Book Forum

WHO WE ARE AND WHAT WE DO

Freud vs. God: How Psychiatry Lost Its Soul and Christianity Lost Its Mind, *by Dan Blazer. Downers Grove, Ill., InterVarsity Press, 1998, 249 pp., $22.99.*

In his eschatological comedy, *Love in the Ruins* (1), Walker Percy arms his protagonist—the lapsed Catholic, lapsed psychiatrist Tom More—with a magical hand-held brain scanner. This "Qualitative Quantitative Ontological Lapsometer" measures the state of patients' souls, particularly the tendency toward angelism, localized in Brodmann area 32. Such a device would go a long way toward integrating theology and biological psychiatry. In the meanwhile, what level of union is possible or desirable?

Dan Blazer is an elder of the Church of Christ, an evangelical denomination of two million souls intent on returning Christianity to its first-century roots. He is also a practicing psychiatrist and an academic, the J.P. Gibbons Professor of Psychiatry at Duke University School of Medicine. This combination of allegiances has become especially conflicted as Christian fundamentalism has turned political and anti-intellectual and as psychiatry has suffered its often-noted "loss of mind."

In *Freud vs. God,* Blazer reveals a nostalgia for the days when fundamentalism referred to a concern with community and the Biblical text and when psychiatry's text was the life story of troubled individuals in their social surround. Even then, psychiatry and Christianity were at odds. Blazer is well aware that Freud dismissed religion as a group reaction formation, while evangelicals treated psychoanalysis as a competing and hostile orthodoxy.

In the heyday of Freudianism, however, psychiatry and religion did engage in what theologians call an "irenic" (as opposed to polemical) dialogue. The Catholic psychoanalyst Gregory Zilboorg credited the Catholic Church with an interest in aggression, ambivalence, and authenticity. Karl Menninger found commonality in concern over apathy and the renunciation of evil. From the other starting point, Paul Tillich and Richard and Reinhold Niebuhr found food for spiritual thought in psychoanalysis' evocation of guilt, projection, repression, and the process of psychic self-examination.

This dialogue rarely resulted in an integration of praxis. (Blazer sets aside pastoral counseling, deeming it an overly safe, poorly defined variant of Rogerian psychotherapy.) But at least Christians and psychiatrists were intensively engaged. In recent years, psychiatry and Christianity have settled for what Blazer calls a "comfortable accommodation," with each camp ceding a large territory to the other and neither addressing the social and existential alienation that characterizes the personal experience of modern life.

Blazer is a brave writer, unafraid to appear strange to his differing colleagues, frank and thorough in his critiques of the two disciplines to which he adheres. This overview is the book's strong point, and it is strong indeed. However, as Blazer himself is aware, his attempts at integration are tentative.

Blazer ends the book with a vignette about a small-town attorney, Richard, who, Job-like, does good despite intimate stressors. At age 76, after suffering a heart attack, Richard enters into a depression that is refractory to the series of medications Blazer prescribes. Richard wonders why God is robbing him of his dignity. Believing his technical tools have failed him, Blazer reveals his own doubts to Richard. The doctor-patient relationship turns more collegial; Richard's disability remains, although perhaps his religious doubts diminish.

I cannot speak to the challenges this case presents to theology, but as a medical history it strikes me as ordinary. Refractory depression is a not infrequent sequel of the illnesses of late life, and self-disclosure is a common, if controversial, tool of psychotherapy. As a stranger to Christian fundamentalism, I see no special need to treat Richard's complaint with tools from outside psychiatry, if psychiatry's tools include empathy with a patient's religious concerns. It seems to me that here Blazer, too, succumbs to the medical model.

If psychiatry and religion are to resume their irenic dialogue, its focus is less likely to be clear-cut mental illness than minor mood disturbance—the free-floating anxiety that for psychoanalysts was pathognomonic of neurosis but that for Percy was divine stigma. As a reader and as a colleague, I wonder how Blazer understands, say, dysthymia or subsyndromal symptomatic depression. Judging by *Freud vs. God,* he addresses them as we psychiatrists have been taught to, with medication and psychotherapy. An unanswered question is whether psychiatry would be impoverished or enriched by encounters with a competing perspective—sufficiently deep, open, and thoughtful—that sees some instances of anxiety and depression as best approached through prayer or, on occasion, through being let alone.

REFERENCE

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Freud vs. God: How Psychiatry Lost Its Soul and Christianity Lost Its Mind, *by Dan Blazer. Downers Grove, Ill., InterVarsity Press, 1998, 249 pp., $22.99.*

Dan Blazer has written an important and an interesting book. The subtitle (*How Psychiatry Lost Its Soul and Christianity Lost Its Mind*) sums up his thesis. For the first half of the twentieth century there was controversy, argument, and struggle between theologians and psychiatrists. For the last few decades, devout Christian pastoral counselors and devout dynamic psychotherapists have behaved toward each other like 2-year-olds engaged in "make nice" parallel play. In seeking to renew a spirited conversation between psychiatry and Christianity, Blazer notes that their previous conver-

sation "soured and then disappeared" because of too much ideology and not enough courage. Productive debate involves inviting frontal assault on one's cherished beliefs, be they neuroscientific positivism or Biblical inerrancy. *Freud vs. God* aims to rekindle such debate and so restore to psychiatry its soul and to Christianity its mind.

