Book Forum

SOMATIC TREATMENTS AND THEIR EVALUATION

Drug Action in the Nervous System, *by Paul M. Carvey, Ph.D. New York, Oxford University Press, 1998, 406 pp., $57.50; $29.95 (paper).*

Rarely do the authors of textbooks concede that the reader may want more than just easily accessible information—many, sadly, do not provide even that. Rarely can we say, "I like the way the author makes that point," or the ultimate accolade, "That's just what I would have written." Much of this book, however, gave me that feeling. Paul Carvey is an able and effective teacher who enjoys his subject, and this comes across clearly in *Drug Action in the Nervous System.* He defines his standpoint in the preface, describing how pharmacodynamics has played a central role in developing our understanding of neurological and psychiatric disease. His enthusiasm for this approach is apparent throughout the text; here we see the influence of Carvey's mentor, Harold L. Klawans, to whom the book is dedicated.

Following some introductory chapters addressing pharmacokinetics and receptor mechanisms, the majority of the book is given over to drug classes defined in terms of clinical mechanisms, going full circle from opioid analgesics to drugs of abuse and including anxiolytics, antipsychotics, and antidepressants. These chapters are well-balanced with useful outlines of the neural bases of the target diseases plus comprehensive descriptions of the mechanisms, side effects, and other important features of drug treatment.

It is almost inevitable that there will be some outdated information in any wide-ranging, single-author volume. I particularly noted the strong emphasis on the dopamine receptor up-regulation hypothesis of tardive dyskinesia, a proposal that positron emission tomography (PET) has shown to be incorrect. PET imaging has made an enormous contribution to our understanding of the receptor mechanisms underlying both antipsychotic action and extrapyramidal side effects, yet Carvey does not mention this work. Nevertheless, the majority of the book is written to a high standard, providing a useful source of information for students of the subject at all levels, from senior undergraduate upward.

This is one of several titles from Oxford University Press addressing aspects of central nervous system disease and its treatment; they include the classic text by Cooper et al., *The Biochemical Basis of Neuropharmacology* (1), and Philip Strange's *Brain Biochemistry and Brain Disorders* (2). I would recommend each of these to any psychiatrist wishing to understand the biological background of psychiatry; they are well written and illustrated with clear and simple diagrams. The same could be said of *Drug Action in the Central Nervous System,* which provides a useful complement to these other two, were it not for two deficits. First, the index severely restricts access; I failed, for example, to find γ-aminobutyric acid$_A$ (GABA$_A$) or benzodiazepine receptors in it. In addition, the figures are extraordinarily poor and show little attempt at consistency of style. Neuronal pathways are illustrated by barely distinguishable lines overlaid on a poorly reproduced brain diagram or by in-your-face boxes and arrows with an offensive mixture of font sizes. Every imaginable format for neurons and synapses is shown, varying from cells in the style of Miro to bloated neuronal terminals suffering from an excess of gray shades. The publisher cannot excuse allowing a well-written text to be so poorly supported.

REFERENCES

1. Cooper JR, Bloom FE, Roth RH: The Biochemical Basis of Neuropharmacology, 7th ed. New York, Oxford University Press, 1996
2. Strange PE: Brain Biochemistry and Brain Disorders. New York, Oxford University Press, 1993

GAVIN P. REYNOLDS, PH.D.
Sheffield, U.K.

Handbook of ECT, *by Charles H. Kellner, M.D., John T. Pritchard, M.D., Mark D. Beale, M.D., and C. Edward Coffey, M.D. Washington, D.C., American Psychiatric Press, 1997, 111 pp., $22.50 (spiral-bound).*

Charles Kellner and his colleagues state their intention that this handbook serve as a "pocket reference" for the ECT practitioner. It is, indeed, the only recent ECT publication that can be carried into the ECT suite and easily used there.

With its publication, the handbook extends the spectrum of literature on ECT. We now have a journal (*The Journal of ECT,* edited by Dr. Kellner), an encyclopedic textbook (*Electroconvulsive Therapy,* by Richard Abrams [1]), and a programmed text by Beyer et al. [2]). We also have a "practice guideline" in the form of an APA Task Force Report, published in 1990 (3) and soon to be released in a new edition.

Handbook of ECT serves as an excellent how-to guide, a useful thing to have when learning one of psychiatry's few hands-on procedures. Two of the handbook's authors, Kellner and Coffey, have served as faculty for continuing medical education courses on ECT at APA annual meetings and elsewhere and are uniquely experienced in teaching basic procedure and theory. The ECT procedure is presented in clear, concise steps, from patient selection and preparation through stimulus delivery and posttreatment monitoring. Care is taken to distinguish among the different ECT devices currently used, and stimulus-dosing strategies and data recording are explained for each model.

One drawback of the book is a tendency to present areas of controversy in too neutral a fashion. The pros and cons of different stimulus dosing techniques and the use of prophylactic anticholinergic medications are offered with no statement of a preference or guideline. However, this should lead a thoughtful medical student or resident to retrieve the handbook from his or her pocket and begin an intellectual give-and-take with the ECT attending physician in the ambiguous clinical situations that often arise. What better way to master one's craft?

This handbook will complement the more extensive references on ECT, although the authors could have provided

more comprehensive literature reviews for researching advanced topics. Practitioners needing to treat patients with an alternative muscle relaxant, for instance, will find only minimal information on the subject and little instruction on where to go for more. However, as a basic reference and training manual for residents and beginning practitioners, this handbook belongs in their pockets.

REFERENCES

1. Abrams R: Electroconvulsive Therapy, 3rd ed. New York, Oxford University Press, 1997
2. Beyer JL, Weiner RD, Glenn MD: Electroconvulsive Therapy: A Programmed Text, 2nd ed. Washington, DC, American Psychiatric Press, 1998
3. The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging: A Task Force Report of the American Psychiatric Association. Washington, DC, APA, 1990

RICHARD JAFFE, M.D.
Philadelphia, Pa.

The Powerful Placebo: From Ancient Priest to Modern Physician, *by Arthur K. Shapiro and Elaine Shapiro. Baltimore, Johns Hopkins University Press, 1997, 312 pp., $39.95.*

Written by a psychiatrist and completed by his psychologist wife after he died in 1995, this book aims to demonstrate that placebos have had a central role in medicine's past and present and will likely be key to its future. The case made for these contentions by the authors is scholarly, scientific, passionate, and likely to disturb many practitioners, including psychiatrists and psychologists.

