

Complicated Grieving and Bereavement: Understanding and Treating People Experiencing Loss

edited by Gerry R. Cox, Robert A. Bendiksen, and Robert G. Stevenson; Amityville, New York, Baywood Publishing Company, 2002, 327 pages, \$59.95

Anthony T. Ng, M.D.

I received this book to review soon after the events of September 11. It was an awkward experience to review a book about loss when the number of lives lost in the terrorist attacks that day was so high. I wondered how any book could help individuals and communities grieve and cope with such loss. However, I was impressed by the content of this book and its emphasis on what are probably the very ideas that are essential in helping people cope.

The editors of *Complicated Grieving and Bereavement* are highly knowledgeable in the field of bereavement and death. Drs. Cox and Bendiksen, both sociologists, and Dr. Stevenson, an educator, have received awards and other recognition for their work in this area. The authors of the various chapters are from diverse disciplines and backgrounds; indeed, a review of the list of contributors itself suggests that the volume emphasizes a comprehensive psychosocial approach to dealing with losses.

The book is well organized and highly readable. It begins with a discussion of the role of caregivers. It is important for caregivers to be aware of and to understand the effects that providing grief counseling will have on them if they are to do the counseling well.

Several chapters in the book are devoted to the issues of children's grieving and ways of helping them deal with loss. These chapters not only emphasize traditional counseling methods but also point to the importance of strengths within children's culture, such as the role of popular music.

The issue of spirituality in grief and

bereavement receives extensive coverage in the book. This is especially pertinent because people often seek only pastoral care for their grief, or they seek it first, before they seek mental health counseling. It is important for mental health caregivers to understand the strength of spirituality for the individual, the dynamics between spirituality and mental health, and how best to integrate the two.

The book also examines the role of grief in several distinct populations, including persons with mental illness and those with dementia. The authors emphasize that while caregivers may naturally wish to protect such persons from grief, they should also recognize their strengths and the importance of

using these strengths in the grieving process. The special issue of miscarriages is also highlighted.

Particularly poignant in light of the September 11 disaster are the chapters dealing with viewing the dead and with grief over soldiers who are still listed as missing in action. For many, closure or some form of saying goodbye to their loved ones is a critical part of bereavement. The chapter on viewing the dead identifies some of the issues that are involved when the viewing is not possible or when a deceased person cannot be buried whole.

The authors of *Complicated Grieving and Bereavement* identify important issues involved in bereavement, but, more importantly, they emphasize the use of the many strengths our patients can draw on. They address a variety of practical issues, many of which seem especially applicable in the aftermath of the recent terrorist attacks. This book is a valuable addition to the resources of any clinician who will deal with loss and bereavement.

The Unknown Karen Horney: Essays on Gender, Culture, and Psychoanalysis

by Karen Horney; edited by Bernard J. Paris; New Haven, Connecticut, Yale University Press, 2000, 384 pages, \$40

Nancy Glimm, C.S.W.

This volume is a collection of previously unpublished or uncollected essays by the esteemed psychoanalyst Karen Horney. Its editor, Bernard J. Paris, is a scholar of Horney's work and author of the biography *Karen Horney: A Psychoanalyst's Search for Self-Understanding* (1). He also compiled and edited *The Therapeutic Process* (2), a collection of clinically focused essays.

The Unknown Karen Horney is organized into two parts. The first contains unpublished essays written between 1927 and 1946 on feminine psychology and the nature of male-female relations. The second part is made up of papers written between 1930 and 1952 on psychoanalytic theory, some unpublished and some nev-

er collected and organized together. Paris provides substantive introductory essays for each section.

