Darwin's Worms

by Adam Phillips; New York, Basic Books, 2000, 148 pages, $20

D. Ray Freebury, M.D.

This little book is an ode to two scientists, born in the 19th century, whose contributions revolutionized the way humankind thinks about life. Adam Phillips, a child psychotherapist, is writing about Charles Darwin and Sigmund Freud. As is always the case, discoveries that undermine traditional ways of thinking are met with violent opposition, and so it was with Darwin and Freud. But this book is not about their struggles with opposition or the fact that their views seemed to excommunicate God. Rather it is an examination of how each of these extraordinary minds saw death as integral to life, loss as the mother of invention, and destruction as conserving life.

The prologue establishes that, in nature, suffering is a fact of life. However, Darwin and Freud were pessimists only when compared with purveyors of earlier forms of optimism such as redemption or the perfectibility of man. The second section recounts Darwin's lifelong interest in the lowly earthworm. Here, as in many passages in the book, Phillips' philosophical yet lyrical style is lightened by his wry humor. In describing how the earth is reborn and reborn again as a result of the passage through the bodies of worms, he says, "Darwin has replaced a creation myth with a secular maintenance myth." Phillips suggests that what fired Darwin's speculative imagination was the paradoxical fact that in the case of the earthworm's work, conservation is in the undermining, and destruction conserves life.

Freud, who is the subject of the third section of the book, was also interested in how destruction conserves life. In discussing Freud's lifelong aversion to biographers, the author suggests that if we view Freud's writing as autobiography set to theory, then we must ask what kind of object of desire was death for Freud. In the 1920s Freud introduced the notion of a death instinct to better explain how people actively, if unwittingly, take pleasure from undoing their lives. Philips suggests that for Freud, "death represented an object of passionate desire; the lover who will ultimately not refuse us, and yet who takes everyone."

In the epilogue the author states that for both Darwin and Freud, the idea of death saves us from the idea that there is anything to be saved from. If we are not deluded by the wish for immortality, transience does not diminish us. "They ask us," Phillips says, "to believe in the permanence of change and uncertainty; that the only life is the life of the body, so that death in whatever form it takes is a piece of life."

This book about life and death stories is not for the squeamish, yet it is an enjoyable read. *Darwin's Worms* will be appreciated by readers who share the author's philosophical bent, but not by those who are looking for something that will be clinically useful.

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Narrative Means to Sober Ends: Treating Addiction and Its Aftermath

by Jonathan Diamond, Ph.D.; New York, Guilford Press, 2000, 386 pages, $37.95

Mark J. Albanese, M.D.

Jonathan Diamond wrote this book to offer hope to therapists who treat people with addictions. In laying out a narrative approach that gives new meanings to people's experiences and lives, he accomplishes his goal.

Diamond points out that he is not describing new methods of treatment but offering a set of ideas about psychotherapy and narrative. He exhibits good knowledge of psychotherapy's theoretical underpinnings in his lucid explanations of analytic concepts such as transference and countertransference. He is careful about acknowledging where he has built on the work of others.

Through case vignettes, the author demonstrates how he uses tools such as patients' narratives and letter writing in his therapy with people with addictions. For example, he might have a patient write a good-bye letter to alcohol as a way of acknowledging and exploring how important her relationship with alcohol has been in her life. Interestingly, he uses his own letters to his patients and to their other caregivers as therapeutic tools. Narrative metaphors do not replace other understandings of addiction but complement them.

Diamond is careful to avoid producing a cookbook or a manualized description of his treatment. Instead, what comes through is the experience of a compassionate, successful therapist who integrates 12-step and psychotherapeutic principles in the treatment of his patients. He is frank about his own evolution as a therapist and acknowledges mistakes he believes he has made. He is also careful to describe patients who have made modest gains as well as those who have had more dramatic breakthroughs. And because he is such a good writer, the reader feels his and his patients' joys and sorrows.

The book is divided into four parts. The first part, in which the author fleshes out the narrative approach, describes the journey from addiction

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to recovery. He elucidates the stages of denial, anger, acceptance, bargaining, and letting go. In part 2 he gives a masterful description of Alcoholics Anonymous, which is a narrative approach to addictions, and how it must be integrated into psychotherapy with people with addictions. In part 3 Diamond applies his ideas on addiction and its treatment to work with children, families, and therapists in recovery as well as to people with addictions who have comorbid trauma and eating disorders. In the final part he offers a summary, conclusions, and some additional thoughts.

