

Neuropsychiatry and Mental Health Services

edited by Fred Ovsiew, M.D.; Washington, D.C., American Psychiatric Press, 1999, 406 pages, \$61.95

Joseph M. Tonkonogy, M.D.

This book constitutes an important attempt to review the role of the rapidly growing body of knowledge in neuropsychiatry in the care of patients by mental health services. Based on the experiences of physicians and psychologists directly involved in neuropsychiatric consultation, the book aims to highlight data that help in the understanding of mental illnesses as brain diseases and to discuss epidemiological and clinical data reflecting neuropsychiatric approaches to the diagnosis and treatment of psychiatric patients.

The book is edited by Fred Ovsiew, a prominent neuropsychiatrist with special experience in neuropsychiatric consultation. The contributors to the book's 13 chapters include Sheldon Benjamin, Jeffrey Cummings, Barry Fogel, Jonathan Silver, and other leading neuropsychiatrists known for their expertise in the development of neuropsychiatric services in mental health settings.

The book begins by taking the reader through a history of the place of neuropsychiatry in public mental health services. In this fascinating chapter, Fred Ovsiew and Thomas Jobe review 19th-century psychiatry in the United States and the United Kingdom and show that the development of psychiatry as a profession largely resulted from the efforts of asylum doctors to treat poor and disadvantaged patients with severe mental illnesses. The psychiatrists and the neurologists of the time agreed that insanity was a brain disease. However, the neurologists emphasized the role of psychological factors in the development of "neurosis" in their more wealthy private patients who had business, financial, or family problems.

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More than a quarter of psychiatric patients in asylums—whom neurologists had little role in treating—suffered from overt brain diseases such as general paresis of the insane, epilepsy, and senile dementia as well as from substance abuse and mental retardation. The asylum doctors often used moral therapy—which we might now call psychological therapy—to try to help these patients, bringing a humanistic attitude to treatment.

The ensuing chapters describe the epidemiology, clinical manifestations, diagnostic evaluation, and treatment of neuropsychiatric patients in mental health settings. Epidemiological data show a high prevalence of medical diseases among mentally ill patients in various settings, including state hospitals, outpatient clinics, nursing homes, prisons, and homeless populations. Special attention is given to the psychiatric symptoms directly re-

lated to vascular, degenerative, infectious, toxic, and neoplastic processes as well as to mental disorders caused by physical disturbances in less direct ways, including side effects of psychiatric medications.

Several chapters in the book discuss neuropsychiatric approaches to the evaluation and treatment of mentally ill patients. These approaches include screening to detect general medical problems, neurological and neuropsychological examinations, use of neurodiagnostic technology such as electroencephalography, brain imaging—especially computed tomography and magnetic resonance imaging—analysis of psychiatric history, and mental state evaluation in relation to psychiatric manifestations of overt brain diseases.

Readers will find useful the chapters describing important neuropsychiatric manifestations of mental illnesses, including tardive dyskinesia, dementia, and aggressive behavior. The discussion of neuropsychiatric approaches to aggressive behavior highlights the role of several important conditions associated with aggression in psychiatric patients, including epilepsy, frontal lobe syndromes, intermittent explosive disorders, attention-deficit hyperactivity disorder, and neurotransmitter abnormalities. The increasing use of anticonvulsants as antiaggressive medication in psychiatric settings and the positive and negative effects of such treatment are also described.

The book also discusses neuropsychiatric aspects of substance abuse, HIV infection, developmental disabilities, late-onset depression, and psychosis. One chapter analyzes the controversial topic of sexual deviations. Special attention is given to the results of neurodiagnostic and neuroendocrinological investigations of sexual offenders and to the treatment and management of sexual deviations. These topics are extremely important, as modern mental health services are increasingly involved in the diagnosis, forensic evaluation, and long-term care of sexual offenders.

Later editions of the book might

In this section . . .