The 11 essays and lectures in part 1 address a wide range of issues, as the following sampling of titles suggests: "The Masculinity Complex in Women," "On the Psychological Determinants of the Choice of a Marriage Partner," "Behavioral Patterns of Repressed Homosexual Women," "Psychogenic Factors in Menstrual Disorders," and "Enslavement in Marriage." These writings provide an enormously rich look into Horney's thinking. Her openness and willing-

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ness to tolerate and incorporate new ideas are in full view. Her humanity comes through clearly as she engages the complexity of the human condition with a steadfast fairness. We can sense the deep and abiding respect Horney has for the struggles of her patients as we witness how her clinical work informs her theory.

These essays also provide an opportunity to examine, from the perspective of what we know today, some inaccuracies in Horney's theory building. The limitations of the biological science and neuroscience of her time affected some of her theories, as the essay on menstrual disorders illustrates.

The limitations of the era's scientific knowledge also afforded Horney a certain amount of freedom for creative thinking. Her ideas would lead to developments in clinical theory building, research on and understanding of human suffering, interpersonal theory in psychoanalysis, family therapy theory, couples therapy, and the impact of culture on psychopathology. Her openness to her own experience as a woman, mother, wife, divorcée, immigrant, analysand, psychoanalyst, clinician, teacher, writer, and advocate of mental hygiene all contribute to these writings, directly and indirectly. Horney's humanness makes this material all the more fascinating, even if some of the theory and science are outdated.

The second part, which is more varied in content than the first, begins with a helpful introduction by Paris. The range and scope of these essays are illustrated in this sampling of titles: "Culture and Aggression: Some Thoughts and Doubts About Freud's Theory of Instinctual Drives Toward Death and Destruction," "Children and War," "The Value of Vindictiveness," "On Feeling Abused," and "The Paucity of Inner Experience." This section contains several lectures Horney gave at the New School for Social Research as well as a number of brief items.

In these essays Horney reviews her ideas about culture and aggression and distances herself from Freudian orthodoxy—a stance that would lead to her ousting from the New York

Psychoanalytic Society. She and a group of colleagues then courageously—and successfully—formed the Association for the Advancement of Psychoanalysis. The new paradigm she embraced was open to the role of culture in the formation of neurotic defenses and conflicts.

This intellectually rich book will appeal to a broad readership. Anyone interested in the corpus of Horney's work will find this volume an important addition. Historians of psychoanalytic theory will find the essays in this collection of great value. Bernard Paris has done more than simply give us a collection of previously unpublished work. He ensured that the essays received outstanding translations, and the result is exceptional

clarity and accessibility. The material is presented in an organized and thoughtful manner. Paris' informative essays demonstrate a long and devoted interest in his subject. The reader is thus given the opportunity to roam deeply and intensely with Dr. Horney, guided by skillful scholarship and editing; it is a rewarding experience. Paris could not have done a more masterly job of presenting Horney's previously unknown work.

References

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2. Horney K: The Therapeutic Process: Essays and Lectures. Edited by Paris BJ. New Haven, Conn, Yale University Press, 1999

The Psychology of Women: Psychoanalytic Perspectives edited by Arnold D. Richards and Phyllis Tyson; Madison, Connecticut, International Universities Press, 2001, 580 pages, \$39.95 softcover

Roberta J. Apfel, M.D., M.P.H.

Mirror, mirror, on the wall; pretty girls don't play ball. BE UGLY!" This cheer by 11-year-old girls' soccer teams, along with their unselfconscious use of all body parts to hit the ball, is testimony to the opportunities and views of women in the United States at the dawn of the 21st century.

This book, too, is such testimony. For mental health professionals it is also a fascinating compilation of essays on thinking and observations in progress on the psychology of women. Designed as a follow-up to a first volume (1) that questioned the so-called classical formulations of female development, *The Psychology of Women* and the accompanying artwork demonstrate that psychoanalysis has—slowly, surely, and refreshingly—undergone dynamic changes in the past 25 years.