Diamond, whose own family was affected by his mother's alcoholism, brings to the writing of this book 15 years of experience in treating and training in the fields of psychotherapy and the addictions. Although it is not an introductory text, *Narrative Means to Sober Ends* will appeal both to new addiction treaters and to experienced therapists. With its integrated approach, the book should likewise attract a multidisciplinary readership.

Addiction Is a Choice

by Jeffrey A. Schaler; Chicago, Open Court Publishers, 1999, 179 pages, $42.95 hardcover, $19.95 softcover

Sally Satel, M.D.

Jeffrey A. Schaler, a psychologist, has written a pointed indictment of the prevailing concept of drug addiction as a disease—as opposed to, say, a behavioral condition. As the title indicates, Dr. Schaler views addiction as a choice, and he is very critical of treatments that "teach" patients that they are not in control of their behaviors. The author brings a libertarian sensibility to his understanding and treatment of addiction and to his policy recommendations; not surprisingly, he supports the decriminalization of all drugs, including heroin and cocaine. His treatment prescription involves getting addicts to unearth their underlying problems in life through cognitive techniques and thus help them make better choices.

Some of Schaler's criticisms should be taken seriously; they represent viewpoints rarely given a respectful hearing in our current climate of medicalization, in which addiction is considered a "brain disease." For example, Schaler claims, rightly in my view, that problems in living precede drug use. "Many of these problems in living arise because people will not muster up the courage to do what needs to be done." We often hear that people don't "choose" to be addicts, to mug their own grandmothers, get AIDS, live on the street, and so on. That is true. Few sane people would choose homelessness and alienation over a warm bed and a good family. Yet substance abusers make hundreds of conscious decisions and choices each day; over time these choices result in miserable consequences.

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In other respects, however, Dr. Schaler is intemperate. He condemns doctors who prescribe medication as "legal drug dealers pushing Prozac." He calls Alcoholics Anonymous a "scam." Granted, the examples he uses to make the point that AA is little more than a cult and that its members are subjected to mind control are compelling. He writes of a young woman who wanted to attend a special public school for kids having trouble with drugs but who was rejected by the principal because the patient said she did not believe that addiction was a disease. I myself have seen counselors—recovered alcoholics—disparage patients who do not find AA helpful and who are not at ease with the "higher power" concept. On the other hand, I have seen many addicts take a less literal interpretation of the AA philosophy and use it as a constructive model for living. Schaler doesn't seem to want to acknowledge that this is possible and that AA has been life-saving for a great many people.

Nor does Schaler fully acknowledge that the universe of addicts and alcoholics likely contains biologically heterogeneous subgroups. "There is no need to dream up some far-fetched, scientifically worthless fantasy about 'physical addiction' to account for" the difficulty of quitting substances, he writes. Willpower remains within the reach of all, I agree, but it is very likely that some individuals do experience craving more intensely than others and that treatment strategies, including the use of pharmaceuticals, are useful for some. It is one thing to say that even some people who are dependent on alcohol may one day be able to drink in moderation, but another to gloss over the fact that many will not be able to manage. As clinicians and researchers, the important question for us is how we can predict who will not be able to drink controllably after a period of abstinence.

Furthermore, Schaler's flat-out insistence that treatment doesn't work is absurd. Admittedly, it works far less well than some of its proponents claim, but volumes of data show that drug use, criminal behavior, and health problems are abated during

In this section . . .

Three books are reviewed that address addiction: one promotes the use of narrative in treatment, another emphasizes personal responsibility, and the third explores how social networks affect HIV risk among drug injectors. Three reviews follow of books on suicide: a comprehensive text, a book for teenagers that aims to prevent suicide, and a volume on risk management in the treatment of suicidal patients. The section closes with a book on the "mental hygiene" films shown in postwar U.S. classrooms.

treatment, at the very least. We have seen relapse rates diminish with mechanisms such as drug testing sanctions and other forms of leverage.

