Book Forum

PSYCHOANALYSIS

Psychoanalytic Therapy as Health Care: Effectiveness and Economics in the 21st Century, *edited by Harriette Kaley, Morris N. Eagle, and David L. Wolitzky. Hillsdale, N.J., Analytic Press, 1999, 312 pp., $49.95.*

Psychoanalysts collide with managed care in stressing the following values: 1) emphasizing privacy rather than external review, 2) trusting therapists rather than mistrusting them, 3) valuing the most highly trained therapist rather than the least costly therapist, 4) striving in treatment to obtain the maximum desirable growth rather than minimally acceptable function, 5) stressing the imperative of the patient's welfare rather than the imperative of the corporate market, and 6) applying costs only for the treatment rather than for administration, marketing, and profits as well.

This book's two dozen authors, mostly members of the American Psychological Association's Division of Psychoanalysis, provide an elegant championing of the psychoanalytic view of this collision. The authors agree with their psychiatric colleagues (1, 2) that coverage of psychoanalysis is cost-effective in that it achieves greater resilience for patients to future stresses. Within this book's clarion call, however, there are some tensions.

One of the authors, Marvin Hyman, argues against psychoanalysis being part of health care, believing that psychoanalysis will never remain pure within medicine because psychoanalysis' sole purpose of analyzing remains incompatible with assuming responsibility for a patient's life. Although the other authors do not agree, they do not meet Hyman's argument head on.

A second tension is the degree to which psychoanalysis should be regarded as a science. Alan Stone's position (3), that psychoanalysis has survived as an art but has failed as a science, troubles psychologists. Psychologists want at least one foot at all times solidly on the base of science. Further, the authors do not recognize physicians' understanding that the broad art of establishing the physician-patient relationship has considerable therapeutic power. These authors write as though only a psychoanalyst works the therapeutic relationship.

Trying to keep one foot at all times solidly on the base of science leads the editors to conclude that psychoanalysts must demonstrate that "we are able to help patients reduce significantly their vulnerability to future psychopathology and impairment in adaptive functioning and improve the quality of their lives" (p. 277). That comes close to playing by managed care's rules. None of the authors seems interested in seeing psychoanalysis become scientific through the discoveries of basic science (4), probably fearing the uncertainties of that epistemological approach.

In reading this book, it becomes clear why, of all the mental health professionals, psychoanalysts have provided the leadership over the past 15 years in the challenges to managed care.

REFERENCES

1. Lazar SG (ed): Extended Dynamic Psychotherapy: Making the Case in an Era of Managed Care. Psychoanalytic Inquiry Suppl 1997
2. Eist H: Managed care: where did it come from? what does it do? how does it survive? what can be done about it? Psychoanalytic Inquiry Suppl 1997, pp 162–181
3. Stone AA: Where will psychoanalysis survive: what remains of Freudianism when its scientific center crumbles? Harvard Magazine, March 1997, pp 34–39
4. Kandel ER: Biology and the future of psychoanalysis: a new intellectual framework for psychiatry revisited. Am J Psychiatry 1999; 156:505–524

ROGER PEELE, M.D.
Washington, D.C.

Countertransference and Regression, *by L. Bryce Boyer, M.D.; edited by Laura L. Doty. Northvale, N.J., Jason Aronson, 1998, 260 pp., $40.00.*

This interesting book, written primarily for experienced psychoanalysts, consists of two forewords, an introduction, "A Conversation With L. Bryce Boyer" by Sue von Baeyer, and 12 previously published papers by Boyer (one "with the assistance of Laura Doty") dating from 1983 to 1997. We are told that these papers, most of which are short and of uneven quality, constitute the second volume of Boyer's collected papers.

One has to accept Boyer's Kleinian orientation on faith; one either takes it or leaves it. The reader will need a certain familiarity with Kleinian psychoanalysis to appreciate Boyer's work. The forewords, one by James Grotstein and the other by David Rosenfeld, are extremely laudatory about Boyer and might function to reinforce one's belief in his speculations, such as, "It is held here that whatever the analyst experiences during the analytic session constitutes his idiosyncratic introjection of the patient's verbal and nonverbal communications, containing the patient's projections, and the analyst's predominantly unconscious reactions to those introjections" (p. 9). Boyer views "each analytic session as though it were a dream, in which the major unresolved transference-countertransference issue of the last or last few sessions composes the day residue" (p. 12). Probably the most extreme example of Boyer's approach is found in chapter 12, "The Verbal Squiggle Game in Treating the Seriously Disturbed Patient."

Boyer's reputation and experience are based on his willingness to attempt psychoanalysis with psychotic and other very difficult and extremely regressed patients, and he is enthusiastic regarding his success in this kind of work. He argues that if there is a well-established holding environment and holding alliance, psychotic reactions "will be confined almost exclusively to the consultation room. The analyst and patient must be able to tolerate them, learn from them, and use them for therapeutic ends" (p. 122). As he worked in this mode, he turned more and more to a study of his own emotional and physical reactions to the patient's productions.

