

The Unexpected Legacy of Divorce: A 25-Year Landmark Study

by Judith Wallerstein, Julia Lewis, and Sandra Blakeslee; New York, Hyperion, 2000, 345 pages, \$24.95

The Love They Lost: Living With the Legacy of Our Parents' Divorce

by Stephanie Staal; New York, Delacorte Press, 2000, 246 pages, \$23.95

William Vogel, Ph.D.

The Unexpected Legacy of Divorce is a 25-year follow-up by Wallerstein and her colleagues of a group of children of divorced parents. Earlier studies evaluated the children at five, ten, and 15 years. The children, 131 in all, were recruited in 1971; the youngest are now in their late twenties and the oldest in their early forties.

For this study, the authors use case histories of five persons from the original sample; two of them are compared with persons who were raised in troubled homes in which the parents did not divorce, and another is compared with a child from a happy, intact family.

In the course of these case histories the authors include and integrate material from the longitudinal study, all of it interesting and thought provoking. For example, only seven of the 131 children from the original sample experienced a postdivorce home in which they had a good relationship with a step-parent. At this 25-year mark, only 60 percent had contracted for marriage. Two-thirds of the sample decided not to have children. Only 30 percent of the sample received financial support for college, as contrasted with 90 percent of children whose parents were not divorced, an indication of the nature and quality of their troubled relationships with their parents.

The case studies provide graphic, moving reality to the actual lives behind the statistics and to the tragedy of divorce. A significant number of those in the cohort seem to have developed a sense of being less than

wanted by one or both divorced parents as the parents became involved in their own postdivorce worlds. In these cases the children came to feel like inconvenient baggage from the parents' "old" lives. The trauma projects well into the adult lives of these children of divorce; they do not grow out of it.

This is a fascinating, important, and touching book. It is especially necessary reading for those familiar with this group's earlier work and for anyone, professional or layperson, who is concerned with the problem of divorce.

The Love They Lost, by Stephanie Staal, is a must-read for mental health professionals, lawyers, child care professionals, parents, and indeed anyone who has a personal or professional interest in divorce. It is, in its own way, a groundbreaking book that may well become a classic. It says impor-

tant things, and it is beautifully written. It is difficult to put down.

The author is a 27-year-old woman who was 13 when her parents divorced. The book is, in effect, an oral history based on her experiences and those of 120 other adult children of divorce. Her aim is to describe and record the phenomenological experiences of adults who were raised in families in which the parents had divorced. Staal makes it plain that she does not "offer solutions, prescriptions, or policy recommendations. . . . I am not here to state whether children of divorce are any better or worse off than they would have been" had their parents not divorced. She does not engage in political, scholarly, or ideological debates. She seems very well acquainted with the professional literature and cites it where relevant, but she does not formally review it: "I am not a therapist nor a social scientist."

What she does offer is a rich body of experiential data that permit us to grasp the emotional impact of divorce on individuals from the time when they were children until well into their adulthood and into their own marriages. In these data there is evidence of an impressive commonality in the lives and experiences of the people who share their stories. Although experts agree that, to some extent, the effects of divorce can be ameliorated if the child has a warm, loving, positive relationship with the custodial parent, if the divorced parents maintain a civil, cooperative relationship, and if the child maintains a satisfying, ongoing relationship with the noncustodial parent, that happy constellation seems largely to be absent in the lives of the subjects in Staal's sample. The effects of divorce on all of them would appear to be lifelong, although there would seem to be variability in the degree to which these people were able to survive those effects.

Common themes appear that I have not seen discussed elsewhere, such as fixation on hoarding money as a source of security and safety. Let me quote a passage about this commonality of their experience: "As I began to

In this section . . .

The section opens with reviews of two books on how children are affected by their parents' divorce as they move into and through adulthood. Reviews follow of two books on couples and family therapy. Two handbooks are reviewed, one on psychiatry in palliative medicine and the other on disruptive behavior disorders. Other topics include ethics in psychiatry around the world, social psychology and management, psychiatric services in jails and prisons, and cultural factors in psychopathology.

