

## **The Link Between Childhood Trauma and Mental Illness: Effective Interventions for Mental Health Professionals**

by Barbara Everett and Ruth Gallop; Thousand Oaks, California, Sage Publications, 2001, 330 pages, \$23.95 softcover

Colin A. Ross, M.D.

This is an excellent book for the audience it is aimed at, which is a broad range of mental health professionals who are not already experts on psychological trauma. It is written in a readable style and is balanced in its approach. For clinicians who know the trauma literature well and have a lot of clinical experience, the book does not offer much new information, so it is not essential reading for them. However, for the bulk of professionals, the authors provide clear, commonsense guidelines and treatment principles grounded in the scientific literature.

The book includes chapters on signs and symptoms of trauma, inquiring about trauma, treatment models, stages of recovery, safety and containment, and other essential topics. One chapter provides a sound discussion of the controversy surrounding traumatic memory. The last three chapters, written by contributing authors, deal with crisis care, the invisibility of men's pain, and racism, oppression, and childhood trauma. In these chapters the social component of the multidimensional model receives particular attention.

The multidimensional model of trauma and its impact used in this book is truly biopsychosocial in nature, and the authors avoid both environmental and biological reductionism. Their approach is summed up in the sentence, "Adequate mental health care requires a full understanding of the genetic and biological underpinnings of mental disorder, as well as of the social and environmental imperatives in clients' lives."

The review of the research literature is not comprehensive, but it includes four pages of references to key

works. The literature review is more than adequate for the book's intended purpose and audience, although it will seem brief to readers who are academic scholars with a subspecialty interest in trauma.

The book's overall style is captured in its opening sentences: "Our cul-

ture's view of childhood is built upon images of sweet-smelling babies, chubby hands dragging teddies, pony rides, science projects, piano lessons, prom dresses, and graduation ceremonies. Sadly, for many children, the list would be more accurate if it included broken bones, chipped teeth, black eyes, burns, unexplained vaginal and anal infections, night terrors, empty stomachs, and lonely hearts."

I recommend this book to anyone who wants a practical, readable introduction to trauma and its consequences and treatment.

## **Meeting the Challenge of Learning Disabilities in Adulthood**

by Arlyn J. Roffman, Ph.D.; Baltimore, Paul H. Brookes Publishing Co., 2000, 322 pages, \$25.95 softcover

Carol T. Wren, Ph.D.

Adults with learning disabilities struggle with mental health problems much more frequently than most professionals recognize. An estimated 3 percent, and perhaps as many as 10 percent, of the adult population have a learning disability. These individuals are at high risk of having emotional problems for two related reasons. One is that they must struggle with the disability itself, often without understanding why they are such a puzzle to themselves, to their families, and often to their therapists. The other is that they continue to be misunderstood, misdiagnosed, and mistreated not only in educational settings but also in psychotherapy and in life.

Although the emotional effects of having a learning disability may not always develop into diagnosable mental disorders, people with learning disabilities frequently suffer from serious emotional distress. However, mental health professionals are often unaware of both the cognitive problems of adults who have learning disabilities and the psychosocial difficulties that having a learning disability can engender.

Arlyn Roffman's book, *Meeting the*

*Challenge of Learning Disabilities in Adulthood*, helps fill this gap in our awareness by providing a valuable account of the effects of learning disabilities on mental health and on important areas of adult functioning such as human relationships and vocational skills. Although this book is directed primarily to those who have learning disabilities, it has much to offer to therapists as well.

Roffman, a practicing psychologist whose experience with this topic spans nearly 20 years, lets us hear the voices of adults with learning disabilities—interviewed expressly for the book—as they describe in poignant detail what it is like to live with a learning disability. The book is skillfully crafted and written with deceptive simplicity; it is accessible to adults with learning disabilities, but it is also richly rewarding to professionals who want to know more about this type of disability. Roffman's book joins a short but significant list of texts that have appeared recently for professionals who work with adults who

Dr. Ross manages trauma programs at hospitals in Dallas, Los Angeles, and Grand Rapids, Michigan.

Dr. Wren is associate professor in the School of Education at DePaul University in Chicago.

have learning disabilities, such as those by Janus (1), Orenstein (2), and Wren (3), which were written for career counselors, social workers, and psychotherapists, respectively.