Assessment and treatment in neuropsychiatry and neuropsychology, including differential diagnosis, are the topics of this month's first three reviews. Also featured are books on varied aspects of psychiatric rehabilitation: a textbook, a guide for professionals in vocational rehabilitation, and the story of the rehabilitation of a mentally retarded man who spent 45 years in an institution. Other kinds of stories are discussed in a book on narratives in psychotherapy and in the accounts of ten women who overcame the trauma of childhood sexual abuse. And Eric Lister reviews psychiatrist Charles Atkins' second novel.

benefit from the inclusion of chapters discussing the major diagnostic tasks that neuropsychiatrists face in their consultation in mental health settings—for example, the diagnostic evaluation of confusional states or delirium as the major psychiatric manifestation of infection, intoxication, head injury, or stroke. Neuropsychiatric consultations often include differentiating acute and subacute confusional states and progressive dementia as well as identifying the causes of confusional states, which can vary from side effects of psychiatric medications to manifestations of afebrile pneumonia. Other difficult diagnostic tasks may include differentiating between severe cognitive impairment in residual schizophrenia and primary degenerative de-

mentia, between parkinsonian signs caused by neuroleptics and development of Parkinson's disease in psychiatric patients, and between abbreviated types of seizure and pseudoseizure in psychiatric patients treated with anticonvulsants.

Neuropsychiatry and Mental Health Services is one of the first attempts to describe the role of neuropsychiatry in mental health settings—and it is a successful one. It may help readers navigate through the maze of complex research and clinical findings that are important in the use of neuropsychiatric approaches by mental health services. The book can be an invaluable reference for mental health professionals involved in the care of patients with neuropsychiatric problems.

Assessment of Neuropsychological Functions in Psychiatric Disorders

edited by Avraham Clev, D.Phil.; Washington, D.C., American Psychiatric Press, 1999, 508 pages, \$72.95

Susan Mascoop, Ed.D.

The field of neuropsychology has been expanding rapidly in recent years, and the proliferation of research and publications has contributed to a greatly improved understanding of diagnosis and treatment in a broad range of disorders such as head trauma, stroke, neurological disorders, and learning and other developmental disabilities.

Despite this activity, the need for a single volume devoted to the neuropsychological assessment of mental illness has largely gone unfilled. *Assessment of Neuropsychological Functions in Psychiatric Disorders* clearly addresses this need. The volume's editor, Avraham Clev, D.Phil., a well-known researcher and clinician in the areas of assessment and treatment of schizophrenia and major affective dis-

orders, has brought together researchers and clinicians who are experts in their respective fields to address the neuropsychological assessment of a wide range of psychiatric disorders.

Topics covered include the neuropsychology of schizophrenia, mood disorders, personality disorders, childhood mental disorders, dementias, substance abuse, and chronic medical illnesses. In each chapter the current research as well as the current understanding of that research is presented and integrated with findings from neurology, neuroimaging, and psychopharmacology. The authors have undertaken the difficult tasks of balancing complex and often contradictory findings and presenting the material in a manner that is both readable and useful. For example, the chapter on the neuropsychology of schizophrenia and related disorders not only outlines the classic symptoms and neuropsychological findings in these disorders but also addresses

the complex issues of etiology and discusses the meaning of the myriad reported dysfunctions and their possible clinical correlation with neuroimaging studies. Psychopharmacology and symptom management are also given considerable coverage.

Although all chapters achieve the goal of providing well-organized, useful, and current information on their respective topics, two chapters deserve special mention. The chapter on neuropsychology of childhood mental disorders by DeCaria and colleagues provides a comprehensive, clear, and detailed discussion of the assessment and diagnosis of childhood disorders ranging from learning and developmental disabilities to obsessive-compulsive disorder. The chapter on the neuropsychological management, treatment, and rehabilitation of psychiatric patients by Jaeger and Berns provides an excellent discussion and summary of this often overlooked aspect of psychiatric treatment.

The latter authors point out, quite correctly, that functional disability persists long after the psychiatric symptoms have diminished and that it is patients' functional capacity that ultimately determines their ability to reenter the community and the workforce. With the current emphasis of treatment seemingly restricted to symptom and medication management, minimal attention has been given to integrating neuropsychological findings in both the diagnosis and long-term treatment and support of patients with chronic mental illness. Specific ways in which neuropsychology can inform diagnostic and rehabilitation considerations are discussed.

