splitting defenses as they are activated in the transference; the importance of technical neutrality and the occasional need for using parameters; how transference-countertransference experiences and patterns lead to the clinical understanding of the dominant object-relations dyads; how these dyads can be used defensively; and ultimately how these dyads are recreated in the present and their links to the past. Using case examples, the authors discuss and illustrate the tactics of treatment. The tactics used include eliminating secondary gain and choosing the thematic focus of each session, giving first priority to suicidal/homicidal threats, followed by threats to the treatments (e.g., arriving late, not paying bills, etc.), prioritizing a focus on dishonesty or the withholding of important information, as well as contract breeches, and then to a focus on affects and the transference. This discussion and video are especially useful when dealing with any patients who act out.

Chapters 8, 9, and 10 focus on issues that emerge in the early, middle, and advance phases and termination of treatment. Case examples are effective in bringing the technical aspects of the treatment to life.

Early phases of the treatment involve borderline personality disorder patients testing the boundaries and the frame of the treatment, containment of the patient's impulses, dealing with affective storms (video 3), and the identification of the operative object-relations dyads, which emerge in the transference-countertransference experiences.

Midphase of treatment focuses on a deepening understanding of self and others (as expressed in the transference and countertransference) as multiple object-relations dyads. During this phase, the interpretation of primitive defenses leads to integration of split-off affective extremes, which leads to more balanced emotional responses. In addition, the borderline personality disorder patient begins to integrate and coalesce disparate images of self and others and develops new ways of behaving, leading to improved interpersonal relations.

During the advanced phases of therapy, the interpretive processes in the here and now and genetic interpretations (e.g., about the connection between the present and the past) help the patient improve his or her reflective ability. Patients begin to accurately perceive themselves and others. Reality testing is less disturbed and more accurate. There is growing openness and freedom to discuss all experiences with the therapist. Identity becomes stable, since object relations are more integrated and balanced. Patients who progress to this phase are more curious about the therapist's comments and are less symptomatic because they can better contain anxious, depressive, angry affect, and impulsive behaviors. Their personality structure is morphing from a borderline personality organization to the neurotic personality organization.

Successful termination with borderline personality disorder patients often brings up paranoid and depressive themes and periods of regression.

Separations during treatment are an indication of early responses to termination. In the earlier stages of treatment, patients with borderline personality disorder, in response to a therapist's vacation or temporary illness, will experience intense separation anxiety, fears of total abandonment, paranoid/persecutory responses, regressions, and splitting, with much less (if any) depressive themes. This general reaction is often the initial borderline personality disorder reaction to impending termination. If these reactions occur, it is important to deal with persecutory themes, splitting, and regression before working on depressive themes. Insofar as patients with borderline personality disorder have transitioned to a neurotic level of personality organization, they may move from anxiety and persecutory themes to more appropriate depressive themes of feeling sad, mourning for someone who is loved, and internalization of the therapist.

The final chapter discusses measures of structural change that are overtly manifest at the end of a fully successful treatment of a patient with borderline personality disorder. These measures include a progression from antisocial to narcissistic to paranoid to depressive transferences; reduction in acting out and symptoms; integrations of split-off affects and increasingly stable and balanced object relations and awareness of ambivalence; movement from preoedipal to oedipal issues; and improvement in the capacity to relate meaningfully to others, with a growing ability to work, play, and love.

This book is a synthesis of more than 25 years of original work from the founders of the Personality Disorder Institute of New York. This book is a wonderful blend of theory and techniques offering clinical examples and high-quality useful videos. It is a treasure of wisdom immensely useful to all those who are interested in treating patients with severe personality disorders.

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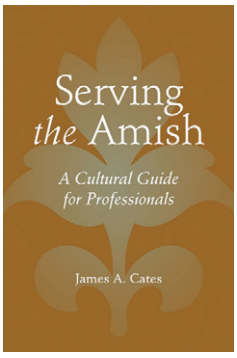
Serving the Amish: A Cultural Guide for Professionals

by James A. Cates. Baltimore, Johns Hopkins University Press, 2014, 256 pp., $34.95.



