

The Social Construction of Anorexia Nervosa

by Julie Hepworth; Thousand Oaks, California, Sage Publications, 1999, 146 pages, \$74 hardcover, \$27.95 softcover

Preventing Eating Disorders: A Handbook of Interventions and Special Challenges

edited by Niva Piran, Michael P. Levine, and Catherine Steiner-Adair; Philadelphia, Brunner/Mazel, 1999, 347 pages, \$59.95

Davina Miller, M.S.W., L.I.C.S.W.

At first reading, these two books appear totally disparate. Julie Hepworth's book, *The Social Construction of Anorexia Nervosa*, is one of a series entitled *Inquiries in Social Construction*. The author states that her goals are to "examine the construction of knowledge through which anorexia nervosa emerged as a psychiatric phenomenon" and to "challenge the dominant conceptualization of anorexia nervosa as a psychopathology."

Preventing Eating Disorders, on the other hand, makes no bones about holding the view that eating disorders are a form of psychopathology, but then explores all sorts of efforts that are being made to reduce the numbers of persons afflicted or to eliminate the disorders. In the end I felt that the two books had more in common than I had at first realized.

The Social Construction of Anorexia Nervosa looks at the historical process by which, during the 19th century, anorexia went from being considered a moral and religious issue to a medical one, as the medical profession became the dominant force in taking care of people's well-being. Hepworth is concerned that anorexia is considered a medical condition mainly for historical reasons, but she is also critical of the lack of consistency in diagnosis and in how the disorder is treated.

The final section of the book, entitled "Postmodernism, the Body, and Therapy: Implications for Practice," is an intriguing discussion of postmodern views of the body and of the meaning of eating and food. The au-

thor believes that anorexia nervosa should be seen as "a public rather than an individual problem" and discusses the "need to move beyond positioning individuals diagnosed with anorexia nervosa as psychiatric patients and towards enabling their participation in the public domain as citizens." Hepworth speaks with approval and hope of the possibilities of narrative therapy for anorexia, which she feels "resists the pathologizing effects of the traditional psychiatric model."

It is always good to be made to look in different ways at things we take for granted. This is an interesting, thoughtful book, but it ignores the reality of the sequelae of starvation on the body, such as extreme weakness. Persons in the later stages of anorexia are too enfeebled to be able to follow

In this section . . .

Davina Miller reviews two books on eating disorders, one historical-conceptual, the other focusing on treatment and prevention. After Francine Cournois' review of a volume on children and HIV-AIDS, biographical books on Dorothea Dix and on Alice James are reviewed. Reviews follow of texts on psychoneuroimmunology, on affect regulation in psychopathology, on personality and pain, and on developmental disabilities and psychiatric disorders. Reports on reforming commitment laws and on bias against gays and lesbians in mental health professions are also reviewed.

Hepworth's exhortation that they "move beyond the position of patients and become part of a state-citizen relationship."

Preventing Eating Disorders is accessible, practical, and comprehensive. Its chapters cover a wide range of research on factors contributing to eating disorders and how to combat them. I was impressed by the inclusion of chapters on transcultural perspectives as well as on the role of parents in prevention.

I particularly liked the chapters on media literacy, which include programs for working with girls from elementary school to college level. While we all suspect that sociocultural pressures affect the incidence of eating disorders, it is not easy to measure their influence, nor to diminish their power. A number of research projects that attempt to measure the influence of the media are described as well as several programs that counteract their negative messages.

Catherine Steiner-Adair and Amy Purcell Vorenberg have written a fine chapter entitled "Resisting Weightism: Media Literacy for Elementary-School Children." Sandra Susan Friedman's chapter, "Discussion Groups for Girls: Decoding the Language of Fat," is also wonderful. Friedman describes a program called Just for Girls, a discussion group for girls from fifth through ninth grade designed to "help girls decode the language of fat by teaching them about the grungies—the term coined to describe the negative self-deprecating voice that girls learn to use when they cannot be direct with their feelings and experiences."

Two interesting chapters were contributed by Niva Piran, one of the book's editors. In them, Piran describes her work on primary, secondary, and tertiary prevention at a residential dancing school in Toronto. She works not just with the students but with all members of the faculty and staff as well. "The program works towards creating a safe and equitable school system in which the voices of diverse women are heard and women's bodies are no longer a site of

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societal oppression.”