Boyer gives us admittedly subjective statistics (pp. 114–115) on his work. He treated 112 patients, 50 in face-to-face psychotherapy once or twice weekly and the rest in psychoanalysis four, five, or, rarely, three times weekly. "The choice of treatment was determined almost exclusively by finances and geography." Thirteen of the 50 patients in psychotherapy improved, and one "was much improved." Nine of the psychoanalytic patients stopped during the first year, and one improved. Eighteen left in less than 2 years; 15 of these were "somewhat" improved, and "one was much improved." Twenty-nine continued to termination; three were improved, and 26 "much improved." He cites colleagues as having been impressed with his capacity to tolerate regression and maintain therapeutic contact with a patient through the course of a regression, allowing the basic structure of the therapeutic situation to continue and providing and maintaining "a consistent, optimistic, empathic environment in which indirect ego and superego support is given" (pp. 115–116).

The book contains some valuable clinical pearls for the psychiatrist interested in practicing psychoanalytically oriented psychotherapy. It also contains statements such as this:

> All of my female patients who underwent Yuletide regressions also sought to obtain phalluses. While most similarly hoped to receive a penis as a gift, almost every woman also imagined obtaining it through aggressive, oral means, either through eating a man's penis with vaginal teeth, or while performing fellatio. Others… imagined getting or becoming a phallus through ingesting symbolic sibling surrogates in the form of little animals or birds. (p. 71)

If the reader can get past this, there are two chapters that have especially valuable information for psychoanalytic psychotherapists. These are chapter 5, "On Man's Need to Have Enemies," and chapter 7, "Psychoanalysis With Few Parameters in the Treatment of Regressed Patients, Reconsidered."

In chapter 5, which is based on the work Boyer and his wife did among the Apaches of the Mescalero Indian reservation, there is a study of how important externalization of rage through the creation of enemies seems to be in the handling of massive human aggression. Only through dealing with this aggression can humans function effectively in a civilization, so that "man needs external objects, real or imaginary, that he defines as bad, or as enemies, upon which to externalize his inner bad self- and other representations in order to maintain a favorable self-image and peace in his group" (p. 95).

Chapter 7 emphasizes how important the setting and the reliability of the analyst are, especially in the treatment of sicker patients. There is a great deal of discussion of splitting and projective identification in preoedipally damaged patients. By a study of the "unfolding transference-countertransference situation" (p. 117), Boyer believes he found the way to reduce impasses in psychotherapy and remain both objective and empathic. The bottom line of this approach is to treat each session as if it were a dream, attempting to uncover the latent conflicts that energize it through focus on the unfolding transference-countertransference situation. He greatly emphasizes the therapeutic impact of the holding and facilitating environment and the relationship with a new object, the analyst, as crucial in the treatment process: "The more the patient is regressed, the greater is the importance of environmental facilitation in his treatment and of the capacities of the analyst to interact comfortably with the individual whose drives are urgent and untamed, whose superego is archaically sadistic, and whose communication techniques are confusing and determined (as is much of his perception and behavior) by his use of primitive psychical mechanisms" (p. 118). Boyer argues that the psychoanalytic relationship offers a special opportunity to the patient for a new beginning (borrowing from the work of Balint), and he takes the controversial stand that controlled regression during psychoanalytic treatment is an important therapeutic factor that "can enable the patient who has been partially fixated at such an early level of psychic organization to develop to higher levels of organization" (p. 164).

In summary, this book will have something of interest for psychoanalytically oriented psychiatrists and psychoanalysts, but it requires some background knowledge of Kleinian psychoanalysis in order to make it intelligible, as well as a certain faith in the validity of Boyer's reports and statements.

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

Lay Analysis: Life Inside the Controversy, *by Robert S. Wallerstein. Hillsdale, N.J., Analytic Press, 1998, 511 pp., $69.95.*

This is a strange book. I had difficulty deciding for whom it was written. It purports to be an account of the struggle of nonmedical analysts to be accepted by official psychoanalytic organizations. Although the International Psychoanalytical Institute did accept members who were not physicians in other countries, it had a special arrangement with the American Psychoanalytic Association that only physicians from the United States could be accepted officially as psychoanalysts. This arrangement was challenged by a number of psychologists in 1985, who sued the organization, claiming that "the American [Psychoanalytic Association] unfairly monopolized the quality psychoanalytical training market across the nation and thereby barred psychologists from proper access to this training and practice, which deprived them of this lucrative and prestigious means of earning a livelihood" (p. 137).

The negotiations sparked by this litigation carried over for 6 years, and Dr. Wallerstein, as President of the International Psychoanalytical Institute, traces in detail the correspondence, interactions, and interventions that took place during this extended period, but for what purpose? Who, other than legal experts or students of organizational development, would be interested in such a meticulous and detailed description encompassing more than 450 pages? The struggle can be summarized in a quotation from the book:

> The years of the lawsuit, from March 1985 to October 1988, were especially stressful and combative. Unhappily, even after the settlement of the lawsuit, the struggle between the defendant organizations and the erstwhile plaintiffs continued and at times seemed unabated in intensity. A quieting ultimately came as the IPA processed and accepted into component society status, those nonmedical psychoanalytic training organizations in the United States that desired the IPA affiliation and were willing and able to bring their training practices into accord with IPA requirements. (pp. 440–441)

This exhaustive examination of the issues, however, does not really come to terms with the basic question of why the

conflict occurred. Was it a matter of economics alone or a more philosophical issue as to whether this method of treatment is a subspecialty of psychiatry? The training of the physician, with the experience of being present at childbirth and at the deathbed, provides him or her with unique view of mankind, which I believe is not given in any other training (and I say this having both an M.A. in psychology and an M.S.W.). The problem presents itself today in a variety of other ways. Can the analyst prescribe medication, or does he or she have to use another person to manage the prescribing, and how does this affect the analytical situation? Psychologists are trying to deal with this now by attempting to get legal approval to prescribe medication.