The first of the book's ten chapters introduces the concept of learning disabilities. Roffman then devotes half of the book to issues that are directly related to psychological concerns. Chapters on general mental health, family of origin, friendship and dating, partnerships, and parenting show how cognitive processing problems can have serious and pervasive effects on interpersonal relationships. The second half of the book describes how learning disabilities can affect daily living, postsecondary education, work, and quality of life.

Each chapter concludes with a sec-

tion on coping strategies, which makes this book a practical, positive, can-do guide for those who live with learning disabilities. But if mental health professionals read between the lines—and this is not difficult to do—they will find a very useful set of guidelines for understanding the nature and scope of therapeutic intervention with patients who have learning disabilities.

### References

1. Janus RA: Mapping Careers With LD and ADD Clients. New York, Columbia University Press, 2000
2. Orenstein M: Smart But Stuck: What Every Therapist Needs to Know About Learning Disabilities and Imprisoned Intelligence. New York, Haworth, 2000
3. Wren C: Hanging by a Twig: Understanding and Counseling Adults With Learning Disabilities and ADD. New York, Norton, 2000

## Treating Mental Illness and Behavior Disorders in Children and Adults with Mental Retardation

edited by Anton Došen, M.D., Ph.D., and Kenneth Day, M.B., Ch.B., F.R.C.Psych.; Washington, D.C., American Psychiatric Press, 2001, 561 pages, \$79

**Audrey R. Newell, M.S., M.D.**

Došen and Day endeavor to provide a sourcebook for "all disciplines working in the field of mental health care for mentally retarded people." Their text contains 29 chapters by some three dozen contributors covering a wide range of treatment methods.

Chapters on individual therapy describe psychoanalytic, rational-emotive, and supportive psychotherapies. Chapters on behavior modification go well beyond the usual token reinforcement systems to describe numerous ways to think about and discover the antecedents that can initiate and maintain aggressive and self-injurious behaviors.

Group therapy is addressed in sev-

eral chapters. Two authors review some of the available treatment packages for social skills training, anger management, dating skills, and dealing with sexuality. Another chapter reviews group therapy techniques for use with mentally retarded sex offenders. Two chapters briefly address issues that emerge in working with the patients' families.

Information on psychopharmacology is scattered throughout the text. A carefully researched and richly documented chapter by Willem M.A. Verhoeven and Sigfried Tuinier reviews the evidence on the efficacy of opiate antagonists, lithium, beta blockers, neuroleptics, selective serotonin reuptake inhibitors, anticonvulsants, and buspirone for self-injurious behaviors. Other authors describe general approaches to the mentally retarded patient who has schizophrenia, mood and anxiety disorders, attention-deficit hyperactivity disorder, or

autism. Brief mention is made of a small number of syndromes such as Lesch-Nyhan, fragile X, Prader-Willi, and Cornelia de Lange.

This book may be useful for clinicians and administrators who wish to explore a variety of interventions that have been attempted with mentally ill, developmentally delayed children and adults. It is not a how-to manual. One could not read the chapter on self-injurious behavior and design an effective behavior modification program, or the chapter on social skills training and run a group. However, the book provides a good survey of biological, behavioral, and psychotherapeutic approaches and an extensive list of references for each topic. Having reviewed the available approaches, the reader can use the references to look into the practicalities of implementing a particular strategy.

The next edition of this book would benefit greatly from the inclusion of information for clinicians about how to work effectively with schools, group homes, sheltered workshops, and Special Olympics coaches. Additionally, families and professionals often want names, phone numbers, and Web site addresses for support groups, professional associations, listserves, and sources of up-to-date and accurate information about various syndromes and treatments. An annotated list would be helpful.

### In this section . . .

Many of this month's reviews focus on chronic conditions and their treatment. Schizophrenia is addressed in three books, one of which is the personal account of the late mental health advocate Ken Steele. Other conditions addressed include mental retardation, learning disabilities, addictions, and eating disorders. Also reviewed are texts on disabilities in general and on the use of social supports in the treatment of persons with physical and mental illnesses.