The book also offers useful chapters on the role of sexual harassment in the etiology of eating disorders as well as chapters on the role of the physician and on preventing eating disorders among young women with diabetes.

Hepworth's book, while intellectual and provocative, is more for the academic than for the practitioner. *Preventing Eating Disorders*, by contrast, should be owned by every institution serving young women and read

by teachers and school administrators, medical personnel, and therapists. It would be wonderful if it could reach an even broader audience, such as magazine editors, who might then promulgate the vital message that there is much that can be done to prevent eating disorders. The book offers a great deal of crucial information about running programs that might decrease the tragically large numbers of girls and women who now suffer from these disabling illnesses.

for the kind of technical information that is specific to their fields. Nonetheless, members of all disciplines working with HIV-affected families will benefit from understanding the child welfare concerns and approaches described in this book.

Children and HIV/AIDS

edited by Gary Anderson, Constance Ryan, Susan Taylor-Brown, and Myra White-Gray; New Brunswick, New Jersey, Transaction Publishers, 1999, 173 pages, \$24.95 softcover

Francine Cournos, M.D.

Children and HIV/AIDS is a collection of nine papers written by authors engaged in work with families and children affected by the HIV epidemic. The first chapter contains a concise overview of HIV-related medical issues as they affect children. The remaining chapters include descriptions of a variety of psychosocial interventions that address such issues as disclosure of HIV status by parents to their children; permanency planning and its associated psychological, legal, and economic issues; and assistance to HIV-affected teenagers.

One of this volume's strengths is that many of its contributors have been integrally involved in the design and implementation of the programs described as well as in initiating research on or evaluations of their effectiveness. Another strength is the book's focus on children and adolescents living in disadvantaged circumstances, including those who enter the protective service system before a parent's death, youngsters making a transition from out-of-home care to independence, and teens who are homeless or HIV infected. Little has

been written about these underserved populations, and although outcome data are still quite limited, new ideas and approaches will be welcomed by professionals struggling to serve these young people.

Children and HIV/AIDS was originally published as a special issue of the journal *Child Welfare* and is intended as a resource for personnel working in the child welfare field. To that end, the book provides a solid overview of the basic issues, a review of the social services literature, and a description of such interventions as community-based permanency planning services, custody planning within the child welfare system, outreach to troubled teens, and group treatment for bereaved adolescents.

The book's title may suggest a more comprehensive overview of HIV-related issues and children than it actually offers. Readers will not find, for example, a discussion of the diagnosis and treatment of psychiatric and neuropsychiatric manifestations of HIV infection in children, an overview of HIV prevention approaches with adolescents, or a description of the impact that newer life-prolonging antiretroviral treatments have had on HIV-affected parents, children, and adolescents. Psychiatrists and psychologists will need to look elsewhere

Asylum, Prison, and Poorhouse: The Writings and Reform Work of Dorothea Dix in Illinois

by David L. Lightner; Carbondale, Illinois, Southern Illinois University Press, 1999, 161 pages, \$19.95 softcover

Thomas G. Ebert, Ph.D.

The flurry of state-sponsored asylum building in the mid-19th century and its importance to the definition and treatment of insanity as a social problem can be scarcely apprehended without an understanding of the crusade and reform spirit of Dorothea Dix. David Lightner's book contributes to that understanding by providing the complete text of her memorial on the insane and her memorial on the state penitentiary at Alton—both presented to the Illinois legislature in January 1847—and eight newspaper articles detailing conditions in several of the state's poorhouses and jails.

The first chapter introduces the reader to Dix and her reform spirit and chronicles her travels around the state of Illinois. The last chapter assesses the legacy of her reform efforts in Illinois and provides analytical perspectives on social reform. The intervening chapters contain Dix's flourishing rhetoric, in which she cajoles, informs, demands, and advocates for social change.

Objectives for the book include rescuing these documents from obscurity and providing a comprehensive description and evaluation of Dix's re-

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form work in Illinois from her arrival in May 1846 to her departure in March 1847. Lightner accomplishes these goals in superb fashion by allowing Dix's work to speak for itself, but also by providing detailed analytical notes, correcting errors with additional evidence, and furnishing the reader with extensive references.