Assessment of Neuropsychological Functions in Psychiatric Disorders is a unique volume that integrates useful material on topics that are generally not addressed or are confined to a single chapter in other neuropsychology texts. This text should be of most value to neuropsychology practitioners and graduate students. Other professionals interested in the neuropsychology of mental disorders may find this volume useful as well.

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Neuropsychological Differential Diagnosis

by Konstantine K. Zakzanis, Larry Leach, and Edith Kaplan; *Lisse, the Netherlands, Swets & Zeitlinger Publishers, 1999, 265 pages, \$79*

Elizabeth White Henrikson, Ph.D.

This book is one volume in a series entitled *Studies on Neuropsychology, Development, and Cognition*. Its authors are well-known and respected researchers and clinicians in the field of neuropsychology. *Neuropsychological Differential Diagnosis* is intended to be useful for neuropsychologists, students of neuropsychology, and researchers who use neuropsychological tests. It is likely that other mental health professionals looking for rich clinical descriptions of neuropsychiatric syndromes would be disappointed by what this book offers.

The authors assert that researchers and clinicians in neuropsychology employ a subjective bias when selecting tests for use in research or diagnostic test batteries, based on clinical lore, their best understanding of the literature, or theoretical speculation. Their goal in publishing the book is to improve research design and clinical diagnosis in neuropsychology by placing both "on firmer scientific grounds." They aim to do so, they say, by "quantitatively assessing individual test sensitivities" and "generating preserved and impaired ability profiles from different dementia and neuropsychiatric syndromes to guide diagnostic practice."

The first three chapters present the rationale for the book and explain the meta-analytic methodology used to achieve its aims. Readers whose interests and inclinations lie more in the clinical realm than in research might be tempted to skip these chapters and turn directly to those addressing syndrome profiles. However, the authors' explanations of the effect-size estimate d statistic

and meta-analysis are lucidly written and can help the reader appreciate how the profiles were generated.

For each neuropsychiatric syndrome, the authors selected multiple published studies that incorporated patient and healthy control groups and subjected the data from these studies to meta-analysis to look for the effect magnitude and sensitivity of specific tests. The results of their efforts are reported for 11 syndromes: dementia of the Alzheimer's type, frontotemporal dementia, primary progressive aphasia, progressive supranuclear palsy, Parkinson's disease, Huntington's disease, multiple sclerosis, major depressive disorder, schizophrenia, obsessive-compulsive disorder, and mild traumatic brain injury.

Chapters devoted to each syndrome provide both a tabular presentation of the rank-ordered sensitivity of many common neuropsychological tests and a discussion of the profile of impaired and preserved neuropsychological domains—attention and concentration, cognitive flexibility and abstraction, memory acquisition, and so forth—associated with each syndrome.

Among the profiles, there are a few surprises that challenge clinical lore and may spur debate and future research. For example, in contrast to many previous literature reviews, meta-analysis of the data associated with mild traumatic brain injury revealed greater prominence of dysfunction on putative measures of frontal-executive function than on measures of attention-concentration.

The final chapter provides succinct profile summaries for each syndrome, facilitating quick comparisons. The authors also propose a neuropsychological test battery for differential diagnosis consisting of tests that likely are familiar to most neuropsychologists, especially those

trained in the Boston Process Approach or other flexible battery approaches.

Overall, although the book is rather dry because of its quantitative approach, it is a worthwhile volume for its target audience. As a clinical neuropsychologist, I find the book valuable for its challenges to clinical lore and for the empirical basis it provides for differential diagnosis. As the authors caution, however, the syndrome profiles could change as the body of neuropsychological literature grows.

Risk Factor

by Charles Atkins, M.D.; *New York City, St. Martin's Press, 1999, 244 pages, \$23.95*

Eric D. Lister, M.D.

This is psychiatrist Charles Atkins' second novel. His first, *The Portrait*, was reviewed here last year (1). As he did in *The Portrait*, Dr. Atkins brings us a novel of suspense set in the world of psychiatric practice, peopled with individuals familiar to all of us who work in the mental health professions.