Blazer writes in the first person and provides enough biographical information so the reader can appreciate the dialectical struggle between religion and psychiatry that has gone on in his own mind. As an elder of the Brooks Avenue Church of Christ, he refers to himself as a "fundamentalist, evangelical Christian physician." His deep commitment to the spiritual side of humanity, however, did not prevent Duke University from appointing him Dean of Medical Education. He is also the J.P. Gibbons Professor of Psychiatry and a world-class epidemiologist, a clinician who treats the seriously mentally ill with both drugs and compassion. In short, Blazer has lost neither his mind nor his soul.

Blazer grounds his arguments in discussion of real clinical cases. He surrenders nothing that he has learned from psychoanalysis or from neuropsychiatry. But he also helps the reader to appreciate that in order to hear the evangelical Christians who consult them, other principles are also needed: Jesus, the inerrancy of the Bible, participation in the Christian community, and, lastly, the tools of prayer, forgiveness, and the Eucharist. Nevertheless, despite his frank admission that he has been committed to "born again Christianity" from birth, Blazer is in no way intolerant of other "faith traditions." He candidly sums up his own philosophy: "Life is tough (my own childhood wasn't that pleasant) for Christian and non-Christian alike. Yet, learning to tell one's life story seemed central to healing and hearing that story seems central to doctoring."

He points out that through most of human history, suffering has been a concern much more of the community than of professionals and that the tendency for medicine to individualize human suffering can be antitherapeutic. Christianity is about people living in relationships with other people and with God. Thus, Blazer reminds us that "Christianity is about care for emotional suffering through perseverance within a community of care."

Blazer is even-handed. He deplores that evangelical Christianity cares so much about community that it tries to reshape the larger community politically. Blazer does not suffer fools gladly. Of pop Christian psychology, he notes, "It is easier to write books and hold seminars when the encounter is brief and upbeat than it is to work day in and day out with someone suffering a chronic and serious mental illness." At the same time, he deplores that psychiatric experts have such a one-sided focus on the individual that it sometimes ignores the community altogether. Debate is needed, Blazer suggests.

I believe that not since William James's *The Varieties of Religious Experience* has a psychologically minded physician so evenly played both sides of the street. Readers from other faith traditions, especially psychoanalysis, may wish that Blazer was as dispassionate as James, but James's own lack of religious commitment was a weakness as much as a strength. In contrast, Blazer is steeped in his own faith, and it is precisely because Blazer is so profoundly committed to two disparate worlds that his book is so rewarding.

Blazer makes it quite clear that when forced to choose he has always put "doctoring" ahead of his "faith tradition." But he points out that this choice comes at a price. The advantage of his choice is that it has "prevented me from entering into relationships that are not therapeutic and encouraged me to use medication—often with dramatic results—when listening and talking are of no avail." As he points out, however, the price has been steep: "I believe my patients and I have lost as much as we have gained. I don't know them; and they don't know me; and psychiatry is, frankly, just not as rewarding. I have withdrawn my soul in large part from my practice."

If forced to choose, there is no question that Blazer would choose Darwin over Genesis, but he does not want to have to choose. He wants there to be dialogue and struggle. Blazer does not want the judge to have to choose between Darrow and Bryan in the Scopes trial; rather, he wants a humane synthesis.

Humankind exists in a state of striving for meaning. At present, neuropsychiatry, psychoanalysis, and Christianity are each passionately but autistically engaged in this search. Blazer suggests that the interface between neuropsychiatry and religion may become the most important relationship of all—especially if, in their striving for the meaning of emotional suffering, they need to mix it up a little.

Written with admirable scholarship, *Freud vs. God* is a real contribution to American social and intellectual development. Its bibliography includes seminal work by philosophers, psychoanalysts, anthropologists, neuropsychiatrists, academic theologians, and evangelical pastoral counselors. Blazer integrates these competing Gestalts with grace and intelligence. He is always careful to put what he writes into historical perspective. However, he is not content with just writing cultural history; he also desperately wants psychiatry to regain its soul. Blazer is quite clear that the dialectic must remain on the ecumenical planes of spirituality, soul, mind, and neuroscience and not on the parochial planes of religion, sin, Jesus, and Freud. Thus, devout molecular biologists, neuroscientists, and Kleinians, if they have hearts, can applaud this book. Devout Buddhists, Moslems, and Jews, if they have minds, can do likewise. Finally, directors of psychiatric residencies and of pastoral education should consider assigning *Freud vs. God* as required reading.

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Extraordinary Minds: Portraits of Exceptional Individuals and an Examination of Our Extraordinariness, *by Howard Gardner. New York, Basic Books (Harper/Collins), 1997, 167 pp., $20.00; $11.00 (paperback published in 1998).*

The brain of Albert Einstein has been preserved by pathologists in the hope that some day neuroscientists will be able to study genius under a microscope. The distinguished psychologist Howard Gardner would argue that they will need more than Einstein's brain to understand his genius. He believes that extraordinary achievement is the result of a dynamic interaction between "the individual," "the domain or discipline," and "the field—the set of persons and institutions that render judgments."