I give a mixed rating to *Addiction Is a Choice*. It is useful for its review of studies that show convincingly that drug addicts can exercise free will, depending on the stakes. It also pokes some nice holes in what has become dogma—for example, that addiction is a chronic and relapsing condition, that all addicts require treatment, and that addiction is a disease just like diabetes is. But in refusing to acknowledge the shades of gray and certain clinical realities—for example, the limited effectiveness of treatment, individual differences in addiction physiology, and the fact that being addicted to crack cocaine is not like being "addicted" to chocolate—the book reads too much like a polemic, detracting from the profound points the author makes about the role of autonomy and choice in addiction.

Social Networks, Drug Injectors' Lives, and HIV/AIDS

by Samuel R. Friedman, Ph.D., Richard Curtis, Ph.D., Alan Neaigus, Ph.D., Benny Jose, Ph.D., and Don C. Des Jarlais, Ph.D.; New York, Kluwer Academic Publishers, 1999, 277 pages, $75

Karen McKinnon, M.A.

In Bushwick, a Brooklyn neighborhood of abandoned buildings and underemployment, Samuel R. Friedman, Richard Curtis, Alan Neaigus, Benny Jose, and Don C. Des Jarlais found and cared for a community hard hit by an AIDS epidemic fueled by heroin and crack cocaine addiction. It is rare to see the words "love" and "soul searching" in a book about rigorously conducted scientific research. Such words reflect the researchers' feelings toward the community they studied and what they hope to evoke in readers about the very human lives of people who inject drugs.

Friedman and colleagues are pioneers in network analysis. They show convincingly how the structure of social relationships can affect the risk of HIV infection. In the case of drug injectors, ethnographic approaches are used to map and analyze condom use and receptive syringe sharing to identify predictors of risk behaviors at the level of the individual, the dyad, and the network.

This is new territory even for most researchers; clinicians, administrators, and policy makers will all find something useful in this book. The authors manage with compassion and clarity to guide the reader through epidemiology, theory, methodology, and harrowing first-person accounts of drug injectors' complex and sometimes risky interconnections, and they point the way to usable prevention strategies.

This book represents the culmination of a decade's work by consummate researcher-advocates who are not content to disseminate their findings in peer-reviewed scientific journals but who wish to build on research findings to improve the lives of the people they have studied. Pragmatism and the desire to produce change permeate all 13 chapters of this book. In chapter 2, entitled "Learning From Lives," drug injectors describe their drug use, their sex lives, and the economies that can link them as well as their HIV-related worries and practices. In the more technical chapters, such as "Network Concepts and Serosurvey Methods," the authors illustrate their terms by referring back to individuals whose voices and stories we heard in chapter 2. This narrative strategy is very effective and makes for memorable reading of abstract concepts.

Only rarely do the authors lose their balance—for example, when they cite failures of attention and action by "steely-eyed social workers." Blaming the helper is not particularly useful as critique or persuasion. Such moments give the reader close glimpses of the authors' frustration and sense of outrage at the social injustice and public-health imprudence of writing off a group of human beings through "localized repression and stigmatization."

Most of the observations contained in this book were made in the early 1990s. Although Friedman and colleagues are careful to place their work and what preceded it—previous research, drug policy, enforcement, and other issues—in historical context, little mention is made of changes in the AIDS epidemic, drug use practices, sexual behavior, and all the complex factors that affect them in Bushwick and elsewhere since that time. It is likely that drug injectors' lives have changed in important ways in the intervening years—for example, use of shooting galleries has declined—even if the social-network approaches to understanding these changes have not. Still, this book provides a vivid portrait of how drug injectors are living in the AIDS epidemic and of what remains to be accomplished.

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Comprehensive Textbook of Suicidology

Ronald W. Maris, Alan L. Berman, and Morton M. Silverman, with contributions by others; New York, Guilford Press, 2000, 650 pages, $70

Andrew Edmund Slaby, M.D., Ph.D.

It is a tribute to the coming of age of suicidology that a volume of this quality can be written. What is lamentable, however, is that a volume of this nature is dearly needed. On average, some 30,000 Americans die of suicide each year. Another 775,000 make suicide attempts. In a conservative estimate, six family members or friends are affected by each suicide,

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creating large numbers of survivors each year.