Before she arrived in Illinois, Dorothea Dix had already been instrumental in persuading state legislatures to accept responsibility for the insane by establishing state mental hospitals, first in her native state of Massachusetts in 1843, and then in several others. Her reputation preceded her when she joined advocates working in Illinois. One sees in her arguments various appeals—at times factually based, at other times emotional and evocative—to basic humanity, to the need to protect against the dangers posed by the insane, and to the financial benefits of acting sooner rather than later.

Behind her rhetoric were prevalent 19th-century assumptions about the promise of cure through moral treatment, the supposed dangerousness of

the insane, and the need for responsibility to be assumed at the state level. Her factual observations from her travels along with anecdotal evidence were delivered persuasively to a receptive audience. The audience—as was the case for society at large—was less amenable to persuasion in improving the lot of the poor in poorhouses or of convicts in the state penitentiary or in local jails. One is struck by the detailed descriptions of the abject misery endured by persons living in existing institutions, or even kept privately by families, where the fulfillment of the basic needs for food, shelter, and clothing was left wanting.

Asylum, Prison, and Poorhouse provides the reader with a deeper understanding of social reform, social reformer, and the process as it occurred—or did not occur—in the state of Illinois. Analytical linkages to theories of social change such as progressivism or social control are less well developed. This book is an important contribution to the understanding of the social definition and treatment of mental illness and the forces of social change over time.

constantly stimulated and exposed to a larger world. She was also the center of attention during her travels, something she desperately craved.

Each time she returned to her parents' home, she reentered a suffocating world from which there was no escape. It didn't help that the other young women in her social circle were marrying while she was not. Alice strove to make the best of her lot, briefly teaching history to other women via a correspondence school despite the fact that her health again deteriorated. While teaching, she met a fellow instructor, Katharine Loring, who became her dearest, lifelong friend.

After the death of her parents, Alice was left alone, but with a comfortable inheritance. Eventually she moved to London to be near Henry and to receive care from Katharine Loring, a selfless, strong, intelligent, and compassionate woman who devoted much of her life to nursing her own sickly sister as well as Alice. When Alice was diagnosed with cancer and made it clear that she was prepared to die, Katharine moved in with her and became both companion and caretaker. Since Alice was often too ill even to write, Katharine agreed to take dictation, writing down Alice's thoughts, feelings, observations, and political commentaries in a private diary.

Alice's story is one of intellectual triumphs and insights contrasting sharply with numerous breakdowns and illnesses. At her death, Henry wrote to William that "the extraordinary intensity of her will and personality really would have made the equal, the reciprocal life of a 'well' person—in the usual world—almost impossible to her—so that her disastrous, her tragic health was in a manner the only solution for her of the practical problem of life—as it suppressed the element of equality, reciprocity, etc." The tragedy of Alice James' life was that she was born at a time when women were rarely able to have aspirations beyond marriage and family.

Jean Strouse writes of Alice James' life with compassion and insight. It is a compellingly written story, well researched, and well worth reading.

Alice James: A Biography

by Jean Strouse; Cambridge, Massachusetts, Harvard University Press, 1999 (originally published in 1980), 367 pages, \$18.95 softcover

Dorothy Packer-Fletcher, M.F.A.

Kenneth E. Fletcher, Ph.D.

Alice James, the younger sister of Henry and William James, might well have become the intellectual equal of her famous brothers had it not been for the constraints of Victorian society on women—constraints, Ms. Strouse suggests, that contributed to her lifelong struggle with neurasthenia. Plagued by various physical complaints and bouts of depression, she struggled valiantly against the "bad" sick Alice and made every effort to be the "good"

resilient soul whose ardent nature shone through despite her suffering.

Henry James, Sr., the Swedenborgian visionary father of the family, had high philosophical aspirations for his four sons, but his only expectation for Alice was that she stay home and be a companion to her parents until she married. Frustrated, informally educated, but brilliant and opinionated, Alice turned inward and grew sicker with each ailment and nervous collapse. No treatment—and there were many—ever made her better for long. However, when she traveled through Europe with Henry and her maternal aunt, her health often improved dramatically, perhaps because she was

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Affect Regulation and the Development of Psychopathology

by Susan J. Bradley, M.D.; New York, Guilford Press, 2000, 316 pages, \$40

Ketan A. Dhadphale, M.D.