*Dr. Newell is affiliated with the department of medical education at Oakwood Hospital in Dearborn, Michigan, and with the department of psychiatry at the University of Michigan in Ann Arbor.*

## The Day the Voices Stopped: A Schizophrenic's Journey From Madness to Hope

by Ken Steele and Claire Berman; New York, Basic Books, 2001, 272 pages, \$25

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

Ken Steele, born in 1948, started having auditory command hallucinations at age 14. He dropped out of high school and moved from his family home in Connecticut to New York City in 1966 to live on his own. By this time, he already had a diagnosis of schizophrenia and had attempted suicide. His father was resistant to recognizing mental illness in his son, and his mother was silent. His early years in New York City included employment as a copy editor and as a male hustler. In 1967 Steele was admitted to Bellevue Hospital and Manhattan State Hospital, marking the beginning of what would be a decades-long, coast-to-coast odyssey of psychiatric hospitalizations.

It was not until the 1990s that this odyssey ended and Steele went on to become an active advocate. Steele died in October 2000—of heart failure, peacefully in his own bed—at the age of 52, having become by that time one of the most productive and better-known advocates for individuals with chronic mental illnesses.

Despite its cataloging three decades' worth of poorly conceived and even more poorly delivered psychiatric services, Steele's book is one of hope. "Although schizophrenia remains a great mystery," he writes, "I and others who know this illness through personal experience or as mental health professionals would sound a note of hope. We know that today much *can* be done to help people not only survive schizophrenia, but to have a life, as I do now."

Steele does a very credible job not only of describing the symptoms of schizophrenia and how they interfered with his existence but also of comparing these symptoms with oth-

er aspects of his life. For example, he remarks, "Being a hustler has this in common with being a schizophrenic: the bizarre becomes normal." Steele also provides a history of the antipsychotic medications prescribed for him and his responses to them. When the "voices stopped," it was apparently in response to risperidone, the first atypical antipsychotic he received.

Steele provides powerful descriptions of inpatient psychiatric settings, particularly state hospital settings from Massachusetts and New York to California and Hawaii. His portraits of the hospitals include the physical environment, the staff's attitudes and behaviors, and the broad array of other patients. Steele started his inpatient psychiatric "career" in a different era; for example, he notes that in the 1960s Manhattan State Hospital housed 3,600 patients, with as many as 50 patients per ward.

One comes away from reading this book with the fundamental sense that Steele's journey is a repeating cycle with no forward movement until near the end of his life. At one point he notes, "I was returned to Harlem Valley, continuing a schizophrenic odyssey that would find me cycling in and out of hospitals and halfway houses from Maine to Hawaii and points in between. Caught up in the revolving door of the mental health system, I'd go round and round, without really getting anywhere at all."

One is also left wondering whether it is too easy to put Steele's recovery down to the advent of atypical antipsychotic medications, rather than to attend more closely to how poorly other interventions in the psychiatric armamentarium, including psychotherapy and psychosocial rehabilitation, were used throughout most of Steele's life.

*The Day the Voices Stopped* does not cover new ground for those familiar with the psychiatric services of the

era Steele describes. However, even for these readers, this autobiography will be a powerful reminder. For others, including physicians, residents, medical students, college students, and the general public, *The Day the Voices Stopped* is an excellent portrayal of both the wrong turns psychiatry has taken between the 1960s and today and of the hope that exists, because of changed attitudes, new technologies, and a developing pharmacopoeia, that the future need not repeat the past.

## Managing Schizophrenia

edited by Gordon Mallarkey; Auckland, New Zealand, Adis International, 1999, 91 pages, \$29.95 softcover

Mark R. Munetz, M.D.

This slim paperback contains eight chapters that essentially are updated articles previously published in peer-reviewed journals of Adis International. The editor, who is the commercial manager for the publisher, indicates in a brief foreword that the book "adopts a disease management approach to schizophrenia . . . to provide information and ideas on how best to manage this chronic disabling illness."

In this book, the individual parts may actually be better than the whole. Particularly appealing is the book's international perspective. Three of the eight sets of authors are American, two Austrian, and one each Canadian, Danish, and British. However, there is little, if any, continuity between the chapters, and they contain a fair amount of redundancy and an occasional inconsistency.

The individual articles are of high quality overall. Mortensen's overview of the epidemiology of schizophrenia

*Dr. Munetz is chief clinical officer for the Summit County (Ohio) Alcohol, Drug Addiction, and Mental Health Services Board and professor of psychiatry at the Northeastern Ohio Universities College of Medicine in Rootstown.*

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

is well written. Particularly informative is his discussion of the difficulty of conducting incidence studies and therefore the possibility of variation in disease risk among different populations. He provides an excellent review of risk factors for schizophrenia.

