

A Cursing Brain? The Histories of Tourette Syndrome

by Howard I. Kushner; Cambridge, Massachusetts, Harvard University Press, 1999, 303 pages, \$29.95 hardcover, \$16.95 softcover

Sheldon Benjamin, M.D.

Lying at the crossroads of motion and emotion, Gilles de la Tourette's syndrome has much to teach us about both neurology and psychiatry. When the pathophysiology of this syndrome is finally elucidated, neuropsychiatry will have made a great leap forward. In reviewing the history of the understanding of Tourette's syndrome, Howard Kushner teaches us not only about the syndrome itself but about the history of psychiatric and neurologic thought. And he does so while demonstrating a thorough and meticulous approach to the study of medical history in a well-written and carefully footnoted monograph.

Kushner demonstrates how physicians have been blinded by popular beliefs that prevented rational consideration of the evidence that lay before them. The widely held opinion that tics were hereditary or degenerative delayed the discovery of the association between chorea and rheumatic fever, for instance. Even though physicians in the 1890s were developing an awareness of this association, it was forgotten because of what Kushner calls "historical amnesia" until 1956, when the association of Sydenham's chorea with group A strep infection was established.

The author shows how errors in medical history reporting have compounded the problem. Georges Gilles de la Tourette himself obfuscated the truth when he reported that the famous Marquise de Dampierre had been Charcot's patient and was seen repeatedly by him. Kushner tracked down Charcot's actual words from 1887, which indicated that he knew of the Marquise's malady but had not actually seen her himself. The author poignantly makes the case that physi-

cians to this day commonly refer to cases reported by others in the literature without bothering to ascertain the available facts themselves, thus becoming unwitting accomplices in the propagation of medical fictions.

Kushner covers the psychoanalytic influence on thinking about Tourette's syndrome in detail. In their 1902 monograph, *Les Tics et Leur Traitement*, Meige and Feindel claimed that Tourette's syndrome was caused by regression to infantile behavior.

Ferenczi reinterpreted Meige and Fendel's "Case of O," concluding that tics were "stereotyped equivalents of Onanism" resulting from repressed masturbatory desires. Ferenczi saw catatonia as the opposite end of the spectrum of narcissistic repressed childhood sexuality, and he interpreted postinfectious tics, well known in his day, as an unconscious defense

against the infection's stimulation of the affected body area. Kushner's criticism of the psychoanalysts of Ferenczi's day is that they would frame their diagnosis and treatment of actual patients on an emblematic patient whose diagnosis was based on textual interpretation rather than on clinical interaction.

Kushner demonstrates that the conflict about whether this fascinating disorder is primarily neurological or psychiatric continues to the present. French psychoanalysts reject the view championed by American researchers that Tourette's is a neurological syndrome, and even American researchers differ about whether obsessive-compulsive symptoms should be seen as part of the core syndrome.

Howard Kushner is a superb medical historian who has carefully documented and expertly presented a coherent history of Gilles de la Tourette's syndrome. *A Cursing Brain?* makes excellent reading for anyone interested in the history of neuropsychiatric thought. Both patients and clinicians will find it solid and enjoyable.

Tourette's Syndrome in Fact and Fiction

Twitch and Shout by Lowell Handler; New York City, Plume (Penguin Group), 1999 (published by Dutton in 1998), 212 pages, \$12.95 softcover

Passing for Normal: A Memoir of Compulsion by Amy S. Wilensky; New York City, Broadway Books, 1999, 211 pages, \$12.95 softcover

Motherless Brooklyn by Jonathan Lethem; New York City, Doubleday, 1999, 311 pages, \$23.95

Jeffrey L. Geller, M.D., M.P.H.

The first two books on Tourette's syndrome reviewed here, *Twitch and Shout* and *Passing for Normal*, are first-person accounts, written, respectively, by a man in his forties and a woman in her twenties. The third book, *Motherless Brooklyn*, is a novel whose main character is a young man with Tourette's.

Lowell Handler, the author of *Twitch and Shout*, has been diagnosed as having Tourette's syndrome, dyslexia, attention-deficit disorder,

and obsessive-compulsive disorder. His psychopharmacological treatment has included haloperidol, pimozide, and fluoxetine as well as self-prescribed cannabis. He grew up in the New York City area; he was unable to read fluently until his late teens. His employment has included

Dr. Benjamin is associate professor of psychiatry and neurology at the University of Massachusetts Medical School in Worcester.