Toward the end of the long drawn-out suit, the issue became one of whether psychoanalytic treatment had to be conducted four times a week, or whether three times a week could be accepted. No one questioned how it came about that four times was good and three times was bad. Why not five times a week? Is it an apocryphal story that when asked, "Why four times a week?" Freud is said to have answered, "Four times five is 20, and five times four is 20, and so if we see a patient four times a week, we can see five patients." So perhaps it does all come down to economics.

There is no question that there are excellent analysts who are not medically trained. Nor is there any likelihood of turning the clock back at this point. The situation will remain as it is, and other forces are already at work to change the face of psychoanalysis. This book, then, will remain as an archival account of a particular and peculiar struggle in the life of a profession.

LEO H. BERMAN, M.D.
Westport, Conn.

SUBSTANCE ABUSE

Substance Abuse Disorders in Clinical Practice, *by Edward C. Senay. New York, W.W. Norton & Co., 1998, 222 pp., $37.00.*

It is noteworthy that the author, a distinguished senior clinician and investigator who knows the breadth and depth of the field, modestly begins this book by warning the reader about what is not covered in the book and what is not known in addiction medicine. Dr. Senay appreciates the complexities of the biopsychosocial factors that are involved in substance use disorders. He also appreciates the importance of the treatment relationship and of overcoming negative attitudes and stereotypes that too often stand in the way of understanding and treating our patients with substance use disorders.

In the first two chapters, Dr. Senay succinctly delineates the nitty-gritty elements of managing patients' treatment needs, including an excellent overview of how to construct a treatment program and what it should consist of. Much wisdom about clinical practice and knowledge about patient needs are effectively condensed in these chapters.

I sometimes facetiously remark that it has been a blessing or a curse as a practitioner to have lived through two "drug epidemics" (heroin in the 1960s and cocaine in the 1980s). In either case, persisting up to the present time in office practice, where now most of my patients are dependent on alcohol or proprietary drugs, I have had the opportunity to work with a wide variety of patients with substance use disorders and garner much knowledge and understanding about the causes and consequences of substance use disorders and their treatment. Although I suspect Dr. Senay has a few more years on me in this field and embraces a different perspective than mine, it is reassuring that, independent of each other (I have frequently cited his research but have never met him), we come to similar conclusions about the practical and clinical need for understanding and treating patients with substance use disorders. There have been too many myths and controversies in addiction medicine/psychiatry, and Dr. Senay cuts through most of them with even-handed, sage observations and helpful clinical guidelines regarding understanding and working with all of the substances that cause drug dependency. Although Dr. Senay covers this ground in less than 250 pages, this master clinician's fund of knowledge is encyclopedic, and he presents his extensive clinical experience and practical knowledge in an engageable and stimulating way.

Beyond specifics of the clinical aspects of managing drug toxicity and withdrawal, Dr. Senay brings a special "ethic" to his work with patients. In his view, patients with substance use disorders should be treated specially and humanely (not as a "special population"), with all the commitment and scientific acumen we can muster on their behalf. He recognizes the importance of denial but moves beyond it to appreciate the patient's ambivalence about recovery and how to work with it. I agree with him in his respect for the prospect that a trusting relationship can often be established with a substance-abusing patient and that the clinician can obtain a reliable and valid history. This is accomplished by a nonjudgmental attitude and respect for a patient's resistances. On the other hand, Dr. Senay is not soft about the deceit and unacceptable behaviors that can and do occur with behaviorally disturbed patients. He advocates that clinicians inform or persuasively confront patients about their "disease" or disorder and set firm limits when and if necessary—e.g., dealing with methadone divergence, violence, and the need for safety.

I found little with which to take issue in Dr. Senay's book. I recommend it as an important, concise reference for students, beginning practitioners, and seasoned clinicians who need to be refreshed about the basic pharmacology of substances of abuse. Most of all, I recommend this book to all students and practitioners because it presents an enlightened and humane approach to treatment and meeting the complex needs of patients who suffer with substance use disorders.

EDWARD J. KHANTZIAN, M.D.
Haverhill, Mass.

Recent Developments in Alcoholism, vol. 14: The Consequences of Alcoholism: Medical, Neuropsychiatric, Economic, Cross-Cultural, *edited by Marc Galanter. New York, Plenum, 1998, 499 pp., $95.00.*

Alcoholism, to a degree, has been out of our society's focus of attention lately, probably due to the legal status and relatively easy availability of alcohol and society's preoccupation with other drugs of abuse. Yet, alcohol abuse remains a serious medical, economic, and societal problem. According to the book under review, the economic cost to society from alcohol abuse and alcoholism in the United States was an estimated $148 billion in 1992. Nevertheless, our knowledge of the most recent developments in this area has been mostly superficial.