The first several chapters are devoted to a history of the definition, use, and attitudes toward placebos from ancient times and cultures to our own era. The widespread use of such remedies as viper's skin, bezoar stone, krebiozin, laetrile, bloodletting, and magnetism, to name but a few, as well as beliefs in untested theories such as homeopathy, iridology, Rolfing, and reflexology, lead the authors to conclude that "until recently, the history of medical treatment was essentially the history of the placebo effect." A lengthy section devoted to Psychiatry and Other Psychotherapies reveals that mental health practitioners have been especially slow in recognizing and acknowledging the centrality of the placebo effect in their practices. Using historical evidence and a reasoned critique of the methodology of a multitude of studies in psychological therapeutics, the authors conclude that, given current evidence, psychotherapies have the characteristics of placebo treatments, including "myriad schools, the use of one therapy for many disorders, the use of many therapies for one disorder, the predominance of nonspecific effects, and the absence of proof of specific effectiveness." Current popular psychotherapies, including cognitive therapy and interpersonal therapy, are not excluded from this critique.

The book next covers the rise of scientific approaches to therapeutics with the introduction of clinical trials in the nineteenth century. Significant refinements continued in the early 1900s, culminating in the development of the double-blind, placebo-controlled method, which was not widely used until the 1970s. The struggle to introduce scientific methodology into therapeutics, the widespread criticism and hostility to the double-blind method, and its ultimate triumph as the gold standard in evaluating new medications are thoroughly described. The reluctance and practical problems involved in introducing this method into areas apart from evaluation of medications, such as surgery and psychotherapy, are explored. Although the authors acknowledge that it is difficult to conduct double-blind, placebo-controlled studies in these fields, they do not flinch from insisting that such methods are essential for establishing the scientific credibility of the therapies offered in these fields.

A chapter is devoted to the ethical concerns regarding double-blind, placebo-controlled methods; here the authors briefly discuss how these concerns have been raised, debated, and resolved. A subsequent chapter delves cogently into the many ways the double-blind, placebo-controlled method is violated in virtually all studies. The focus of this critique is on the lack of true blinding of patients and therapists caused by differences in the appearance, taste, smell, and/or side effects between the active agent and placebo. The final chapter before the summary is devoted to the authors' studies, which attempted to determine the factors predictive of positive and negative placebo responses. The hope of these studies was that such factors could be isolated, amplified, and used therapeutically. The authors readily admit that work in this area, including their own, is scant and not well developed and, to this point in time, not very revealing of the reasons for the effectiveness of placebos.

The authors conclude by reminding the reader that our current era does not differ in many respects from the past, given that "megavitamins, nutrition and organic foods, stress reduction, holistic medicine, and even the concept of behavioral health may be examples of recent popular placebos." Their point is not that these remedies are ineffective but that their efficacy can be established only by using the scientific tools at our disposal, including the double-blind, placebo-controlled trial. The adherence to this principle by medical (including psychiatric) therapeutics has been vital to its development in the last quarter of the twentieth century. The future course of medicine (including psychiatry), as suggested by these authors, hinges on its continued adherence to and refinement of this principle.

BARRY LISKOW, M.D.
Kansas City, Mo.

PSYCHOANALYSIS/PSYCHOTHERAPY

Ritual and Spontaneity in the Psychoanalytic Process: A Dialectical-Constructivist View, *by Irwin Z. Hoffman. Hillsdale, N.J., The Analytic Press, 1998, 344 pp., $49.95.*

Reading this book immersed me in a "dialectic" of very mixed feelings. This is a really important book, mandatory reading for psychoanalysts, psychoanalytic psychotherapists, and anyone interested in the current state of psychoanalysis. Seven of the 10 chapters are reprints of earlier papers by Hoffman, and there is an excellent introductory chapter that should be read with care. The meat of the book, in my opinion, is to be found in chapters 3, 7, and 8, titled, respectively, "The Intimate and Ironic Authority of the Psychoanalyst's Presence," "Expressive Participation and Psychoanalytic Discipline," and "Dialectical Thinking and Therapeutic Action in the Psychoanalytic Process." The book tracks Hoffman's intellectual development from the earlier to the later papers, except for chapter 2, "Death Anxiety and Adaptation to Mortality in Psychoanalytic Theory," which I first thought was rather irrelevant to the rest of the text but does set up a theme that resurfaces in the final chapters.

Hoffman's book centers around the tension in the psychoanalyst or psychoanalytic psychotherapist (a distinction that he does not concern himself with) between the analyst's theoretical position of how to establish the "frame" of the analytic process and conduct himself or herself by following such traditional shibboleths as the "rule of abstinence," etc., and the need to recognize that regardless of the attempt to stay firmly within the "rules," the analyst cannot avoid spontaneous self-expression and make choices that reveal the "truth" about his or her personality and value system. In this Hoffman is undoubtedly correct, but he continues,

> Is the analyst not also the one who has found a way to feed his or her narcissism without being subjected to very much personal risk, or, perhaps, one who fears and craves intimacy and has found a way to have it while still maintaining a good deal of control and distance, or who enjoys his or her sense of power over the people (if business is good, the many people) who want to be his or her special or favorite one? (p. 24).

Since business is not good for psychoanalysts these days, not many people will be exposed to this "dark malignant underside of the analytic frame" (p. 224). These comments represent the end point of what begins earlier in Hoffman's intellectual development as what he calls a "limited constructivist view" (p. 165), based on the inevitability of the analyst's influence on the patient's material. The papers develop through what Hoffman calls a social-constructivist paradigm and ultimately arrive at a "dialectical-constructivist" view.

Hoffman says that the analyst's theoretical preconceptions, personality, behavior, and interventions have an ongoing influence on the patient's material, and often this influence is unformulated and unrecognized by the analyst, in what Hoffman calls a "partially blinding emotional entanglement" (p. xii). Hoffman considers the contemporary focus on this entanglement as part of the postmodern movement, and he extends Gill's emphasis on transference (1) to an examination of the power of noninterpretive interactions, both analyzed and unanalyzed, and to the analyst as "a moral influence in relation to the patient's specific choices" (p. xxi).

This major step away from the classical view of the analyst as essentially neutral and a reflector of the patient's material back to the patient encourages a greater spontaneity and experimentation with interventions by the analyst, a deviation from customary ways of working, having "thrown away the book" (p. xxvii). Hoffman does not advocate the latter but tries to maintain a dialectic between "on the one hand, the core of analytic discipline, which entails the analyst's consistent self-subordination in the interest of the patient's long-term well-being, and, on the other hand, the analyst's personal subjective participation…it is important that the analyst engage with the patient in a way that is sufficiently self-expressive and spontaneous so that a bond of mutual identification can develop between the participants" (p. xxvii).

Hoffman cleverly points out that "to follow whatever one decides is the *patient's lead,* to choose to pick up on one or another of the patient's more or less ambiguous communications, is also to *lead the patient* in a particular direction " (p. 72), with the result that "there is no objective interpretation and there is no affective attunement that is merely responsive to and reflective of what the patient brings to the situation" (p. 75). So much for classical psychoanalytic technique and for self psychology! Furthermore, "Whatever we can become aware of regarding the cultural, theoretical, and personal-countertransferential contexts of our actions, some things are always left in the dark" (p. 76).