Dr. Vogel is associate professor of psychiatry at the University of Massachusetts Medical School in Worcester.

speak with others about the emotional impact of their parents' divorce on their romantic lives today, similar themes came forth again and again, described in similar language: I have built up walls, rarely letting anyone in. I have trouble living in the moment, and often find myself wonder-

ing how things will end, even as they start. I feel like the rug could be pulled out from underneath me at any time. I constantly set up tests, forcing people to prove their love to me. I have a hard time trusting. I am so scared of being abandoned."

Buy this book.

Marital and Family Therapy, fourth edition

by *Ira D. Glick, M.D., Ellen M. Berman, M.D., John F. Clarkin, Ph.D., and Douglas S. Rait, Ph.D.; Washington, D.C., American Psychiatric Press, Inc., 2000, 739 pages, \$44*

Michele Reiter, M.S., L.I.C.S.W.
Christy N. H. Adams, B.A.

Couples on the Fault Line: New Directions for Therapists

edited by *Peggy Papp; New York, Guilford Press, 2000, 344 pages, \$35*

Judith Brandzel, M.A., M.S.W.

It is exciting to read a book that tries to bring new ideas to the world of couples therapy. In *Couples on the Fault Line*, Peggy Papp has collected a series of well-written papers that focus on the way the external stressors of modern life affect the inner world of marital relationships. Each chapter demonstrates how important it is for the therapist to be attuned to these issues in order to fully uncover and deal with the multileveled strains and pressures that couples experience in today's world.

Some chapters stand out as highlighting particularly timely and poignant issues. "The Three-Career Family," by Lawrence Levner, covers the problems faced by two-career families, in which raising children and running a household count as the third career. In "The New Triangle: Couples and Technology," Evan Imber-Black addresses the impact of technology, such as the Internet, cyber-relationships, and time spent in isolation with the computer, away from the family. Another interesting chapter, "Clocks, Calendars, and Couples," by Peter Fraenkel and Skye Wilson, focuses on the role of time and how its scarcity can affect a marriage.

In "Infertility and Late-Life Pregnancies," Constance N. Scharf and Margot Weinshel explore the complicated dynamics that surround the

new reproductive technologies and the complex issues that infertility can stimulate. The authors contend that unless the therapist is able to separate infertility issues from the couple's own unique problems, the marital functioning can be viewed erroneously as pathological. This chapter contains an excellent summary of what all therapists should know if they want to treat such couples successfully.

The final chapter, "Reflections on Golden Pond," by Ruth Mohr, focuses on the latter stages of life. The author sees the therapist's main task as helping the couple to "stay connected while letting go." This process presents a unique challenge to the couple, the family, and the entire therapeutic system.

Other chapters in the book are well done and cover such topics as gender differences in depression, issues of domestic violence, therapy with African-American couples, and working with gay and lesbian couples. One of the most useful of these chapters highlights key concerns in working with cross-cultural marriages. The author suggests a useful paradigm for tapping into the unconscious cultural pressures faced by the couple and by the therapist.

Couples on the Fault Line offers such a wide range of topics that almost any therapist interested in current trends in couples therapy will find relevant information in it. Most of the authors not only skillfully outline the problem at hand but also offer pragmatic therapeutic strategies based on their observations and experiences.

In a foreword to this book, Peter Steinglass, M.D., describes this edition as "an opportunity to document . . . a major reconceptualization of a field." What he finds noteworthy is that this edition addresses issues connected with the movement of family therapy as a field from being a subspecialty of psychotherapy toward becoming a "discipline" with broad-based application. For many marriage and family therapists, this shift reflects what we have been working toward for several decades—that is, to be able to apply family therapy concepts to all aspects of psychotherapy regardless of who is actually in the room with us during a given session.

For the marriage and family therapist and student, *Marital and Family Therapy* offers both an accessible organization and the benefit of information that has been left out of previous works. The book progresses in sections, which move from development and definition of the field itself to the development of family life. It addresses the history and "normal" development of family life while allowing readers to broaden their understanding of "nontraditional" families and of cultural variations in families. It defines problems that families encounter and provides excellent information about how to comprehensively evaluate a family. In later sections of the book, historical as well as cur-

Ms. Brandzel is a psychiatric social worker in private practice and is a psychotherapy supervisor in the residency training program in the department of psychiatry at the University of Rochester.

Ms. Reiter is program director for Families in Recovery, a Retreat Healthcare substance abuse treatment program for women in Brattleboro, Vermont. Ms. Adams, a student in the marriage and family therapy program of Antioch New England Graduate School in Keene, New Hampshire, is completing her second year of internship.

rent schools of family therapy are reviewed.