A great deal of research on alcoholism and its consequences has been done. The results have been rather scattered through the literature. Therefore, years ago, the American Society of Addiction Medicine and the Research Society

on Alcoholism undertook a heroic task to organize and summarize the available information on alcoholism—they started to publish *Recent Developments in Alcoholism*. The previous volumes covered numerous topics, from genetics to social and environmental issues. Volume 14 focuses on four consequences of alcoholism: medical, neuropsychiatric, economic, and cross-cultural. The book has 19 chapters written by 54 authors, most of whom are well-known experts in the field.

Section 1, Medical Consequences of Alcoholism, consists of five chapters focused on topics such as metabolism of ethanol and its adverse effects on the liver and stomach; alcohol and the pancreas; alcohol and cancer; alcohol and lipids; and the cardiovascular effects of alcoholism. This section is well edited and well written. It contains a wealth of interesting information; e.g., 75% of all medical deaths attributable to alcoholism are the result of cirrhosis of the liver. The discussion of the role of alcohol abuse in various forms of cancer is detailed and revealing. The chapter on the cardiovascular effects of alcohol points out that alcohol abuse is associated with a greater risk of coronary events and stroke and that, in contrast, moderate use of alcohol is favorably related to these disorders.

Section 2, Neuropsychiatric Consequences of Alcoholism, contains five chapters dealing with topics such as the mechanism of alcohol craving; effects of moderate alcohol intake on psychiatric and sleep disorders; executive cognitive functioning in alcohol use disorders; functional consequences of ethanol in the central nervous system as reflected in brain imaging studies; and complications of severe mental illness related to alcohol and drug use disorders. This is also a very informative section with a wealth of important information. The chapters addressing the effects of moderate drinking on psychiatric disorders and the complications of severe mental disorders related to alcohol use would probably be of the greatest value for the clinically oriented reader.

Section 3, Economic Consequences of Alcoholism, summarizes in four chapters topics such as economic costs of alcohol abuse and alcoholism; the effects of the price of alcohol on the consequences of alcohol use and abuse; problem drinking and productivity; and the cost offsets of alcoholism. This section is an excellent eye-opener about the economic costs of alcoholism, priced at $148 billion in 1992. Only $18.8 billion of this represented alcohol-related health care expenditures. Premature mortality accounted for $31.3 billion, impaired productivity for $67.7 billion, and crime for $19.8 billion.

The last section, An International Perspective of the Biobehavioral Consequences of Alcoholism, consists of five chapters reviewing such topics as cocaine metabolism in humans after alcohol abuse, hazardous and harmful alcohol consumption in Mexico, and an analysis of drinking habits of French existentialists during and after World War II (interesting, but clearly an out-of-place topic). The focus of this section is not clear.

This is an interesting, fairly well edited (except for possible overlaps with previous volumes), well-written, and excellently referenced volume. It skillfully summarizes the amazing amount of information in three areas. However, the fourth section seems to be out of place, unfocused, and not very useful. The book will be of interest for anyone seriously interested in alcoholism and its consequences. It is also a good reference book. However, a busy clinician may find it quite tedious and expensive reading.

RICHARD BALON, M.D.
Detroit, Mich.

New Treatments for Opiate Dependence, *edited by Susan M. Stine and Thomas R. Kosten. New York, Guilford Publications, 1997, 286 pp., $36.95.*

In the 1990s, opiate dependence reemerged as a broad public health threat. Heroin available "on the street" is more pure and potent, so that the intranasal route of administration suffices to support a habit. This removes a barrier posed by intravenous administration and opens heroin up to a wider "market." In this context, the volume edited by Stine and Kosten on treatment of opiate dependence is most timely. Treatment for opiate dependence is highly evolved, the result of a concerted research effort over the past four decades that has produced effective pharmacotherapies and psychosocial-behavioral adjuncts. The clinician has much to offer an afflicted patient, but most clinicians, both in and outside of psychiatry, know little of this field. The authors, drawn largely from the Yale group as well as Dr. Ling's group at the University of California, Los Angeles, have been major contributors to the progress of this research, and this is reflected in the consistently scholarly and critical approach followed in each of the chapters.

The first two chapters, by Terese Kosten and Eric Nestler, provide lucid overviews of the basic science of opiate dependence and its treatment. Unlike many psychiatric disorders, opiate dependence has strong animal models that seem to closely parallel phenomena of tolerance, dependence, abstinence, and relapse in human addicts. Kosten's chapter provides an excellent summary of these laboratory paradigms and does an especially good job of discussing their limitations. These are important for clinicians to understand because compelling findings from such models have not always translated into successful treatments in the field of substance dependence. Nestler's chapter beautifully illuminates our growing knowledge of the neurobiology and neuropharmacology of opiate dependence, including opiate receptor subtypes and the neuroanatomy of opioid systems. The discussion of intracellular processes in response to opiate exposure is particularly fascinating and makes this arcane material accessible to the general reader.