Dr. Geller is professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School in Worcester.

functioning as a case manager in a program for homeless mentally ill people, where he was really a recreational worker, and assisting neurologist Oliver Sacks on a project. Now 43 years old, he is a successful photo-journalist.

Handler's prose draws an empathic response from the reader. He makes telling statements such as "I could qualify as an outcast even among outcasts." He talks about his depression, despair, and hypersomnolence in response to learning of his diagnosis and what it might mean for his life potentials. Ironically, for much of his life before college, he and his family were unaware of what his condition was called. Handler adroitly describes other people's responses to his "bizarre" display of noises, curses, and tics. He states, "I noticed that people who are especially nervous or uncomfortable with themselves were most bothered by my Tourette, as if they were internalizing my disorder."

Handler often asks himself questions about his future: "Would I be able to continue my career? Would I become some sort of village idiot, living out my life in solitude and distress? Would I ever have a remission? Would it ever go away? How would I be able to function socially or professionally? Would women shun me?" He had no way of knowing how his disorder might control his life.

Handler is adept at portraying the challenges that Tourette's syndrome presents to him and his not-infrequent defiance in the face of those challenges. "After Toureting I always look to see if anyone is staring," he writes. "When I inevitably find they are, I stare back in defiance, only prolonging the embarrassment, bewilderment, or, worse, outrage on strangers' faces." Handler describes the insensitivity and discrimination he experienced not only in his adult life but as a child, when he was called "Blinky" or "Winky" and similar names. He points out that such derision "affects you throughout your life."

Handler recounts what he was told by another person with Tourette's syndrome: "To those who have exper-

rienced it, no explanation is necessary. To those who haven't, no explanation will do.' That's the truth. People can be sympathetic or identify with it a little bit, but they can't understand it." In *Twitch and Shout*, Handler provides a work that could go a long way toward disproving this proclamation. He has also produced a powerful portrayal of himself and others who have Tourette's syndrome. The book is all the more compelling for its inclusion of photographs, mostly of people with Tourette's.

Twitch and Shout should be read by people interested in Tourette's syndrome, people interested in neurological or psychiatric disorders in general, and people interested in any human condition that singles out individuals for social isolation and ridicule and constricts them from what they otherwise might be.

The author of the second book, *Passing for Normal: A Memoir of Compulsion*, is Amy Wilensky, a 28-year-old who grew up in Sudbury, Massachusetts, and attended Vassar College and the Columbia University writing program. Although she developed tics at age eight, it was not until

she was 24 years old that she was diagnosed as having Tourette's syndrome and concomitant obsessive-compulsive disorder. Throughout most of her life, she has wondered whether she is or is not "crazy."

Wilensky provides both a provocative and a sympathetic portrayal of what it's like to have Tourette's syndrome and what it's like to be overwhelmed by obsessions and compulsions. She describes her existence with such comments as "My own sometimes aggressive, confrontational manner of speaking can be partly attributed to the fact that for 20 years I've had to tolerate having my sentences finished—usually incorrectly—by others, who assume, wrongly, that I am searching for words."

She also writes that to know her is to know "what it was like to fight your own body for control every single waking minute of every single waking day." Or, "Over the past 20 years I have tilted my head sideways to varying degrees . . . thrust my chin forward, shifted my lower jaw to either side or back and forth, rolled my eyes to their outer corners, clicked my back or front teeth in patterns, and rotated my shoulder blades, as if I were trying to make them meet in the middle of my back."

A dilemma for Wilensky, dramatized throughout the book, is her struggle to separate herself as person from herself as a cornucopia of movements and obsessive thoughts. Wilensky writes, "It had occurred to me that, if released from all my rituals—the deeply engrained counting, sorting, hoarding, and checking that were as much a part of my life as getting dressed in the morning, eating dinner at night—I actually became someone else, someone who might resemble me, share defining aspects of me, but who was, when it came down to it, not really me at all."

Passing for Normal focuses mostly on Tourette's syndrome for the first part of the book, and on obsessive-compulsive disorder for the rest. The reader is given a real feel for the personal experience of each of these disorders, and a three-dimensional perspective of living with the two togeth-

In this section . . .

Books on Tourette's syndrome in history, personal experience, and fiction open this month's section. Next Ming Tsuang reviews *Genome*, which explores the types of knowledge gained from understanding our genetic makeup. Among other contributions to the section are reviews of two books on multicultural issues, including a resource on immigrant women's health; a manual on management and supervision of jail inmates with mental disorders; and a handbook on the psychology of sexual victimization. Nancy Glimm reviews Irvin Yalom's collection of six short stories.

er. Further, like many other people with chronic disorders, particularly chronic psychiatric or neurological disorders, Wilensky is frequently struggling to “pass”—to be seen as “normal,” or at least to be seen without the disability that they feel is their defining characteristic.