As with any novel worth reading, *Risk Factor* delivers itself, simultaneously, on three different levels. The most superficial stratum is a murder mystery. We have multiple acts of seemingly senseless violence. Are they connected? If so, how? And, who done it? Dig deeper, and Atkins asks us to come to grips with the nature of man's propensity for violence and the nature of evil. As a good psychiatrist, he understands full well the obstacles we all erect against truly knowing what we wish not to have to face. Finally, we are asked to make sense of one particularly dark soul whose self-absorption and sadism in some ways define what it is to be evil.

For me, the novel succeeds reasonably well on the first level but disap-

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points in its attempts to mine deeper material. As a storyteller, Dr. Atkins has matured since *The Portrait*. My attention was held more steadily, and I had a keen interest in what was coming next. The obligatory romantic tension—between the book's protagonist, a female psychiatric resident, and a police lieutenant investigating crimes to which she has been exposed—is well done as a counterpoint to danger and darkness. The world of mental illness and mental health practitioners is represented in an accessible and fair way, although the idealized therapist whose assistance the protagonist seeks is, well, larger than life.

At deeper levels, however, *Risk Factor* disappoints. Indeed, it is anything but easy to maintain suspense while challenging the reader to explore issues that are daunting, complex, and easily avoided—issues such as the nature of evil and our propensity for violence. Finally, as much as I want to applaud Dr. Atkins' effort and follow his unfolding career as a novelist, I found his evil murderer to be disappointing, as he is too superficial a character to be believable. His hidden sadism is too easily explained by formulaic trauma in early life. Where I wanted to be troubled and moved, I found myself shaking my head "no." Unfortunately, this feeling distracted me from the book's final chapters, even as a novel of suspense.

Perhaps the ways in which I was disappointed by *Risk Factor* reflect my own hopes that Dr. Atkins would hit home runs on every level or the application of a standard for clinical believability that would be less troubling to nonpsychiatric readers. Nevertheless, I can recommend *Risk Factor* as an interesting and well-paced novel of suspense. However, I await Dr. Atkins' next offering to see whether we might have a more successful treatment of the deeper issues that so clearly intrigue him.

Reference

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Psychiatric Rehabilitation

by Carlos W. Pratt, Kenneth J. Gill, Nora M. Barrett, and Melissa M. Roberts; San Diego, Academic Press, 1999, 296 pages, \$59.95

Stanley G. McCracken, Ph.D.

Persons with severe and persistent mental illness require effective community-based services as well as medication to achieve recovery. Recognition of this fact has led to a demand for staff with the knowledge, attitudes, and skills to provide these services.

Until now appropriate textbooks for preservice and inservice training of such staff have been limited to edited collections such as those of Liberman (1) and Spaniol and associates (2). While these handbooks offer contributions from leaders in the field, they lack the narrative continuity that can be provided by a well-written textbook. *Psychiatric Rehabilitation*, which focuses on community interventions, was written to serve as a text for undergraduate and graduate students, as a training tool for staff, and as a reference for researchers.

The book is divided into three parts. The first addresses the nature of severe and persistent mental illness, the second covers principles and methodology of psychiatric rehabilitation, and the third focuses on applications of psychiatric rehabilitation principles and methodology.

Part 1 attempts to provide the reader with a sense of the experience of severe and persistent mental illness and an overview of the common symptoms, etiology, course, outcome, and treatments of severe mental illness. The authors use a variant of the stress-diathesis model as their primary explanatory model and emphasize that there is a wide range of potential outcomes for persons with severe and persistent mental illness.

Part 2 addresses the goals, principles, values, ethics, and basic strate-

gies of psychiatric rehabilitation, such as skills training, role modeling, behavioral strategies, and the client-centered approach. This part draws heavily on the work of William Anthony and colleagues at Boston University and on the principles articulated by the International Association of Psychosocial Rehabilitation Services.

Part 3 provides an overview of some psychiatric rehabilitation applications, such as vocational and educational rehabilitation, case management, consumers as advocates and providers, and work with families. The authors illustrate their points with a nice mix of case studies and brief vignettes and demonstrate how various legislative decisions have influenced service delivery. Other features of the book include highlighted sections that discuss controversial issues and key topics; brief biographical sketches; and class exercises at the end of each chapter.