The next set of chapters covers new developments in the optimization of the classic treatment modalities for opiate dependence—agonist maintenance with methadone, detoxification strategies, and antagonist maintenance with naltrexone. As well as updates on the latest research, these chapters also stand as good introductions to the treatment methods—for example, Stine's discussion of the importance of dose, blood level, and awareness of potential drug interactions in the application of methadone maintenance. Particularly valuable is the critical stance maintained by the authors, such as Rosen's frank discussion of the limitations of clonidine as a detoxification agent. Farren, O'Malley, and Rounsaville provide an excellent discussion of psychosocial treatment approaches that might be applied to make naltrexone maintenance more effective, as do Avants, Ohlin, and Margolin in their chapter on psychosocial treatments in methadone maintenance. The chapter on acupuncture highlights the surprising accumulation of evidence supporting this alternative treatment modality. In their chapter on the medical care of

opiate addicts, O'Connor and Selwyn provide a welcome review for psychiatric clinicians who are increasingly called on to serve a primary care function of assessment and appropriate referral for HIV, viral hepatitis, and other serious medical problems common in opiate addicts.

The final chapters introduce two new pharmacotherapies—the recently approved long-acting maintenance agent levomethadyl acetate hydrochloride and buprenorphine, the intriguing partial agonist that has potential applications for both maintenance and detoxification and may be approved in some format for office-based practice.

In summary, this excellent volume can serve as an introduction to the treatment of opiate dependence, a review for the expert clinician, and a reference text, thanks to the scholarly literature reviews and reference lists. Future editions might be improved by the addition of chapters on prescription opiate dependence, pain management, and treatment of comorbid psychiatric disorders, topics that receive relatively little coverage in the current edition.

EDWARD NUNES, M.D.
New York, N.Y.

CHILD ABUSE AND PTSD

Wednesday's Child: Research Into Women's Experience of Neglect and Abuse in Childhood and Adult Depression, *by Antonia Bifulco and Patricia Moran. New York, Routledge, 1998, 207 pp., $80.00; $24.99 (paper).*

There is scarcely a psychiatric condition in women for which childhood abuse is not blamed. Nearly all of the research in this area, however, relies on unconfirmed retrospective reporting. Although people can remember important events from their childhoods, people who are ill may be more likely to remember negative events, and a woman will have had countless experiences between the time of the childhood abuse and her appearance in the research or treatment setting. So, when we try to understand the connections between abuse and psychiatric illness, we have two fundamental questions: How do we know it happened? How do we know it causes psychopathology?

This book is an attempt to answer these questions. The authors looked at links between childhood abuse and women's depression in adulthood. They explain why they did not study children for whom there was direct evidence of abuse; there would be no outcome data until those children grew up, there would be ethical conflicts, and children would probably have considerable difficulty articulating accurate descriptions of the abuses they had suffered. So they used adult subjects and developed methodologies to address the problems with retrospective reports. They used a general, rather than a clinical, population. They conducted lengthy interviews in which women were helped to construct sequential accounts of their lives by "anchoring" the accounts with objective events (birthdays, starting school). They asked no leading questions about abuse, and they insisted on specifics rather than general statements about childhood mistreatment.

Most of the book consists of such descriptions. The authors reasoned that the incidence is underestimated rather than overestimated, because their subjects were more likely to minimize than dramatize abusive experiences. For a portion of the study, they attempted to corroborate data by interviewing pairs of sisters. The incidence of sexual, psychological, and physical abuse, they discovered, was very similar to that reported in previous studies.

The outcome variable was an episode of depression within the previous 12 months, as measured by the Present State Examination. The authors readily grant that there are biological factors beyond their purview. Having a great deal of demographic and historical information, they were able to perform statistical analyses so that correlations could be corrected for confounding variables, such as family poverty and parental psychopathology. They conclude that abuse does significantly increase vulnerability to depression, but not invariably:

> It is the accumulation and escalation of risk over a number of years which make depressive episodes in adulthood a highly probable outcome, not some magical dormant link with childhood across a vacuum devoid of adversity. Thus, at each life stage, risk factors increase the risk of further risk factors which ultimately culminate in a disorder. (p. 154)

They hypothesize that the same holds true of protective factors and accounts for the resilience of abused children who do not become depressed adults.

This book does not offer paradigm-shifting information, but it is a worthy attempt to enumerate and analyze the nature and outcome of the abuse of girls, full of poignant quotes that bring its subject to life.

NADA L. STOTLAND, M.D., M.P.H.
Chicago, Ill.

Recollections of Sexual Abuse: Treatment Principles and Guidelines, *by Christine A. Courtois. New York, W.W. Norton & Co., 1999, 436 pp., $45.00.*

This is a timely book. Disputes about the veracity of memories of sexual abuse have caused great divisions within the psychotherapeutic professional community and have made many practitioners hesitant to treat individuals complaining of sexual abuse for fear of malpractice suits. Whenever therapists quarrel, patients suffer. Courtois has produced a book that carefully details the information and data informing all sides of this controversy, while aiming to tread a middle ground in both her analyses and treatment approaches. She does so admirably.

The book contains nine chapters that discuss the recovered memory/false memory controversy in sociohistorical perspective and in the present context. The author describes and critiques current knowledge about memory and trauma as well as child sexual abuse and memory. Standards of care and of practice from a number of professional associations are discussed and then reproduced in an appendix. Also of great interest to clinicians are the chapters on clinical guidelines and risk management for assessment and diagnosis and for working with memory issues. A consensus model for posttrauma treatment and a discussion of countertransference issues with case examples are excellent and should be required reading for all trainees in psychotherapy.