The analyst's influence especially matters to the patient because of what Hoffman calls "asymmetry," the unique importance of the analyst to the patient in a relationship that is automatically designed to give the healer a central position in the patient's life. So, he says, suggestion and manipulation are unavoidable, at least at a level that the analyst is unaware of, and often in situations where choices are forced, because the patient puts the analyst on the spot. Hoffman gives several dramatic examples of this from his own clinical experience. In these situations, he says, "Ultimately, there is no escape from the responsibility that falls to the analyst to act with as much wisdom as possible, even while recognizing the action's subjective foundation" (p. 90). He even argues that informal chatting with the patient can be an important experience for the patient "because it was spontaneous and informal and *not* explicitly analyzed. If you try to analyze everything, even all aspects of possible enactments, you are bound to suck the life out of the experience" (p. 91).

Hoffman is very aware of the dangers of his position, and he hopes that the analyst's commitment to the long-range goals of the analytic process will allow a lot of leeway for interludes of spontaneous interaction of various kinds, but he recognizes that "there are many types of interaction that, even if transient, would destroy or throw serious doubt on the analyst's credibility in working with a particular patient" (p. 191). Herein lies the difficulty of Hoffman's position, because, as he admits, it is often extremely difficult to walk a line between spontaneous interaction that has a therapeutic effect and spontaneous interaction that can represent such an extreme narcissistic wounding to the patient that the patient leaves the treatment. Hoffman says, "It is commonplace to recognize the narcissistic, exhibitionistic, and exploitative potential of overtly self-revealing behavior" (p. 195). He lists a number of books (p. 194) that have advocated deviation from traditional psychoanalytic practice, and there is no doubt that such deviation is unavoidable. The problem is to keep it in line with the ultimate goal of what is in the best self-interest of the patient, rather than acting out of the analyst's needs.

Hoffman's depictions of some of his clinical experiences, such as with the patient Diane or the patient Ken, are provided, and an examination of these experiences reveals just how difficult it is to practice psychoanalysis in the style Hoffman advocates. The patient Diane makes a special request for an early morning appointment. She is a harassed medical student with a very busy schedule and is quite upset. Hoffman tells her he cannot arrange it. She comes in later in the day to her regular appointment, angrily demanding diazepam. Hoffman does not explain why he could not have simply started 45 minutes earlier than his ordinary schedule, something I have often had to do with preoedipally damaged patients, such as those with borderline disorder, who are upset and cannot be asked to wait without taking the risk of dangerous consequences. However, as so often happens in clinical vignettes, everything came out well in the end; the patient marries and lives happily ever after. Hoffman correctly admits, "In that split second, which is the moment of choice and of action, there is no way to know what is the 'right thing' to do" (p. 222).

Labeling himself a "constructivist analyst" (p. 255), Hoffman fills this collection of papers with a great deal of repetition and abstractions of a philosophical nature, even using the term "dialectic," which he recognizes has appeared in philosophy in a variety of ways (pp. 199–200). Hoffman's "dialectic" is not at all similar, in my opinion, to Hegel's "di-

alectic," but the shadows of Hegel and Heidegger fall on this book in a number of interesting ways. I doggedly went along, plowing through the abstractions and technical discussions that are replete with impressive evidence of Hoffman's mastery of the psychoanalytic literature and produce the impression that here is a rather cold and abstract individual who is extremely intellectual, when I suddenly came on a footnote (p. 50) describing his unexpected coronary bypass surgery in 1997, followed later in the book by a comment from an 80-year-old patient that Hoffman was "warm and very human" (p. 260). The presence in this book of the shadow of being-toward-death that begins to show in chapter 2 (and is a major theme in the work of Heidegger) now made more sense. Elsewhere (2) I have discussed how this theme is central in all creative endeavors. Hoffman's book by itself presents a kind of unformulated dialectic between his high-powered intellectualism and theoretical creativity on the one hand and his humaneness and sudden recognition of his own mortality on the other.

The best protection we have from letting our theoretical conceptions give us rationalizations for the exploitation and use of our patients as selfobjects comes from remembering that, as Cooper (3) wrote, "Although there may be wide disagreement as to what to say to patients, we may enjoy considerable agreement regarding what not to say…what makes psychoanalytic dialogue so unique is less the things that analysts say than the fact that even the most interactive of interpersonal psychoanalysts do not say many things that one would say in ordinary conversation" (p. 39). Readers of Hoffman's book, especially students and beginning psychoanalytic psychotherapists, should keep Cooper's admonition in mind.

REFERENCES

1. Gill MM: Psychoanalysis in Transition: A Personal View. Hillsdale, NJ, Analytic Press, 1994
2. Chessick RD: Emotional Illness and Creativity: A Psychoanalytic and Phenomenologic Study. Madison, Conn, International Universities Press, 1999
3. Cooper A: Psychoanalytic technique—diversity or chaos? commentary on paper by Lewis Aron. Psychoanalytic Dialogues 1999; 9:31–39

RICHARD D. CHESSICK, M.D., PH.D.
Evanston, Ill.

The Widening Scope of Shame, *edited by Melvin R. Lansky and Andrew P. Morrison. Hillsdale, N.J., The Analytic Press, 1997, 456 pp., $49.95.*

This is an extremely well-edited book on a subject with which every psychiatrist, in fact every health professional, should be intimately familiar. Shame is discussed from many vantage points: the psychoanalytic, the affect constructs of Silvan Tomkins, social theory, philosophy, in the context of the family, and from a moral and religious perspective. As with any multiauthored text, there are highs and lows with regard to clarity, relevance, and readability. Having struggled through the early psychoanalytic discussions, I found the material coming alive in the chapter by Andrew P. Morrison and Robert D. Stolorow, on page 82, with the statement, "Shame can creep into the very core of our experience of ourselves, and thus constitutes the essential pain, the fundamental disquieting judgment that we make about ourselves as failing, flawed, inferior to someone else, unworthy of the praise or love of another, or falling short of a cherished ideal."

Donald L. Nathanson provides one excellent table summarizing the cognitive issues of shame, such as helplessness, appearance, sexuality, and isolation, and another dealing with patterns of response to shame affect, namely withdrawal, attacking oneself, avoidance, and attacking others. Thomas J. Scheff and Suzanne M. Retzinger present a discussion of the pioneering work of Helen Lewis, stressing the importance of focusing treatment on the role of pride and shame in the patient's life and in the therapeutic relationship.

Karen Hanson is a philosopher whose excellent chapter looks at shame as both a positive and negative force, motivational as well as painful and immobilizing, which, "like regret and remorse, can be understood…as part of the very operation of the uncorrupted conscience." Scheff's wonderful chapter on shame in social theory is must reading. Jack Katz's chapter is filled with interesting insights into the nature of shame, how it differs from embarrassment, how its cardinal emotion is fear, and how it can set the stage for healthy humility. Sidney Levin and Suzanne M. Retzinger present very salient points about the role of shame in marital conflict, even to triggering suicide and violence, and Retzinger's table outlining the verbal and visual markers of shame is extremely useful for clinicians. It is Aaron Lazare's chapter on shame, humiliation, and stigma in medical practice that really brings the entire book home, reminding us of the critical importance of recognizing and dealing with these issues in our approach to all our patients.