Psychiatric Rehabilitation is an excellent text for undergraduate survey courses in psychiatric rehabilitation. Teachers using it in graduate courses will want to provide supplementary readings from journals or from the handbooks mentioned earlier. The reference section at the end of each chapter is a good place to initiate a search for supplementary secondary and primary sources. Those using the text for staff training will need to augment it with material to teach specific skills, such as how to conduct assessments or skills training.

Because of the book's brevity and wide range, the authors had to be concise. Thus a few points are oversimplified or confusing. For example, after the authors explain that in behavioral theory "positive" refers to something added and "negative" to something removed, they state, "A positive punishment means that something negative is added." A

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more frequent problem is the lack of careful proofreading. For example, students will have difficulty locating the work of T. Lindz (Lidz) or R. Caan (Cnaan). Taken as a whole, however, the advantages of *Psychiatric Rehabilitation* are many, and the deficits are relatively few and easily corrected. Teachers of psychiatric rehabilitation will find this an excel-

lent text and resource for both pre-service and inservice training.

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2. Spaniol L, Brown MA, Blankertz L, et al (eds): *An Introduction to Psychiatric Rehabilitation*. Columbia, Md, International Association of Psychosocial Rehabilitation Services, 1994

Vocational Impact of Psychiatric Disorders: A Guide for Rehabilitation Professionals

by Gary L. Fischler, Ph.D., and Nan Booth, M.S.W., MPH; Gaithersburg, Maryland, Aspen Publishers, 1999, 258 pages, \$49

Karen Marsh-Williams, O.T.R./L.

T rue to its title, this book can serve as a guide for the vocational rehabilitation professional working with persons who have a psychiatric disorder and who are having difficulties seeking or keeping a job. The book is well organized, with chapters grouped by *DSM-IV* classifications, although the disorders are described less in psychiatric terms than by personality traits and the impact they have in the work setting.

Part 1 describes axis I disorders characterized by subjective distress, with chapters on mood disorders, anxiety disorders, and somatoform disorders. Part 2 describes axis II personality disorders grouped according to the personality clusters of odd, dramatic, and anxious. Part 3 addresses schizophrenia and other psychotic disorders, although in less depth than the preceding disorders.

Each chapter describes a set of disorders and their effects in the workplace. For each disorder, the authors present a case example— a composite of actual clients— to illustrate the impact of the individual's personality in the job setting and in working with the rehabilitation professional. A simple checklist describing the impact of impairment on the basic requirements of the work setting— understanding and

memory, concentration and persistence, and social interaction and adaptation— is included as part of the summary of vocational strategies and accommodations for each case history.

As one might expect, each psychiatric disorder presents a significant challenge to the rehabilitation professional. The individuals described in the case examples experienced difficulties in most social situations, including work, but had not always sought necessary psychiatric care. They did not always see their personalities as playing a role in their work setting. In almost all cases the client had some work skills and a job history, thus creating a sense that the problems were with the work, the supervisor, the coworkers, or the client's expectations of the job.

The rehabilitation professional first must recognize the client's difficulties and seek consultation for psychological assessment or treatment, or both. Strategies for engaging the client in that process are described, and the authors emphasize the importance of obtaining an accurate picture of the client's disorder and of working with other professionals.

Another part of the necessary strategy for vocational success includes disclosure of the client's problem to the supervisor in the work setting. It is crucial that the client adapt to the setting, and for that to happen the supervisor must understand how best to

work with the client and must be willing to accept the recommended accommodations.

Here too, in each scenario the authors offer strategies for the rehabilitation professional and for the supervisor to accomplish this goal. The vocational rehabilitation professional must be assertive, encouraging, supportive, and honest in order to build the best setting for success and satisfaction for both the employer and the employee.

The authors have accomplished their goal of providing a helpful guide for rehabilitation professionals working with clients who have a psychiatric disorder but whose illness alone does not preclude them from competitive employment. The authors' focus, descriptions, and strategies accurately present the challenges and offer hope for success in working with these individuals. For the rehabilitation professional working with clients with severe mental illness in a psychosocial setting, this book may not be as helpful— but the challenges and strategies in those circumstances probably require another book.

The Unlikely Celebrity: Bill Sackter's Triumph Over Disability

by Thomas Walz; Carbondale, Southern Illinois University Press, 1998, 127 pages, \$19.95 softcover

Maureen Slade, R.N., M.S.