Although written by psychoanalysts

for psychoanalysts, this book will be of interest to all allied mental health professionals—those working with women patients or staff, those dealing with gender issues within the milieu, and those who reflect on their own gender relationships. As a psychiatrist interested in gender issues in severe mental illness and as a psychoanalyst, a woman, a mother, and a grandmother, I found much of interest here. It is, after all, the depth of the psychology of human relationships that drew most of us to this field—a central fascination that can too easily get sacrificed to the logistics of everyday work.

Two short introductory essays and a section entitled "Freud and the Feminine" are followed by five additional sections that address the theory of the psychology of women (seven contributions), the body in the psychology of women (six), motherhood (four), the psychology of female homosexuality (one), and women and training and research (two). These papers were selected from among 45 received in response to a call for papers on the psychology of women by the

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Journal of the American Psychoanalytic Association in 1994. They represent a broad selection of topics, and they are clearly expressed, with little jargon, and well edited for understandability. All but two of the authors are women, which reflects a change in the demography of psychoanalysts. My only criticism is that the book does not include a list of contributors, which could have identified authors by training or location.

Without exception, the pieces are outstanding and thought-provoking, and each in itself deserves a review the length of this one. Theoretically, the recurrent theme is to move—as the title of a paper by Bassin has it—“Beyond the He and the She” to individual meanings of gender for each person in the context of personal development and relationships, especially the relationship with the treating analyst.

Clinical vignettes in many of the papers are richly evocative and reflect the value of appreciating the complexity of sexual organization and not forcing female behavior or fantasy into any single normative model. My favorite essays are Chodorow's “Theoretical Gender and Clinical Gender: Epistemological Reflections on the Psychology of Women,” which is especially thorough and accessible, its title notwithstanding; Richards' “Primary Femininity and Female Genital Anxiety,” which illuminates and attempts to classify various female fears—of penetration, loss of pleasure, loss of procreative function, loss of partner; and Wilkinson and associates' “Can We Be Both Women and Analysts?” in which a group of women candidates from the Topeka Institute reflect openly on what it means to be women in life and in training to become analysts in a place where no woman has been in a leadership position for decades—a theme that will resonate with many readers facing gender issues in their work settings. I commend the entire volume as a book for reference and reflection.

Reference

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Regulating Menstruation: Beliefs, Practices, Interpretations edited by Etienne van de Walle and Elisha P. Renne; Chicago, University of Chicago Press, 2001, 292 pages, \$20 softcover

Nada L. Stotland, M.D., M.P.H.

Attempts to regulate the menstrual cycle did not begin with the development of hormonal contraceptives, and they do not occur only in societies with sophisticated technology. *Regulating Menstruation*, which brings together scholarly contributions from demographers and other specialists whose work may be unfamiliar to mental health practitioners, traces such attempts back to the age of Socrates, whose mother was a midwife, and Hippocrates.

Hippocrates believed that menstruation was essential for the elimination of excess blood. He attributed diminished or absent menses to mechanical obstruction and certain diseases to blocked menstrual flow. A millennium later, Galen believed that systemic disease interfered with menstruation; he prescribed systemic herbal pharmaceuticals as well as venesection.

Cross-cultural studies of modern, nonliterate indigenous African and Latin American societies reveal that some of them share with the ancient Greeks the belief that the uterus can leave the pelvis and cause symptoms in other parts of the body. This belief may have developed independently in such societies, or it may have been rooted in ancient Greek medical theory that persisted in European concepts of reproductive physiology and then imparted to colonial subjects.

For centuries, members of Western and non-Western societies and their health care practitioners have focused on the importance of regular menstruation for women's overall well-being and specifically for their fertility. Women freely consult female friends and relatives as well as designated experts of either sex when their periods are irregular in any way, and they are

treated with a wide array of mechanical and pharmaceutical approaches. The list of botanicals is long. Some of the same plants have been used in many cultures over many centuries, and some of them are part of the “natural” treatments women in modern societies use today for reproductive symptoms.

