaring off readers with "heavy" philosophy, some of the sections seem a little repetitive. However, fascinating case examples and discussions of such issues as multiple personality disorder, the biology of evil, sexual sadism, and psychopathic personality disorder more than compensate. This is a fascinating book that requires us to question our ideas of causality and responsibility. I plan to suggest it to a patient who is still making excuses for abusive parents. I believe this will help her understand that when people choose to act in pursuit of their own selfish interests in a way that is indifferent to others, they are evil characters and are responsible for their behavior.

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Mental Health and Law: Research, Policy and Services, *edited by Bruce D. Sales and Saleem A. Shah. Durham, N.C., Carolina Academic Press, 1996, 368 pp., $45.00.*

This book is edited by two people well-known in the field of forensic psychology. Indeed, the late Saleem Shah, a friend to so many of us in psychiatry, was a well-versed clinical psychologist as well as a senior research scholar at the National Institute of Mental Health until his death in 1992. A selected group of individuals contribute the chapters. In simply looking at the chapter topics, one would not discern any difference from those in a collection written by a group of psychiatrists. This congruence is interesting in its own right, for it raises questions as to what differences might be anticipated from a book of this type if it had been written by forensic psychiatrists rather than forensic and research psychologists. I raise this question not only because of the number of clinicians from both fields now gravitating toward the forensic area in an attempt to salvage some type of autonomy in their professional lives, but from a more theoretical or academic point of view. If any difference in the content of this volume is detected, it is in its emphasis as well as specific suggestions in some chapters on the need for research. It is not that the research is yet to come but that it seems increasingly necessary. Meanwhile, what we currently have are some very vexing questions that continue to pervade the area of mental health and the legal system and will continue to do so.

The perspective of the editors is that mental health law should be policy oriented and/or program oriented rather than discipline oriented. Thus, the approach is not to test a particular theory of a mental health discipline or a social science discipline but, rather, to ask how certain programs and services could be improved. This means that a need exists to provide a better understanding for the diverse ways that clinicians and legal professionals interact. Can therapeutic goals be integrated into the legal system? Can legislators create programs that are protherapeutic or at least minimize antitherapeutic elements? To accomplish such goals is always difficult because policy makers are ultimately politicians, who need to balance demands from many competing groups. To complicate matters, policy questions are often presented as if they were scientific ones. A prime example is in the enduring problem of predictions of dangerousness of the mentally ill, which arises in civil and criminal contexts. In her chapter on civil commitment, Mary Durham notes the paucity of high-quality research in the area of involuntary civil commitment; most studies are anecdotal or garden-variety accounts of hospital admissions before and after legal interventions. Similarly, in her chapter on involuntary outpatient commitment, Kathleen Maloy notes that the empirical studies that have been done in this hotly debated area have serious flaws.

Thomas Grisso has an interesting chapter on research; he makes recommendations that could improve clinical evaluations. The approach would use criteria for research on behaviors for which assessments are sought by courts. Hence, it would focus on the accuracy of clinical judgments about behaviors, factors related to the behaviors, and the factors clinicians actually rely on in arriving at their expert opinions for courtroom use. Marnie Rice, Grant Harris, and Vernon Quinsey observe that, although considerable funds are expended to assess responsibility for criminal offenses, the end result is often the long-term confinement of such people to hospitals, where life is little different than if they had been sent to prisons. Their thesis is that too many resources are expended on forensic assessment and too little on subsequent efforts at intervention. Although Dorothea Dix's arguments in 1845 for additional funds to care for the seriously mentally ill sound the same as many current appeals, Jeffrey Rubin points out that the system we have today continues to be dominated by decisions made about financing the delivery of care, and that these decisions affect the quality of assessments in the forensic mental health system as well.

A decade ago, most of the statutes remaining on the books regarding sexual psychopathology were regarded as anachronisms—the state legislatures had simply not bothered to repeal them because they were so infrequently used. An interesting sociological question is what has led to the enormously increased concern and public focus on sex offenders. Some of this may be due to high-profile cases with their attendant publicity, but something more appears to have been operating in American society. The result is that states have gone back to using or creating special types of sex offender legislation. Attorney Jeffrey Klotz notes that the work on recidivism of sex offenders has usually been theoretical and methodologically weak. A therapeutic jurisprudence approach would inquire whether the legal system is having a therapeutic or antitherapeutic significance, with the law as an independent variable. However, therapeutic aspects are only one variable among many operating in mental health law because other variables, such as autonomy, budgets, integrity of fact finding, and public safety, are equally decisive.

The diverse topics covered in this volume are all standard fare for any psychiatrist working in the forensic area or for someone who is seeking a discussion of several key areas of law and mental health. A group that probably will not read this book but could benefit from it are attorneys, both practitioners and academics. They would find out how fragile many of the claims made in expert testimony really are if empirical justifications are desired. On second thought, maybe it is best that they do not find this out because it would raise many questions about expert testimony. The book points up not only the lack of basic research in the clinical fields that could assist legal decision making but also the hope of how the legal system could become more therapeutically oriented.

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Psychopathy: Antisocial, Criminal, and Violent Behavior, *edited by Theodore Millon, Erik Simonsen, Morten Birket-Smith, and Roger D. Davis. New York, Guilford Publications, 1998, 476 pp., $60.00.*

The "psychopathic mind" compels constant attention in journalism, film, and literature. It is surprising, then, that the psychiatric literature on psychopathy is so often disappointing: desiccated, weighed down with polemics, and often preoccupied with controversy over definitions: who is a psychopath, and who is merely self-centered, antisocial, impulsive, violent, and/or criminal?