T he subject of *The Unlikely Celebrity*, William "Bill" Sackter, should have lived and died in relative obscurity. Instead, he was the focus of two made-for-television movies and the recipient of numerous state and national awards for retarded citizens. Bill inspired love and devotion in small children and

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state legislators alike. According to Barry Morrow, Oscar-winning screenwriter of the film *Rain Man* and at one time Bill's guardian, "In our search to know Bill, we were really looking for ourselves. His struggle was our struggle: that we might be good, too. What a happy, boundless idea."

Thomas Walz, a professor of social work at the University of Iowa and a primary member of Bill's support system, felt compelled to write this thought-provoking and sympathetic portrayal of Bill, possibly because of his personal struggle to come to terms with having a mentally challenged brother and son. Walz does an excellent job of bringing Bill to life by employing the words and sentence structure Bill might have used. There are many poignant and heart-warming vignettes about Bill's life both inside and outside institutions.

In 1920, at the age of seven, Bill entered a Minnesota State School for the Feeble-Minded and Epileptics, where he remained for about 45 years. Walz gives a balanced view of life in an institution, effectively describing the socialization Bill received as an "inmate." Attendants subjected Bill to two attacks over the years. The first resulted in Bill's permanently losing his hair, leading to a lifelong obsession with wigs, and the second caused a chronic ulceration in his leg.

Bill also learned to play the harmonica at the institution and developed a strong spiritual foundation, both of which held him in good stead throughout his life. Those familiar with the values, norms, and living conditions in the state hospitals during that era will not find the descriptions of Bill's life experiences unusual and will be reminded of how far we've come in the care of the mentally challenged.

When Bill was 62 years old and drifting aimlessly as a ward of the state, a young couple, Bev and Barry Morrow, took an interest in him and petitioned for guardianship. Barry accepted a job at the University of Iowa School of Social Work

with the understanding that Bill would also be employed at the school. Bill eventually became the sole proprietor of Wild Bill's Coffee Shop on the University of Iowa campus. This job delighted Bill, who believed that all good men must work a full-time job. He interacted with numerous students, faculty members, and staff and soon was adored by all.

Bill was particularly blessed with special people in Iowa City: Barry

Morrow; Tom Walz; Mae Driscoll, owner of his boarding house; and John Cane, a university faculty member. Rabbi Portman, who also served as Bill's guardian, encouraged Bill to have his Bar Mitzvah at age 66. These everyday heroes were determined to help Bill become all he could be. This is truly a magical story of love, devotion, community, and the connection between a special man and the people who loved and supported him.

Healing Stories: Narrative in Psychiatry and Psychotherapy edited by Glenn Roberts and Jeremy Holmes; New York City, Oxford University Press, 1999, 226 pages, \$89.95

Kathleen M. Mogul, M.D.

This seductively titled book is a rather densely written text that plunges at times into contemporary philosophy and literary criticism, although it is primarily about aspects of clinical understanding and practice. It consists of ten chapters about various aspects of narrative by different authors, among them a chapter by each editor.

The focus is on the role of narratives— that is, "stories"— as they are constructed; in how people define and think of themselves and of others; in relationships; and in medicine, particularly in psychiatry and psychiatric treatment. Having been trained and having practiced with an understanding of the fundamental importance of narrative, I found little new here, but the book serves as a reminder that this perspective is neglected in much current practice, which is so dominated by biologic as well as behavioral science and by economic factors. These factors push us toward "problem-oriented records" rather than "histories," toward purely descriptive diagnoses without "formulations," and toward quick treatments aimed at symptom relief. The ill person is lost to the illness.

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Some of the chapters contain many wise observations and interesting discussions. They include illustrations of psychotherapy, where listening to and understanding the patient's initial story gradually leads to transformations that give the resulting story greater coherence and plausibility; in other instances these transformations can result in less rigidly held stories, leading to the patient's greater openness to new experience. The reminder that memory always involves some revision to fit one's story is timely, as is the recognition that some situations— for instance litigation— invite somewhat distorted story making.