Courtois's descriptions of countertransference and of the psychotherapeutic treatment of trauma are so cogently and insightfully written that clinicians at all levels of experience will benefit from their reading. Clinically sound, they are also full of practical as well as theoretical advice on treatment. It was a pleasure to read and learn from an author who

knows her field well and discusses it with the clear and unprejudiced analysis expected of an academic as well as the compassion and knowledge of an expert psychotherapist.

JUDITH H. GOLD, C.M., M.D., F.R.C.P.C., F.R.A.N.Z.C.P.
Halifax, N.S., Canada

Risk Factors for Posttraumatic Stress Disorder, *edited by Rachel Yehuda, Ph.D. Washington, D.C., American Psychiatric Press, 1999, 250 pp., $42.50.*

In this book, as in previous volumes in the American Psychiatric Press Progress in Psychiatry series edited by David Spiegel, the chapters are by leading researchers in the specific field of interest. The difficulties in conceptualization of risk factors for posttraumatic stress disorder (PTSD) and the sophisticated methodology imposed by the subject are detailed in many of the chapters. This book would be valuable to readers who are doing research in the same or related fields, but it would also be useful for clinicians, whose expanding knowledge base will better inform their work with patients.

In the last two decades, traumatologists, those who have been investigating the origin and effects of trauma, have emphasized "real" events as the exclusive origin of posttraumatic symptoms. The view that which most professional therapists endorse is Lenore Terr's view (1) that psychological stress damages as would a "series of blows." Judith Herman (2) represented trauma as an "affliction of the powerless" in which "the victim is rendered helpless by overpowering force." However, the "hammer blow" of trauma as metaphor inevitably must raise the question of, "On what?" After all, a hammer will break glass but may not even mark some materials, and although traumatic events are ubiquitous, relatively few people develop PTSD. Some traumatologists attached to the original DSM-III concept were hesitant about blaming the victim. The examination of "risk factors" for the development of PTSD in itself turns the original concept on its head.

This book addresses the complexity of this research. Philip Harvey and Rachel Yehuda write on the overall strategies for studying risk of PTSD. Epidemiological risk factors and the difficulties in assessing them is addressed by Ronald Kessler et al. William True and Michael Lyons discuss risk factors in a twin study. Rachel Yehuda writes on parental PTSD as a risk factor. Neurocognitive risk factors are examined by Scott Orr and Roger Pitman. Arieh Shalev writes on psychophysiological expression of risk factors. A.C. McFarlane examines risk factors for acute biological and psychological response to trauma. Paula Schnurr and Melanie Vielhauer write on personality as a risk factor for PTSD. Finally, Matt Friedman does a masterful summing up of the chapters and dilemmas in keeping with the high level of the preceding chapters.

What can we do with this information? If an individual or a group have identified factors for risk of PTSD, can they be protected from traumatic risks? Can the possibility of unfortunate encounters be limited? These are still preliminary cross-sectional studies—but as studies become more refined and reliable, there may be more clearly defined preventive measures and better therapies for this continuing problem.

This book will be most valuable to those doing research in related areas. Those clinicians who work with patients with PTSD would do well to read this book also—they will become aware of current thinking and the complexity of this pervasive problem.

REFERENCES

1. Terr LC: Childhood traumas: an outline and overview. Am J Psychiatry 1991; 148:10–20
2. Herman JL: Trauma and Recovery. New York, Basic Books, 1991

THEODORE NADELSON, M.D.
Boston, Mass.

MOOD DISORDERS

Comorbidity in Affective Disorders, *edited by Mauricio Tohen, M.D. New York, Marcel Dekker, 1999, 280 pp., $145.00.*

This book is a multiauthored volume with 12 chapters that focus on unipolar and bipolar disorders and comorbidity among axis I, axis II, and axis III conditions. The book is basically divided into one general chapter by Kessler on comorbidity of unipolar and bipolar disorders; a series of five chapters related to unipolar disorder and substance abuse, medical disorders, personality disorders, medical disorders in the elderly, and children and adolescents; and six chapters on bipolar disorder and substance abuse, medical disorders, other axis I disorders, axis II disorders, old age, and developmental aspects of comorbidity and mania.

The authors were well selected and, in general, are well-known and experts in their fields. As with any multiauthored text, there was some delay in publication. The most recent reference that I found was from 1997. Given that this volume was published in 1999, the references are generally up-to-date. Each chapter is very well referenced, and one of the areas that I personally value in such texts is their bibliography. It is unlikely that an individual would read this volume cover-to-cover. One might be interested in a particular area—the relationship of bipolar disorder to borderline personality disorder, for example—read that chapter and update one's referencing and get an idea of who is doing research in the field based on the references in that particular section.

Overall, the book is very well written. The editing seems to produce evenness among the chapters in terms of the various subheadings, which were apparently decided on as the book was being designed. There are treatment sections in many of the chapters that are quite useful.

What I find difficult about this book is to determine who might truly enjoy it and benefit from it. It is technical, and it is more of a reference text than anything else—an excellent text for those of us interested in research in mood disorders. It is unlikely that this book would appeal to nonpsychiatric clinicians. Some psychiatrists may find particular chapters of interest, depending on the patients they see.