The book's chapters are well organized. Each begins with a list of objectives and concludes with a useful summary and an excellent bibliography. Tables and graphics significantly enhance the book's usefulness by presenting a great deal of information in a quick-reference format.

This volume will be useful not just to marriage and family therapists but to other clinicians as well. Medical practitioners, for example—often the family's first choice for discussion of family issues—can use this book to assist them in providing competent and helpful interventions to families who are dealing with a chronic illness or an acute medical crisis.

Since our experience is that of family therapy supervisor and graduate intern, we were most impressed by this book's usefulness for both the su-

pervisor or seasoned professional practitioner and the graduate-level student. In our consultation within the internship setting, we have been seeking just such a reference work. We both found relevant information in this book to bridge the gap between our different levels of experience and to provide a common language for discussing the work at hand and for understanding the families with whom we work.

As the settings in which we practice become more and more complex, so does the need for more detailed information about families—about working with families with special needs, serial relationships, marital conflict, parenting issues, issues connected with race and class, social structure of families, and cross-cultural issues. We recommend *Marital and Family Therapy* for all who work with families and couples.

structs. Most noteworthy among them is the involuntary subordinate strategy, which is defined as an absence of behavior and somehow best compared to hibernation. Using "propensity physiological states" that antedate language—and human beings—as an explanation of present-day depression is not what I understand the authors of the introductory chapter to have in mind. However, this chapter does provide abundant material for debate on theoretical and ethical issues by referring to such treatment strategies as the following: "One marital therapist, treating a woman with depression, successfully gave the antidepressant to the husband to take himself, rather than to the wife."

A model presented in a chapter by Dana Crowley Jack is more consistent with the editors' conceptualization. This model suggests that one of the interactional components of depression has to do with the self-evaluative statements that people hold as a result of their experience with others. In particular, depression in competent, intelligent, professional women may have to do with the conflict in what it means both to have intimate relationships and also to take care of one's self.

It is disappointing that the literature in this important area remains very much in the realm of discordant theoretic discussion, providing more material for dissertations and graduate-level seminars than for understanding the complexities of depression and comprehensive therapeutic treatment interventions. Coyne expresses similar sentiments, albeit with more charity than I, in the postscript. Without providing a formal model, which he believes would be premature, he eloquently describes a way of thinking about depression and clinical research that exemplifies the simplicities and the complexities of the ways in which people are involved with each other in everyday life. This final chapter is worth the entire book.

Reference

1. Coyne JC: Toward an interactional description of depression. *Psychiatry* 39:28–40, 1976

The Interactional Nature of Depression: Advances in Interpersonal Approaches

edited by Thomas Joiner and James C. Coyne; Washington, D.C., American Psychological Association, 1999, 440 pages, \$39.95

Linda A. Zambarano, M.A.

The Interactional Nature of Depression, edited by Thomas Joiner and James C. Coyne, is a representative compilation of the current literature on the ways in which depression can be understood as an interactional process between a person who is depressed and the social context of that person's life. It is written primarily for academic clinicians whose practice includes treating people who have been diagnosed as having depression. The text is intended to update Coyne's original conceptualization (1) of 25 years ago, in which he proposed that any model of depression must incorporate as an essential component how people are involved with each other.

The book falls short of its overall goals, however. It's not that the articles aren't thoughtful, well written,

and thorough; they are. And they do address topics that generally fall under the rubric of "interactional." The problem is that they don't do anything to advance the understanding of depression within the contextual framework described in the introductory chapter. For example, a chapter by Dill and Anderson focuses on the interrelatedness of loneliness, shyness, and depression. Although the nature of the relationship between the three merits theoretical investigation, understanding and treating someone who is shy is not the same thing as understanding and treating someone who is clinically depressed.

More off the mark is a chapter by Gardner and Price on sociophysiology and depression, which, as an evolutionary model, employs an involutional physiological explanation of depression. The model generates a number of explanatory hypothetical con-

Ms. Zambarano is a clinical psychologist in private practice in central Massachusetts.

Ethics, Culture, and Psychiatry: International Perspectives

edited by Ahmed Okasha, Julio Arboleda-Flórez, and Norman Sartorius; Washington, D.C., American Psychiatric Press, Inc., 2000, 227 pages, \$29.95 softcover

Albert C. Gaw, M.D.