Our understanding of the complex interplay of biogenetic, psychological, social, and neurochemical variables has come a long way since Emile Durkheim's 1897 study of suicide in France and the French-speaking cantons of Switzerland. Maris and colleagues' *Comprehensive Textbook of Suicidology* synthesizes state-of-the-art findings across behavioral and social sciences.

Coauthorship by three internationally recognized scholars of different disciplines with contributions by other authors seems to have kept to a minimum the redundancy often found in multiauthor texts. Data sources are evaluated and conflicting information explicated. Earlier reference books tended to confuse readers with inconsistent and sometimes contradictory data. By contrast, Maris and associates explain inconclusive data in summary statements and by presenting key areas of controversy in boxes describing opposing viewpoints. Examples include boxes exploring questions such as: Can suicide ever be rational? Do selective serotonin reuptake inhibitors such as Prozac cause or protect against suicide?

The book is divided into five parts. The first, with four chapters, includes an introduction to suicidology and discussions of theory, methods of study, and history. Part 2 addresses issues of age, sex, gender, race, work, marital status, family, social relations, suicide attempts, and methods of suicide. The third part includes chapters on mental disorders, physical illness, alcoholism, substance abuse, biological factors, and aggression and violence. The chapters in part 4 examine indirect self-destructive behavior and ethical, religious, philosophical, and legal aspects of suicide. The book concludes with discussions of treatment, prevention, "postvention"—that is, prevention of additional suicides in a vulnerable population—and survivor issues.

The book is enriched by suggestions for further reading at the end of each chapter, considered summaries, and illustrated case examples, including some of well-known suicides—for example, Ernest Hemingway, Sylvia Plath, Arthur Koestler, and Vince Foster.

A discussion of the complex relationship between suicide and physical illness in the chapter on that topic exemplifies the unique perspective this volume offers. While most people with acute or chronic illness do not commit suicide, some medical conditions are associated with increased suicide risk. Suicide rates among patients undergoing kidney dialysis are 14.5 times as high as those among the general population; rates are 11.4 times as high among those with malignant neoplasms of the head and neck, and 6.6 times as high among AIDS patients. Various factors figure into the calculation of suicidal risk—preexisting psychopathology; ability to manage stress, both physical and emotional; ability to seek and use social supports; mental states secondary to depression, anxiety, and psychosis; altered states of consciousness; mental deterioration; pain management; social isolation; and external pressures, such as economic woes. Sadly, most clinicians working with the chronically ill are not trained in suicide assessment, treatment, and prevention.

This *Comprehensive Textbook of Suicidology* should be read by all those who provide care, regardless of

Coping With Teen Suicide

by James M. Murphy, M.D.; New York, Rosen Publishing Group, 1999, 125 pages, $17.95

Douglas G. Jacobs, M.D.

Coping With Teen Suicide is written for teenagers to help them cope with stress and overcome depressive and suicidal thoughts. The author, James M. Murphy, M.D., is a psychotherapist and an ordained minister. The book provides a discussion of life stressors, suggestions for means of coping with stress, and signs and symptoms of depression and suicidality. The author uses vignettes based on the experiences of real teenagers to illustrate his points. Also included is a list of places to go for help.

The book is succinct, and the writing is geared to adolescent readers. Chapters are short and divided into sections, making the book easily accessible to laypersons of all ages. The chapter topics include ways to cope with stress, defining depression, ways to deal with feelings, the role of friends and family, the varieties of mistaken thinking, suicidal crises, and where to get help. Stories about teens of various ethnic backgrounds and sexual orientations provide concrete examples of the topics covered.

Coping With Teen Suicide is not addressed to clinicians, who would find the information in the book too superficial to be helpful. However, clinicians may find the book useful as a resource for teenagers who are struggling with emotional difficulties as well as for their parents. Among the book's most helpful components is the chapter on coping with stress, which provides concrete suggestions for ways teens can manage emotionally difficult situations.

The author also provides some good advice on handling negative feelings. The discussion of different forms of harmful thinking, such as "either-or" thinking that blocks out alternatives, could be a useful tool for working with depressed or suicidal adolescents. A list of possible indicators of a suicidal crisis can instruct young persons on warning signs to be aware of in themselves and friends.