Passing for Normal flows well and is easy to read, but it is perhaps somewhat longer than it needs to be. The book sags a little from the burden of repeated descriptions of patterns of thought and behavior related to obsessive-compulsive disorder. Nonetheless, I would recommend the book to those in the health professions and to others who want a better understanding of Tourette’s syndrome accompanied by obsessive-compulsive disorder.

Motherless Brooklyn is a quirky novel, included here because the main character, Lionel Essrog, has Tourette’s syndrome. While I found the novel difficult to follow, and the cast of characters not terribly engaging, Essrog himself, who is both the narrator and the central figure, is a very interesting individual.

In *Motherless Brooklyn*, author Jonathan Lethem succeeds in providing another portrayal of Tourette’s syndrome with wonderful use of language. Essrog makes such pronouncements as “I’m a carnival barker, an auctioneer, a downtown performance artist, a speaker in tongues, a Senator drunk on filibuster. *I’ve got Tourette’s.*” Or, in another description, “For me, counting and touching things and repeating words are all the same activity. Tourette’s is just one big lifetime of tag, really.”

Throughout the novel, Essrog erupts in Tourette’s sequences related sometimes by clang associations, sometimes by content associations, sometimes by rhythms, and sometimes in unfathomable ways.

Many of the other characters demean Essrog; some do it pointedly and seemingly ridicule him, and others do it through a perverse sense of camaraderie. As Essrog says, “Me, I became a walking joke, preposterous, and improbable, unseeable.”

Lethem does a marvelous job of ex-

plaining how Tourette’s circles back on itself, perpetuating an inward spiral of symptom upon symptom upon symptom. He writes, “Have you noticed yet that I relate everything to my Tourette’s? Yup, you guessed it, it’s a tic, counting is a symptom, but counting symptoms is also a symptom. A *tic plusultra*. I’ve got mega-Tourette’s. Thinking about ticing, my mind racing, thoughts reaching to touch every possible symptom, touching touching. Counting counting. Thinking thinking. Mentioning mentioning Tourette’s. It’s sort of like talking about telephones over the telephone or mailing letters describ-

ing location of various mailboxes.”

Motherless Brooklyn works well as a primer on Tourette’s. Unfortunately, it doesn’t work as a novel. Most of the other characters are caricatures. The reader basically doesn’t care about what happens to any of them. The book is written as a quasi-mystery, but it doesn’t succeed in this genre. The first three words of *Motherless Brooklyn* are “Context is everything.” Unfortunately, while the description of Tourette’s is worth the read, the context fails. The reader will do better to get a sense of Tourette’s syndrome in the other books on the subject reviewed here.

Genome: The Autobiography of a Species in 23 Chapters

by Matt Ridley; New York City, HarperCollins Publishers, 1999, 344 pages, \$26

Ming T. Tsuang, M.D., Ph.D.

We have often heard over the past century how advances in technology will change our lives. Matt Ridley’s book *Genome* follows that tradition by underscoring the importance of the Human Genome Project to our understanding of ourselves and to many of our long-held aspirations, like the development of treatments for disease.

Actually, the book is not about the genome project per se. Rather, it uses the project as a launching pad to explore the types of knowledge that we have gained, or hope to gain in the foreseeable future, from understanding our genetic makeup. Ridley’s enthusiasm for his subject is evident, and it is reminiscent of a chorus of optimistic voices of earlier generations who told us that everything would be different now that we could fly, could use electricity to light our homes and power our appliances, could inoculate our children against polio, or could walk on the Moon. In fact, he tells us that as we identify our genes, we are

“living through the greatest intellectual moment in history.”

Is he right? Ridley, a science writer who has written previous books on genetic issues, certainly makes a good argument for the importance—and excitement—of his topic. Each chapter of the book corresponds to one of the chromosomes, focusing on one or more genes associated with it for the purpose of exploring a particular issue. Some chapters focus on our prehistory, for example, while others explore topics such as aging, intelligence, memory, disease, personality, stress, conflict, and sex. In addition, Ridley describes the process by which the information was obtained and the people most responsible for our progress in each area. All of these themes are intertwined in a casual style of storytelling that makes complicated material quite understandable.