Gardner made his academic reputation as a proponent of the idea that there are multiple intelligences rather than one generic ability. He occupies the opposite pole from Dr. Samuel Johnson, who opined that true genius is "a mind of large general powers, accidentally determined to some particular direction" (*Lives of the English Poets,* "Cowley"). This long-running debate continues, although Gardner's side has the good fortune of being both politically correct and, as we learn more from functional imaging studies of the brain, supported by scientific evidence. The idea of multiple intelli-

gences has important consequences for how we think about IQ and how we educate our children.

Gardner has studied gifted individuals who might demonstrate one particular form of intelligence developed to its highest potential—the cellist Yo Yo Ma, for example. Needless to say, the idea that there are different kinds of intelligence suggests biological and genetic explanations. Unfortunately, in this book Gardner does not address those questions, and the name of Galton, who studied the genetic basis of genius more than a century ago, is not even mentioned. It is not that Gardner is a doctrinaire opponent of genetic endowment and biology but that he is working the other side of the street. His thesis is that endowment is not destiny. In fact, one of his basic tenets is that extraordinary individuals "are distinguished less by their impressive 'raw powers' than by their ability to identify their strengths and then to exploit them" (p. 15). Unfortunately, the case studies in this book do not support his argument very well. Indeed, the entire book leaves one with the feeling that Gardner has been unable to go very far in the journey "toward a science of extraordinariness."

Gardner's goal as a social scientist is to be able to generalize about individuals who all would agree are extraordinary. He selects as examples Mozart (the master), Sigmund Freud (the maker), Virginia Woolf (the introspector), and Mohandas Gandhi (the influencer). Gardner's categories (master, maker, introspector, and influencer) do not have convincing explanatory power, and his case histories are fragmentary and superficial. To say that Mozart is only a master—the "apotheosis of the classical genre"—rather than the maker of a new domain as well seems more the coining of a clever phrase than the capturing of a definitive insight. Musicians who find in the last act of *Don Giovanni* whole new vistas of musical invention will certainly want to quibble with Gardner's description.

Psychiatrists who know Freud's various biographies are also unlikely to find any new insight here. It seems to me stunningly incorrect to describe Freud's psychological genius as that of a "quintessential naturalist" (p. 82). Gardner sees Freud as the maker of a domain to distinguish him from Mozart the master and Woolf the introspector. But these categories raise as many questions as they answer.

Gardner is at his weakest in his discussion of Gandhi, the influencer. First, his case study and his psychological understanding are overshadowed by Erik Erikson's exceptional biography (1), which is barely mentioned. Gardner introduces the idea that influencers offer a narrative that creates a common bond that explains something about their own identity and that of the people they influence. This interesting idea, like others, is tossed into the mix rather than being developed, and it is less than clear how Gandhi demonstrates this.

Gardner also has a "how to" agenda in this book. He wants to help those of us who are not extraordinary learn from those who are. He suggests that we reflect on our daily life in the light of long-term aspirations, leverage our own strengths, and frame our experience in positive ways that help us move ahead. This sounds like good advice (cognitive therapy?), but I am not at all convinced that Gardner found it in Mozart, Freud, Woolf, and Gandhi. Gardner seems to have slapped this book together for a general audience. That may explain why it is far from the best demonstration of his own extraordinary mind.

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How Do We Know Who We Are? A Biography of the Self, *by Arnold M. Ludwig. New York, Oxford University Press, 1997, 285 pp., $27.50.*

This is an interesting book by an interesting author. Dr Ludwig has a prodigious knowledge of events in the lives of people. His book is densely referenced. On some points he lists up to a dozen references, which may include scientific journal articles, monographs, biographies, and historical and literary texts. Some of the journal articles and one of the books are his own, dating back to the 1960s and his research into LSD in the treatment of alcoholism.

Dr. Ludwig has a particular interest in biography. He has read 25 separate biographies of Marilyn Monroe and gives their publication details. He has conducted comprehensive interviews with 21 biographers who have written about a wide range of people.

Dr. Ludwig presents his account of human nature and his concept of the self. To support his position, he draws heavily on the opinion of biographers, whom he describes as "experts on the construction of character." Although biographers can safely be assumed to be intelligent and well informed about the individuals they describe, many readers may find difficulty in accepting them as such experts.

Valuable chapters deal with the psychopathology of Sigmund Freud and address the question of how Hitler lived with himself. A less pleasing chapter deals with "What Madness Reveals." There is a lack of definition and terms in this chapter; "losing your mind," "going mad," and "mentally falling apart" are used interchangeably. Dr. Ludwig contends that "natural experiments with madness" reveal that the self comprises "me" and "I" subsystems.

This is a unique view of the self, from a man of learning and experience. It will be of great interest to the general reader and students of psychiatry who need to round out their education. There are many insights into the lives of a wide range of people, not to mention the pioneers of LSD therapy, including gems from the author's personal experience with the drug, "There was no future and no past. The present was eternity."