David A.S. Garfield, M.D.

In an era of dichotomies and polarities in psychiatry, here is a book that tries to bridge gaps between disparate parts of the field. Susan J. Bradley, M.D., who is a professor of psychiatry at the University of Toronto, has succeeded in reducing some of the chasms between the various approaches to explaining the genesis of psychopathology.

Dr. Bradley proposes that affect regulation is a core factor in human development and that its dysregulation is a causal factor in generating psychopathology. In the first part of the book, she lays out her model, explaining its operation from infancy to adulthood. She explains the concepts of general arousal factor, positive and negative affects, and stress reactivity as well as how they are correlated with affect regulation.

Her hypothesis is that negative affect leads to distress or abnormal affective arousal and, in turn, to specific negative emotions. This cascade of events is modified by various factors, including experience and cognition. Risk factors such as loss, trauma, abuse, brain insults, attachment difficulties, sensitivity to expressed emotions, or family conflicts affect this sequence negatively and thus lead to psychopathology. Dr. Bradley also explains the model in clinical terms, noting that affective dysregulation is manifested as anxiety, which is the underlying emotion in most psychiatric syndromes.

She explains the concepts in her model in neurobiological and psychotherapeutic terms, emphasizing the integration of mind and body components. In doing so she cites data from genetics, neuroimaging, and ani-

mal studies as well as from prevalent psychosocial theories. Thus abnormal affective arousal and the consequent affective dysregulation are mediated by a complex interplay of neurotransmitters, learning mechanisms, cognitive strategies, and psychosocial influences. The author reviews both biological and psychotherapeutic treatment modalities and summarizes how each treatment strategy improves the capacity to manage affect.

In the later sections of the book, Dr. Bradley discusses specific clinical syndromes in light of the affect dysregulation model. She explains the internalizing disorders—anxiety and mood disorders—noting that “affective dysregulation occurs most typically when an individual with heightened stress reactivity becomes stressed.” In contrast, in externalizing disorders such as the disruptive behavior disorders, a genetic vulnerability to anger and aggression may play a pivotal role, and stress reactivity may be less important. Dr. Bradley also discusses the generation of psychoses and personality disorders in terms of affective dysregulation. Finally, she details specific treatment strategies and their role in regulating affect.

In the final section of the book, the author discusses trends and future research in affect regulation, briefly touching on the limitations of her hypothesis.

The book is a laudable effort. It deals with issues that are relevant for today's practitioner while providing food for thought for those engaged in research. Dr. Bradley's emphasis on reducing the mind-body dichotomy is consistent; the book serves as an overarching template and may help integrate diverse efforts to understand affect regulation and psychopathology. *Affect Regulation and the Development of Psychopathology* should make good reading for psychiatrists, psychologists, and neurobiologists.

Psychoneuroimmunology: Stress, Mental Disorders, and Health

edited by Karl Goodkin, M.D., Ph.D., and Adriaan P. Visser, Ph.D.; Washington, D.C., American Psychiatric Press, 2000, 444 pages, \$55

Brad Bobrin, M.D.

When I first saw this book, I wanted to review it because I thought it would be a concise explanation of psychoneuroimmunology; it would complement the tome by Ader and associates (1) that I own. However, the editors state in the introduction that they hope their book “exemplifies an intensive focus on the psychoneuroimmunology of one specific disease process”—and that is what they give you: an intensive focus on the research on this topic in cancer and HIV-AIDS. Given the book's title, which implied that I would learn about how stress, mental disorders, and health are related to psychoneuroimmunology, I felt deceived.

The book does in fact go into significant detail about how psychological states affect the disease process in patients with cancer and with HIV-AIDS. However, I thought greater detail in neuroanatomy and neurochemistry should have been included. Some consideration is given to these areas, but not enough that someone who was not already an expert in psychoneuroimmunology would find it clear. I have some knowledge of the subject but found myself asking all too often, “How does this all really fit together?” Instead the book provides more coverage of how to set up a research project in psychoneuroimmunology and how certain psychosocial factors may modulate the immune system. Such narrow detail might be necessary to adequately convey the research, but without more background, this book cannot properly target the general reader.