Ridley does an excellent job of integrating scientific jargon with the thrill of a scientific detective story and the underlying importance of the material to the larger society. That is essentially his goal, and in meeting it he succeeds admirably. His style is like that of a tour guide who is caught up in the

Dr. Tsuang is Stanley Cobb professor of psychiatry and head of the department of psychiatry at the Massachusetts Mental Health Center in Boston.

excitement of the material he is presenting, has a lot to say, and wants to get it all out in a short period of time.

This approach is both a strength and a weakness of the book. It is a strength in that the general reader can get a sense of what the excitement in human genetics research is all about without needing an extensive background in the topic. It is a weakness in that the book does not focus very long, or with very much breadth, on any particular topic. Con-

sequently, much of the information may not "stick" with readers, especially those with less knowledge of the topic. There are certainly topics of interest to mental health professionals, but this group is not the intended audience of the book.

Overall, *Genome* is very good on its own terms, but those looking for an in-depth exploration of the genetic basis of particular areas, such as psychiatric disorders, may want to look elsewhere.

users, seduced by its accessibility and comprehensiveness, down the path to misfortune. In the face of demands to handle larger jail populations with no concomitant increases in staff and space, administrators and treatment providers are told to above all avoid major, preventable error. The kinds of errors that result in successful lawsuits against municipalities and their correctional facilities can be made by capable people if they adopt the forms and implement the practices so well described in the book in the absence of qualified staff practicing within their areas of competence.

Such situations are most likely to occur in smaller jails, and most jails in the U.S. are small. Small jails aren't likely to hire a consultant to tell them how to establish mental health services that will keep them out of legal trouble, nor do they typically have the full array of specialists needed to perform medical screenings, assess risk for suicide, and diagnose and treat people who are mentally ill. The book's comprehensiveness and utility could tempt a well-intentioned person to proceed without qualified staff, relying too heavily on the book.

For example, the guide contains a list of psychotropic medications and their recommended dosages. In addition to management and supervision plans for inmates with antisocial, borderline, and paranoid disorders, the book offers sections on identifying and managing depression, bipolar disorder, and schizophrenia. Is the user supposed to diagnose, medicate, and treat these disorders on the basis of this comprehensive guide? Might someone do just that in a pinch? All of the pertinent information is here; nothing important is missing. Similarly, sample policies and procedures cover important areas quite well, but their success depends wholly on how they are implemented. In the absence of a larger body of contextual information, derived from experience, training, or both, a little knowledge might be a dangerous thing.

Management and Supervision of Jail Inmates With Mental Disorders

by *Martin Drapkin*; Kingston, New Jersey, Civic Research Institute, 1999, 352 pages, loose-leaf, \$125

Melissa G. Warren, Ph.D.

Drapkin's book outlines the main functions that a mental health service must perform in a jail, and it does so in a highly accessible fashion. As the number of people incarcerated in U.S. jails and prisons continues to rise steeply, sheriffs and other correctional administrators find it necessary not only to house offenders with serious mental disorders safely but also to identify and treat them.

This book is a valuable tool for jail administrators who want to build a program or audit an existing one, for community-based mental health providers who are asked to serve a jailed population, and for medical and mental health care staff who work in jails. Drapkin developed this book not only to be useful but also to help combat one of the greatest obstacles to high-quality mental health services in jails—the professional isolation of the staff. Professional staff who work in correctional facilities often feel that they are on the periphery of their disciplines. They find that information does not pass

easily through the walls of a custodial institution.

Many thoughtful touches are evident in the format of the book. It includes forms that can be copied, and the loose-leaf binder permits users to rearrange material or add supplements as their service changes and professional standards evolve.

The scope of Drapkin's book is comprehensive. Chapters or sections on the law that specifies the minimum standards for medical treatment in jails, on screening new admissions to a jail, and on suicide prevention, medication management, crisis intervention, and specialized housing units are well written and comprehensible to a reader with no prior correctional experience or legal knowledge. The book furnishes ready-to-use policies and procedures for gathering clinical information and for triaging, to name only two of many areas covered. It has sample behavioral treatment plans for use with jail inmates with character disorders who exhibit antisocial, borderline, or paranoid features and engage in repeated, goal-directed self-injury by cutting.

The strength of the book is also its weakness. Like Oedipus, who tried mightily to avoid a bad outcome, this book may lead well-intentioned

Dr. Warren is managing editor of the American Psychologist. She has 16 years of experience in service delivery, research, training, and other areas in the corrections field.