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The Eighties: A Reader, *edited by Gilbert T. Sewall. Reading, Mass., Addison-Wesley, 1997, 382 pp., $26.00; $17.00 (paperback published in 1998 by Perseus Books).*

The 1980s were a turbulent time in America. It was a narcissistic epic in our history full of contradictions and confusing countercurrents. *The Eighties* is a collection of essays grouped by Gilbert T. Sewall, a writer and education critic based in New York City. From Ronald Reagan to Iran-Contra and the fall of the Berlin Wall to the counterrevolutions of new Puritanism and the anti-ethnic backlashes eliminating equal opportunity or racial preference laws, the 1980s had a profound influence on our current

way of life. Michael Milken was wheeling and dealing with billions of dollars, and conspicuous consumption permeated the television airwaves. "Beemers" and "Benzes" were the Beetles of the 1980s.

The 41 essays in this book are by writers both familiar and obscure, all of whom write contemporaneously of the important ideas in education, culture, politics, the economy, and American intellectual history.

Writers like James Q. Wilson with an essay on "Crime and American Culture," C. Vann Woodward on "The Fall of the American Adam," and Tom Wolfe on "The Worship of Art" would provide entertaining reading even if they were not both insightful and important. The 1980s, of course, had its origin in the 1960s, a period of much more violent but no less significant change in American life. Reading a selection from "The Closing of the American Mind" by Allan Bloom, we find relativism attacked as the enemy of liberal education. He concludes that books are no longer important in the lives of students, that music is the language of our culture, and that the profound changes in relations between the sexes result in a "listless, nihilistic mood," producing a promiscuity that "has a dull, sterilized, scientific character." The attack by William J. Bennett, former Secretary of Education, on the curriculum changes at Stanford and the scholarly attack by Helene Moglen on Bennett and Bloom provide the background necessary to understanding the kind of debate that goes on at Parent-Teacher Association meetings and college board of trustee meetings around the country. Christina Hoff Sommers, in her essay "Ethics Without Virtue," provides an incisive dissection of the religious and humanist battleground of our public school systems and our colleges.

If culture is the amalgam of shared experiences, including the books, songs, movies, and now the television shows that characterize a people, a nation, and a way of life, this collection of essays will provide a new level of understanding. The advantage of a collection of essays regarding the culture and history of our recent past is that it puts into one place a diversity of views that none of us would otherwise have found in our routine reading. The concept of "cultural literacy," the proposition that a culture needs to have a universal code of knowledge, is outlined by E.D. Hirsch, Jr., in his persuasive argument that such shared experiences are required for thoughtful reading and writing.

We now live in an age where law is a weapon rather than a system to ensure justice. The separation of church and state has been eroded by politicians disguised as preachers and by fundamentalist groups of every religion attempting to impose their views through political means. We live in a time when the feminist image has changed from Gloria Steinem and Bella Abzug to Buffy, Xena, Ally, and Nikita, the glamorous action heroes of television. *The Eighties* is not a bathroom book for the mildly constipated, providing snippets of culture; rather, it is a sampler or catalog of authors you may wish to study in depth after reading excerpts from their work in this volume. The sections of the book—Antecedents, Cultural Politics, Boomers on the Make, Hot and Cool, The House of Intellect, and The Movement of Culture—are topically arranged to make sense of trends that escaped our notice perhaps as we lived through them. After reading this book, one might wish to have attended a cocktail party with these authors because it would have been a very interesting evening.

As psychiatrists, the more we know of our history as a people the greater will be our ability to understand and help our patients. This excellent collection of essays would be a useful tool toward that end.

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PSYCHODYNAMICS AND PSYCHOTHERAPY

How to Practice Brief Psychodynamic Psychotherapy: The Core Conflictual Relationship Theme Method, *by Howard E. Book, M.D., D.Psych. Washington, D.C., American Psychological Association, 1998, 173 pp., $39.95.*

This book is an interesting manual for how to conduct brief psychodynamic psychotherapy along the lines proposed by Lester Luborsky, who has written the book's foreword. The idea of the method is that it is possible in the course of an initial evaluation and socialization phase to isolate a core conflict that will be the focus of therapy. According to this technique, it is efficacious to identify the core difficulty, as it interferes with the patient's well-being, and then illustrate, over the course of 16 therapeutic sessions, how the core conflict constitutes an interpersonal hindrance.

Howard Book sets out by means of a clear conceptual roadmap the different phases of this sort of treatment. He also illustrates his argument with brief clinical vignettes. Book is aware of the history of brief psychodynamic psychotherapy as well as the need to establish clear criteria for the kinds of patients that stand to benefit from this approach. Throughout, he is sensitive to the value of traditional psychoanalytic concepts; he cites how countertransference on the therapist's part can prove harmful to the patient and interfere with the success of the whole focus-orientation.

More than half of the book is taken up with the case of one particular patient, and readers will find this discussion perhaps the most enlightening aspect of the volume. Book willingly admits his mistakes, even in the course of this successful treatment; for example, he says he was not sensitive enough to a secondary core conflict that existed besides the one he chose to concentrate on initially. Book does not believe that the method he is advocating is a panacea for all possible difficulties. He is open to the advantages and use of long-term psychotherapy and psychoanalysis as well as medication. This is a conscientiously detailed account of a special method especially suitable for a limited number of psychologically minded and highly motivated patients. In a time when decreasing therapeutic resources coincide with increasing demand for treatment, the core conflictual relationship theme method is designed to improve access to psychotherapy.