I do have some serious reservations about the book, however. Most notable is that depression is not for-

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mally addressed as an illness, and suicide is not discussed as an event that often occurs with psychiatric illness. The author continually uses the phrase "influences to be suicidal" to talk about peers and negative thought patterns. He suggests that teens can change their own thinking as well as the thinking of others. I feel the author puts too much emphasis on the individual's ability to control his or her own ways of thinking and coping, thus minimizing the impact an underlying psychiatric disorder can have and the importance of obtaining treatment. This approach could cause truly depressed teens who are unable to change their way of thinking without intervention to become even more frustrated and hopeless about their situation.

I believe this book functions better as a guide for healthy teens than as a book for seriously depressed or suicidal teens, who may be misled by the underlying message that depression and suicide are a result of patterns of thought and behavior that individuals can change on their own.

Risk Management With Suicidal Patients

edited by Bruce Bongar, Ph.D., Alan L. Berman, Ph.D., Ronald W. Maris, Ph.D., Morton M. Silverman, M.D., Eric A. Harris, Ed.D., J.D., and Wendy L. Packman, J.D., Ph.D.; New York, Guilford Press, 1998, 197 pages, $35 hardcover, $20 softcover

Charles M. Davis, M.D.

In the introduction to this book, Bruce Bongar notes that the editors' goal is not to suggest what should be standards of care in the treatment of suicidal patients but rather "to challenge professionals to improve upon their own standards." I believe the book meets that goal nicely.

Risk Management With Suicidal Patients is a collection of papers by noted authors in the field. Three chapters and a portion of a fourth chapter have not been previously published. The book alternates between chapters focusing on risk management in the inpatient and outpatient care of the suicidal patient and chapters discussing pharmacological treatment of these patients. The juxtaposition of these two inherently different perspectives on the encounter between clinician and patient suggests the natural strain between forensic and clinical psychiatry and creates an experience similar to that of reading two novels simultaneously.

A few small shortcomings are easily noticed. Since the chapters overlap to a certain extent, some repetition occurs. For example, one is cautioned at least three times that antidepressants may energize a patient and increase suicidal risk. An error in one chapter—the statement that 1 percent of hospital inpatients commit suicide—is corrected in a postscript at the end of the book by the quoted author.

The volume's coverage of risk management is excellent; this is one of the best books on the subject that I have encountered. The detailed consideration of the many risky decisions inherent in clinical work with suicidal patients is first-rate. The pitfalls clinicians encounter are richly considered, demonstrating the depth of the authors' clinical experience. The two chapters on inpatient standards of care are particularly impressive and alone would justify the book's existence.

Any professional caregiver who works with suicidal patients will find interesting material in this book. Studied carefully, this small volume can deepen the clinician's knowledge in a measure equivalent to years of hard-won experience.

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The Doctor-Patient Relationship in Pharmacotherapy: Improving Treatment Effectiveness

by Allen Tasman, M.D., Michelle B. Riba, M.D., M.S., and Kenneth R. Silk, M.D.; New York, Guilford Press, 2000, 182 pages, $30

Pamela Szeeley, M.D.

The authors of this relatively brief book, all well-established academic psychiatrists, address the doctor-patient relationship for psychiatrists who practice mainly as diagnosticians and pharmacologists.

The book starts out slowly; an overview gives basic but sometimes forgotten advice such as "Listen to your patients, treat them as individuals, and give them choices." Chapters on the therapeutic alliance and the initial interview are unrevealing and only briefly review concepts that should have been covered during training. The chapter on compliance, called adherence here, serves as a reminder of what we should provide to patients and why at times patients are unable to use the help we try to give.

The rest of the book is stronger, although it is still only an overview. A chapter on transference and countertransference discusses the fact that, for better or worse, no one is neutral—not the doctor, the patient, the office, the insurance, the pills, or the family. Since any honest practitioner will admit failure in at least some instances, this chapter can be helpful to practitioners attempting to sort out the reasons and deal with them. The next chapter discusses "split treatment" or collaboration between the "pharmacologist" and another therapist or medical physician. The advice is generally practical and sound, and following it could improve treatment and prevent annoying or dangerous situations.