Interestingly, the linguistic and conceptual ambiguity that characterizes contemporary Western discussions of reproductive functions and treatments—such as the use of the term “abortion” to cover both spontaneous miscarriage and induced termination of pregnancy—also attends such discussions elsewhere in the world, in societies old and new. Women complain of the mess and discomfort of menstruation but value monthly bleeding both as reassurance of their fertility and as reassurance that they are not pregnant. When women seek treatment to bring on the menstrual flow, it may be because they want to protect their fertility or because they fear they are pregnant, and don't wish to be.

This ambiguity is facilitated by the belief that an early pregnancy—before quickening, or the mother's perception of fetal movement, which occurs around the fourth month—is simply an unformed clot of blood. In some societies, the ambiguity is not questioned, whereas in others health care practitioners attempt to distinguish women's motives for treatment and refuse to participate in abortion.

The importance of social constructions of menstruation is elegantly stated and quoted by one of the chapter authors: “While bodily functions such as menstruation have a physiological basis, they also ‘must be regarded as a narrative of culture in anatomical disguise.’”

An examination of the psychological and cultural meanings of monthly bleeding is especially timely now. Through most of history, most women have been either prepubertal, preg-

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nant, breast-feeding, or menopausal at any given time and thus had relatively few periods during their lifetimes. In many parts of the world, earlier puberty, longer life spans, lower birthrates, and decreased rates of breastfeeding have changed this. The withdrawal bleeding built into the

original oral contraceptive regimens was an artificial construct, not indicative of true menstrual cycles, and it is being questioned in theory and practice. The interesting essays in this book will help us think about and understand these new developments as they evolve.

sions and impulsive behavior—in the context of the hyperbolic model.

Readers will be impressed with the depth of Ainslie's thinking, creativity, and synthesis. *Breakdown of Will* is an important resource for professionals and students of the philosophy of the mind, experimental psychology, and behavioral economics. It is also worthwhile background reading for addiction therapists. While Ainslie presents a means of theoretical understanding, he does not seek in this book to offer practical applications of the theory to clinical practice. He also assumes that the reader will have a basic familiarity with philosophical jargon, so clinicians with limited reading time looking for pragmatic approaches to helping patients conquer self-defeating behaviors are likely to find it too abstract.

Reference

1. Ainslie G: *Picoeconomics: The Strategic Interaction of Successive Motivational States Within the Person*. New York, Cambridge University Press, 1992

Breakdown of Will

by George Ainslie; New York, Cambridge University Press, 2001, 258 pages, \$17.95 softcover

Mohamed El-Sabaawi, M.D.

In this book, George Ainslie offers a compelling and novel theory that enhances our understanding of human successes and failures in attempts to achieve greater self-control. Ainslie first proposed what he terms a "hyperbolic discounting theory" of the mind in his *Picoeconomics* a decade ago (1). *Breakdown of Will* seeks to provide a summary clarification of the earlier publication and to present new research, observations, and theoretical findings in validation of the original theory.

At issue in Ainslie's work are our basic assumptions about self-control among individuals who knowingly engage in addictions and other self-defeating behaviors. The paradox of human inconsistency in making self-defeating choices has provoked the development of a proliferation of theories from various disciplines, including behavioral science, cognitive psychology, philosophy of the mind, economics, and social sciences. Integrating approaches from several of these disciplines, Ainslie proposes a unique model of motivation that accounts for the successes and failures of the will that are at the core of decision making.

The book's 12 chapters are organized into three parts. Part 1, "Break-

downs of Will: The Puzzle of *Akrasia*," begins with a review of the conundrum of self-defeating behavior, from the views of early theologians and Greek rationalists through the evolution of the concept of will. Ainslie dissects the limitations of present-day utility and cognitive psychology models in explaining irrational choices and puts forth his alternative, namely, hyperbolic theory, which holds that we employ temporary preferences in valuing or discounting future events and their associated rewards, depending on their temporal distance, their magnitude, and their duration. Present decisions are made against what we expect our future selves to want, with complex, if not fully conscious, personal valuations on a time scale underpinning those decisions. If plotted, these time-scale valuations would assume the shape of a hyperbolic curve—hence the name of Ainslie's theory. The result is an elegant model in which the mind works like a population of conflicting interests bargaining in a marketplace.