The statistics in the book are of some interest. Since I was trained in the Washington University concept of primary and secondary disorders, the notion of comorbidity is not news to me. In fact, it is unusual to see a patient today who does not have more than one condition. Thus, comorbidity is the rule rather than the exception. Complexity of psychiatric treatment often gives rise to multiple comorbid disorders in a given patient, and the treatment of such patients poses great difficulties in terms of trying to affect one of the patient's multiple disorders positively without negatively affecting others. This book gives useful clues as to how to approach these complicated problems, and it is helpful to know the statistics related to comorbidity.

In summary, this well-written multiauthored text covers an important modern topic and does it quite well. It is heavily laden with tables and statistics. It is readable and in its own way enjoyable, although the technical basis of this book makes it perhaps of less practical use to nonpsychiatric clinicians and limits its value among psychiatric specialists.

DAVID L. DUNNER, M.D.
Seattle, Wash.

Manic Depression and Creativity, *by D. Jablow Hershman and Julian Lieb, M.D. Buffalo, N.Y., Prometheus Books, 1998, 310 pp., $18.95 (paper).*

Perhaps the book *Touched With Fire* by Kay Redfield Jamison (1) has set the crossbar so high that few can approach it. This book was not among the few. To its credit, however, it appears directed outside the hard-core academic psychiatric audience that Jamison addressed, with user-friendliness as a major objective for a nonprofessional audience. As such, the writing flows well and the content is entertaining as well as instructive. The symptoms and inner experiences of manic and depressive states are well described for the layperson in colorful, informative anecdotes. Importantly, the book actively dispels pervasive myths that mania and depression function to drive creative genius.

There are some unfortunate aspects of the work. People in various phases of the disorder are repeatedly called "manics" or "depressives," serving to propagate mistaken ideas of mania and depression as lifetime states or personality characteristics, as well as to promote a conceptualization of people as disease states or "cases."

A central criticism of the book lies with its general lack of concern for diagnostic validation. Many historical figures are said to be manic-depressive, and a number of classic symptoms of the disorder are invoked, appearing to validate the diagnosis. Verification of the diagnosis in individuals portrayed, however, does not appear to constitute a serious concern of the text. Many people—including Elvis—are assumed to have been manic-depressive, but more confirmation of the diagnosis is needed before pursuing more extensive discussions of the individual's condition. It would have been especially helpful if differential diagnosis of depression from substance abuse, particularly alcohol use disorders, which are well documented among artists, could have been better delineated for readers who may not appreciate how alcohol and drug abuse can create states that mimic affective disorders.

Less well-known individuals are described with unfounded allegations and claims, such as, "Many high-ranking executives and people successful in politics are hypomanics" (p. 25). Credibility could have been improved by citation of sources for sweeping statements. For example, twice it was said that compromised immune function is a frequent accompaniment or even a part of depression (pp. 31 and 181), with no attempt to qualify this popular idea with scientific evidence. It is also said that success and fame can not only increase mania but precipitate psychosis in people with manic-depression (p. 195). This is a statement that begs for supporting data.

The book's cover promises that the authors will "explode the popular myth that suffering is essential to creativity and suggest ways that can alleviate the extreme 'highs' and 'lows' of the disease." Given the lack of professional readership targeted by the text, it would have been a bonus if the authors had educated the public on the victories of treatment over disease. I couldn't find this material presented anywhere besides suggestions in a few brief sentences.

REFERENCE

1. Jamison KR: Touched With Fire: Manic-Depresive Illness and the Artistic Temperament. New York, Free Press, 1993

CAROL S. NORTH, M.D., M.P.E.
St. Louis, Mo.

Bipolar Disorder: A Family-Focused Treatment Approach, *by David J. Miklowitz and Michael J. Goldstein. New York, Guilford Publications, 1997, 320 pp., $35.00.*

Psychoeducational interventions for families have long been empirically validated as deterring relapse in schizophrenia. This book extends the basic treatment model to bipolar disorder. Based on a premise of diathesis-stress, psychoeducators view families as lacking in knowledge rather than functionally defective, and family transactions are considered potential risk factors for decompensation rather than etiologically significant. Michael Goldstein, who unfortunately died before the publication of this volume, was one of the first family therapists to study and advance psychoeducation. His student and later colleague, David Miklowitz, was a prime mover in developing the treatment model described in this book.

Family-focused treatment, a research-based intervention for families of people with bipolar disorder, is a modified version of behavioral family management, originally developed by Ian Falloon, Robert Liberman, and their associates at the University of California, Los Angeles, for families of people with schizophrenia. Family-focused treatment was adapted for families of bipolar patients, who tended to be higher functioning, with greater capacity for insight but also potentially more oppositional than patients with schizophrenia. They were more likely to be married and to have relationship conflicts related to the behavioral manifestations and cycles of bipolar disorder. Family-focused treatment was designed specifically to address problems, resistances, and conflicts of those who had had a recent manic or depressive episode and were living with or in close association with their families, typically parents or spouses.