The final chapter reviews "difficult" patients—those who are reluctant, chronically suicidal, or terminally ill.

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The authors leave out some common types of "difficult" patients, such as those with chronic pain and those who abuse substances. The best advice they offer here is to get a second opinion; other than that, the chapter is too superficial to be of much help. Also, I'm not sure it is necessary, for example, to help patients make funeral arrangements, but each case is different, and one does what is indicated at the time.

Overall, this book covers an important subject but leaves out a lot—older patients, financial issues affecting treatment, persons with chronic mental illness, and so on—and it only skims the surface of what it does cover. It also presents to some extent a "straw man": the checklist-wielding psychopharmacologist who doesn't connect with patients. However, the book would serve as a useful introduction for a resident or someone whose training neglected these issues. It could also serve as a fairly painless, though not scintillating, check for those of us who fear that we have become overly efficient. I know that I was more aware of my interactions with patients after reading this book.

Genetics of Mental Disorders: A Guide for Students, Clinicians, and Researchers

by Stephen V. Faraone, Ming T. Tsuang, and Debby W. Tsuang; New York, Guilford Press, 1999, 272 pages, $30

Abram M. Hostetter, M.D.

With the recent rapid evolution of molecular technologies, "genetic markers" have been identified for a multiplicity of human characteristics, temperamental traits, and frank psychiatric dysfunctions. This development demands the setting forth of basic concepts and principles to help academicians and clinicians understand the emerging science of genetic origins of psychopathological states.

Genetics of Mental Disorders, a primer on psychiatric genetics whose authors have long experience in genetic research and teaching, is a strong candidate for becoming a basic text for those embarking on careers in research, teaching, or clinical practice. With its admirable blend of fundamental facts and clinical applications, the book will be helpful to professionals in various disciplines.

Particularly useful are the highlighted summary statements labeled "key points" and the nuggets called "clinical tips." These help the reader fixate the more detailed and complex material from preceding sections.

The reading list is current, and most of the references are from the past decade. The authors also usefully identify resources available on the Internet. A comprehensive glossary of applicable terms is a convenient feature for readers seeking to become more articulate in their understanding of genetics. Particularly useful clinically are sections in chapter 3 on comorbidity of psychiatric disorders; the authors clarify what is meant by spectrum conditions as well as their genetic implications.

Rather than offer a reductionist approach that presents human thought, emotions, and behaviors merely as products of neurochemical processes, this book emphasizes the complexity of genetic determinants of clinical disorders interacting with environmental factors, accrued experiences, ongoing familial interactions, psychological processes, and other nonbiologic phenomena.

A familiarity with the basic scientific formulations of genetic research, coupled with the tentative and incomplete knowledge of how identified genes, involved proteins, affected enzyme systems, and environmental factors interact to produce psychopathology or good mental health, will lead us to be both confident and modest in providing genetic counseling about conditions that are clearly familial and inherited. The demand will grow for information about the likelihood of genetic transmission of various clinical disorders.

How to approach families who wish to be informed as they make reproductive choices is well developed in the chapter on clinical applications. Using the metaphor of a tapestry to explain psychopathology, the authors remark, "Flaws in this tapestry can be repaired with the threads of biology, psychological development, insight, spiritual expression, and critical life events."

In a discussion about the future of psychiatric genetics, the need for careful shaping of ethical and legal principles is well developed.

With the inquiring and deliberate approach supported by the authors, we can look forward not only to exciting advances in our understanding of genetic etiologies of mental disorders but also to the application of those findings to diagnosis, prevention, early detection, and more definitive treatment modalities.

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Women and Mental Health

edited by Dora Kohen; London, Routledge, 2000, 239 pages, $64.95 hardcover, $29.95 softcover

Leslie Hartley Gise, M.D.

This small volume, edited by Dora Kohen, a consultation-liaison psychiatrist in London, aims to review the data and debates on women's mental health and on gender differences in mental health. In that endeavor it is partially successful.

The chapters on social role, psychology, and schizophrenia are outstanding and would be enlightening for any mental health professional. A chapter on the social role of women

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provides an excellent historical overview of the social construction of mental illness, covering, for example, mental illness as a social construct and the role of social factors in producing mental illness.