Chapters on different theoretical, cultural, and political orientations make it clear that therapists also have their favorite narratives through which they see their patients, and that using such narratives as a fixed lens is limiting to patients and to the treatment endeavor. Different authors urge somewhat different checks on the therapist's explanatory formulation, including confirmation by the patient, coherence and consistency, plausibility, and therapeutic efficacy. It is not implied that the treatment goal is to arrive at "the truth."

Despite its many interesting discussions, the book has problems. It is hard to identify the group of readers to whom the book might best be suit-

ed. Seasoned therapists won't learn enough that is new, and it does not seem a particularly good introduction for the inexperienced.

In several chapters the treatment focus on a patient's personal narrative, with its relativism and ambiguity, so helpful in compassionate comprehension and psychotherapy, is absurdly misapplied. An example is in the sometimes tedious chapter entitled "Sacred Tales," where the author writes that in medicine's attention to the physical at cost to the psychological, "It would be seen as a more heinous omission to fail to identify an untreatable brain tumour by neglecting to arrange the appropriate brain scan than to fail to pick up a treatable disturbance in family relationships." Well, it seems to me that the scan would be needed to determine whether the tumor were treatable or untreatable, and that missing a treatable tumor would indeed be more heinous by most standards.

Similarly, the chapter on dementia,

while commendably discussing the function of narratives and the need for caregivers to understand them, quite ignores the profound physical impairment of the severely demented person, in whom the operation of more general psychological mechanisms should at least be seriously questioned.

Other annoyances are that no identifying information about the authors—their disciplines, degrees, background, or other writing—is included. The editors are listed only as from the department of psychiatry of North Devon District Hospital in Barnstaple, United Kingdom. The book was carelessly edited and has numerous typos as well as misspelled names. Kleinman, who contributed the preface, is spelled Kleinman and Klienman; Bruner is Bruner and Brunner on the same page; and Kohut becomes Hans Kohut. Finally, the print is small, and the typeface of the case histories, stories, and quotations is best described as minute.

tinuum. That said, there is still much to learn from the stories these survivors have to tell.

The authors describe a number of childhood variables that they believe contribute to resiliency. Many of the interviewees had found a safe haven, in school or at work, where they were able to succeed and even excel. This success not only contributed to the women's self-esteem but also led the way to resources in adulthood that furthered recovery. All of the women continued to believe in the importance of relationships, at least partly because they had experienced a caring relationship with at least one person while growing up. Besides providing respite from the abuse, these supports gave the survivor the sense that she could be loved. All of the survivors made some attempt to manage their feelings, and most of them did so while keeping the feelings conscious.

Although the book is about resiliency, in the third part of their discussion the authors lay out what might well be a blueprint for recovery. Here they are not only talking about the ten women with whom they spoke, but they are also guiding women and therapists through the essential components of the recovery process. The authors stress the importance of managing feelings and offer a range of strategies from self-soothing and humor to cognitive labeling and controlled expression. They emphasize self-care and the development of clear emotional and physical boundaries. Recovery includes formulating an accurate appreciation of what one has been through and a willingness to acknowledge one's achievement in having survived (1).

Finally, the authors stress the importance of making sense of the abuse, which includes not only shifting blame from oneself to one's perpetrator but also developing an appreciation of the "big picture." For some of the women this meant a social or philosophical understanding, for others it was a spiritual perspective, and for still others it involved developing a caring and altruistic stance toward others.

The book concludes with a revisi-

With the Phoenix Rising: Lessons From Ten Women Who Overcame the Trauma of Childhood Sexual Abuse

by Frances K. Grossman, Alexandra B. Cook, Selin S. Kepkep, and Karestan C. Koenen; San Francisco, Jossey-Bass Publishers, 1999, 258 pages, \$34.95

Maxine Harris, Ph.D.

For clinicians working in the field of trauma recovery, the compelling question is not why sexual and physical abuse cause such pain and such lasting psychological distress, but rather why some people seem able to survive and even thrive after having endured conditions that might legitimately be described as horrific. In their book *With the Phoenix Rising*, Grossman, Cook, Kepkep, and Koenen tackle the complex question of resiliency, which they define as "doing well in the face of a history of serious stress or trauma."

