of success, also supported by randomized clinical trials and meta-analyses, have recently been reported with complementary and alternative therapies (e.g., omega-3 fatty acids, *S*-adenosyl-L-methionine, exercise, and mindfulness-based cognitive therapy) (1).

So, what does the sum of these observations tell us? First, it would seem that the several psychotherapies, as practiced, are not as different as their theories would suggest. Second, it indicates that while the results of a therapy may be consistent with its theory, they do not affirm a causal role for it. And finally, it suggests that while we are not in total darkness, we are still in the shadows when trying to explain the question, "How do psychodynamic psychotherapies work?"

You will enjoy the book.

Reference

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KENNETH Z. ALTSHULER, M.D.
Dallas, Tex.

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The Little Psychotherapy Book: Object Relations in Practice, *by Allan G. Frankland. New York, Oxford University Press, 2010, 200 pp., $29.95.*

This is a wonderfully practical and accessible book on conducting psychotherapy from an object relations perspective. Written for beginning therapists (and more advanced therapists new to object relations), it explains basic concepts clearly and with minimal jargon, getting quickly to the meat of what to say. "Little" describes not only the 26 short, quick-read chapters, but also the encouraging nature of the instruction, approachable and friendly to students of psychotherapy.

A basic premise of object relations theory is that humans are motivated by a desire to connect with others. Rather than considering people to be primarily driven by libido and aggression, object relations considers the desire to bond with real and imagined others ("objects") to be the prime motivation throughout life. Early relationships are internalized and played out in adult relationships, including the patient-therapist relationship. Using an object relations perspective, therapists strive to understand the patient's ways of relating in order to improve the quality of his or her current relationships and relieve related symptoms and suffering.

The first three chapters explain the basics of object relations theory, defining important terms and flagging them with bold type. The remainder of the book is devoted to specific guidance on conducting therapy, using a single fictitious patient to illustrate concepts. Common topics, such as projective identification, neediness, and verbal attacks on the therapist, are discussed, and specific interventions are suggested. The author engages readers, asking them to consider the patient's point of view and to think about what they would say next. Key points are clearly marked, such as in the chapter on projective identification: "The concepts in this chapter are probably some of the most important….So please read the chapter carefully" (p. 59).

Many of the presented techniques and ways of thinking about patients are potentially helpful not only for object relations psychotherapy but for any type of psychodynamic psychotherapy. For example, the author's advice regarding timing and number of interpretations, how to "roll with the attack," and his acronym COST (concrete, others, self, therapist) for the four levels of meaning are widely useful across patients and types of therapy. The final two chapters suggest ways of using an object relations perspective with other types of psychotherapy and in inpatient as well as outpatient settings.

Being a brief text, the complex history and theory of object relations is necessarily simplified. This is particularly fortunate because the complexity of much of the writing on this subject might be daunting and discouraging to beginning therapists. However, although a suggested reading list is included, I would have enjoyed an appendix outlining the major contributors to object relations theory (Fairbairn, Klein, Winnicott, Guntrip—to name a few) with a guide to their most important writings.

The *Little Psychotherapy Book* is a useful text for all students of psychotherapy who want to learn the basics of object relations theory and how to incorporate this approach into their treatments. For many, if not most, patients, understanding their struggles by considering how they experience and strive for bonds with others is a most helpful approach.

LYNNE FENTON, M.D.
Aurora, Colo.

The author reports no financial relationships with commercial interests.

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Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness, *edited by Susan G. Lazar, M.D. Washington, DC, American Psychiatric Publishing, 2010, 359 pp., $60.00.*

Psychotherapy Is Worth It is an encyclopedic treasure trove for mental health professionals considering treatment options for patients with mental illness. Dr. Susan Lazar points out that treatment for mental illness has always been viewed as a "soft" service, with no clearly understood outcomes. Societal prejudice regarding the "worried well" indulging in psychotherapy beyond strict medical necessity colors the perception of mental health services.

Lazar gathers a group of distinguished authors to re-examine the uses of psychotherapy within the diagnostic categories traditionally served by psychiatry and in medically ill patients for whom psychotherapy can improve coping and quality of life.

In the introduction, co-authored with Drs. Gerald Adler and William H. Sledge, Lazar supports the argument that the disease burden of mental illnesses in both developed and developing countries is massive, resulting in direct and indirect costs to healthcare institutions and society. Chapters written by a variety of authors follow. Each author attempts to prove

the cost effectiveness of psychotherapy as a single modality or in combination with other interventions.

Affective and anxiety disorders, schizophrenia and psychotic disorders, personality disorders, posttraumatic stress disorder (PTSD), and childhood mental illness are all addressed.