The late George Engel, M.D., acknowledged author of the biopsychosocial paradigm for health and illness, once commented to me, "Physicians should not only 'do no harm,' but they should also 'do good.'"

Attention to ethics is one way we can advance what is good for our patients, our profession, and our society. This book, *Ethics, Culture, and Psychiatry*, not only shows us how ethics and the practice of psychiatry are intertwined but also illustrates the variation of the theme around the world. To explore how ethics, culture, and psychiatry are interrelated in different cultures, the editors of this volume invited contributors from around the globe to discuss their views.

The book is divided into two sections. The ten chapters of section 1 cover the subject of ethics and psychiatry in various parts of the world, with most chapters devoted to specific countries. Section 2, which contains three chapters, addresses some "overarching issues" of ethics. One of these is informed consent, a concern that grew out of policies such as forced sterilization and experiments on human subjects committed in Nazi Germany in the name of medicine during World War II. One chapter discusses mental health law reform from the international perspective. An appendix contains the Declaration of Madrid of the World Psychiatric Association, which sets out ethical guidelines for the practice of psychiatry.

The chapters in section 1 suggest that attention to the issue of ethics for the practice of psychiatry is increasing, in both the developed and the developing countries of the world. Nevertheless, there is considerable varia-

tion in the extent to which ethical codes are promulgated in the different countries. For example, in the Scandinavian countries the medical profession has a long tradition of advancing human rights, so strong ethical codes are in place and medical ethics is taught in all Scandinavian medical schools.

In a chapter on sub-Saharan Africa, where countries must face the reality of poor allocation of resources to health care and psychiatry, the author points out that it is difficult to adhere to the ethical guideline of providing the best treatment available for mental illness, including rehabilitation, as called for by the Declaration of Madrid. The subject of culture and psychiatry is well discussed in the chapter on the People's Republic of China, but the chapter contains no discussion of ethical issues.

In the chapter on culture and ethics in the United States, the author notes that the U.S. medical profession is increasingly hard-pressed to set its own professional ethical standards and conditions at work. This state of affairs is the result of the penetrating influence of managed care practices that threaten the quality of care while attending to the bottom line of cost. Psychiatrists in the United States are increasingly being challenged to pay more attention to preserving the sanctity of the doctor-patient relationship, to informed consent, to maintaining full fidelity to the patient's concerns, and to the integrity of information entered into the medical record.

Ethics, Culture, and Psychiatry will heighten attention to ethical practices among psychiatrists and all other mental health professionals. Despite the unevenness of the discussion across chapters, this book is worthwhile reading for anyone who seriously wants to heed Dr. Engel's admonition to "do good" through the provision of high-quality mental health care.

Dr. Gaw is medical director of long-term care for mental health and of the mental health rehabilitation facility of the Department of Public Health of the City and County of San Francisco.

Social Psychology and Management: Issues for a Changing Society

by Chris Brotherton; Buckingham, England, Open University Press, 1999, 206 pages, \$29.95 softcover

Eric D. Lister, M.D.

Dr. Brotherton is a professor of social psychology in England who is passionate about building bridges between his academic discipline and the practice of organizational management—which he would describe as the applied version of social psychology. In *Social Psychology and Management* he explores, in successive chapters, motivation and individual performance at work; groups, leadership, and teams; gender and diversity; social psychology and technology; and the rise of networked organizations. Dr. Brotherton does an impressive job of surveying and integrating the social psychological research of the past half century under these headings.

Although the book does a masterful job of identifying the links between social psychology and management activity, it fails in the author's goal of setting "a dialectic debate between social psychology on the one hand and management on the other." First, it is not clear what point and counterpoint he would like to set against each other in debate. Second, his book is arranged and argued much more like a dissertation than a live discussion or debate of interesting and potentially complementary ideas.

The writing is dense, constantly footnoted, and liberally sprinkled with long quotations from primary sources. The voice of the practicing executive is rarely heard, and the complexities of managing a large organization are never elaborated with the richness or nuance of Dr. Brotherton's exposition of social science theory.

Dr. Lister is managing partner of Ki Associates, an organizational consulting firm in Portsmouth, New Hampshire, specializing in work with governing bodies and executive teams of health care organizations.