The Mental Health Matrix: A Manual to Improve Services

by Graham Thornicroft, Ph.D., M.R.C.Psych., and Michele Tansella, M.D.; New York City, Cambridge University Press, 1999, 291 pages, \$85

Kenneth S. Thompson, M.D.

I sat down eager to read *The Mental Health Matrix: A Manual to Improve Services*, by Drs. Thornicroft and Tansella, hoping for insights and guidance on methods for reforming public mental health services. I did not find a cookbook-style manual. Rather, this is a book of vision.

In turn, I was exhilarated, challenged, and deeply distressed. The authors demonstrate a coherent, compelling way to think about mental health services and their reform. I realized how hard it is, especially for us Americans, to think this way.

It is important to note that Dr. Thornicroft is British and Dr. Tansella is Italian. Their writing reflects the social-democratic traditions of Western Europe. They can think about a single system of care. The relative simplicity of their systems contributes to the clarity of their concepts and, for an American, to a sense of otherworldliness.

The first of the book's five sections introduces the concept of the matrix model and describes the context for its development. In two exceptional chapters the authors trace the connections between community mental health, public health, and the history of mental health care reform in the West.

In the next two sections, the authors detail the dimensions of the matrix. They are geographical (country-regional, local, and patient levels) and temporal (the input, process, and outcome phases of production). The matrix so formed allows the authors to take a systems-oriented approach to services. They can think broadly and narrowly at the same time, across both time and space.

The fourth section focuses on underlying girders of medical practice

Dr. Thompson is associate professor of psychiatry at the University of Pittsburgh School of Medicine.

and health services and how they are related to the matrix. They include evidence, ethics, and human resources. Each of the chapters is compelling. The chapter on ethics allows for a discussion of social justice in health services; this topic is rarely raised in relation to psychiatric ethics, which tends to focus on the ethics of individual practice. I also especially appreciated the authors' discussion of the central role of teams and teamwork in community mental health. I wish they had said a

The Psychology of Sexual Victimization: A Handbook

edited by Michele Antoinette Paludi; Westport, Connecticut, Greenwood Press, 1999, 272 pages, \$69.50

Doreen Orion, M.D.

While much has been written about perpetrators of abuse as well as their victims, *The Psychology of Sexual Victimization*, edited by Michele Antoinette Paludi, is a comprehensive handbook focusing on issues directly related to the victims of sexual abuse in all its forms. Dr. Paludi divides the book into sections dealing with sexual victimization of children, of adults in romantic relationships, of women by strangers, and in educational and workplace settings; issues in the law; and resources for teaching, advocacy, and research.

Dr. Paludi is well qualified to edit such a book: she has had extensive experience in the field of sexual harassment as a researcher, trainer, professor, author, and expert witness. She has also written about and lobbied for victims of other types of abuse, such as domestic violence and abduction of children.

As a handbook, *The Psychology of Sexual Victimization* could have benefited from more case studies. Too many of the chapters offer statistic after statistic and not enough practical

information to help clinicians in the field. This approach is especially curious, as in her own chapter on sexual harassment in education and the workplace, Dr. Paludi does provide case histories, commenting that "these accounts provide a better picture than do simply percentages." More such narratives in other chapters would have been similarly illustrative.

Another problem throughout the book is that many points made about societal attitudes toward abuse are marred by the use of older research data. For example, with all the education and media attention on battering, can anyone really say that "a sizable minority of the American population overtly justify men's right to beat their wives" when many of the studies used to support this statement are 20 to 30 years old? If no more recent research findings have been published, then the authors have a minimal obligation to point out the age of these studies,

little more about the specific role of psychiatrists on the teams. Invited pieces from five contributors from around the world constitute the penultimate section. These authors were asked to apply the matrix in a critical way to their own mental health care systems. Richard Warner, M.D., wrote the chapter on the United States. An Englishman practicing in the U.S., Dr. Warner does an admirable job of capturing both the inadequacies and the dynamism of our nonsystem.

The final section of the book sets a clear and concise agenda for reform in the future. The more people who care about mental health who read this book, the better it will be for all of us.

Dr. Orion is affiliated with the University of Colorado Health Sciences Center in Denver.

and perhaps to comment on why they believe attitudes have not changed in the intervening decades.

Other statistics appear to contradict each other: in one chapter, Dr. Paludi asserts that "50% of undergraduate women experience *quid pro quo* sexual harassment"—for example, sexual demands by faculty in exchange for grades. Yet in another chapter, she again cites this 50% figure as an estimate of any sexual harassment of students by faculty.