Psychopathy, as we are reminded by the editors of this book, was the first of the personality disorders to be named. It is often confused with antisocial personality disorder, but it is not the same thing at all, and the propensity to use the two terms interchangeably has hampered research and understanding. The resulting problems are evident in this book, for most of the research cited is research on antisocial personality—probably because people with antisocial personality disorder are more numerous than those who are psycho-

pathic, and they are more easily accessible to researchers in the prisons where so many of them are incarcerated.

Twenty-five years ago, the British psychiatrist Sir Aubrey Lewis deplored the failure of psychiatric efforts to deal with the "elusive category" of psychopathy: "The effect of reading solid blocks of literature is disheartening; there is so much fine-spun theorizing, repetitive argument, and therapeutic gloom" (1). The current book, the product of an international symposium, suggests that little has changed. Many of the authors of its 28 chapters acknowledge that psychopathy remains an ill-defined concept. Some of the authors even challenge the book's core concept: "These terms serve to confuse and mislead…psychopathic disorder does not exist" (John Gunn, p. 32). Likewise, Hans Toch considers "psychopathy" to mean little more than the plain English "I don't like you" dressed up in a polysyllabic medical gown. He views the concept as a political and ideological term: a diagnosis that allows us to feel good about locking up and forgetting troublesome people.

Other contributors contend that psychopathy as a concept is not just useful but essential to understanding antisocial behavior. Outstanding among these is Robert D. Hare, whose synopsis of decades of research by himself, his collaborators, and others is *Psychopathy*'s most clearly written chapter.

Thomas A. Widiger and Donald R. Lynam, quoting Hare, make the important point that psychopathic individuals are not a distinct subspecies of the human race. Rather, psychopathic tendencies are a part of the human condition, and when those traits are present in sufficient degree, we affix the label "psychopath." This fact may seem banal, but some of the contributors come close to assuming that people fall into distinct and nonoverlapping categories: normal (us) and psychopaths (them). For example, Theodore Millon and Roger D. Davis categorize psychopathic individuals as "spineless," "threatened," "volatile," "hurtful," "unforgivable," "disappointed," "frustrated," "surly," "truculent," "irrational," "frenzied," "hypersensitive," "unrestrained," "wild," "sadistic," "precipitous," and "vindictive," all on one randomly selected page (p. 166). These adjectives describe no particular individual but, rather, the authors' view of one type of psychopathic individual. Similar collections of adjectives could be culled from several other chapters. These generalizations seem to be based on knowledge acquired entirely from distant vantage points such as reviews of prison files, responses to questionnaires, and psychophysiological measurements. Only a few of the contributors acknowledge that they have ever spoken to—or listened to—a psychopathic individual. No doubt all of the authors have seen and heard psychopathic individuals close up, but the fact that they have found nothing worth reporting from those encounters has led to a book in which the people who are its subjects are visible only from a great distance, like clusters of galaxies on an astronomer's photographic plate.

A number of authors, such as psychoanalyst Otto Kernberg, engage in spinning of theory without visible connection to data. Others use sociological data to argue for radical political action. The psychologist David T. Lykken, alarmed by the decline of the two-parent family, argues for licensing mothers. The price of a license would be a husband in the home. Lykken would require single mothers to give up their infants to be adopted or raised in foster homes or institutions. The state would inject second offenders with long-lasting antifertility drugs.

It is remarkable that Lykken, so open to radical action, gives no consideration to measures that would support two-parent families, multigenerational families, and cohesive communities. He blames much of modern sociopathy on the social fission that has split many nuclear families, leaving only mother-children fragments. He seems unaware that fragmented families and a shredded social fabric are not universal, not even in modern societies with many rich and many poor. The conditions that Lykken argues—quite plausibly—are "factories of crime" are not universal, so they are subject to change, perhaps by means less radical than raising millions of children in institutions and sterilizing women who commit a second unlicensed birth.

Lewis' "therapeutic gloom" is also much in evidence. In fact, William H. Reid counsels abandoning efforts to understand psychopathic individuals. He explains, "The answer to most violent crime does not require such intellectual hair-splitting" (p. 115). What is needed, he argues, is to set aside our "sense of fairness" and to suspend "some rights of people who have not been convicted of any crime" lest we "*lose our democracy*" (p. 114, emphasis in original). Reid concedes that imprisoning potentially bad children before they are convicted of breaking laws may be "distasteful." By way of explanation, he points out that "most of us agree that we need to slaughter animals from time to time" (p. 114).

Other contributors provide less heat than Reid, but not necessarily more light. Many readers may be unable to find illumination in phrases such as Henry Richards' "nonmetabolized (personified and polarized) early introjections of the archetypal experience of the stranger selfobject" (p. 73), "semantogenic process" (p. 74), and "metarepresentational context" (p. 78).

The 36 contributors to *Psychopathy* include proponents of all the major ideas and ideologies in the field of psychopathy and sociopathic personality disorder. Those ideas and ideologies are often diametrically opposed, and they represent strong moral convictions on the part of their believers. It must have been a lively symposium, but the resulting book will challenge the attention-focusing abilities of all but the most determined reader.

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