It is ironic that the chapters I found most pertinent were, with only three exceptions, prepared by professionals who are not psychiatrists. What that tells us about what goes on in everyday practice I cannot be sure, but I take it as a warning that we should all be paying a good deal more attention to issues surrounding the shame experience, and that one of our therapeutic goals should be to help our patients (and ourselves) gain a resilient sense of self-esteem combined with a healthy dose of genuine humility.

FREDERIC FLACH, M.D.
New York, N.Y.

Evolution of Psychotherapy: The Third Conference, *edited by Jeffrey K. Zeig, Ph.D. New York, Brunner/Mazel, 1996, 358 pp., $69.95.*

This book consists of the proceedings of a conference held in 1995 under the sponsorship of the Milton Erickson Foundation. This was the third in a series of similar conferences held in 1985 and 1990. Aside from being asked to concentrate on their own development as therapists, the participants were given no other guidance (nor does the book contain any reference to the findings of the previous conferences), so that what we get in this big book (26 contributions with discussions) is not a coherent account of how and why psychotherapy has evolved but a series of articles in which some of the participants trace their own development and most simply deal with the topic they have chosen to discuss. It is of interest and indicative of the tone of the conference that many of the presenters who trace their development describe their initial immersion in psychoanalysis, followed by dissatisfaction and disillusion and then by their discovery of the particular different form of psychotherapy that they now espouse.

Given the limited space available for this review, I shall be able only to summarize the contents of the volume along with comments about some of the papers, followed by a discussion of the volume as a whole, its strengths and disadvantages.

The first section, Analytic Therapies, contains two excellent articles by Otto Kernberg and Judd Marmor. Kernberg, the only mainstream psychoanalyst contributor, presents a balanced and scholarly review of the convergences and divergences among the analytic schools. The convergences are characterized by less conflict among the schools, greater attention to the present situation, and a less "counter" view of the relationship between therapist and patient. Kernberg also enumerates the differences that identify these schools as separate. Judd Marmor, in his usual engaging and persuasive fashion, describes how he tried psychoanalysis, found it wanting, and went on to develop his own much more interactive, broad-based form of therapy.

The next section, Cognitive Behavioral Approaches, opens with an authoritative account of its main tenets by Aaron Beck, who can be considered its originator. Also in this section I was impressed by the article by Donald Michenbaum, in sharp contrast to the rather bellicose presentation by Albert Ellis, also in this section. I noted considerable similarities between Michenbaum and Judd Marmor. Section 3, Contemporary Approaches, contains accounts by William Glaser of his reality therapy and by Alexander Lowen of his bioenergetics, both of which seem to be of rather limited value.

Section 4, Ericksonian Approaches, contains a theoretical article on hypnotherapy by Ernest Rossi and an expansion and appreciation of Milton Erickson's contribution by Jeffrey Zeig. A thoughtful discussion of this article by Otto Kernberg points out similarities and differences between this approach and psychoanalysis. The next section, Experiential Approaches, contains several articles, of which I found the one by James Bugenthal thought-provoking. This is a general discussion of the place of psychotherapy in our society and what Bugenthal views with alarm as a fundamental schism between those who see the human as a machine to be fixed (DSM-IV types) and those who see humanity as possessing more transcendent value. Psychotherapy is applicable only for these latter. In this section, also, Mary McClure Goulding's account of her reaction to the death of her husband is quite moving.

Section 6, Family Therapist, is graced by the contributions of two eminencies in the field—Jay Haley and Salvador Minuchin. Haley demolishes psychoanalysis in an almost mocking fashion while imposing limited confidence in behavioral and family therapy, and Minuchin gives a fine historical and personal account of the development of the family therapy in which he has been so much involved. Cloe Madanes takes the rather unusual approach of introducing a moral dimension into psychotherapy. In section 7, Philosophical Approaches, Thomas Szasz uses this venue to continue his attack on psychiatry and medicine by affirming that psychoanalysis and psychotherapy have been killed by being made into "treatments" by psychiatrists rather than by being maintained in their proper place as a dialogue of the soul between two people.

The last section, State of the Art, contains a valuable contribution by Stella Chess in which she reviews her research with Alexander Thomas as well as formulations about the importance of considering temperament, the inborn differences between people, as a potent but certainly not the exclusive determinant of human behavior.

With the exception of its rather inadequate and dismissive attitude toward current psychoanalytic and psychodynamic approaches, which are certainly more interesting and sophisticated than this book could suggest, *Evolution of Psychotherapy* presents a panoramic view of the state and practice of psychotherapy in the United States today. What can I, a veteran psychiatrist whose career has been principally in psychotherapy, say of the picture it presents? Certainly, as reflected by the many energetic contributions by leaders in the field, psychotherapy is alive and flourishing. It seems to fit the needs of many people. However, this book also raises some significant questions. For one, although there are a few negative comments (such as Salvador Minuchin's glum remark about the value of psychotherapy), most contributors are quite optimistic about the results of treatment based on their own methods, in spite of the fact that these methods are all very different from each other, and there is practically no effort to differentiate and specify what methods are good for what particular condition. In fact, one does not get a very clear idea of what brings a person into the care of a psychotherapist, except for a rather universal rejection of medical criteria. Beck offers a meta-analysis of studies reporting the results of cognitive therapy, but otherwise there is little about results in general or outcome studies. There are a few exasperated comments about managed care, but no attempt to cope with how changing economic conditions have influenced psychotherapeutic practice.

Despite the above caveats, I can recommend *Evolution of Psychotherapy* as a lively, comprehensive, and informative discussion of the field of psychotherapy as it is currently offered in the United States today.

PAUL CHODOFF, M.D.
Washington, D.C.

ALCOHOLISM

Alcohol and the Community: A Systems Approach to Prevention, *by Harold D. Holder. New York, Cambridge University Press, 1998, 173 pp., $64.95.*

This book proposes a community systems dynamic perspective to provide a paradigm for understanding and ultimate prevention of alcohol-related problems, such as medical complications and social consequences (divorce and job loss, for example). The community systems model of alcohol use and its resulting medical and social consequences contains six elements or subsystems: 1) community alcohol consumption that influences and in turn is influenced by 2) social, economic, and health consequences to the individual and 3) community legal sanctions. Further influences on alcohol consumption are 4) social norms for drinking behavior, 5) formal state and local laws controlling accessibility of alcohol, and 6) retail alcohol sales. Relations among these factors are often two-way, as for example between consumption and social norms, a relationship that is being scrutinized today in discussions about so-called binge drinking (defined as five or more drinks at a single setting). In addition to these six community factors and their interrelationships, there are two exogenous factors that are postulated to influence consumption—economic trends and changes in population.