The Amish church is a branch of the Mennonites that emerged in Germany and Switzerland in 1525, "on the coattails of the Protestant reformation" (p. 5). Persecuted for their strict religious beliefs, they accepted William Penn's offer of religious tolerance in Pennsylvania. The last European Amish died in 1936. In the United States, there are about 300,000 Amish living in 40 communities.

Amish are one of the Plain people, a description given to religious groups whose plain dress symbolizes their rejection

of the modern world. Religious strictness varies between communities: some allow electricity, cars, and computers, while others rely on horse and buggy and for emergencies, a telephone box at the edge of their community. Only one in 10 Amish leave, a testament to the power and strength of their community.

James A. Cates describes his experiences working with the Amish as a therapist. He depicts how the Amish and the "English" (modern American) cultures live close to each other, yet in their own separate worlds. His book is divided into four parts: culture and context, life experience, professional interaction, and practical considerations. Cates offers six general cultural lessons applicable to our work with patients from all other cultures.

First lesson: In closed communities, individuals know each other throughout their life span, creating a "high-context" culture. Communication is short-handed, making it difficult for outsiders to understand exactly what is being communicated. Most Americans live in a "low-context" culture, where information is compartmentalized between public and private, past and present, family and individual. Cates describes the many ways that short-hand communication conveys sentiments only discerned by his Amish coworkers.

Second lesson: The Amish, like many religious communities, believe that the Bible and their religion and religious leaders have the answers about how to live one's life. "English" counselors are viewed as encouraging a restless discontent with the life that God ordained and are seen by many Amish as an affront to the idea that God is in control. The strictest sects opine that "critical thinking is considered the gateway to evil" and believe that "even to ponder the complexities of life is to challenge the will of God" (p. 27). The more progressive communities welcome help. Cates works with individuals and their families and, when necessary, involves the bishops.

Third lesson: A patriarchal society, with little protection for the rights of women and minors, encourages silence around expression of sexuality and sexual abuse of women and children. Unfriddah is a rebuke and partial withdrawal of fellowship and can occur when a wife refuses to submit to her husband's wishes. "English" culture allows protection and provides support for women who decide to leave their community.

Fourth lesson: Decisions are made by group consensus, and what is best for the group trumps individual preference. Keeping the group together is the role of the Amish bishops. The bishops may accept Cates' interventions, although in their preaching, they call for allegiance to Christ as the ultimate counselor.

Fifth lesson: Nonemergent medical care consists of herbs, natural remedies, and poultices. When Cates saw a woman rubbing the head of a patient, he understood that massage, hypnotic suggestion, and the power of touch are important healing ingredients.

Sixth lesson: Collaboration with a closed community requires specific knowledge of community beliefs. "God's will" and "Life in this world is a temporary sojourn" is their pervasive reality. There is also perceived worth in suffering.

Specific cultural practices must be understood. Rumspringa, a Pennsylvania German noun meaning "running around," describes the period of adolescence for the Amish. Mental health experts get most involved with the Amish at this time: trying to sort out the problems the Amish youths get into when they believe themselves "free of the rules." The Amish youths compartmentalize the impact of their behavior on the "English" world and do not understand the role of police and the court in underage alcohol use.

Cates highlights the role of beliefs about mental illness. Most Amish consider mental illness to be caused by lack of faith or generational sin. Although there are some tragic outcomes (e.g., when an individual with psychosis was told by his bishop to cure himself with molasses), "English" mental health care is sought by progressive bishops.

Cates describes Amish projects that intersect with the "English" world. A 12-step program with Amish co-leaders is well accepted for alcohol and substance misuse. The Oaklawn is a community mental health center that serves Amish patients with chronic mental illness. Pathway Publishers print Amish literature addressing mental health. People Helpers of Lancaster County and Family Helpers extend deep into Amish communities. The Sewing Circle is a group of Amish women addressing domestic violence. Their booklet is called *Doorway to Hope*.

Cates uses two psychological approaches to gain the trust of this closed community: person-centered therapy, based on Carl Rogers' humanist approach, and feminist therapy, which identifies power as an important factor in relationships. He practices diplomacy with humility and respect for cultural difference.

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