After a brief review of the literature, the authors introduce us to the ten women whose stories form the basis of the book—and therein lie both the strength and the weakness of this very interesting book. The stories are compelling and instructive as the women share how they have managed to survive and to build meaningful and full lives. However, there are only ten women. They were selected from among 26 who heard about the project and expressed interest. All ten were in therapy, sometimes of many years' duration. Eight were college graduates, four with advanced degrees, and several worked in the mental health field. Despite the authors' assurance that the women are a diverse group, they appear to represent only one segment of the survivor con-

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ing of the ten women five to eight years later, for which I was especially grateful because I had come to care about them; so often the reader of books based on clinical interviews is left wondering what happened. The authors fill us in on the life events and triumphs of the courageous women,

and it is wonderful to read that they continue to face the challenges of growing and developing.

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Gender, Emotion, and the Family

by Leslie Brody; Cambridge, Massachusetts, Harvard University Press, 1999, 359 pages, \$45

Malkah T. Notman, M.D.

In the past two decades our understanding of gender issues has grown considerably. Questions such as whether gender differences are "essential"—that is, due to biological determinants— or are largely culturally determined, or whether there might be intermediate genders between male and female, have been widely discussed in the literature. This volume summarizes an enormous amount of the research about these issues, providing a valuable resource for those seeking to understand the current state of thinking in this provocative area.

The book is divided into three major parts: Nature and Extent of Gender Differences; Gender, Biology, and the Family; and Cultural Origins and Consequences of Gender Differences. In each part the author, an associate professor of psychology at Boston University, critically reviews and summarizes the literature. Dr. Brody argues that family and cultural context are critical for understanding the research findings, and that gender differences depend on the context— an important point that the author makes well. She brings together different frameworks to examine the expression of emotion and gender variables. Although some of these points are presented as though they are being made for the first time, in fact they have been in the literature for some time. For example,

the interrelationships between biology, temperament, and socialization are well known; a child of a particular temperament and gender evokes particular reactions in his or her caretakers, and these reactions in turn further affect the child's development.

Dr. Brody does an excellent job of critically reviewing the literature on studies of emotional expression and the assessment of emotion by means of facial expression, verbal expression, voice quality, and behaviors. However, I wish she had addressed one particular problem with this research. Studies often are based on isolated measures or descriptions of subjects' reactions to particular stimulus situations, such as hearing about an episode of violence or seeing a provocative film. The subject's individual history is not taken into account, and the possible effects of differences in life experiences on responses are not considered.

For example, a woman who has experienced personal violence might have a different reaction to seeing a film of violence than would someone without such a history. The respondent's individual context might provide specific clues that would further clarify the meaning of the findings, and the findings' limitations could be recognized.

The book has some other specific gaps, such as instances in which the question of causality between correlated findings is not adequately explored. Also, cultural stereotypes sometimes enter the argument. The author is ex-

plicitly aware of both pitfalls, however.

The text would be enriched by some consideration of possible unconscious processes or other determinants of the emotions that are noted in self-reports. For example, someone who is asked to describe feelings and behaviors that may involve aggression, hostility, anger, competition, or fear may be uncomfortable acknowledging these feelings; some people may in fact have developed lifelong patterns that cover over such conflicted feelings or that shield their awareness of them. The underlying feelings may be recognized only in certain circumstances, or only if the subject feels comfortable. This complexity usually does not emerge on a rating scale or in a self-report. We depend on ratings and self-reports for research, but it is important to recognize the limitations of the data.

Gender, Emotion, and the Family offers a rich and thoughtfully presented review of a broad range of literature. The author's major points about the importance of context for assessing emotional experience and expression and the many dimensions of emotional expression are critically important in this area of inquiry.

Dr. Brody's conclusions are measured and comprehensive. "In brief," she remarks, "there are many provocative theories about why men and women have different motives, social roles, power, and status. No one of these theories can fully explain the complexities of sex differences in these processes, and we are forced to come back around to the idea that the origins of gender differences in emotional expressions lie in multi-dimensional interacting processes, including biological, cultural, and social forces." I strongly support this conclusion as well as Dr. Brody's point that complexity should not be simplified, and that the many variables in gender and emotional expression need to be considered and in some way integrated. We may be far from a final integration, but this book takes us a long way toward knowing and understanding the evidence. It will be extremely useful for any serious student of gender and emotion.

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