The six subsystems and their relationships are described in detail in chapters 2 through 7. The chief message is that, because of the mutual influence of the factors, the system has a mechanism to make adjustments that can maintain the status quo (explaining why some social interventions into drinking behaviors result in little or no change) or produce a desired change (such as lowered availability of alcohol resulting in less liver cirrhosis). The final chapter, on alcohol problem prevention at the community level, describes how the model can be used to plan interventions in drinking behaviors by helping identify effective measures to cause change in the sys-

tem, resulting in the desired outcome on community consumption. The author describes a computer-based simulation model, Sim Com, which is general enough to apply to alcohol use in any community and robust enough to give specific outcomes when provided with local community data. Examples of Sim Com's use are given in chapter 8.

This modeling approach to alcohol consumption depends on the validity of the model (are all essential variables and their relationships depicted in the model?) and how reliable and valid the measures of the model's variables are. The latter consideration is most important, especially in models involving trends where changes in definition of crime and its reporting may give a false estimate of an outcome such as drunk driving (e.g., lowering blood alcohol definitions of drunk driving from 0.10 to 0.08). Other measurement problems are also formidable, such as lack of suitable data to measure a variable, especially when measurement of a publicly available variable is itself influenced by public policy (number of drunk driving arrests, for example, which are related to police priorities).

The community approach explored in this book is enticing because of the generalizability of its models and, to some extent, the availability of public data to support the models (records such as arrests, tax on substances, etc.). The model demonstrates a wide range of variables that influence alcohol consumption and may be influenced, in turn, by consumption. However, the fact remains that most of the alcohol consumed is accounted for by a relatively small number of consumers. This fact and the individual differences in consumers that account for early life involvement with substances and serious breaking of the law while under the influence (as with antisocial alcoholics) are not considered in a community model because of the difficulty in factoring in such variables, which may not be available in public records (how many drunk drivers are also antisocial personalities?). Individual considerations of this sort are not a part of the community model, but that should not lead us to neglect individuals and their needs and their contribution to community statistics.

All in all, this book provides a short but well-written comprehensive view of drinking behavior from a community and systems perspective. It summarizes an approach that should be useful for social and community planners and policy makers. It also directs the reader to a computerized version of the system, which would permit a more quantitative approach to determining the feasibility of a specific approach to intervention.

REMI J. CADORET, M.D.
Iowa City, Iowa

Fetal Alcohol Syndrome: A Guide for Families and Communities, *by Ann P. Streissguth, Ph.D. Baltimore, Paul H. Brookes, 1997, 336 pp., $22.95 (paper).*

In the quarter-century since fetal alcohol syndrome was brought to public consciousness, virtually all women of reproductive age in the Western world have become aware of the tie between prenatal alcohol use and birth defects—a truly remarkable accomplishment that has been facilitated by the mass media. *Fetal Alcohol Syndrome: A Guide for Families and Communities* is worthwhile reading for those who serve children with fetal alcohol syndrome and their families.

As a clinical geneticist starting practice in 1970, I was fascinated by the story behind the evolution of fetal alcohol syndrome. On the basis of independent clinical reports by Lemoine et al. in Nantes, France, in 1968 of more than 100 growth-deficient, behaviorally impaired children of alcoholic mothers; Ulleland et al. in Seattle in 1972 of 12 failure-to-thrive infants; Jones et al. in 1973 of eight children with a triad of growth deficiency, characteristic face, and central nervous system changes; and subsequent isolated cases worldwide, the clinical spectrum of fetal alcohol syndrome was quickly confirmed. Ann Streissguth was in the midst of all these early seminal efforts as a psychologist.

The diagnosis of fetal alcohol syndrome was initially restrictive in that only classic, full-blown cases were recognized by clinicians. Only 25% to 45% of mothers with chronic alcoholism have children with fetal alcohol syndrome. The diagnosis has since been expanded to include the milder forms, and thus the creation of terms such as "fetal alcohol effects," "alcohol-related birth defects," or "alcohol-related neurodevelopmental disorder." This conundrum of classification has defied resolution. Geneticists and dysmorphologists tend to reserve the diagnosis of fetal alcohol syndrome to children of alcoholic mothers with a recognizable physical phenotype. However, over time, psychologists, psychiatrists, and developmental pediatricians have come to recognize a characteristic behavioral phenotype. The width and breadth of the clinical spectrum are understandable in view of the expected variability imposed by teratogens, based on dose, time, duration of exposure, and genetic susceptibility. A chapter on animal research studies discusses comparable anatomical features and functional disability in man and mouse.

The author leans strongly toward bestowing a diagnosis of fetal alcohol syndrome/fetal alcohol effects where maternal alcohol abuse is documented in a child with partial clinical and behavioral features. To this end, the book provides photographs and descriptions of the changing clinical features of fetal alcohol syndrome/fetal alcohol effects from early childhood to adulthood. The book also tabulates the range of behavioral disabilities, including poor habituation in infancy, poor cause-and-effect reasoning, and attention deficit hyperactivity disorder in childhood; maladaptive behaviors in adolescence; and poor life adaptation as adults. Anecdotal vignettes from patients and parents serve as good illustrations.

Appropriate diagnosis is critical because this is essential to identify the child's needs and bring to bear school and community resources and advocacy in general for the child with fetal alcohol syndrome. This book is recommended reading because it covers a broad range of issues that surely will be of interest to service providers and families alike.

VIRGINIA P. JOHNSON, M.D.
Sioux Falls, S.D.

CHILD PSYCHIATRY

Clinical Child Psychiatry, *edited by William M. Kylkylo, M.D., Jerald Kay, M.D., and David Rube, M.D. Philadelphia, W.B. Saunders, 1998, 544 pp., $50.00.*

This textbook is a concise, although not comprehensive, textbook of child psychiatry. Its advantages over other child psychiatry textbooks are several. One, it is a portable paperback—weighing probably one-fourth of what other textbooks weigh. Two, the information provided is practical. Students, clinicians in training, and clinicians who want some knowledge of child psychiatry can obtain a quick overview of a particular disorder or issue pertinent to children (e.g., attention deficit hyperactivity disorder [ADHD] or di-

vorce). Three, the information is presented in a user-friendly fashion. Most of the chapters have useful tables and diagrams as well as interesting case presentations.

Each chapter is written by different contributors. Several of these contributors are world-renowned experts—for example, Barbara J. Coffey co-authored the chapter on tics and Tourette disorder, and Bryan H. King co-authored the chapter on mental retardation. In general, each chapter is well written and the information presented is very accessible, either in the form of case presentations, tables, or organized around clinical questions/myths.