Lehman's chapter relating the findings of the Schizophrenia PORT study to a disease management approach is another well-done review. Fleishhacker and Hummer, from Austria, present what I found to be the most useful chapter in the volume, a discussion of pharmacotherapy of schizophrenia. These authors discuss a number of important issues: the continued uncertainty about the "atypicality" of the novel antipsychotic drugs; the unexplained discrepancy in clozapine dosing practices between the United States and Europe; and the reluctance to recommend lifetime pharmacological relapse prevention for schizophrenia, whereas no such reluctance occurs in other fields of medicine.

Fleishhacker and Hummer, citing the literature, essentially dismiss the intermittent or targeted pharmacotherapy approach for general practice. In the next chapter, Maryland researchers Buchanan and Carpenter review the same studies and give targeted treatment a more positive spin, although not a convincing one in my opinion.

Taylor, from England, addresses the switch from conventional to atypical antipsychotics. His general recommendation that conventional antipsychotics be stopped before clozapine therapy is begun seems overly cautious, especially considering the increasing use of combined treatment with conventional and novel agents, a topic not covered in this volume.

The final chapters of the book cover the effect of extrapyramidal syndromes on compliance with medication regimens, assessing quality of life for patients with schizophrenia, and pharmacoconomics. Although the review of extrapyramidal syndromes is well done, today there is probably greater need for a review of the emerging adverse metabolic effects of the novel agents. The chapter on pharmacoconomics suggests that the nov-

el agents—and not just clozapine—should still be reserved as second-tier agents, a position that conflicts with current consensus guidelines.

Overall, this is a worthwhile collection of papers that will be of interest

to students and clinicians who are interested in schizophrenia, particularly from a multinational perspective. But it is neither a coherent volume nor timely enough to be put on one's must-read list.

## Women and Schizophrenia

*edited by David J. Castle, John McGrath, and Jayashri Kulkarni; Cambridge, England, Cambridge University Press, 2000, 150 pages, \$24.95 softcover*

**Zerrin Emel Kayatekin, M.D.**

This book is a synopsis of research on gender differences in schizophrenia. *Women and Schizophrenia* is written by an international multidisciplinary group of clinicians and mental health researchers. In reviewing the literature on gender differences in schizophrenia, the authors elaborate on the clinical, social, and research implications of these differences. They also reflect on the appropriate modifications to apply in the treatment of women with schizophrenia.

The first chapter provides an overview of the topic and the book. Chapter 2 addresses gender differences in the development, organization, and degeneration of the human brain in the presence of schizophrenia. The author examines the biopsychosocial determinants of male and female behavior in a developmental context.

The authors of the next two chapters focus on gender differences in age at onset of schizophrenia, premorbid functioning, clinical presentation, and course of illness. They emphasize the implications these factors have in the diagnosis and treatment of schizophrenia in women.

In chapter five the links between hormones, especially gonadal hormones, and psychosis are reviewed. The authors outline the association between psychosis and the phases of the menstrual cycle and the postpartum

period. They review the literature on the effects of gonadal steroids on neurotransmitters and neuroreceptors and recommend modifications in the treatment of women with schizophrenia. They discuss the adjunctive use of hormones, especially during peri- and postmenopausal periods.

The authors of chapters 6 and 7 discuss biopsychosocial issues unique to women and how these issues affect treatment planning. They underscore the specific needs of women with schizophrenia during the reproductive years, especially in family planning and in antenatal and postnatal care. After outlining the special challenges of mothers with schizophrenia, the authors note the importance of interdepartmental liaison and recommend the provision of services to the family unit.

Chapter 8 covers several clinically relevant issues in the treatment of women with schizophrenia. The authors evaluate gender differences in pharmacokinetics and in the side effects of medications. They summarize how treatment can be modified during pregnancy, the postpartum period, and menopause. The final chapter offers a summary of the current literature on gender differences in schizophrenia and their impact on the treatment of the disorder.

The book is well organized. The chapters are related to each other yet can also be read independently. Each chapter includes a good reference list. The book is clearly written and provides a comprehensive yet concise review of the subject. It is an excellent introductory text, and I recommend it to anyone who is interested in the care of women with schizophrenia.