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The book appears to be aimed at those who are currently working in the field of psychoneuroimmunology. In addition, it tends to focus more on intervention and how to prove that there is a relationship between the intervention, the outcome, and the immune system and not on teaching general principles about psychoneuroimmunology. Thus this book is not for people who want to learn what psychoneuroimmunology is about. It is not even for people who are interested in other aspects of the topic, such as those who may wonder how immune disorders affect the brain. Rather, it is for people interested in research about psychoneuroimmunology and cancer or HIV-AIDS or who are studying stress or mood and how they interact with cancer and HIV-AIDS.

The book is good at what it does. It presents copious data on psychoneuroimmunology research, and in doing

so it presents positive and negative studies, so the authors appear unbiased. The authors present clear rationales and descriptions of their methods and results, so that readers can follow and readily understand what the studies have done. To this end, the editors have done their job well.

I would recommend to the editors that in future editions they include more of the cellular anatomy and neuroanatomy related to the psychoneuroimmune process. By discussing this area, they would have access to a much broader audience than this book allows given the level of knowledge about the immune system expected of readers, and it would make their findings more understandable.

Reference

1. Ader R, Felton DL, Cohen N (eds): *Psychoneuroimmunology*, 2nd ed. San Diego, Academic Press, 1991

Personality Characteristics of Patients With Pain

edited by Robert J. Gatchel, Ph.D., and James N. Weisberg, Ph.D.; Washington, D.C., American Psychological Association, 2000, 311 pages, \$39.95

Mary Jane Massie, M.D.

For centuries theorists, clinicians, and researchers have attempted to describe, understand, quantify, and treat pain. How personality affects the presentation and course of chronic pain is among the most complex and challenging issues for health care practitioners. *Personality Characteristics of Patients With Pain* covers in superb detail the important issues faced by those who attempt to assess and explain how patients perceive and cope with pain and stress. The editors, themselves clinicians and clinical researchers who have extensive experience working with patients with personality disorders and those with chronic pain, have assembled a group of experts to contribute to this volume. They have produced

a very readable summary of this field.

The book begins with the editors' overview of the theories developed to explain pain and a discussion of the importance of evaluating personality to predict more reliably the clinical course of chronic pain and the efficacy of treatments. The book is divided into four parts. The first covers early approaches to the study of pain and personality, with chapters on psychoanalytic ideas and psychometric testing. Part 2 describes advances in personality testing of patients with chronic pain. The third part addresses nonpathological personality characteristics of pain, and part 4 is on personality disorders and chronic pain.

All four sections of the book should be required reading for practitioners in any discipline who are considering initiating or participat-

ing in behavioral research on patients with pain. Two excellent chapters written by the volume editors will be especially helpful to practicing psychiatrists or psychiatric residents who may not plan to specialize in the treatment of patients with pain but will certainly encounter patients who are struggling with pain and the resulting physical, emotional, and psychosocial consequences. Dr. Weisberg's chapter, "Studies Investigating the Prevalence of Personality Disorders in Patients With Chronic Pain," offers a superb discussion of the epidemiology of personality disorders among patients with pain, the lack of evidence for a "pain-prone personality," and the importance of understanding a patient's earlier level of functioning to optimize the likelihood of a successful treatment outcome.

Dr. Gatchel's chapter, "How Practitioners Should Evaluate Personality to Help Manage Patients With Chronic Pain," offers a stepped approach to personality assessment, recognizing the time and billing constraints imposed on the comprehensive evaluation of the chronic pain patient.

The editors have created a valuable resource for graduate students, educators, scientists, and clinicians. The contributors have attempted to analytically compare, not just recapitulate, the data they present. Chapters conclude with a useful summary and direction for future studies. Information is cross-referenced between chapters, providing a wonderful source of related references. The authors direct the reader's attention to recently published comprehensive reviews of the pain-coping literature.

Overall this book is a convenient, compassionate, comprehensive, and accessible presentation of the history of the exploration of personality characteristics among patients with pain, the development of psychometric tests, the utility and shortcomings of available research tools, and the ways in which personality affects all aspects of pain management.