In Part 2, "A Breakdown of the Will: The Components of Intertemporal Bargaining," Ainslie elaborates on the intricate interactions between different personal interests as they constrain or partially cooperate with one another in a process he calls intertemporal bargaining. Ainslie emphasizes the role of the will as the primary agent in this process. In part 3, "The Ultimate Breakdown of Will: Nothing Fails Like Success," Ainslie discusses his formulations of the will's failures—compul-

The Myth of Sanity: Divided Consciousness and the Promise of Awareness

by Martha Stout; New York, Viking, 2001, 263 pages, \$24.95

Colin A. Ross, M.D.

This is an interesting and highly readable book about the author's clinical experience with dissociative disorders. The book presents a good variety of cases, described in clear, vivid prose. The cases illustrate the dissociative nature of everyday psychology, various forms of dissociative disorder not otherwise specified, and dissociative identity disorder.

Dr. Stout, a psychologist, explores the denial of multiplicity among patients and professionals and within the culture in a most interesting fashion. She brings to life and into focus the individual who has an undiagnosed dis-

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sociative disorder and whose loved ones cope but do not understand.

One of the most interesting cases is that of a psychiatrist identified by the pseudonym Nathan, whom Stout knows professionally but has never seen as a patient. When Stout has dinner with Nathan and his wife Melissa at their house, she takes part in a remarkable conversation. Melissa is complaining, among other things, about her husband's having "the world's most convenient memory." She says that when she asks him to discuss certain issues with her, "he'll say he doesn't know what I'm talking about, and then he'll ask me for an example, and when I give him one, he'll say it never happened." She finds this maddening, not least because Nathan seems so convinced of it. "It would be as if, maybe, you called me tomorrow and thanked me for dinner, and I said, 'What dinner?' and then I told you that you hadn't been here, and I didn't have the slightest idea what you were

talking about. It would make you nuts, right?"

"Right," Stout responds. Melissa turns to her husband and says, "I wish you wouldn't do that, Nathan. If you don't want to discuss something with me, just tell me that. Don't say it didn't happen. That makes me nuts. It's a whole lot worse than just refusing to talk." "I'm sorry, angel," he replies. "I won't do it again."

After a silence, Stout decides to try putting on her clinician's hat: "Nathan, doesn't it bother you that you lose time?" Nathan dismissively waves both hands at her, quipping, "Hey! No shop talk here."

Other conversations Stout has with Melissa alone communicate the joy, pain, confusion, and unreal quality of a marriage to someone with an undiagnosed dissociative disorder.

I highly recommend *The Myth of Sanity*. It provides a compelling portrait of unrecognized severe dissociation in everyday life.

formant; they can for the most part be administered in a psychiatrist's office; and sufficient peer-reviewed information about their psychometric properties is available.

Two general types of measures are included. General measures cover diagnostic interviews for adults (for example, the Structured Clinical Interview for DSM-IV Axis I Disorders); general psychiatric symptoms (for example, the Symptom Checklist-90-Revised); mental health status, functioning, and disabilities (such as the Global Assessment Scale, the Global Assessment of Functioning scale, and the Clinical Global Impressions scale); general health status, functioning, and disabilities (such as the SF-36 Health Survey); quality of life, adverse effects, patient perceptions of care, practitioner and system evaluation, stress and life events, family and relational issues (for example, the Family Assessment Measure-III); and suicide risk.