Part 1 of the book describes the clinical and research background that led to development of the model (which, the authors claim, integrates clinical judgment with ongoing feedback from patients and their families). Part 2 is a manual that proceeds from selection of appropriate candidates to functional assessment, psychoeducation, communications enhancement, and problem-solving techniques. The psychoeducation component includes didactic materials on etiology, treatment, and self-management, including a "relapse drill," a dress rehearsal for what to do when the patient shows incipient signs of a manic or depressive recurrence. Also included are methods for dealing with resistances and with nonadherence to medication. Following this, four basic communication skills are taught (expressing positive feelings, active listening, making positive requests for change, and expressing negative feelings about specific behaviors). There is a special section on dealing with family problems common in bipolar disorder, with a problem-solving worksheet. This exercise is particularly useful in focusing families on a common goal and involving the patient in an egalitarian process of problem resolution.

An important chapter addresses crisis management, with individual sections on how to handle manic, depressive, suicidal, substance abuse, and other psychiatric crises. The book ends with termination of family-focused treatment, with materials on anticipating future problems, evaluating future treatment needs, and arranging for follow-up visits. Many case histories enrich the manual, and handouts are used throughout. The book has copies of the most widely used handouts, with selective permission to photocopy for personal use.

This book is useful for therapists who are willing and able to work with concerned families of adults with manic depression. Like most clinical manuals, however, it gives short shrift to other available resources. There is a brief and rather dismissive mention of the possible value of family support groups. Telephone numbers are given for three national self-help organizations, but these are described as helping those families who wish to disengage from the patient! In addition to behavioral management, families of adults with serious bipolar illness need the support and understanding of others who have shared their experiences. They also need familiarity with federal entitlements, rehabilitative and residential options, and, too often, the ways of the legal and criminal justice systems. Few clinicians know these important details, but other families often do. Clinicians can help with deciding how to use such information. The book has only a single mention of the National Depressive and Manic-Depressive Association, again as a resource for families wishing disengagement. This association offers education and mutual support to patients themselves, has numerous self-help branches around the country, disseminates state-of-the-art psychiatric information from leading experts, and provides an advocacy forum for increased funding for research and services. It is ill-advised to ignore a resource that provides continuing support for people with bipolar disorder and their families long after the termination of family-focused treatment.

A thoughtful foreword by Lyman Wynne points out that this is a flexible treatment model that is applicable to patients who can vary widely in functioning and evoke a range of optimistic or pessimistic responses from their families and therapists. One wonders, however, whether family-focused treatment is protean enough to be useful across cultures. In the same Los Angeles area, its precursor—behavioral family management—produced opposite results with families of low-income Latino patients with schizophrenia (1)

. Compared with case management alone, behavioral family management was associated with greater symptom exacerbation and poorer outcomes at 1-year follow-up, as well as higher expressed emotion among family members. The researchers indicated that highly structured programs with communication directives and take-home exercises may be experienced as intrusive and stressful by poor families from traditional cultures. As the present book suggests, we must also be sensitive to the limitations of focusing on family transactions alone in biologically based disorders, given the body of research on extrafamilial life events that may trigger decompensation and the dangers of again stigmatizing families as implicit toxic agents.

The majority of patients these days do not live with their families, and although family-focused treatment can certainly help alleviate stress in the family system, several studies have found that attitudes of the staff of residential and rehabilitation programs predict relapse as effectively as do family transactions. When psychoeducators talk about reducing complexity and overstimulation in the patient's environment, we would do well to look at reeducating clinical staff and others who are a significant part of patients' lives.

REFERENCE

1. Telles C, Karno M, Mintz J, Paz G, Arias M, Tucker D, Lopez S: Immigrant families coping with schizophrenia: behavioural family interventions v case management with a low-income Spanish-speaking population. Br J Psychiatry 1995; 167:473–479

HARRIET P. LEFLEY, PH.D.
Miami, Fla.

Seasonal Affective Disorder and Beyond: Light Treatment for SAD and Non-SAD Conditions, *edited by Raymond W. Lam, M.D. Washington, D.C., American Psychiatric Press, 1998, 327 pp., $45.00.*

Light is not patentable, and its use as therapy will always be undermarketed relative to pharmaceutical options. Industry will not send representatives to the field to inform physicians of the latest developments in light therapy, nor will it sponsor symposia or run advertisements in professional journals. Consequently, clinicians are unlikely to stay abreast of what is, as this book shows, rapidly accumulating evidence that phototherapy has value for a variety of disorders. Because of this, the book serves a more important role than its psychopharmacological counterparts.

This is an edited volume and, as such, is prone to certain strengths and weaknesses. Among the former is the array of contributors. All are prominent in the field, and all bring substantial research experience to their topics. These topics are, in turn, well balanced. Three chapters concern the physics and physiology thought to underlie the benefits of light; the remainder review the empirical evidence for efficacy in specific disorders. There is some redundancy in all of this but probably less than in most edited books. As is also true of most edited books, the coverage of the literature is less timely than that of journal articles generally. Some chapters here have no references beyond 1995, although several bring the reader into 1997.

Most clinicians associate light treatment only with seasonal affective disorder and would be surprised by the evidence provided here that it also benefits bulimia nervosa, sleep maintenance insomnia, and nonseasonal major depressive disorder. The last of these is of particular interest given the number of positive studies described so far. Eminently researchable questions remain. What subgroups of major depressive disorder derive the most benefit from light treatment and how might it best be used in conjunction with antidepressants, thymoleptics, or sleep deprivation? Clinicians should stay tuned. In the meantime, this book offers a practical resource for a broad audience.

WILLIAM H. CORYELL, M.D.
Iowa City, Iowa