It is impressive to me how Book has been able to rely on the whole tradition of psychoanalysis in order to illustrate a technique that is substantially at odds with Freud's own technical recommendations and practices. One hopes that in the spirit of scientific tolerance, the approach that Book illustrates in this manual will seem welcome to practitioners of a variety of different schools of thought.

PAUL ROAZEN, PH.D.
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Cognitive Psychodynamics: From Conflict to Character, *by Mardi J. Horowitz. New York, John Wiley & Sons, 1998, 224 pp., $49.95.*

Dr. Horowitz is one of the long-distance runners in psychiatric clinical research and practice. Since his early publications in the late 1960s on psychic trauma, he has continued to focus his work on the impact of trauma on development, on temperament and socially structured character, and on what he refers to as the individual's working models and enduring schema. In this book, as in some of his earlier summary statements, he attempts to broaden the application of his findings to understanding the impediments to "living well"— the ability to experience "passion, resilience to challenges, and a reasoned, morally tenable maintenance of commitments" (p. ix)—and to the ways in which we can help people out of the mess and morass of daily living caused by the continuing pressures of their past.

Most investigators struggle to limit the number of variables they study. They search for "clean" samples, such as first episodes of depression in individuals without alcoholism or character disorder. The danger is that the results often do not apply to the real world, where almost all cases are complex and confusing. At its most successful, such research supplies us with bits of helpful information and with a simplified (but not simplistic) view that helps us organize an understanding of our patients. Cognitive psychodynamics falls into this second group of useful simplifications. Horowitz attempts to integrate cognitive science into psychoanalytically based dynamic thinking and to avoid the old and somewhat forbidding jargon, including such terms as "id" and "cathexis." Although Horowitz avoids the old jargon and his new terms are closely related to those of allied fields, they do not add materially to understanding. They merely relabel, like the change from "insane asylum" to "mental health center." I am not convinced that the content is changed.

Horowitz' clinical examples all seem very clear and understandable, in contrast to my own practice, and all seem to end happily. However, they are a clear explication of the text. *Cognitive Psychodynamics* is an excellent introduction to issues of conflict and character and to the problems of helping people change the ways in which they live out their fantasies and their lives. It will help medical students and other trainees begin to understand the multiple meanings of people's behavior. For more experienced clinicians, it can serve as a useful summary of the current state of our art.

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Freud and His Aphasia Book: Language and the Sources of Psychoanalysis, *by Valerie D. Greenberg. Ithaca, N.Y., Cornell University Press, 1998, 207 pp., $32.50.*

This work of extraordinary scholarship informs us in a footnote on the first page that the word "aphasia" was coined by Armand Trousseau in 1864. "Who cares?" you say? Then this is probably not the book for you. On the other hand, for those of you who are interested in Freud's 1891 book on aphasia, his predecessors and contemporaries in the study of aphasia, and the influence his book and its "sources" had on Freud's subsequent development of psychoanalysis, this is an astonishingly well-researched and well-documented book.

Valerie Greenberg, who shows a sophisticated understanding of the clinical and neurological details of aphasia, is not a physician but a professor of German at Tulane University in New Orleans. In fact, she underlines the "prelapsarian" interdisciplinary nature of the nineteenth-century study of aphasia, and she argues that "the permeability of boundaries, their sometime violation, and the mixing of disciplinary discourse [was] the hallmark of Freud's creativity" (p. 17). She ambitiously undertakes to examine several interrelated questions about Freud's aphasia book. For example, as she looks at Freud's sources on aphasia, she examines not only Freud's respective agreements and disagreements with each author but also such details as whether Freud favored British authors because he agreed with their theories about aphasia or because of his "anglophilia." (My effort to look up the reference for this statement in the book, however, highlighted a weakness of the index—it is essentially an index of proper names.)

Although her book's subtitle refers to the *Sources of Psychoanalysis,* Greenberg writes enigmatically of the "discredited term *influences*" (p. 9). I was unaware that this term has been discredited—in the humanities, I assume. Greenberg argues that the current literature on aphasia fails to give Freud adequate credit for his contributions, despite the fact that he anticipated significant aspects of this current literature. As a central example, Freud argued against the excessive attribution of specific symptoms of aphasia to specific anatomical lesions in the brain. Greenberg offers some intriguing speculations about this failure to acknowledge Freud's contributions, including the possibility that his later psychoanalytic work "delegitimated" his aphasia book.