The editors have done an excellent job in organizing this text. The first section, The Fundamentals of Child and Adolescent Psychiatric Practice, consists of seven chapters on assessment, including psychiatric, neurobiological, psychological, and educational assessment. All of these chapters are well written and could be useful in an introduction to child psychiatry curriculum. The second section, Common Child and Adolescent Psychiatric Disorders, consists of chapters on only the most commonly encountered child and adolescent psychiatric disorders—ADHD leads the way, followed by disruptive behavior disorders, mood disorders, anxiety disorders, substance abuse, and childhood trauma. This section could be a good resource for pediatricians or other clinicians who treat children and who need some basic understanding of the common child and adolescent psychiatric disorders. Other child and adolescent psychiatric disorders are then presented in the third section, Developmental Disorders. The fourth section, Special Problems in Child and Adolescent Psychiatry, has chapters on important issues such as foster care, divorce, sleep problems, and the challenges of modern practice.

I recommend this text to interns and residents in psychiatry and child psychiatry as well as to pediatricians and general psychiatrists. It is not comprehensive enough for board certification preparation. However, any clinician who works with children and adolescents could find this textbook useful as a quick reference.

MICHELLE KIM LEFF, M.D.
Ruxton, Md.

Child and Adolescent Psychopharmacology, *by Stanley P. Kutcher. Philadelphia, W.B. Saunders, 1997, 509 pp., $61.00.*

Reading a psychopharmacology text, although illuminating, can prove to be an alienating experience. Patients seem rapidly distilled into minimalist diagnostic labels, complex disorders become ill-wired neural circuitry or the byproduct of misbehaved genetic turmoil, and the task at hand can appear as no more than glorified matchmaking between molecules and receptors, with constant avoidance of the story's ever-present bad guys: side effects and drug interactions. Pediatric psychopharmacology, that budding field rapidly coming of age, has been no exception to the rule. Children and adolescents who are textured and alive rather than neurochemically and comorbidly abstract—kids, in other words—have been notoriously underdosed in the few pediatric psychopharmacology textbooks that are out there. It is not the inner-life-meets-big-science that I am advocating for here, nor the softening and heartening of what little hard science we have available, but, rather, for a book capable of recalibrating the focus of our scientifically fast-paced days. A book written from regular action at the office or the bedside, rather than from machinations in the library or the wet lab, or from keyboard virtuosity at MEDLINE's feet.

Stanley Kutcher has written just such a book, one that is refreshingly full of kids depicted through clinical vignettes that ring true with familiarity. There are those who refuse medication, those who can't get enough, and those who punish their parents through their noncompliance. There are the ones who get better, and the many who don't; those who magically turn around on a stimulant, and those who are chugging along through an umpteenth medication cocktail. There is throughout the book an understanding of the battleground that the prescription of medication can become for adolescents, and of the subtleties involved in dealing with troubled families, with complex systems, and with the many players involved in a child's care. This, in brief, is a book reflecting a wealth of clinical experience and written with rolled-up sleeves from well within the trenches of everyday clinical practice.

The book's many strengths clearly lie within the clinical domain. In fact, a "Clinical" prefix or an "in Clinical Practice" suffix would have done justice to its title and served to reflect more accurately its content and aims. Despite a long introduction highlighting the scientific underpinnings of pediatric psychopharmacology and the discipline's increasingly evidence-based foundations, the book is at times thin with data on which to claim solid ground. The landscape is especially barren when outright downward extrapolations from the adult literature that have not been adequately studied in minors are debited against the book's overall balance.

With such caveats in mind, the tone set at the outset comes across as overly enthusiastic, making me unable to backslap and high-five in the name of the field's scientific good standing. For example, an early chapter on panic disorder, while useful and concise, seems prematurely authoritative, given the minuscule literature specifically about juveniles with this disorder, the fact that little developmental consideration has been given to its nosology and natural course, or that extensive pharmacological recommendations are endorsed with scant or absent empirical support. Similar limitations color the approach suggested for treatment-resistant depression, for the use of novel antidepressants in an array of disorders, or for the long-term management of youngsters with schizophrenia, to name a few. For readers not entirely familiar with the field, it can prove challenging to disentangle what in the end is but a single individual's recommendations (even if that individual is one as experienced as Dr. Kutcher) from what is based on published studies in which the data are critically reviewed. The ambiguity is also palpable in the many footnotes to otherwise excellent tables, which suggest that information has been partly compiled from the author's own clinical experience. The fact that each chapter ends with a small list of "suggested readings" (a series of review papers and other books), rather than the more formal "references," "bibliography," or "literature cited," further contributes to the difficulty in telling excitement and experience from supporting evidence.

Dr. Kutcher's book succeeds in accurately reflecting the status of North American pediatric psychopharmacology. It puts its finger on a very real pulse—one in which a paucity of data is balanced against the legitimate wish to treat with ever more powerful compounds, and in which psychosocial and pharmacological interventions are not as cozy with each other as one would hope. As such, the limitations and shortcomings of the book are in no small measure those of the field more generally. By including 130 pages of appendixes culling together an array of rating scales, Dr. Kutcher has made a serious attempt (and an unspoken invitation) to bring legitimate metrification into the practicing clinician's regular job description. Bearing this important effort in mind, the

reader can view the introduction as praying for scientific validation rather than preaching many such spoils.

Child and adolescent psychiatrists are faced with the daily challenge of helping youngsters with severe, chronic, and incapacitating conditions that have not escaped the additional yoke of public stigmatization. There is much that can be hoped for realistically in the future pharmacological treatment of neuropsychiatric conditions of youth, but practitioners today can hardly be paralyzed in inaction while waiting for the development of full scientific clarity. The rigors of clinical trials methodology are especially time-consuming and slow in gestation. Dr. Kutcher has taken a frank stab at instrumentalizing the myriad treatment options available today and in leading the way along a rational path of psychopharmacological intervention with children and adolescents. If, in Dr. William Osler's famous words (borrowed from the book's first line), "medicine is a science, the practice of which is an art," it may be said of pediatric psychopharmacology that it too is a science—one in its tender infancy, and whose art has to be practiced with maturity well beyond its years.

ANDRÉS MARTIN, M.D.
New Haven, Conn.

Textbook of Pediatric Neuropsychiatry, *edited by C. Edward Coffey, M.D., and Roger A. Brumback, M.D. Washington, D.C., American Psychiatric Press, 1998, 1,506 pp., $175.00.*

The editors of this book have widened the scope of necessary information in child neuropsychiatry to include anatomy, audiology, cell biology, communication, developmental medicine, endocrinology, law, neurogenetics, neurology, neuropathology, neuropsychology, neurosurgery, orthopedics, pathology, pediatrics, radiology, and rehabilitation. Consequently, this oversized book is encyclopedic, to be dipped into for quiet reading or just in emergencies. No one except a reviewer would read clear through 1,506 pages.