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Psychiatric and Behavioural Disorders in Developmental Disabilities and Mental Retardation

edited by Nick Bouras; Cambridge, England, Cambridge University Press, 1999, 464 pages, \$59.95 softcover

Alice Graham-Brown, M.D.

With the closure of state institutions, the past quarter-century has seen a dramatic shift in the degree to which people with mental illness or developmental disabilities are integrated into the community. Quality-of-life issues are given more attention than they received in the past. Treatment of behavioral difficulties and psychiatric symptoms are an important part of improving function and integration. This book brings together an international group of specialists to cover a wide array of topics that are pertinent to the management of psychiatric disorders among persons with developmental disabilities. Every chapter is a concise overview of its topic and gives extensive references for further information.

Perhaps the greatest challenge in addressing psychiatric difficulties in the developmentally disabled population is making an accurate diagnosis. *DSM-IV* diagnosis is criteria based, and many of the criteria are based on both subjective and objective observation. To make an accurate diagnosis, the clinician relies in large part on the patient's own reports of feeling states and thoughts as well as observation of behavior and social adaptation. Among persons with borderline to moderate retardation, the presentation of psychiatric illness is similar to that of the general population. However, the more severe the developmental disability, the more marked the difference from typical presentation.

There are a variety of reasons for differences in presentation. Persons with moderate to severe disability have impaired communication skills or are nonverbal and thus may be unable to report their internal states. Impoverished social skills and life experiences can lead to unsophisticated

presentation. Cognitive limitations can result in bizarre presentations that can be misinterpreted as psychosis. Some behaviors can be explained solely on the basis of the developmental disorder, which can result in missed diagnosis. Finally, these patients are unlikely to present themselves. The clinician must rely heavily on third-party reporting, which may add a confounding layer of distortion, interpretation, or even misrepresentation.

This book is a comprehensive and informative review of the evaluation and treatment of psychiatric disorders among persons with developmental disabilities. Much of the focus is on how diagnosing mental illness in this population is different from usual psychiatric care. It offers the clinician a framework with which to think about this population, and it thoughtfully presents strategies for adapting standard psychiatric practice. The approach represented is multidimensional and leads the reader to a rich understanding of the need to address the biological, the environmental, and the social aspects of disorder and treatment.

This population of patients can present symptoms such as pain or other discomfort as agitation or self-harm. Difficulty sleeping may be caused by noisy night staff. As with any severely ill person, changes in staffing may cause acute changes in behaviors that are not necessarily due to illness. Because the information gleaned from caregivers is so vital in the evaluation, it is important to be aware of how the caregiver's expectations and hopes can color that information.

Because of these unique difficulties, all those treating the patient must work in close collaboration. The relationship between the behavioral psychologist and the psychiatrist is critical. A clear delineation of target

behaviors and of how they are defined, along with rigorous tracking of these behaviors, is the key to successful treatment. Also important are consistency in implementation of any behavior plan and in monitoring the patient's progress.

The book also discusses public policy, support service needs, and training and education needs, and the authors outline ways to improve them. At every step, areas for future research are highlighted, so that the book not only is a factual resource, but it also encourages the reader to think about ways in which care might be improved in the future. Advances in case management systems, community-based services, and outcome monitoring are the areas in which most progress has been made in the past decade.

This book is a rich overview of its subject and is a wonderful resource for all professionals in all disciplines who are working with this challenging population.

Sigmundoscropy: Medical-Psychiatric Consultation-Liaison—The Bases

by David J. Robinson, M.D.; Port Huron, Michigan, Rapid Psychler Press, 1999, 182 pages, \$21.95 softcover

David F. Gitlin, M.D.

On first picking up a copy of *Sigmundoscropy*, one might be inclined to dismiss it as light fare. Both the name and the cover art suggest a lack of seriousness for the task of discussing as important a topic as the field of consultation-liaison psychiatry. Nothing could be further from the truth, however. This book is a scholarly and thoughtful excursion into the

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world of consultation-liaison psychiatry, and even seasoned experts in the area will feel enriched after completing it.