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*Dr. Kayatekin is assistant professor in the department of psychiatry and director of the Women's Program Center for Psychopharmacological Research Treatment at UMass Memorial Health Care/University Campus in Worcester, Massachusetts.*

## **Binge No More: Your Guide to Overcoming Disordered Eating**

by Joyce D. Nash, Ph.D.; Oakland, California, New Harbinger Publications, 1999, 286 pages, \$14.95 softcover

## **Eating Disorders: A Guide to Medical Care and Complications**

edited by Philip S. Mehler, M.D., and Arnold E. Andersen, M.D.; Baltimore, Johns Hopkins University Press, 1999, 241 pages, \$38 hardcover, \$18.95 softcover

**Beverly Goodman, M.D.**

**B**inge No More is a comprehensive treatise on disordered eating. The book is divided into two parts. The first part, entitled "Information: What You Need to Know About Disordered Eating," is like a mini-textbook of the psychiatric approach to the subject. It contains good descriptions of diagnostic categories, personality disorders, and comorbid conditions as well as a delineation of the eating disorders—*anorexia nervosa*, *bulimia nervosa*, and *binge eating disorders*. The definitions of terms are clear and accurate, and the language is accessible to the layperson. Appropriate correlations and statistics are included, and succinct clinical vignettes are presented. This is a very good introductory text for students and beginning clinicians.

The second part, "Intervention: How You Can Overcome Disordered Eating," is like a self-help manual. It covers the problems of eating disorders, including the stressors and causes of binges, interventions, nutritional counseling, and how to change one's thinking and behavior, and it presents a variety of checklists. Given the complexity of eating disorders, however, this approach is rather simplistic. The information in this section might be more useful if it were given to individuals who were already in treatment, to help them assess themselves, discuss their personal situation with the therapist, and develop a more in-depth understanding of their personal psychology and the resultant eating disorder. The author alludes to therapy but does not underscore the need for a compre-

hensive treatment program to manage the severe problems that are presented.

In general, *Binge No More* is a well-written, comprehensive, well-organized, descriptive book, with an extensive bibliography—definitely a guide to eating disorders, but the subtitle overstates the book's utility as a "guide to overcoming eating disorders."

*Eating Disorders*, edited by Philip S. Mehler and Arnold E. Andersen, is an excellent guide to the medical issues connected with eating disorders. The

contributors to the book's 15 chapters are well known in the field. The book is geared to primary care physicians, but it should be read by anyone who has contact with populations that are vulnerable to eating disorders to alert them to the problems and complications that can result from these illnesses and to help them understand the need for the earliest possible intervention and appropriate treatment.

The format used in this book is that of questions followed by comprehensive answers. Explanations are in understandable language and give attention to numerous details. The basics are addressed, but the chapters also go into detail about the multiple parameters of the diseases, including obesity, and their complications. *Eating Disorders* is an excellent text for use in training, and it should be required reading for medical students. I would certainly recommend it to any clinician who wants or needs to know about the medical issues related to eating disorders.

## **Combining Medication and Psychosocial Treatments for Addictions: The BRENDA Approach**

by Joseph R. Volpicelli, Helen M. Pettinati, A. Thomas McLellan, and Charles P. O'Brien; New York, Guilford Press, 2001, 207 pages, \$30

**Lisa M. Najavits, Ph.D.**

**T**his book is related to a movement in the field of addictions treatment to offer alternatives to the 12-step Alcoholics Anonymous approach that has dominated treatment for most of the past century. Specifically, the book presents an approach for the training of professionals in a method known by the acronym BRENDA: "biopsychosocial evaluation; report to the patient on assessment; empathic understanding of the patient's situation; needs collaboratively identified by the patient and treatment provider; direct advice to the patient on how to meet those needs; and assess reaction of the patient to advice and adjust as necessary for best care."

The approach fits within the framework of motivational enhancement methods that have come into wide use as a way of engaging and retaining ad-

diction patients, who are notoriously difficult to treat. Indeed, the foreword to the book is by William R. Miller, one of the originators of such methods.

What makes this book especially helpful is that it provides a concrete system for putting motivational methods into action. The acronym itself serves as a memory aid, and three in-depth case examples offer guidance on implementing the approach through the various stages of treatment. Clinical dialogues convey the tone of interventions, and several assessment tools are provided.