If a second edition is contemplated, I suggest fewer tables and more clinical case reports. Several authors have duplicated information given by others, and there is redundancy even in individual articles. Other problems I perceived included the following: In the chapter on epilepsy, phenobarbital and dilantin are given a bum rap. In the older literature there were careful studies highly recommending these medications. Creutzfeldt-Jakob disease is said to be due to a "virus"—but does not Prusiner's 1997 Nobel prize for discovery of prions make them a more likely cause of this disease? In regard to rheumatoid arthritis, should antinecrosis factor be mentioned as a promising new treatment? Possibly the statistics on juvenile diabetes are biased toward negative outcome. In our community we see much cause for optimism in this disorder when carefully managed.

To transmit the flavor of the book, I have abbreviated the following gleanings:

Embryological development is a sequence of distinct processes with considerable spatial and temporal redundancy initially.

The outgrowth of a single axon precedes the formation of multiple dendrites and is one of the first events marking the maturation of neuroblast to neuron. Axons must be guided to their destinations, often at a great distance from the cell body. As far as we know, brain neurons do not proliferate postnatally. The glial cells responsible for myelination continue actively to proliferate and die.

The cortex of the brain finally completes its myelination cycle at 30 years of age. (I remember when Yakovlev astonished us by revealing that myelination in the brain can continue until age 70.)

Sex-specific volumetric changes, as various parts of the brain develop, have been seen in both humans and primates.

Even the simplest task eventually involves the majority of brain systems.

The frontal cortex is the last cortical region to undergo maturational rise in glucose consumption, as measured by positron emission tomography and single photon emission computed tomography methodology. At ages 4 to 10 years, the child's brain uses twice as much glucose as does the adult's. (This must have implications for educators, dieticians, and the mental health professions.)

Although genes control development, any organism is the result of gene action plus environment. Evidence is accumulating that biological and environmental events pose separate but synergistic risks for conduct disorder/sociopathy—the environment has less influence as adulthood progresses.

The term "extrapyramidal," introduced by Wilson in 1912, refers to the basal ganglia and brain stem nuclei to which they are connected. Dopamine has an excitatory effect on these neurons. Some or all striated neurons are lost in Huntington's disease. The excitatory neurotransmitter of corticostriate projections is glutamate.

Interruption of the subthalamic pathway is responsible for the violent hyperkinesia of ballismus. Remember when this was considered a psychogenic (hysterical) disorder, possibly remedial by psychoanalysis?

As a motor skill is learned, the basal ganglia take over the role of automatically executing the learned strategy. When basal ganglia are damaged, we revert to a slower, less automatic, and less accurate cortical mechanism for motor behavior.

Two neural circuits are implicated in depression. The first, excitatory, links the prefrontal cortex with the amygdala and the thalamus. The second, inhibitory, links the prefrontal cortex with the striatum, ventral pallidum, and thalamus. When children and adolescents have incapacitating headaches plus depression, treatment of depression may resolve both symptoms.

Children who are truly growth-hormone deficient have excellent final height attainments if therapy is initiated early enough in the prepubertal period. Psychosocial dwarfism, however, is a clinical malnutritive disorder in which growth failure is caused by an unloving environment or chaotic family dynamics. This can be treated by change in the situation but not by growth hormone.

The chapter titled "Normal Behavioral Development" will probably be referred to frequently. Special techniques of examination for the infant and young child are useful to physicians sophisticated enough to use the procedures recommended. (It is safer to have a psychologist nearby.) Only when an infant or young child is extremely gifted or extremely retarded can an expert predict cognitive development.

The summary tables of specific higher brain functions, syndromes in which those functions are affected, and anatomical structures involved, if authentic, could be useful to brain surgeons.

In children, brain damage not only disrupts previously acquired abilities, as in adults, but also has the potential to disrupt the normal development of abilities yet to emerge on the way to full maturity. (How important this is medicolegally!)

Neuroimaging provides unprecedented opportunity to examine in vivo brain structure and function. The choice in pediatrics is magnetic resonance imaging (MRI); it lacks ionizing radiation, allowing sequential examinations, but there is an ethical responsibility to minimize a child's discomfort in

the 10 minutes of this claustrophobic procedure. CT scanning is preferred in acute brain injury because it visualizes bone better than MRI, but 3 days later, MRI can show hemorrhage and deep white matter shearing.

Subsumed under the general term "attention" are diverse neuropsychological processes. By the time a stimulus reaches the level of awareness, it has been cataloged as to identity, orientation, memory, and significance. Children with attention deficit hyperactivity disorder (ADHD) have impaired stimulus detection and arousal. Two core features are motor restlessness and deficits in response inhibition. The behavioral and cognitive effects of stimulants on ADHD are robust and extensive.

In 1990, Weinberg and co-workers published a controversial article on what they termed "lack of vigilance." Vigilance is steady-state alertness, wakefulness, or tonic arousal. This possible syndrome overlaps with ADHD and is treated the same way, with stimulants. Weinberg and co-workers have a chapter on "disturbances of vigilance" in this book.

In regard to substance dependence, conditioned responses to drug use develop in relation to environmental cues such as certain people, places, or objects. Craving ensues as emotional, motivational, and anticipatory responses to potential reinforcement. As tolerance increases with continued drug use, reinforcing effects become difficult to obtain and abstinence becomes severe.

Dyslexia is a learning disability, language-based, of constitutional origin, characterized by difficulties in single word decoding, usually reflecting insufficient phonological processing.

There are several memory subsystems, such as episodic, semantic, location, habit, autobiographical, and short-term. Normal humans are born with preprogrammed emotional expressions universally understood: "phyletic memory."

Autistic children are said to be lacking in "theory of mind": they cannot tell from words, movements, or facial expressions what the other person is thinking or feeling. Because medical and comorbid genetic conditions are relatively common in autism, careful workup should include a family history and DNA testing for fragile X syndrome. No pharmacological intervention thus far has proven effective in autism.

New techniques have demonstrated that infants are able to extract more information from the language of their parents at an earlier age than previously imagined.

The chapters on blindness and deafness are outstandingly practical. The adjustment of deaf children is as much affected by the reactions of their parents and the community to the handicap as by the actual deafness.

An autoimmune process associated with streptococcal infections may be responsible for the majority of childhood-onset Tourette syndrome/obsessive-compulsive disorder.

Even the *Los Angeles Times* is calling attention to the new attitude for disabled children's education—schools are bearing too heavy a brunt of the expense. Mentally ill children have won the right to in-home intensive mental health services in some instances.

Play therapy and child psychoanalysis receive only brief mention. The focus is on behavior therapy, didactically presented. (The difference between psychoanalysis and other current forms of psychotherapy is that psychoanalysis is an emotional experience.)

The last chapter, appropriately, deals with legal issues and is practical and helpful for mental health workers.

I recommend this book as a reference source for all libraries.