The measures related to *DSM-IV* categories include child and adolescent measures for diagnosis and screening (for example, the Child Behavior Checklists and the Diagnostic Interview for Children and Adolescents); symptom-specific measures for disorders usually first diagnosed in infancy, childhood, or adolescence (for example, the Revised Children's Manifest Anxiety Scale and the Children's Depression Inventory); child and adolescent measures of functional status (such as the Peabody Picture Vocabulary Test-Revised); behavioral measures for cognitive disorders (such as the Confusion Assessment Method and Delirium Rating Scale); neuropsychiatric measures for cognitive disorders (for example, the Mini Mental State Exam); and measures for substance use disorders (such as the CAGE questionnaire and the Fagerstrom Test for Nicotine Dependence), psychotic disorders (for example, the Brief Psychiatric Rating Scale), mood disorders (such as the Beck Depression Inventory), anxiety disorders (such as the Hamilton Anxiety Rating Scale), somatoform and factitious disorders and malingering, dissociative disorders, sexual disor-

Handbook of Psychiatric Measures

by the American Psychiatric Association Task Force for the Handbook of Psychiatric Measures; Washington, D.C., American Psychiatric Association, 2000, 820 pages, \$136 hardcover and CD-ROM

Kenneth E. Fletcher, Ph.D.

The nearly 250 measures included in this volume represent some of the best measures available within their respective domains. The measures were compiled by experts in psychiatric assessment "to inform clinicians about the selection, use, and interpretation of formal assessments (whether structured interviews, self-report questionnaires, or ratings by clinicians or significant others) and to assist them in evaluating the potential utility of such measurement tools in clinical practice." More than a mere collection of assessment tools, the *Handbook* is an excellent resource

not only for clinicians and researchers but also for policy makers, planners, and students.

The purpose of the *Handbook* is both to educate and to inform. The authors are careful to note the limitations of measurement in clinical practice as well as the benefits. Four introductory chapters discuss the nature and limitations of clinical measures. Topics covered include a discussion of reliability and validity; considerations in choosing, using, and interpreting measures in particular clinical contexts; and cultural factors that can influence the use of psychiatric measures.

The remaining two dozen or so chapters present informative descriptions of measures that meet the following criteria: they are available in English; they concern data obtained directly from the patient or an in-

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ders, eating disorders, sleep disorders, impulse-control disorders (for example, the Buss-Durkee Hostility Inventory), and personality disorders, personality traits, and defense mechanisms (for example, the Millon Clinical Multiaxial Inventory-III).

Each instrument is discussed in terms of the construct it assesses and how it is operationalized, the format of the measure, and its method of administration. Examples of items and responses are given. The range of possible scores is presented, and some guidance on interpretation is provided. Practical issues concerning administration time and training requirements are discussed. Psychometric properties of the measures are described, and an attempt is made to discuss the potential clinical utility and limitations of each instrument. Contact information for obtaining copies of measures is provided. Finally, references and a list of suggested readings are included.

As useful as the *Handbook* is, the accompanying CD-ROM makes this set an indispensable resource. The disc includes not only the full text of the book but also hyperlinks that allow quick movement between and within documents. For example, clicking on the name of an instrument in the table of contents takes you directly to the article on that instrument. The CD also includes scans of 108 of the instruments. Articles are linked directly to the related measures. The quality of the scanned images is poor on the computer screen, but each scale can be printed out, usually resulting in a nice-looking copy. It is also possible to print out each article in the *Handbook*.

Navigation of the CD-ROM takes some getting used to. It does not follow the usual Windows interface design. However, there are extensive help menus and helpful hints, so the learning curve is not very steep. Learning to use the CD is well worth the effort. The text and the instruments can be navigated in multiple ways, and bookmarks can be set to allow quick access to material already explored. This book and CD set is worth purchasing for the CD alone.

Complementary and Alternative Medicine and Psychiatry *edited by Philip R. Muskin, M.D.; Review of Psychiatry series, volume 19, number 1; Washington, D.C., American Psychiatric Press, Inc., 2000, 277 pages, \$34.95*

John J. Miller, M.D.