He argues: "If management and social psychology could come closer together in understanding the process of change, perhaps organizations would be less littered with failed innovations." While I would agree with that assertion, the learning process would be better served by a book less unidimensionally anchored in the language of academe. Deutsch and Coleman's *Handbook of Conflict Resolution: Theory and Practice* might serve as a more successful example; it is worth noting that although they circumscribed their task more narrowly, they took three times the amount of text to do their job.

The book ends, peculiarly, with a three-page section that sounds like an homage to Microsoft. A number of commentators and Microsoft employees are quoted describing Microsoft as an organization of the future, one that fully integrates the principles of social psychology. In the context of all

that has preceded it, the lack of rigor, balance, and analysis in this description is striking and seems a bad note on which to end.

If Dr. Brotherton's work is reconsidered as one half of a dialogue, it stands much better. With broad and deep knowledge of social psychology theory and a constant eye toward the value that these theories might have to practitioners, he might be able to achieve his goal in an actual dialogue with practicing managers. As it is, however, he succeeds in offering the manager who is interested in psychology and social psychology a primer on the research and theory of social psychology that may well be germane to practical management but fails to offer an invigorating discussion.

Reference

1. Deutsch M, Coleman PT: *Handbook of Conflict Resolution: Theory and Practice*. San Francisco, Jossey-Bass, 2000

Handbook of Psychiatry in Palliative Medicine

edited by Harvey Max Chochinov, M.D., Ph.D., and William Breitbart, M.D.; New York, Oxford University Press, 2000, 435 pages, \$79.50

Mary Ellen G. Foti, M.D.

Emotional pain and suffering are nearly universal among dying patients. However, although psychiatric morbidity at the end of life is treatable or remediable, it is often unrecognized and untreated. Barriers to the identification and treatment of psychiatric complications at the end of life include therapeutic "nihilism," an acceptance that these are "normal" reactions, and lack of competence and confidence among clinicians in assessment and treatment.

Psychiatric morbidity among terminally ill patients is quite common, with some estimates of delirium approaching 80 percent and depression 50 percent. Recent research efforts repeatedly underscore the central importance of addressing psychiatric

and psychosocial issues to optimize care of the terminally ill. These issues include problems such as depression, anxiety, suicidal ideation, delirium, eating disorders, fatigue, grief, loss, and bereavement as well as questions regarding capacity to make decisions and overall quality of life.

As a psychiatrist-researcher in end-of-life care, I was excited to be able to review the *Handbook of Psychiatry in Palliative Medicine*, the first comprehensive psychiatric palliative care textbook. The text expertly addresses the assessment and treatment of each of the problems listed above. It also provides theoretical and practical assistance in psychiatric palliative care for children, families, and staff.

The volume editors, Dr. Chochinov and Dr. Breitbart, are internationally known leaders in the identification and treatment of psychiatric complications at the end of life. Through

past publications, presentations, and participation in policy making, they have drawn the attention of palliative care practitioners to the importance of these issues. With this volume they have provided the field with an expert how-to compendium.

The *Handbook of Psychiatry in Palliative Medicine* combines their work with that of 43 other internationally known contributors. The book has 28 chapters divided into seven parts covering psychiatric complications of terminal illness; symptom management; psychotherapeutic intervention and palliative care; pediatric palliative care; family and staff issues; ethical and spiritual issues; and research issues.

Because psychiatric morbidity at the end of life is widespread and causes treatable suffering, addressing psychiatric complications of terminal illness is a critical component of comprehensive end-of-life care. All providers of palliative care—psychiatrists, psychologists, mental health counselors, oncologists, hospice workers, and so on—will find this text both practical and thought provoking. It is a landmark publication.

Handbook of Disruptive Behavior Disorders

edited by Herbert C. Quay and Anne E. Hogan; New York, Kluwer Academic/Plenum Publishers, 1999, 695 pages, \$125

Markus J. P. Kruesi, M.D.

The stated purpose of this compendium is "to provide the researcher, clinician, teacher, and student in all mental health fields with as up-to-date information as possible about what have come to be called the Disruptive Behavior Disorders of children and adolescents." Wow! If this book lives up to this comprehen-

Dr. Kruesi is professor and director of the youth division in the department of psychiatry and behavioral sciences of the Medical University of South Carolina in Charleston.