When Greenberg speculates about hitherto unacknowledged influences of other "aphasiologists" on psychoanalysis, she characteristically frames her hypotheses as questions (several of which struck me as questionable indeed—see page 54 on Delbrück and the Oedipus complex). Further, as she searches for such sources of psychoanalytic concepts in aphasiology, she tends to blur important distinctions, such as that between nonconscious mental processes and the dynamic unconscious. Greenberg notes that "unconventional, defiant, or even quirky patterns of thought…attracted Freud" (p. 89). I found it intriguing on the same page (p. 119) that she mentions Freud's "defiant attitude toward authorities," she also takes a potshot at James Strachey, Freud's official translator. Elsewhere, she suggests that Strachey should have included Freud's aphasia book in his *Complete Psychological Works* (the so-called standard edition). Rather than accept Strachey's perfectly plausible explanation that he included only Freud's psychological writings and not his numerous articles and books on neurological topics, Greenberg speculates that Strachey omitted the aphasia book because he "seemed to want to sever Freud from his origins…. In particular, he wanted to make Freud purely a figure of the twentieth century…leaving his academic (read: central European) origins behind" (p. 127). Despite her penchant for such unconventional (if not quirky) speculations, Greenberg has produced an impressive book that will have lasting scholarly value.

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SOMATIC THERAPIES

Handbook of Essential Psychopharmacology, *by Ronald W. Pies, M.D. Washington, D.C., American Psychiatric Press, 1998, 400 pp., $39.95.*

Ronald Pies has written a handbook of psychopharmacology that should please busy psychiatrists, who want quick answers, as well as those who would like more detail. He successfully walks the line between a presentation that is too simple and avoids controversial issues and a detailed presentation that marshals and critically analyzes the data in numbing profuseness. He has a unique strategy. Each chapter (covering antidepressants, antipsychotics, anxiolytics/sedatives, and mood stabilizers) starts with an overview covering, very briefly, topics such as indications, mechanisms of action, pharmacokinetics, side effects, interactions, potentiating maneuvers, and use in special populations. Following this he presents tables reviewing the same material in more detail. Then a question and answer format provides excellent and concise answers to pertinent questions. Finally, and most enjoyable, he has a set of "vignettes and puzzles" (e.g., a woman in good control of panic disorder with 0.5 mg of alprazolam t.i.d. adds carbamazepine for trigeminal neuralgia and has increased anxiety: why?).

Psychopharmacology texts have unavoidable drawbacks: 1) by the time a text is written and published, significant new information has appeared, 2) medical students may find it too difficult, and experienced clinicians may find it too simple, 3) some important topics do not lend themselves to neat summary without considerable distortion, and 4) the reader who wants to dip in to find specific information ("in what doses does that drug come?") appreciates a different format from the reader who wants a comprehensive narrative that includes subtleties. This volume does an excellent job of meeting these problems. The "dipper" can go right to the tables; the reader who wants more depth gets a sustained and focused discussion of these tables.

I especially appreciated Dr. Pies's attention to issues that some texts neglect, such as the embarrassing lack of pivotal data about what to do when initial treatments do not work. He does not hesitate to give specific advice and yet, accurately, mentions the lack of definitive answers. An example of his different levels of approach is in a summary table, where he says that adding sympathomimetic agents, such as amphetamines, to a monoamine oxidase inhibitor (MAOI) has a risk of hypertension. Later (p. 79), under drug-drug interactions, he mentions, while listing risks of adding amphetamines (and tricyclic antidepressants) to an MAOI, that these combinations may merit use in refractory cases. Later, under "potentiating maneuvers," he goes into more detail about these combinations and quotes relevant articles.

Of course, one may disagree with some of Dr. Pies's assertions and omissions. Any reduction of a tremendous amount of information will not please everyone. This slim volume makes no attempt to review psychopharmacology comprehensively (for example, aggressive disorders and attention deficit hyperactivity disorder get fleeting attention). I recommend this book enthusiastically.

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The Practitioner's Guide to Psychoactive Drugs, 4th ed., *edited by Alan J. Gelenberg and Ellen L. Bassuk. New York, Plenum, 1997, 536 pp., $49.50 (spiral-bound).*

As the pace of change and innovation in psychopharmacology increases, the writing of books covering this area in a timely manner has become more difficult. Thus, a survey of psychoactive drugs published in 1997, such as the one under review, has no mention of quetiapine, mirtazapine, or donepezil, barely mentions olanzapine or nefazadone, does not note bupropion's use in smoking cessation, and provides information about ziprasidone and sertindole, which have not made it to market. This book still covers a great deal of useful information, however. It succeeds in meeting its goal of providing "sound and carefully considered specific guidelines to diagnoses, drug selection and dosing, and patient assessment."

After a brief, lucid introductory chapter on practical guidelines in the conduct of pharmacological clinical practice, the book is organized by major diagnostic categories and special topics. The major diagnoses covered include depression, bipolar disorder, psychosis, anxiety, insomnia, and substance abuse. Overall, the chapters review the essentials of the disorders and their pharmacological management. Special topic chapters include geriatric psychopharmacology, pediatric psychopharmacology, psychotropic drug use in pregnancy, HIV-related psychiatric disorders, eating disorders, borderline disorders, and, finally, medicolegal psychopharmacology. The logic of some of these choices is not made clear; why have a chapter on psychopharmacology of HIV-related disorders and not of medically related psychiatric disorders? Why a chapter on borderline disorders and not personality disorders? Why a chapter on pregnancy and not one on a broader range of topics related to women? Much in the geriatric and pediatric chapters repeats what is said in other sections but also highlights specific guidelines appropriate to the age group discussed. The chapter on psychotropic drug use in pregnancy is succinct, current, useful, practical, and well referenced. The chapters on eating disorders and borderline disorder are excellent summaries but have very few references after 1994. The chapter on medicolegal psychopharmacology is pithy and practical.