ESTHER SOMERFELD-ZISKIND, M.D., M.A.
Los Angeles, Calif.

ADHD

Attention Deficit Hyperactivity Disorder in Adulthood, *by Santo J. Triolo. New York, Brunner/Mazel, 1998, 228 pp., $34.95.*

This book is written by a psychologist and is "specifically geared toward the practitioner." The author does not indicate which practitioner, but it is clearly not the psychiatrist. Many issues with which the psychiatrist must wrestle when treating the patient with ADHD are either overlooked or made short shrift of, such as the cardiac effects of tricyclics, the potential hepatotoxicity of pemoline, the appearance of tics during treatment with stimulant medications, and the nuances of dosing schedules of different medications. Triolo wants us to be "good consumers of research" (p. 18). Unfortunately, his naivete about the nitty-gritty of the psychiatric treatment of ADHD makes it possible for him to conclude that "some very bright patients have reached the same level of understanding as that of many experts in the field" (p. 158). In suggesting this he trivializes the complexities of the diagnosis and treatment of ADHD.

This book is divided into eight chapters: "Introduction," "Theory," "DSM-IV Criteria: A Critique for the Diagnosis of Adults," "Clinical Diagnosis of ADHD," "Case Studies," "Psychotherapeutic Treatment of ADHD Adults," "Pharmacotherapy," and "Future Advancements." There is an index. Biederman's work is referred to only twice in passing, and his name is misspelled. In many of the book's discussions, one gets the sense of having walked in on the middle of a conversation; however, the confusion does not clear because the discussion itself is confused. One example is when the author contends that "lack of symptoms during enjoyable activities may be a way to rule out ADHD" (p. 82) and then cites, a few pages later, an explanation for flawless achievement by an ADHD patient on a continuous performance task: "I actually like things like this…because I know what I am supposed to do and I am free not to concern myself with anything else" (p. 100). Additionally, the author dismisses all evidence for a neuropathological and/or neurophysiological origin of ADHD yet insists that ADHD is a "neurobiological disorder."

The strongest part of the book is Triolo's critique of several psychological tests. He concludes that there are only three standardized ADHD inventories worthy of use with adults: the Adult Attention Deficit Evaluation Scale, which is flawed by reliance on DSM-IV criteria; the Brown Attention-Deficit Disorder Scales, which are marred by insensitivity to impulsivity and hyperactivity (p. 91); and the author's own Attention Deficit Scales for Adults. The author regards DSM-IV criteria as virtually useless for diagnosing adults because these criteria are based on children's samples. For me, the most helpful part of the text is the examination of continuous performance tests such as the Test of Variables of Attention. He concludes, "Of all the neuropsychological instruments available, only continuous performance tests have been identified as having some diagnostic utility," but he adds the caveat that "extreme caution is advised" in the use of these tests (p. 104).

There is the usual psychology propaganda against psychiatry: "It is extremely important to realize that ADHD does not lend itself to the medical model, which is very mechanical" (p. 209). The author is reluctant to tell patients that they have a "brain disorder" because this may have a negative impact on self-esteem, and thus he does not address the fact that

medicine is the only intervention proven to have substantial effectiveness in the treatment of ADHD.

The diagnosis and treatment of ADHD throughout the life cycle lack standardization. A result is that nonpsychiatric physicians tend to poke at the disorder, undermedicating and operating on the outdated assumption that ADHD disappears after school, on weekends, and during school holidays. Many nonpsychiatric physicians attempt to treat ADHD without awareness of the potential for comorbid illness and the need for frequent and flexible follow-up appointments that last more than 3–5 minutes. With respect to the need for a thorough, thoughtful evaluation of ADHD patients, this book offers insight and support; however, it unfortunately contributes to the market-share-driven notion of the psychologist as expert in all things pertaining to ADHD, including the evaluation of comorbid disorders and the use of medications. The psychiatrist who is looking to learn about the actual treatment of ADHD or who has had experience with the disorder and wants help with some of its vexatious treatment problems will find this text too simplistic.

PAUL C. HORTON, M.D.
Meriden, Conn.

SEXUALITY

Sexuality in Mid-Life, *by Stephen B. Levine. New York, Plenum, 1998, 212 pp., $35.00.*

What I especially like about this book is that it is written from an unabashedly personal perspective. In a clear and concise voice, the author tells us how he approaches the problems of love, sex, intimacy, and dysfunction that he encounters in his practice as a middle-aged clinician.

Stephen Levine has devoted his professional life to the study of sexuality—as a clinician, researcher, and educator. In 11 chapters that he "often thought of as essays" the author ably weaves together his own clinical experience with relevant references to the work of others. The resulting tapestry is complex and rewarding—and well worth studying. The issues discussed are among the thorniest we encounter as clinicians.

The first chapter boldly asks, "What Is the Nature of Love?" It sets the tone for the rest of the book, raising more questions than giving answers. Levine warns us up front that his "thinking about love has been informed by three forces: my practice as a clinician, my individual life experiences in the sphere of love, and my reading." This reading includes philosophy and fiction as well as scientific treatises. The subheadings include Adult Love Is Largely an Ideal, The Beginnings of Love, Staying in Love, Love Is Not Simply a Feeling, Love as a Road Map of Development, and What Is the Significance of Love to Psychiatry? Under the last heading Levine notes that "love is what patients talk about" (it gets more "air-time" than work) and that "not understanding love may predispose mental health professionals to ethical violations," referring to egregious boundary violations when the emotional arousal stimulated by the intimacy of patient care is not handled appropriately.

The next two chapters, "Psychological Intimacy" and "The Paradoxes of Sexual Desire," add to the complex underpinnings of sexual interaction. The discussion in these chapters suffuses the more "traditional" chapters dealing with the developmental tasks of mid-life, the biological changes accompanying aging, and the side effects of serotonergic antidepressant medications on sexual functioning.

The two chapters on extramarital affairs in mid-life, discussing the meaning of affairs to the participants as well as to the therapist, enlighten, provoke, and raise many useful questions. Levine offers his thoughts on how clinically to handle the question so typically asked in this connection, What are we going to do?

A very useful concept that Levine has championed over the years is what he calls "the sexual equilibrium." It is the ever-changing balance between sexual partners of the many complex biopsychosocial variables that each partner brings to a relationship. Sexual satisfaction depends on flexibly adjusting the sexual equilibrium throughout the changes and vicissitudes of life. The clinical examples peppered throughout this book offer useful illustrations of this concept.

In a very personal chapter, "On Being a Middle-Aged Therapist," Levine shares his own journey of maturation as a therapist and the losses, rewards, and surprises of mid-life.

In the last chapter, "One Avenue to Spiritual Love," Levine returns to the topic of love. The book ends, as it started, with a question: "What will become of our field if we continue to be professionally disinterested in love?"

MAJ-BRITT ROSENBAUM, M.D.
Larchmont, N.Y.