Still, the section discussing legal

and legislative responses to sexual victimization gives a particularly good overview for clinicians who need to understand this often confusing area of the law. The appendixes are especially thorough in listing a wide range of organizations that can be contacted for additional information and help.

In spite of some weaknesses, the text as a whole is informative, and it is one that mental health workers and therapists should find useful in their work.

Momma and the Meaning of Life

by Irvin D. Yalom, M.D.; New York City, Basic Books, 1999, 247 pages, \$24

Nancy Glimm, C.S.W.

Psychotherapist Irvin Yalom's new book, *Momma and the Meaning of Life*, is a collection of six short stories that range from the personal factual account of his relationship with his own mother to narrative, clinically focused stories. The final two accounts are fictional. Dr. Yalom's skills as a storyteller and teacher are abundant. He is self-revealing throughout his tales. This act of personal generosity allows the reader to see into Dr. Yalom's life work and his roles as a son, husband, teacher, psychotherapist, and writer. Often what is revealed is exceedingly human.

Dr. Yalom's vulnerability is evident in his relationship with his mother. This relationship is described in the first story, from which the book's title is taken. His desire to communicate with his mother and to have her appreciate their separateness is continuously assaulted by her desire to create closeness through a claustrophobic overidentification. She was an uneducated woman who devoted her life to the care of others. In return, she apparently demanded attention and

loyalty on her terms. Dr. Yalom reflects ten years after her death that he may still be motivated by a desire to please her. "Momma, how'd I do?" is a refrain from childhood that may still be actively influencing his behavior. He is aghast at the possibility that it may be so. He appears to have difficulty coming to terms with this relationship.

The reader may feel for both him and his mother, in their separate, powerful, and contrasting needs. One senses that Dr. Yalom might still be affected by her tremendous limitations, despite his tremendous accomplishments.

The other five stories carry varied themes of struggle between men and women. "Travels With Paula" tells the true story of one of the first cancer support groups in this country, developed by a breast cancer survivor and Dr. Yalom. Apparently this grassroots group was the inspiration for the use of group support in a wide range of cancer care today. Dr. Yalom's story is about a complex shift in power, as his group changes from a patient-leadership model to a group led by doctors. He describes the decline in his relationship with his co-leader Paula, a woman with advanced breast cancer, when he brings in a female doctor to lead the group and unwitting-

ly usurps Paula's defined purpose in life.

A moment of clarity and contact between Dr. Yalom and a psychiatric inpatient is described in the next story. The doctor is engaged in a usual activity, leading an inpatient psychotherapy group while being observed by residents, when something truly therapeutic occurs. After the group ends, he realizes that he and a patient he says a good-bye to have been touched on the deepest level.

The longest story in the book is about Irene. It describes her journey through the untimely death of her husband, Jack, to the resolution of her bereavement. It is an account of a harrowing, complex psychotherapy and an excellent illustration of Dr. Yalom's treatment skills, his dedication, and at times his exasperation with an extremely challenging patient.

In a slightly jolting transition, the final two short stories depart from fact and present fanciful, fictional accounts of dilemmas therapists may only dream about. After finishing them, the reader may feel the collection is somewhat disjointed. A brief author's note sums up Dr. Yalom's overall goal to be both storyteller and teacher and is helpful in pulling together themes.

The author mentions his Web site, where he has posted an afterword providing further references to the professional literature used in writing these stories. The Web afterword also expands on some of the teaching and technical aspects illustrated in the six stories, such as patient confidentiality, the boundary between fiction and nonfiction, the therapeutic relationship, and therapist transparency.

It is easy to revel in Dr. Yalom's creativity and intelligence. He ably communicates his gifts as a teacher, healer, and creative writer. One hopes that the depth and care in practice that Dr. Yalom shares with us will not be lost forever in the rush to speed psychotherapy treatments and limit psychotherapy encounters and in the belief that behavioral change is our only concern as caregivers.

Ms. Glimm is a psychiatric social worker with the child and adolescent team at the Bronx Mental Health Center of the Health Insurance Plan of New York.