Each chapter is organized somewhat differently, which can be disconcerting. Some chapters are well referenced with objective statements and appropriate citations; others have selected readings at the end of the chapter rather than specific citations; one has no references at all. References in some chapters are current (as recent as 1996), and others have few references after 1990. Information in some chapters is repeated in other chapters, which is perhaps unavoidable in view of the fact that drugs are used in more than one disorder. Tables are liberally used in some chapters, sparse in others; the tables are useful in some chapters and repetitious of text in others. There are occasional inconsistencies in the information provided (e.g., one page advises that, because of enzyme induction, the dose of carbamazepine needs to be increased after 2 to 4 months, but another page counsels 2 to 3 weeks; patients receiving ECT should have lithium discontinued before ECT is started according to one chapter, but another chapter suggests continuing but closely monitoring lithium). These differences are difficult to avoid in a multiauthored book, even with strict editorial guidance.

In summary, despite suffering some of the pitfalls of a multiauthored text, this book is a reliable and useful guide for practitioners, residents, and students involved in the psychopharmacological treatment of psychiatric patients. To be

thoroughly up-to-date, however, readers will need to scan their journals and the Internet regularly and frequently.

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Melatonin in Psychiatric and Neoplastic Disorders, *edited by Mohammad Shafii, M.D., and Sharon L. Shafii, R.N., B.S.N. Washington, D.C., American Psychiatric Press, 1998, 314 pp., $42.00.*

Melatonin. What can't it do? It is a natural sleep aid that restores the body's ability to get restful sleep amid the racing times of today's topsy-turvy world, right? By so doing, doesn't it improve our productivity, enhance our family lives, and in general make this a better world to live in? Doc, how much should I take? Well, hold on a minute. In a timely book, Mohammad and Sharon Shafii have invited some of the leading experts in melatonin research to review their areas of expertise on this fascinating nocturnally produced hormone. Psychiatric readers will most benefit from the excellent chapters on the role of circadian rhythms and melatonin production in patients with mood disorders. This is the area—not, as is widely held by the public, in the treatment of primary insomnia—that currently has the strongest theoretical support for a role of melatonin in the pathophysiology and treatment of psychiatric disorders.

Although each chapter is superb in its own right, the mixture of topics is a little peculiar, and the connections between the chapters are somewhat loose, ranging from basic science to the use of melatonin in circadian mood disorders, panic and eating disorders, children, and then, in a disjointed style, in oncology. The book returns full circle by elaborating on the hypothesis that meditation may be beneficial to cancer patients by increasing the levels of melatonin, which is associated with oncostatic properties. This is an interesting twist to ponder, but it requires additional support before being accepted as common practice. All in all, however, psychiatric practitioners trying to update themselves on the scientific support for the use of melatonin in psychiatric disorders and for its appropriate use by the public will find this book an informative addition to their library.

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Electroconvulsive Therapy: A Programmed Text, 2nd ed., *by John L. Beyer, Richard D. Weiner, and Mark D. Glenn. Washington, D.C., American Psychiatric Press, 1998, 211 pp., $35.00.*

Renewed interest in ECT encouraged these authors to reissue their manual for students first written in 1985. They use a learning program format, and their instructions on the technical features of modern treatment are easily understood. The electrical characteristics of the stimulus, selection of electrode placement, energy dosing, motor and EEG seizure monitoring, seizure management, and a step-by-step outline of ECT administration are described in detail. Each chapter is followed by questions (the answers are given in an appendix).

The text provides a basic core of practical information that physicians should know in administering ECT safely and effectively. Where opinions are presented without references, they are the opinions of the authors. The methods presented are those of Dr. Richard Weiner, as developed at Duke University. Dr. Weiner has been the chairman of various APA ECT task forces since 1978.

The book is a well-written guide for psychiatric residents who are asked to administer ECT, a useful replacement for the time-worn adage of "see one, do one, teach one," a teaching standard in earlier decades.

The same publishers issued the *Handbook of ECT,* edited by Charles Kellner and his associates at the Medical University of South Carolina (1). Both books cover the same ground. The Kellner text is simpler and smaller (easy to keep in a coat pocket), is not burdened by the learning program format, and has a greater emphasis on drug-ECT interactions. The text under review provides more examples of the characteristics of the seizures in EEG and ECG records and algorithms for defining seizure adequacy.

Neither book presents much information on the all-important question of who is to be treated in view of the broadened applications described in the past decade or when a course of ECT is to be considered in the treatment of patients. For the student and the ECT practitioner seeking practical answers to clinical questions, and for detailed citations, the third edition of the textbook *Electroconvulsive Therapy* by Richard Abrams (2) is the established standard.