Dr. Foti is associate professor of psychiatry at the University of Massachusetts Medical School in Worcester.

sive goal, who could possibly be disappointed?

The list of authors is a virtual who's who of scholars on attention-deficit hyperactivity disorder, conduct disorder, and oppositional defiant disorder. Herb Quay, who coedited the volume with Anne Hogan, not only is one of the seminal figures in research on disruptive behavior disorders but also is known to be fearless in his questioning of doctrinaire positions. Because I still refer to and use a book that Quay coedited with John Werry in the 1970s (1), I have high expectations for this volume.

Delving into the chapters, readers will find that gems abound. Topics that do not find their way into most texts appear here, and in some depth. For example, Jane Ledingham's chapter, "Children and Adolescents With Oppositional Defiant Disorder and Conduct Disorder in the Community: Experiences at School and With Peers," devotes three full pages to the sexual maturation of, romantic and sexual relationships of, and parenting by youth with disruptive behavior disorders. The attention to reproductive behavior will warm the hearts of evolutionary biologists.

Many reviews of disruptive behavior disorders specifically exclude mental retardation. This volume, by contrast, contains a wonderful chapter by Betsey Benson and Michael Aman on disruptive behavior disorders among children with mental retardation. More than three pages in this chapter are devoted to self-injurious behavior. This section is rich in its implications for clinical practice. The authors note, for example, that existing research on neuroleptics for treatment of self-injurious behavior provides greater support for use of thioridazine than of haloperidol, and that evidence for chlorpromazine is largely negative.

For theorists, the book includes a thoughtful critique by Steve Hinshaw and Teron Park on variable-centered versus person-centered research and the implications for research on disruptive behavior disorders. Thought-provoking observations abound. Richard Tremblay and his colleagues

observe that they found no interventions in pregnancy or in infancy aimed specifically at prevention of disruptive behavior disorders despite the fact that chronic disruptive behavior often begins in the first 700 days of life. Lahey, Pliszka, Frick, Barkley, Kavale, Werry, Pat Chamberlain, and many others provide thoughtful insights and well-referenced analysis.

So who won't like this book? The reader looking for a cookbook of how-to recipes will be disappointed. If you need to answer questions such as "How do I start a child with disrup-

tive behavior disorder on clonidine and when do I increase the dosage?" or "What should I ask to assess whether a child with disruptive behavior disorder will physically aggress at school tomorrow?" then this volume is not the one to turn to. It does not provide quick how-to answers. It does provide thought-provoking, useful information, and it will serve as a valuable reference.

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Transition to Adulthood: A Resource for Assisting Young People With Emotional or Behavioral Difficulties

edited by Hewitt B. Clark, Ph.D., and Maryann Davis, Ph.D.; Baltimore, Paul H. Brookes Publishing, 2000, 293 pages, \$29.95 softcover

Craig Anne Heflinger, Ph.D.

Transition to Adulthood provides specific information about the population of adolescents with emotional or behavioral problems and the special challenges they face as they approach adulthood and the adult service system. It also describes recommended practices for helping them weather these transitions. This book is one in the Systems of Care for Children's Mental Health series edited by Beth A. Stroul and Robert M. Friedman that addresses current practices and system-level issues in child and adolescent mental health service delivery. Dr. Clark and Dr. Davis bring to this text their expertise in service delivery design, practice, and research.

Transition to Adulthood is an edited volume that is organized into five sections. Section 1 provides descriptive background information: Who are these youths, and what do we know about them and their needs? How

does the system typically operate, and how does its operation affect this population? This first section introduces a framework for the development and operation of a recommended transition system that would address a range of transition needs of this group of youths, including employment, education, living situation, and community-life adjustment.

The second section contains six chapters that describe treatment, support, and other intervention strategies that have been field-tested and refined to assist this population in achieving success across all domains of transition. Section 3 focuses on the perspectives of these youths and their family members and the importance of actively engaging family members and other community supporters in service planning and support. The critical role of parents as advocates for their children is discussed, and recommendations are offered for supporting parents in this role.

Section 4 discusses system, policy, and financing issues that must be addressed if service delivery to this population is to be improved. The final section summarizes and highlights the issues covered in the previous sections

Dr. Heflinger is associate professor of human and organizational development at Peabody College and a fellow at the Vanderbilt Institute of Public Policy Studies at Vanderbilt University in Nashville, Tennessee.

and outlines agendas for service and system reform and research that are needed in this area.