Immigrant Women's Health: Problems and Solutions

edited by Elizabeth J. Kramer, Ph.D., Susan L. Ivey, M.D., and Yu-Wen Ying, Ph.D.; San Francisco, Jossey-Bass, 1999, 440 pages, \$49.95

F. M. Baker, M.D., M.P.H.

Patterns of immigration to the United States have changed over time. In the 19th century immigrants came primarily from the four corners of Europe. Today immigrants are predominantly from Asia, Central and South America, and the Caribbean. Immigrant women constituted 54 percent of all immigrants admitted to the United States in 1996. *Immigrant Women's Health* addresses the unique "health and mental health concerns of women coming to the United States and the provision of culturally competent services to them."

The book is arranged in four parts. Part 1 provides background data about the numbers of immigrant women and their countries of origin, a useful clarification of the categories of immigrants, an overview of the barriers to care (cultural, linguistic, systemic, and legal), specific issues in migration, and health status before and after migration.

The second part addresses the health problems and concerns of immigrant women. Their role as the gatekeeper of their family's health is emphasized, along with the problems that they may bring with them as immigrants, when the move was planned, or as refugees, when the move was unplanned or not made by choice. Sections on screening, infectious disease, and nutritional concerns address the assessment of immigrants' current health status at their first health clinic visit.

Next in this section is a review of prenatal and reproductive health care concerns, followed by coverage of chronic diseases, cardiovascular disease, hypertension, diabetes mellitus, breast and cervical cancer, and osteoporosis. This overview can aid in as-

sessing current clinical practices as well as providing a checklist for the types of health assessments needed and the culturally competent ways in which they are being done.

Mental health topics are covered in part 3, with chapters on domestic and sexual violence, depression and anxiety disorders, posttraumatic stress disorders, and somatization, neurasthenia, and culture-bound syndromes. Specific intercultural conflicts, *DSM-IV* criteria for specific disorders, and specific techniques for clarifying symptoms are discussed by diagnostic category. Sensitivity to the refugee experience is illustrated by a case of a Middle Eastern woman who has posttraumatic stress disorder, with a description of her ef-

fective evaluation and treatment. The role of somatic symptoms as communications about stress and as flags for underlying anxiety or depressive disorders is illustrated for different Asian and Hispanic cultural groups.

Part 4 addresses meeting the health care needs of immigrant women through model programs and interventions. Linguistic strategies for health care settings and a cultural competence curriculum are described.

Immigrant Women's Health has particular value for clinical settings where large immigrant populations are treated. The chapters are written by clinicians from various cultures who are providing effective services to these populations. The book can serve as a resource for clinicians seeking further consultation on clinical interventions and for administrators trying to develop culturally sensitive service delivery systems for diverse immigrant populations.

Multicultural Issues in Social Work: Practice and Research

edited by Patricia L. Ewalt, Edith M. Freeman, Anne E. Fortune, Dennis L. Poole, and Stanley L. Witkin; Washington, D.C., NASW Press, 1999, 701 pages, \$41.95

Joshua Miller, Ph.D.

The editors of this volume are all current or former editors of social work journals published by the National Association of Social Workers (NASW): *Social Work, Health and Social Work, Social Work in Education, and Social Work Research*. All 48 chapters, comprising 678 pages, appeared in one of those journals, and the book is published by NASW Press, so it is very much a "best of" NASW publications over the past five years. The book has sections on multicultural social work practice, child welfare, education and youth, communities, health, long-term care, mental health and substance abuse, HIV-AIDS, and immigration.

For the most part, "multicultural" refers to ethnic groups often considered people of color—African Americans, Hispanics, Native Americans, and Asian Americans—although the editors also offer chapters on deaf chil-

dren and on women living with HIV. Most of the chapters do not directly address racism. Rather, they focus on cultural differences; the expressed purpose of the book is to help social workers "navigate" among different cultures. Many of the chapters are research based and describe both quantitative and qualitative research.

Not surprisingly for a collection this large, the quality of the chapters varies considerably. It is not clear whether there was a conscious rationale for the book's structure or whether it was designed around what had been published in the selected journals. For example, the majority of the chapters on HIV-AIDS are about Hispanics, and

Dr. Baker is professor of psychiatry and coordinator of research in the department of psychiatry at the John A. Burns School of Medicine at the University of Hawaii at Manoa in Honolulu.

Dr. Miller is associate professor and chair of the social policy sequence at Smith College School for Social Work in Northampton, Massachusetts.

BOOK REVIEWS

other ethnic or racial groups, such as Native Americans, are not covered.

Another problem with using only reprinted articles is that each chapter has to cover much of the same ground instead of there being one or two chapters that stake out and summarize important theoretical or practice issues. Thus the obligatory statements about the relevance of multicultural sensitivity and competence appear in virtually every introduction and conclusion, which has a numbing effect on the reader.