The book's purpose is to provide a soup-to-nuts consideration of the process of general hospital psychiatric consultation, or, as the author offers, "the bases." He begins with a review of the history of consultation-liaison psychiatry and a description of the literature that supports the value of psychiatric consultation, laying the groundwork for the reader to understand how we have come to function as consultants today.

The text then deftly walks the reader through the entire process of conceptualizing and completing a superior psychiatric consultation. Comprehensive and thoughtful analysis is conducted of the critical elements of the psychiatric consultation, including the topics of preparing for the consultation, interviewing the patient, writing

the consultation report, and making the most effective recommendations. Within these sections are countless pearls, ranging from how to talk to the internist or surgeon who requests the consult to appropriate bedside manner. For those who enjoy mnemonics, several are sprinkled throughout the text. The work is well referenced, allowing the reader to pursue more in-depth study of any topic.

This is a great book for teaching and reminding us how consultation-liaison psychiatrists do what they do. It should be at the top of any list of references for medical students and psychiatric residents rotating on a consultation-liaison service. It is an invaluable tool for any general psychiatrist who does consultation work in a general hospital setting. Look past the title and the drawings, which may appear to detract from the importance of consultation-liaison psychiatry. Truly, in this case, you cannot judge a book by its cover.

specifying target interventions such as emergency response teams and community assisted treatment programs.

Throughout this section, as in the rest of the report, the authors use quotations from patients, family members, and other involved parties such as attorneys and treatment providers. The quotations are vivid and moving, and they add punch to the authors' message. At the end of this section, a tabular comparison of the current system and the proposed reforms is provided. For someone unfamiliar with California laws, this comparison may be very difficult to follow before the entire report has been read.

The second section, which is divided into six chapters, provides the background on the task force and its recommendations. It presents a history of the current mental health laws and offers a historical perspective on the evolution of commitment laws from ancient Greece. This part was both informative and enjoyable reading. Section 2 also explicitly describes the current laws. The authors make a valiant effort to describe in very simple terms the legislative process and legal concepts. Again, quotations from patients and family are thoughtfully inserted to emphasize the problems with these laws.

Next in this section is a description of mental illness and the most common psychiatric diagnoses. As before, the language is simple and easy to understand, which is especially helpful for readers who are not mental health providers. This part also includes a touching account of a patient's view of mental illness. Two chapters review various aspects of treatment and the consequences of not receiving treatment, such as suicide, substance abuse, violence, and criminalization of the mentally ill.

At the end of the second section is an addendum containing testimonies of patients, family members, and professionals at a community hearing entitled "Mental Health Laws: Is Reform Overdue?" Their pain, suffering, and personal losses because of the current laws are movingly and vividly described. I found this to be the most

A New Vision for Mental Health Treatment Laws: A Report by the LPS Reform Task Force

edited by Carla Jacobs, Elizabeth Galton, M.D., and Beth Howard; Long Beach, California, LPS Reform Task Force, 1999; 203 Argonne Avenue, PMB 104, Long Beach, California 90803, 87 pages, \$10 softcover

Pirzada Sattar, M.D.

A *New Vision for Mental Health Treatment Laws* is the product of a task force set up in 1995 to study and offer recommendations for reforming California's mental health law on involuntary treatment for mental illness. The task force included professionals, patients, and family members. The report presents the authors' views on the problems caused by the complicated laws set forth in the Lanterman, Petris, Short Act, which they say have served to create in California "one of the most adversarial, costly, and difficult to administer involuntary treatment systems in the United States." It also puts forward proposals that the

task force feels will improve the plight of mentally ill persons, their families, those who treat them, and society in general.

The report is divided into two broad sections. The first contains the introduction and the task force's recommendations. The second provides the background of the task force and articulates the rationale for the recommendations.

After the brief introduction, the report goes right into the recommendations of the task force to reform the current laws. This section is well written and easy to understand. The authors list 12 areas in which they have identified problems and offered specific suggestions to address them. The range of areas includes such basic items as defining mental illness, specifying criteria for commitment, and

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powerful part of the report.