A major strength of the book is the authors' attention to several innovations in the addictions field that are as

*Dr. Goodman is chief of the consultation-liaison service for child and adolescent psychiatry at North Shore University Hospital in Manhasset, New York.*

*Dr. Najavits is affiliated with Harvard Medical School in Boston and with McLean Hospital in Belmont, Massachusetts.*

yet unknown to many providers: the change in definition of addiction from physical dependence to compulsive use; the effectiveness of supportive rather than confrontational methods; the need for a multidisciplinary approach; and the growing use of outpatient rather than inpatient modalities. Throughout, the writing is clear and straightforward.

The book is most appropriate for basic-level addictions training—for clinicians who are new to the addictions field; those who perform primarily a triage role, such as nurse practitioners and primary care personnel; and those who are accustomed to using older methods and want guidance on the use of newer approaches.

One of the major weaknesses of the book is its lack of attention to some of the more complex issues clinicians struggle with. For example, how can clinicians provide high-quality care—including use of the BRENDA method—in a context of limited treatment resources, such as when a patient lacks insurance or is covered only

for a brief inpatient stay, or in areas that have few or no referral resources, such as rural or inner-city settings? Also, how should co-occurring disorders be addressed? The BRENDA approach includes a brief assessment of basic symptoms, such as symptoms of depression or anxiety, but it does not include assessment or treatment guidance for common co-occurring disorders, such as personality disorders or posttraumatic stress disorder.

Another major weakness of the book is that it does not describe empirical support for the BRENDA approach. Indeed, although the authors state that the approach has been empirically evaluated, they provide no description of the studies that were used in the evaluation or of additional research that is needed—a curious omission, given the authors' prominence as clinical researchers.

This book is a solid, basic learning tool that conveys how to work with addicted patients compassionately and effectively. The need for such care has never been greater.

never exposed to in medical school or in his training. "I thought having a diagnosis meant an end to uncertainty," he says. "I was mistaken."

Of the many who practice medicine, one might have thought Biro more prepared for this ordeal than most who have been through medical school. In addition to his medical training, Biro had spent time at Oxford University, where he examined the language of pain and suffering in literary and theoretical texts. He brings this background to the writing of *One Hundred Days*, but he also allows the reader to see that despite his background, when he actually becomes the patient much of the intellect succumbs to the pain, fear, and passion that surface when one has to cope with a medical disease of extraordinarily high lethality.

Again and again the reader hears from Biro the patient what Biro the doctor never understood. His insights will be familiar to those who have listened to patients talk about their experiences with physicians when they had anything more than minor medical complaints. Biro is astonished that, again and again, he has to actively seek out information, which is otherwise not provided to him. He is continually surprised at the lack of reassurance provided to him. He notes that physicians can dole out sympathy but seem remarkably stingy when it comes to empathy.

The power of *One Hundred Days* lies in how Biro's training as a physician leaves him so poorly prepared to be Biro the patient. He has changed roles, and with the patient's lenses on he sees the doctor in ways that he never did when he had the doctor's lenses on. For this reason alone, this book should be considered for use in the training of all physicians. In the mental health field it can be useful for training not only physicians but also professionals in other disciplines, although it may be harder for nonphysicians to relate to the details of the story. For example, Biro refers to himself as a "zebra"; by the end of the third year of medical school, most medical students would know what he means. Readers who trained in others disciplines, no matter where they are in their career, might not.

## One Hundred Days: My Unexpected Journey From Doctor to Patient

by David Biro; New York, Pantheon Books, 2000, 291 pages, \$23

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

In 1996 David Biro, a 36-year-old physician on the faculty of the department of dermatology of the State University of New York Downstate Medical Center, was hospitalized and diagnosed as having paroxysmal nocturnal hemoglobinuria (PNH). This disorder, which has an incidence rate of less than one in a million, results in episodic dark urine at night (hence its name), blood clots, and bone marrow failure. It is fatal in most cases.

In this book, as its subtitle indicates, Biro recounts his unexpected journey from doctor to patient. He describes his precipitous slide from being a

young man bathed in sunshine—he didn't even have to set up his own practice, he joined his father's dermatology practice in Brooklyn—to one facing the greatest darkness—a quickly progressive, lethal, poorly understood medical disorder. The transformation is not simply from doctor to patient, but from a high-spirited, forward-looking, full-of-life man to a petrified, dispirited, uncertain shadow of his former self.

Biro comes to appreciate what the doctor-turned-patient can best see. "Medicine has always been a spectacle at the expense of sick people," he says. "For the person in the chair, the body everybody is gawking at, the source of interest, it is downright degrading." He also comes to face the uncertainty of medicine, an uncertainty he was

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

Biro does survive the PNH, the beneficiary of a bone marrow transplant. By the end of the book, however, he has not yet completed the grafting of his patient persona onto his physicianhood.