The audience for the book is social workers involved in many different practice settings. Although I would not recommend reading the book from cover to cover, it has some strong chapters that might be useful for social workers dealing with diverse populations. Some of the more notable ones are Michael Spencer's chapter on

racism in schools, Margaret Hughes' piece on turning points in the lives of inner-city men, Linda McLaughlin and Kathryn Braun's consideration of Asian and Pacific Islanders' cultural values and health care, Greg Yamashiro and Jon Matsuoka's essay on help seeking among Asian and Pacific Americans, Yolanda Padilla's consideration of immigrant policy, and the research of James Herbert Williams and associates on violence among urban African-American youths. Melvin Delgado, who has six chapters in this volume, contributes some interesting articles that consider HIV-AIDS, caregiving, the use of community murals, and schools from the perspective of Puerto Ricans and other Latino populations.

Overall, the content of this well-intentioned book is important for social workers and other mental health practitioners to integrate into daily practice.

chotherapeutic techniques illustrated with rich case examples.

More than half the volume is devoted to various modalities of psychosocial intervention, ranging from individual psychotherapy to group and expressive therapies, couples and family therapies, and community and preventive interventions. The rest focuses on psychotherapeutic strategies for specific psychological problems of older adults and includes mood, anxiety, and personality disorders and dementia among its many topics.

The contributors provide excellent reviews of psychodynamic, interpersonal, cognitive-behavioral, and reminiscence techniques; all are well written and well referenced. The broadening scope of psychosocial interventions for the elderly is compellingly illustrated by superb chapters on couples therapy, interdisciplinary approaches to treating sexual dysfunction, and the dynamics and treatment of narcissism in later life. Particularly unusual is inclusion of topics rarely covered in standard texts, such as family system reorganization when an elderly member is impaired, existential issues in psychotherapy with the aged, and nonverbal strategies to "reach the person behind the dementia." Throughout, the authors present strong support, grounded in phenomenological case description, for the broad utility of psychosocial techniques for addressing psychological problems in older adults.

Of course, any such edited textbook has chapters of variable quality and omits topics of interest to some readers. Most authors, for example, draw on their experience in outpatient settings or nursing homes, although increasing numbers of practitioners treat elderly persons in acute care, rehabilitation, day hospital, or hospice settings and may need to tailor psychotherapeutic techniques to the setting as well as to the client. Nonetheless, because of its comprehensive scope and unique focus on practice techniques, the *Handbook of Counseling and Psychotherapy With Older Adults* will be of great interest and value to all mental health practitioners seeking to expand their knowledge and to unlock the potential of their elderly clients.

Handbook of Counseling and Psychotherapy With Older Adults

edited by Michael Duffy, Ph.D.; New York City, John Wiley & Sons, 1999, 721 pages, \$85

Richard Zweig, Ph.D.
Eileen Rosendahl, Ph.D.

Despite the growing numbers of older adults, evidence of their neglected mental health needs, and empirical support for their responsiveness to psychotherapy, older adults continue to encounter barriers to obtaining psychotherapeutic treatments. Whether because of ageist or misinformed attitudes of practitioners, limited training opportunities in geriatric psychiatry and psychology, or the youth-oriented culture in which we live, mental health clinicians have been slow to recognize that—quoting Longfellow—"age is opportunity no less than youth" in relation to psychotherapeutic potential.

The *Handbook of Counseling and Psychotherapy With Older Adults* challenges such barriers by presenting one of the most comprehensive volumes to date of psychosocial interventions applicable to older people. Written "for practitioners . . . by practitioners," with a decided emphasis on treatment rather than on diagnostic issues, the book assembles some of the most distinguished voices in clinical gerontology. Edited by Michael Duffy, a leading authority on counseling and psychotherapy with the elderly, and consisting of 39 chapters by more than 50 authors, it addresses a broad range of treatment issues and interventions. Perhaps owing to the editor's integrative and humanistic orientation, it presents an unbiased sampling of state-of-the-art psychosocial interventions, favors descriptions of therapeutic process rather than outcome studies, and emphasizes specific and practical psy-

Dr. Zweig and Dr. Rosendahl are senior staff psychologists in the geriatric psychiatry division of Hillside Hospital of the North Shore-Long Island Jewish Health System in Glen Oaks, New York, and are assistant professors of psychiatry at Albert Einstein College of Medicine.