A New Vision for Mental Health Treatment Laws is an informative, brief description of the authors' view, perhaps at times biased, of the faults of the current California mental health laws and their consequences. For the most part, the language is sim-

ple and easy to understand, though sometimes I felt that the authors were presenting too much information too fast. I did not always agree with their definitions and concepts, but the authors nevertheless get high marks for trying to keep the report simple and enjoyable to read.

ple begin in medical school, where a negligible amount of curriculum time is spent on studying healthy homosexual lifestyles, making them a virtually invisible population; curriculum time devoted to gay men is typically in the context of HIV-related illnesses. "Students who have no frame of reference for treating gay and lesbian patients other than as examples of psychopathology or as patients at high risk for contracting and spreading AIDS are likely to treat their patients in stigmatizing and prejudicial ways."

Especially well developed in the book is the degree to which HIV's initial emergence in gay men has created a dynamic that more potently stigmatizes both gay people and persons with AIDS regardless of their sexual orientation.

The book discusses the mutual influences the legal and mental health systems have on one another and how gay and lesbian people are affected by these influences. Clinicians are challenged to become more aware of the mental health burdens borne by gay and lesbian clients in the face of laws concerning marriage, tax planning, health care proxies, and so on, which affect their lives but were created with heterosexual presumptions.

The committee also encourages gay and lesbian psychiatric professionals to more frequently risk disclosing their sexual orientations to influence the biases of the mental health professions and their culture at large. Fears of losing one's place in a medical school or residency program, of losing status or career advancement at one's university or hospital, and of losing patients are cited as reasons why relatively few gay men and lesbians have "come out" professionally. More disclosure would provide more role models for people entering the psychiatric and mental health professions.

Although this book primarily addresses the field of psychiatry, it is an excellent text for all readers in the mental health professions, medicine, or human services who seek to refine their clinical skills and sensitivities and to better understand deeply seated cultural dynamics influencing their work.

Homosexuality and the Mental Health Professions: The Impact of Bias

by the Committee on Human Sexuality; Group for the Advancement of Psychiatry Report No. 144; Hillsdale, New Jersey, Analytic Press, 2000, 132 pages, \$29.95

Dennis Martin, R.N., L.I.C.S.W.

This monograph, formulated by the committee on human sexuality of the Group for the Advancement of Psychiatry, aims to examine the roots of antihomosexual bias in our culture, and, more specifically, how it affects the practice of clinical psychiatry, psychotherapy, and the mental health professions as a whole. This is the 144th report published by the group since 1946, when it was founded to produce position papers on relevant and controversial psychiatric issues.

The text is concise, practical, and richly illustrated by 26 clinical vignettes drawn from inpatient and outpatient treatment settings, psychiatric residency programs, supervisory sessions, and medical school education.

The book begins with an exploration of the cultural biases against gay and lesbian people that have emerged from biblical interpretations, organized religion, antisexual Victorianism, idealization of the two-parent nuclear family, and heterosexism, demonstrating their historical influence on the practice of dynamic psychology. The degree to which dynamic psychology itself, via early "pathologizing psychoanalytic constructs," reinforced and shaped the antihomosexual bias of the larger culture is also well covered.

The remainder of the monograph is pragmatic and focused on practice.

Discussed in separately developed chapters are antihomosexual biases in the clinical setting, the impact of antihomosexual bias on supervision and professional training, legal aspects of antihomosexual bias and mental health, and the relationship between HIV and antihomosexual bias.

Clinical vignettes and academic research studies are skillfully juxtaposed to demonstrate the blatant—and sometimes very subtle—ways in which bias infiltrates the practice of psychiatry and psychotherapy. This feature both strengthens the work and makes it quite interesting to read.

Although psychiatry has come a long way from the position articulated in *DSM-I* in 1952 that homosexuality was a sociopathic personality disorder, and in *DSM-II* in 1968 that it was a sexual deviation, biases against gays and lesbians are still present and active in clinical work even though "personality measures, projective tests, rates of psychiatric symptoms, and lifetime prevalence of psychiatric disorders, with few exceptions, do not distinguish between homosexual and heterosexual subjects." Pathologizing patients because of their homosexuality, stereotyping people on the basis of sexual orientation, empathic failure, heterosexism, and unsolicited attempts to change a patient's sexual orientation are still frequently found in psychotherapy, according to research cited in the text.

Biases against gay and lesbian peo-

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