In a chapter on psychology, the author elaborates on various perspectives, their strengths and weaknesses, and their relationship with each other. Psychoanalytic theories are reviewed with specific consideration of Freud, Melanie Klein, and Lacan as well as the more modern theorists. The new psychology of women is mentioned but not discussed in the detail one might expect. Also included are feminist, vulnerability, attachment, and cognitive approaches. Whereas psychoanalytic theories do emphasize gender differences, attachment and cognitive theories do not address how gender influences psychological vulnerability and mental illness. All the theories are compared with the evidence, and "the lack of a theoretical framework within which to view gender" is noted.

A chapter on schizophrenia provides a comprehensive and well-integrated overview. Its author has an extensive grasp of the subject and is able to trace the origins of data supporting gender differences in schizophrenia and develop the "story" in an easy-to-read manner. Many studies are reviewed in enough detail to be meaningful but not so much as to render the chapter overly academic. The risk of pregnancy presented by women with schizophrenia is not addressed, however.

A physiological perspective is presented in an uneven chapter, with some parts written at a fairly elementary level and others assuming a fair amount of knowledge. A chapter on depression includes an extensive discussion of lack of diagnosis, psychopharmacology, and electroconvulsive therapy but relatively little consideration of gender issues. Eating disorders are covered in a chapter that contains useful tabular comparisons of *DSM* and *ICD* classifications. A chapter on alcohol and drug "misuse" concentrates on alcohol, includes three classic vignettes, and notes the debate about women-only drug treatment programs.

The three chapters written by the editor—the introduction, the conclusion, and a chapter on perinatal psychiatry—are among the book's weakest. Whereas the tone of the introduction is negative, focusing on women's disadvantages more than on gender differences, the conclusion optimistically states that "specific psychiatric services for women" are "being addressed quite successfully." The conclusion is tentative, making global statements about issues for which consensus is lacking and advocating broadly without giving any specifics. Cultural factors, which were not discussed in the body of the text, are raised for the first time on the last page of the book. The chapter on perinatal psychiatry is poorly referenced and lists findings of individual studies as facts. It is written more as a review of the literature than from clinical experience.

Although this book is uneven, it is worthwhile reading for the three enlightening chapters alone as well as the other chapters, many of which are competently done if not truly illuminating.

Concise Guide to Consultation Psychiatry, third edition

by James R. Rundell, M.D., and Michael G. Wise, M.D.; Washington, D.C., American Psychiatric Press, 2000, 366 pages, $22.95 softcover

Psychiatric Management in Neurological Disease

edited by Edward C. Lauterbach M.D.; Washington, D.C., American Psychiatric Press, 2000, 354 pages, $39

Brad Bobrin, M.D.

In consultation-liaison psychiatry, one has to know about many topics in psychiatry at once, including psychopharmacology, psychotherapy, psychopathology, medicine—at least the neuropsychiatric sequelae of medical diseases—neurology, law, family dynamics, and many others. Given the sweep of these topics, a concise reference text, something you can carry in your pocket, would be useful. Both of these books aim to serve that purpose; they are concise, portable references that can be used to obtain information quickly.

The *Concise Guide to Consultation Psychiatry* covers in brief detail all of the topics that are important to the consultation-liaison psychiatrist. It is good to see chapters on topics such as violence and aggression, personality, response to illness and medical psychotherapy, medicolegal issues, and geriatric psychiatry along with those on basic psychopathology, medication management, and diagnosis. These are all areas that a trainee in consultation-liaison should know. The chapter on special settings and situations is a welcome one too, covering such topics as burns, cancer, death and dying, transplantation psychiatry, and HIV-AIDS.

As a concise guide, this book is not meant to cover everything in detail, but it does serve its purpose. The book's biggest weakness is that a significant amount of the data it contains come from the 1996 Rundell and Wise textbook (1) of consultation-liaison psychiatry and thus are over five years old. For example, not many data were available at that time on some antidepressants, such as mirtazapine. Otherwise, the book does a good job of serving as a concise reference for consultation-liaison psychiatry. I recommend it for students and residents interested in the field to carry in their pockets.