Transition to Adulthood is designed for and contains valuable information for a range of audiences, including psychiatrists and other mental health service providers; educators, juvenile justice personnel, and others who interact with these youths; administrators who run or plan services for this population; parents; and advocates.

Parents can use the information in this book to understand the broad scope of developmental issues that must be addressed by and for their children and to develop and pursue the supports and services they need in

the community. Advocates will use the descriptions of affected youths and needed services to promote attention to this population in their communities. Service providers in a multitude of settings and disciplines will benefit from better knowledge of the comprehensive needs of this population and specific program ideas for addressing these needs. Administrators of community agencies, behavioral health managed care companies, and state agencies should benefit from the system-level view that provides them with both a conceptual framework and specific details for planning and implementing relevant services. I recommend this book for all these audiences.

Psychiatric Services in Jails and Prisons: A Task Force Report of the American Psychiatric Association, second edition

Washington, D.C., American Psychiatric Association, 2000, 77 pages, \$19 softcover

Zerrin Emel Kayatekin, M.D.

Why do we need a special book about psychiatric services in jails and prisons? Are psychiatric services any different for this population? Mental health workers in these institutions are often puzzled by the basic concepts that are taken for granted in the free world, such as confidentiality, boundaries, and how to conduct research. They struggle with a variety of problems, including ethical difficulties, in providing psychiatric care in segregation units and in interprofessional relationships that may facilitate the work or make it extremely difficult. *Psychiatric Services in Jails and Prisons* presents comprehensive guidance on providing adequate psychiatric services for this special population.

Redefinitions of the principles and guidelines for working with this population were clearly needed. The first

edition of these guidelines was published in 1989. Since then jails and prisons in the United States have gone through various changes. It was timely to revise and refine these guidelines in accordance with experience in their use.

The book's introduction details the need for psychiatric services in jails and prisons. Here the task force points out that about 20 percent of all inmates have serious mental disorders and as many as 5 percent are actively psychotic. Seventy-five percent of these people have comorbid substance use disorders. These inmates are likely to stay incarcerated four to five times longer than similarly charged inmates who do not have mental disorders. What are our duties and responsibilities in the face of such overwhelming numbers? This book seeks to answer these questions.

The main body of the book is divided into three parts. The first part underscores the fact that provision of mental health care in jails and prisons is constitutionally guaranteed. It defines constitutionally adequate psychi-

atric care and provides succinct information about the basic principles of delivering psychiatric services in these institutions.

Part 2 specifies the actual services that should be provided in particular settings. It details the core components of psychiatric services, such as screening, evaluation, treatment, and discharge planning. Part 3 applies the principles and guidelines set forth in the first two parts to particular patient populations. It elaborates on services that should be provided to meet the needs of particular groups of inmates. These groups include inmates with substance use disorders, inmates with comorbid disorders, women inmates, youth in adult correctional facilities, the geriatric inmate population, the terminally ill inmate population, and inmates with mental retardation and developmental disabilities.

Psychiatric Services in Jails and Prisons is a must-read for everyone who provides psychiatric care in jails and prisons. It is concise, practical, and easy to read. Mental health professionals can also use it as a quick reference when providing psychiatric services to the incarcerated population.

Cultural Cognition and Psychopathology

edited by John F. Schumaker and Tony Ward; Westport, Connecticut, Praeger Publishers, 2001, 304 pages, \$65

M. Andrea Vidal, M.D.

America's changing demographics have generated a new set of political, economic, and social challenges in responding to the needs of an increasingly multicultural population. Far from maintaining total cultural relativism, psychology and psychiatry have grown more aware of the dynamic interactions between culture and cognition and of their intimate connection to

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

Dr. Vidal is a fourth-year resident in the department of psychiatry at the University of Massachusetts Medical School in Worcester.

psychopathology. Still, the editors of *Cultural Cognition and Psychopathology* contend, psychological thinking, traditionally rooted in the doctrine of individualism, has failed to incorporate the role played by internalized culture in the constructs and methods used by this discipline.

Drs. Schumaker and Ward, both authorities in the field, have assembled an international group of experts to produce the collection of well-researched, up-to-date, and broadly encompassing reviews that constitute this volume. The introduction, which serves as a road map for the chapters to come, sets forth the editors' goal of attempting "to bring together concepts of culture and cognition within the wider context of psychopathology."