For him this will probably be a lifelong quest. Biro has done the medical profession a service by providing a story from which we can learn the value of empathy in the practice of our craft.

would need to be fleshed out considerably to provide practical guidance.

Overall, *Social Support Measurement and Intervention* has much to offer both researchers and practitioners who wish to explore the relationship between social supports and health and mental health outcomes. For the field as a whole, the volume may serve the additional purpose of making it clear that a more satisfying integrative theory is needed that can better encompass the range of efforts that are under way across several disciplines.

## **Social Support Measurement and Intervention: A Guide for Health and Social Scientists**

*edited by Sheldon Cohen, Lynn G. Underwood, and Benjamin H. Gottlieb; New York, Oxford University Press, 2000, 345 pages, \$45*

**Matthew C. Johnsen, Ph.D.**

This book was designed to serve as a resource for those working on the development of state-of-the-art techniques for social support assessment and intervention in studies of physical and psychiatric illness. Given the theoretical foundation provided in the book and the almost encyclopedic discussion of a wide range of social support measures, the editors provide a valuable service for researchers and practitioners who are interested in the mechanisms by which social support influences individual health and mental health outcomes.

Part 1 of the book contains a brief review, by the editors, of theoretical perspectives on the relationship between social relationships and health. Part 2, which contains four chapters, addresses the measurement of social support. A chapter on social support theory and measurement provides an overview of the stress and coping, social constructionist, and relationship perspectives, underscoring the importance of theory to the measurement and operationalization of social support measures.

The other chapters in part 1 catalog measures of social integration, social networks, perceived and received social support, relationship properties, and interactions that are relevant to social support. Although the measures themselves are not provided, the discussions contain enough detail for readers to proceed in the right direction to address particular types of re-

search questions.

The four chapters of part 3 discuss the selection, use, and empirical bases of several social support interventions. An excellent overview of the selection and planning of support interventions is followed by chapters on support groups, one-to-one support interventions, and optimization of natural supports. The breadth of the measurement chapters contrasts sharply with the tight focus of these later chapters, perhaps reflecting the lag between the substantial progress that has been made in measurement on the one hand and our understanding of how to implement effective programs that apply these advanced measurement techniques on the other.

One strength of this volume is its multidisciplinary character. Its chapters provide excellent theoretical and practical overviews from a wide range of disciplines—sociology, psychology, psychiatry, and health services research—bringing into juxtaposition perspectives that might not otherwise be discussed side by side.

However, the book's ambition to serve both research and practice has disadvantages as well as advantages. For example, readers who are unfamiliar with some of the literature may find some chapters difficult, whereas those who are familiar with the literature may find that the descriptions of measures merely whet the appetite, leaving it up to the reader to do the considerable additional work required to review the measures firsthand. For practitioners, again, the descriptions of the social support interventions may be sufficient to arouse curiosity, but they

## **Disability, Society, and the Individual**

*by Julie Smart, Ph.D.; Gaithersburg, Maryland, Aspen Publishers, 2001, 357 pages, \$49*

**Lori A. Lattarulo, M.A.**

This book is an excellent course text for graduate students in rehabilitation counseling and related fields. The author, Julie Smart, is a faculty member in the department of special education and rehabilitation at Utah State University. Dr. Smart has discussed disability and its impact on society and the individual with her students over the years, and she acknowledges that without their participation the discussions in *Disability, Society, and the Individual* would not be as multifaceted as they are.

Unlike many textbooks on disability that focus on disability categories, with each chapter devoted to a specific disability, this text considers broad similarities and differences across a wide range of disabilities. The author's stated objective for the book is to examine the experience of disability from the perspective of people who have disabilities, to discuss how society views disability and people who have disabilities, and to consider the relationship between these two viewpoints.

Smart acknowledges that there are

*Dr. Johnsen is associate professor of psychiatry at the Center for Mental Health Services Research of the University of Massachusetts Medical School in Worcester.*

*Ms. Lattarulo is a community support specialist in the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse in Richmond.*

no clear divisions between the concepts of disability, society, and the individual. Nevertheless, the book is divided into three parts to facilitate learning. Part 1 is devoted to defining disability and discussing various models of viewing disability. Although the book does not focus on any one disability in particular, chapter 1 defines and describes the four broad categories of disabilities—physical, intellectual, cognitive, and psychiatric. Chapter 2 presents the three basic models used to conceptualize disability: the medical, the environmental, and the functional. This chapter also includes a helpful summary of the Americans With Disabilities Act as well as a discussion of some of the results of the legislation.