REFERENCES

1. Kellner CH, Pritchett JT, Beale MD, Coffey CE: Handbook of ECT. Washington, DC, American Psychiatric Press, 1997
2. Abrams R: Electroconvulsive Therapy, 3rd ed. New York, Oxford University Press, 1997

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INTERNATIONAL PERSPECTIVES

New Research in Psychiatry, *edited by H. Hafner and E.M. Wolpert. New York, Hogrefe & Huber, 1996, 179 pp., $38.00.*

New knowledge in psychiatry developed in the last two decades of the twentieth century has revolutionized our understanding of how the brain works and has opened up the possibilities for care and cure of major mental illness in the twenty-first century. New biological methods combined with an epidemiology refined by more precise definitions of psychiatric symptoms and diagnoses and the development of new assessment methods in psychosocial research have all led to an interdisciplinary and international approach where psychiatric researchers cross-fertilize each other's work and have provided an opportunity for collaboration that is without parallel in the history of psychiatric research.

This volume represents the work of an international meeting led by two German psychiatrists, Dr. Eugene Wolpert, President of the German Society for Psychiatry, Psychotherapy and Neurology, and Dr. Hans Hafner, Professor of Psychiatry at the Central Institute of Mental Health Research in Mannheim. Contributions from the United States and the United Kingdom as well as Germany are included in this volume.

The chapters are a heterogeneous assortment of a variety of important areas of psychiatric research. These include reviews of the latest work on the biology of depression, the epidemiology of and preventive intervention in aggression and

depression, the epidemiology of the early course of schizophrenia, long-term treatment strategies for patients with schizophrenia, a psychobiological model of temperament and character, neuroimaging, molecular genetics, and Alzheimer's disease.

What holds these contributions together are the innovative applications of various research methodologies, a focus on the brain and its interaction with genetic subtraits and environmental stressors, and the remarkable advances in psychiatric treatment that open up new investigational opportunities at the synapse, in the laboratory, in the imaging center, and in the hospital.

There is great hope and expectation for the future of psychiatry and psychiatric treatment. Our new understanding of the brain and behavior and our more effective treatment intervention strategies, when combined with our professional ethics, give reason for great optimism for the future of the field.

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Clinical Methods in Transcultural Psychiatry, *edited by Samuel O. Okpaku, M.D., Ph.D. Washington, D.C., American Psychiatric Press, 1998, 458 pp., $65.00.*

The editor describes his goals in the introduction and background sections of this book. In essence, his intention is to offer a concise and comprehensive text on the topic of transcultural psychiatry. As a way of better communicating the content of this book to the readers, he uses case and clinical discussions. He also intends to highlight the relevance of a series of cultural factors in the etiology of pain, suffering, and the healing process in mental illness. Additionally, he plans to illustrate some of the basic principles and practices of transcultural psychiatry and offer health care professionals a basic foundation of the field of transcultural psychiatry. Unfortunately, in his efforts to clarify to the readers the real meaning of "transcultural" psychiatry, Dr. Okpaku causes more confusion than clarification. Actually, throughout the book different authors use different terms to focus on the same issue (e.g., "cultural psychiatry," "cross-cultural psychiatry," "transcultural psychiatry," etc.). Although this type of theoretical analysis of the term "transcultural" might be of interest to culturally oriented psychiatrists who are already well-informed, it has much less relevance for the general psychiatric practitioners.

The book is divided into six sections. The first offers an overview of transcultural psychiatry and comprises three chapters. The first chapter offers a very good historical perspective of the field of cultural psychiatry, with emphasis on its origins and establishment within the field of medicine. The second chapter focuses on an excellent discussion by Alexander H. Leighton, M.D., of the concepts of personality and culture. The clinical emphasis of this chapter makes it very relevant to psychiatric practitioners. The third chapter addresses the impact of migration on mental as well as general physical health. Very appropriate emphasis is given in this chapter to the adaptation processes of refugees.

In section 2, seven chapters attempt to shed light on the field of cultural psychiatry as it relates to mental health services at large. These chapters focus on experiences in different parts of the world. Three of them offer enlightening discussions of value orientation, understanding of traditional healing systems, and the relevance of ethnopsychopharmacology. Section 3 focuses on psychiatric treatment approaches and comprises four chapters offering good perspectives with respect to different but relevant topics in the care of psychiatric patients. The chapter on the role of culture in psychiatric assessments and the chapter on the impact of culture on the therapeutic alliance offer excellent clinical perspectives for general psychiatric practitioners. Section 4 has two chapters addressing key research topics within the field of cultural psychiatry. Issues pertaining to somatization and religion were used as the core themes in these two chapters. Education and training is the focus of discussion in section 5, and the only chapter in this section discusses the need for education regarding the role of culture in medicine in general and psychiatry in particular. Additionally, this chapter depicts the benefits and applications of the cultural formulation of DSM-IV into clinical psychiatric practice and the relevance of cultural psychiatry as well as its influence on curriculum development. Section 6 comprises three chapters, which focus on three special topics in the field of cultural psychiatry—children and families in transition, torture among refugees (particularly women refugees), and issues pertaining to Indian populations, with special attention given to women and children. The strong clinical emphasis of these three chapters make them very relevant to psychiatric practitioners.

In summary, this book is neither comprehensive nor the textbook the editor wanted it to be. However, it is a compendium of excellent chapters authored by highly respected worldwide experts that covers very relevant topics in the field of cultural psychiatry. I strongly recommend this book as a good reference source, particularly for mental health professionals who already have a strong foundation in the field of cultural psychiatry.

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