The book's 16 chapters are divided into three parts. The first part offers a thought-provoking and comprehensive review of the historical and theoretical foundations of psychological thinking, examining its failure to account for cultural influences on human acquisition and manipulation of knowledge.

The second part of the book consists

of nine chapters, each dedicated to a specific psychiatric disorder. From depression and anxiety to substance abuse and schizophrenia, the contributors meticulously review the literature and propose models that incorporate cultural variables in the development, phenomenology, and expression of psychiatric illnesses.

The chapters in part 3 emphasize the importance of cultural awareness in the assessment and treatment of individuals from different backgrounds. These chapters provide a framework that incorporates cultural cognition at the level of symptom formation, and they illustrate the social, political, and health perils of our society's continued reliance on individualism.

Cultural Cognition and Psychopathology is a valuable and timely contribution to the field of cultural studies. It provides a wealth of up-to-date and critically reviewed information. This volume is well worth a careful reading by mental health professionals and trainees as well as anyone else interested in this thought-provoking and often controversial area of knowledge.

Jung believed that in order to treat the mentally ill, one must enter into their imagination. Furthermore, the psychoanalyst must be able to share the patient's beliefs and learn how to speak in the same language in order to gain credibility and trust. Only by entering into Pilgrim's fantasy world could he save this man from himself.

Despite Pilgrim's making another suicide attempt while at the clinic, Jung is determined to take over his case. Turning to Sybil Quartermaine for insight and information, Jung is eventually given Pilgrim's private journals—a unique blend of historical events, times, and places in which Pilgrim describes other lives he is convinced he has lived. Are these writings merely dreams? Are they actual recollections or the delusions of a mentally ill man? Or are they symbolic journeys filled with metaphor and meaning? Is it possible that Pilgrim is indeed an immortal who is weary of finding himself yet again in human form? For Jung, Pilgrim is both man and metaphor, archetype and collective unconscious.

Stymied by the journals and haunted by his own personal demons and disturbing dreams, Jung shares Pilgrim's writings with his wife and researcher, Emma. Emma loves and serves her husband, even as he betrays her trust; after Emma discovers that her husband has been unfaithful to her, she is determined to remain with him and raise their children, but she vows to lead her own life. Nevertheless, she too is drawn into Pilgrim's magical world even as she confronts the reality of her husband's increasingly ritualistic and depressive behaviors.

All of the characters in this novel are locked in their own prisons. Pilgrim can neither truly live nor find a way to die. Jung cannot reach his patient, nor can he conquer his personal demons. Findley's melding of fact and fiction neatly conforms with Jung's own assertion that creativity requires that an individual be willing to play with fantasy. Pilgrim's provocative and imaginative journey is well worth the reader's time and consideration.

Pilgrim, a Novel

by Timothy Findley; New York, HarperCollins, 1999, 486 pages, \$14 softcover

Dorothy Packer-Fletcher, M.F.A.

At 4:00 a.m. on April 17, 1912, a London gentleman of means named Pilgrim walks out to his garden and proceeds to hang himself from a maple tree. Pronounced dead by two doctors, it appears as though the well-respected art historian has at last succeeded in ending his suffering. However, the man's predicament soon becomes painfully apparent. Despite repeated attempts to commit suicide, Pilgrim seems literally incapable of dying. Several hours after his heart stops beating, it miraculously begins to beat again.

Desperate to help her tormented friend, the aristocratic Sybil, Lady Quartermaine, brings Pilgrim to the

Bürgholzli Psychiatric Clinic in Zurich. They arrive in a swirling snowstorm and are greeted by Dr. Furtwängler, who is assigned to the case. However, after interviewing Lady Quartermaine, Dr. Furtwängler suspects she is not being entirely truthful and decides to consult with the other doctors at the clinic, one of whom is Carl Gustav Jung. Intrigued by Pilgrim's failed suicides, Dr. Jung asks to meet with Furtwängler's patient.

In a deft mixture of fact and fiction, Timothy Findley traces the psychoanalytic journey of Pilgrim, the man who could not die. Mr. Findley draws his reader into a morality tale filled with historical figures, artistic and cultural icons, and a pilgrim determined to end his progress.

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