Part 2 focuses on society's response to disability, particularly the prejudice, discrimination, and stigma endured by people with disabilities. The chapters in this section examine the many sources, effects, and experiences of prejudice and discrimination. Although the primary focus is on the effect of prejudice on people with disabilities, the section also examines how prejudice against any group is costly to society as a whole.

Part 3 focuses on the individual's response to disability. Chapters in this section consider how aspects of

the disability itself, such as the degree of visibility, and environmental factors, such as the amount of stigma associated with the disability, affect the individual's response to the disability. Because it is difficult for persons without disabilities to understand the experience of having a disability, the author includes many first-person narratives by individuals with disabilities.

In addition to providing a comprehensive overview of disability, this book offers some nice features aimed at facilitating classroom learning and discussion. Each chapter begins with a list of questions to help focus the reader's attention on important issues. In each chapter, sections are highlighted with key concepts to be addressed. Each chapter concludes with a list of references and suggestions for videos to watch and learning activities and writing exercises to use.

*Disability, Society, and the Individual* provides a comprehensive review of many important topics in the field of disability. With its inclusion of discussion questions and lists of supplemental resources, this book provides a useful framework for a course in disability while also challenging students to explore the many sides of the subject.

him in print for spending so much money and time in America trying to rectify years of dental pain, periodontal disease, and a tumor in his lower jaw. Amis is unquestionably a martyr to his mouth. Anyone who enjoys vivid descriptions of dental surgery and suffering will surely want to follow the awful saga of mouth misery he recounts in *Experience*.

Besides teeth, much of the substance of *Experience* is formed by explications of the intense and sometimes perplexing relationships between parent and child, creativity and criticism, and internal struggle and external brilliance. Early in the book, Amis explains that he chose to write a memoir in order to commemorate his father. "He was a writer and I am a writer; it feels like a duty to describe our case—a literary curiosity which is also another instance of a father and a son." Well, yes and no. Kingsley, a celebrated writer, poet, and wit, was also an alcoholic who was often consumed by his own phobias. For starters, he could not bear to be left alone; hence, family closeness of one sort or another was inevitable.

When, at age 20, Martin started having panic attacks each time he entered the London subway, he worried that he was going to follow in his father's footsteps. However—and fortunately for young Martin—he was cured of his panic attacks after talking, in a pub, to a psychiatrist and close family friend who delivered the following sage advice: "Just remember that the worst thing that can happen to you is that you might make a fool of yourself."

Interspersed throughout the memoir are letters written by Martin to his father and his stepmother, the novelist Elizabeth Jane Howard. These letters illustrate the struggles of a young man studying for his entrance exams to Oxford, his coming of age, and the mixture of innocence and experience that characterized him at the time. Above all, however, they help define how Martin Amis began, through his writing, to form a style, a point of view, and a perspective of his own that were distinctly different in both personal and political viewpoint from his father's.

## Experience: A Memoir

by Martin Amis; New York, Talk Miramax Books, 2000, 406 pages, \$23.95 hardcover, \$14 softcover

Dorothy Packer-Fletcher, M.F.A.

Style is morality: morality detailed, configured, intensified," responds Martin Amis in a footnote to a rather dismissive review his father, Kingsley Amis, wrote of Vladimir Nabokov's *Lolita*. Alas, the issue of style proves to be one of the central challenges of Martin Amis' memoir, *Experience*. Writers tend to fall into two camps: those who so prefer style over substance that they insist that it is substance—or morality in Martin Amis'

case—and those who prefer substance, moral or otherwise.

*Experience* recounts not only the author's relationship with his family, especially his famous novelist-poet-reviewer father, but also the tragic disappearance of his cousin Lucy, whose dismembered body was eventually discovered during the investigation of one of England's most notorious pedophiles. But above all, the memoir devotes a great many pages to a rather sore subject—chronic dental pain and disease.

In the novel *The Information*, Amis struck back at the press for criticizing

Ms. Packer-Fletcher is a freelance writer who resides in Worcester, Massachusetts.