The second book, *Psychiatric Management in Neurological Disease*, appealed to me as a consultation-liaison text because neuropsychiatric effects are often seen in medical illness. Although good concise books on the

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pathophysiology and treatment of neuropsychiatric disorders are available, they seem rare. One strength of this book is that it gives a thorough background on the pathophysiology of these disorders, with plenty of references, and then goes into the treatment of the disorders, again with plenty of references.

The first chapter, on psychiatric management principles in neurological disease, provides a good, brief overview of the important things to consider when evaluating neuropsychological disease. It was a pleasure also to see chapters on Parkinson's disease, dystonia, sequelae of stroke, multiple sclerosis, and neuropsychiatric sequelae of HIV-AIDS. The final chapter, on family management issues, is a particularly important inclusion, since this is a difficult task that all psychiatrists face when treating patients with serious neurological diseases.

Overall, the choice of topics in the book is perplexing. As I was reading the book, I would think a topical theme was taking shape, but then the next chapter would change direction. The book sometimes appeared be an ode to diseases of the basal ganglia. Whatever the overall message the editor wanted to convey by his choice of diseases to include in the book, all readers will likely learn something from the book. One last lament is that seizures would have been a good topic to include.

Psychiatric Management in Neurological Disease is a good book for students and residents as well as for general psychiatrists looking for something more, but not too heavy, on neuropsychiatry.

Reference

1. Rundell JR, Wise MG: Textbook of Consultation-Liaison Psychiatry. Washington, DC, American Psychiatric Press, 1996

Mental Hygiene: Classroom Films, 1945–1970

by Ken Smith; New York, Blast Books, 1999, 238 pages, $24.95

Kenneth E. Fletcher, Ph.D.

If you were in school anytime between the late 1940s and the early 1970s, you were probably forced to sit through classes whose stated purpose was to improve your mental hygiene. Everyone involved in these classes seemed to feel uncomfortable with the subject matter they covered. Mental hygiene films were short 16-mm films covering topics intended to teach children and adolescents how to stay out of trouble and fit in and be "normal." At the time, these films were taken very seriously by teachers and students alike. Thankfully, mental hygiene films are no longer made, and they are infrequently shown today, except as clips on the Comedy Channel.

This book has its provenance in humor, but the final product has a lot to tell us about the use of the media to influence the behavior of our youth. The author first considered writing on this subject when he was chopping funny parts out of the films for use on the Comedy Channel. Over time he began to find it more enjoyable—and disturbing—to view the films in their entirety rather than in isolated bits and pieces. As he became more interested in these films, he began to delve more deeply into their history.

"Mental hygiene films, I have since learned, were tools of social engineering, created to shape the behavior of their audiences," writes Smith. "Today they sometimes remind us of *Leave It to Beaver* or *Plan 9 From Outer Space*—and can likewise be appreciated for their cornball innocence and low-budget ingenuity—but that is an accident of time, not intent. The people who made mental hygiene films were not dumb. To view them solely as a source of cheap laughs is, frankly, to miss most of the reason they're interesting."

"Mental hygiene films, like a polio sugar cube or a measles shot, were conceived as preventative medicine," Smith continues. Kids would watch them and learn that being selfish, arrogant, undemocratic, or delinquent would make them unhappy or, depending on the producer, dead. Conversely, those who played by the rules and maintained the status quo were rewarded with popularity, fun, and a life span that extended into their twenties."

This treasure trove of information on these overlooked early attempts to use media to influence behavior is divided into three parts. The first provides commentary on eight general areas addressed by the films: fitting in, the consequences of being bad, how to act on a date, the dangers of drugs and alcohol, the bloody results of breaking the rules of the road, sex education, films for girls only, and films sponsored by big corporations. The commentary is sardonic but insightful without degenerating into either sophomoric humor or dry scholarly writing.

The second part describes the styles of four of the major producers of mental hygiene films. The discussion here adds to the social commentary of the book and is interesting in its own right.

The final part of the book is an alphabetical listing of the most important of the films. A short description of the content of each film is included. Also included is the producer's name, the film's release date, and the film's length, which was usually in the range of ten to 15 minutes. This is fascinating reading in itself.

If you are interested in the nooks and crannies of popular culture, or if you are interested in psychiatry and the media, you will want to read this book.

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