The volume would have been biased indeed if only those outcomes that support the title's thesis were included. Actually, the authors' conclusions range from enthusiasm to skepticism. In the chapter by Lazar and Offenkrantz, psychotherapy is not conclusively proved to be either cost effective or of long-term benefit for PTSD. Dr. Jules Bemporad proposes that the use of psychotherapy in treating children should be effective in returning them to a course of normal development, although the author acknowledges that there are no studies offering conclusive evidence.

In the depression literature (also reviewed by Lazar), the cohorts are larger and the evidence more robust. Even here, however, many studies conclude that psychotherapy is equal to medication or that therapy plus medication outperforms either treatment alone.

Along the way, there are compelling arguments that psychotherapy can be dosed, applied, and measured like other health interventions.

This volume is a marvelous reference for mental health professionals who are thinking through optimal treatment strategies. But it seems that Lazar and her colleagues want to go farther. The intended audience may ultimately be policy makers or healthcare executives looking for guidance in developing cost effective mental health programs with measurable outcomes. This group of authors argues for insurance coverage for psychotherapy to be at parity with other treatments in health insurance plans.

Over the past two decades, the mental health field has grown more slowly than the healthcare industry as a whole. The disease burden has increased exponentially. Yet we are still arguing about the value of mental health treatment! Our tentativeness is multifactorial, but it may stem largely from our poor understanding of the brain and behavior and our lack of standardized treatments for mental illness. There are treatment protocols for all other major disease states that likely vary only slightly from institution to institution. In contrast, the treatment for the same mental illness can vary in different settings. I am not sure that we can convince governmental and private agencies of the value of the treatments our profession offers when these treatments lack consensual definitions from system to system. In some ways, we have created our own problem.

In some institutions, behavioral health patients do not necessarily receive exactly the same treatment for the same illness. Choices, including the prescription of psychotherapy, often depend upon clinic culture, region, or individual practitioner preference. Eighty percent of mental health care is now delivered in primary care offices. Even in an integrated delivery system, there is no standard way of deciding when a patient belongs in a specialty clinic, where psychotherapy is common, versus primary care, where it is not. When we assert that our patients should receive mental health services at parity, we do not know whether we are asserting for them to receive treatment that is highly effective or not.

For parity to be meaningful, leaders in the field must eliminate less effective, less evidence-based treatments and help the healthcare industry decide on a standardized set of treatments, including psychotherapy where it is indicated, with proper outcome measures.

Lazar's volume, despite its comprehensiveness, does not direct us out of this maze. Cost effective services, as Lazar points out, are not "cheap" but may return the investment by offsetting other medical costs. My own perspective is that nonmedication interventions should be standardized, manualized, and often group-based if they are to be covered by health insurance. However, this volume, perhaps reflecting the state of our field, does not give us a definitive conclusion that any of our opinions are as yet sustained by evidence that will convince policy makers and health economists or even ourselves.

JEAN E. MILOFSKY, M.D.
Denver, Colo.

The author reports no financial relationships with commercial interests.

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Clinical Topics in Cultural Psychiatry, *edited by Rahul Bhattacharya, Sean Cross, and Dinesh Bhugra. London, United Kingdom, RCPsych Publications, 2010, 432 pp., £30.00.*

The preface of this book opens with the following statement: "Culture is what makes us who we are." It would be accurate to describe this statement as the foundation on which the book is compiled. The volume consists of 29 chapters, several of which were originally published, between 1997 and 2005, as reviews in the *Advances in Psychiatric Treatment*, as part of a series on culture in psychiatric illness. In this volume, each review has been updated to reflect changes and new findings since the original publication, and the editors have added additional chapters to reflect newer topics that were not part of the original series of review articles. This results in some inconsistency of organization across chapters and repetition of some themes. While this may otherwise have been a drawback, here, the format chosen by the editors is a strength, since it allows each chapter to be a stand-alone discussion of a topic, without requiring cross-reference across chapters.

Writing on culture is difficult, since this is a term of enormous depth and breadth and much of the writing on this topic tends to inadvertently simplify (and sometimes oversimplify) concepts. In my view, the greatest achievement of this book may be its avoidance of this pitfall. The editorial approach is expansive rather than restrictive, and as a result, the book incorporates several topics that have not traditionally been a part of discussions on culture and mental health (for example, globalization, migration, racism, and poverty and their interaction with and effect on mental illness).

The book is organized into the following three sections: Theoretical and General Issues, Specific Mental Health Conditions Across Cultures, and Management Issues in the Cultural Context. In the first section, the chapter on "Globalization, Psychiatry and Human Rights," by Brendan Kelly, opens with a discussion on economic theories and socioeconomic