Historically, Western medicine and complementary and alternative medicine have existed in a dichotomous relationship characterized, at best, by mutual tolerance. Throughout the course of my training as a physician in the Western model in the early 1980s, I was pleased to note a growing awareness of and curiosity about the role that other forms of treatment could play in an individual's healing. It was an unspoken fact that many of our patients participated in both traditional Western medicine and alternative treatments. Several articles in leading medical journals showed that complementary and alternative medicine was used about as frequently as primary care in the United States.

During the past decade, complementary and alternative medicine has become increasingly visible. In fact, it is not uncommon for modern medical practices to include practitioners of a variety of healing arts. Complementary and alternative medicine includes a vast and diverse collection of healing practices, many originating well over 4,000 years ago. Some examples include meditative practices, yogic traditions, acupuncture, acupressure, hypnosis, herbal remedies, nutritional supplementation, Native American healing, traditional Chinese medicine, aromatherapy, massage therapy, chiropractic, and prayer and spirituality.

I find it curious that the current dichotomy places one healing profession—traditional Western medicine—against all the others. In my view, the descriptor “alternative” should be eliminated, and all of the healing arts should be grouped into the category of complementary medicines. In fact, sometimes it is scientifically impossible to determine which healing art was

the primary one in helping an individual regain a sense of health and balance and which were complementary.

Given my views, I found *Complementary and Alternative Medicine and Psychiatry* to be a refreshing introduction to many of the common complementary and alternative healing professions. It is notable that the seven contributors to this book are all physicians trained in the Western medical model. Each has additional expertise in one or more areas of complementary and alternative medicine. This far-reaching knowledge base allowed them to produce a balanced, exhaustive, and highly referenced overview of each healing art, in each case describing the documented advantages, disadvantages, and possible side effects as well as any contraindications. The book contains five chapters, each focusing on a different area of complementary and alternative medicine.

The first chapter, “Integrative Psychopharmacology: A Practical Approach to Herbs and Nutrients in Psychiatry,” provides a detailed overview of many commonly used herbs and nutritional supplements. Chapter 2 focuses on acupuncture and traditional Chinese medicine and the role they can play in obtaining good mental health. Chapter 3 explores the more cryptic practices of yoga, including its history, philosophy, psychology, psychiatric indications, and complications as well as its role in overall health and preventive medicine.

Chapter 4, “Meditation and Psychotherapy: Stress, Allostasis, and Enriched Learning,” introduces the reader to the many applications meditation has found in medicine and healing. Meditation, itself the topic of numerous books and the foundation of many spiritual practices, is often misunderstood as simply a tool for attaining relaxation. Although relaxation can be part of the meditative process,

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its ultimate expression is that of "mindfulness," which allows one to transcend the limitations of one's own ego structure and relate to one's life experience in a direct, compassionate, and nonjudgmental manner. Meditation has been demonstrated to be an effective tool for self-analytical insight, various forms of self-regulation, stress reduction, pain management, emotional regulation, personal growth and inquiry, facilitation of psychotherapy, and development of a greater conscious awareness of oneself and one's relationship to all aspects of life.

Chapter 5 explores the relationship of complementary and alternative medicine in the physician-patient relationship and the reality of the ever-growing use of complementary medicine by our patients. At a time when traditional Western medicine depends heavily on technology and science, our

patients appear to breathe a sigh of relief when their nonphysician therapists invite dialogue and allow them the opportunity to tell their stories. Complementary and alternative therapies also provide treatment options for patients who have chronic medical conditions for which available medical treatments are limited—for example, arthritis, low back pain, fibromyalgia, inflammatory bowel disease, renal failure, asthma, and cancer.

In summary, *Complementary and Alternative Medicine and Psychiatry* is a fine overview of many common healing practices outside of traditional Western medicine. It presents clear, balanced, and concise descriptions and analyses of complementary and alternative healing disciplines that are often misunderstood or ignored by Western medical practitioners. This is a book to add to your medical library.

health professionals who fail to familiarize themselves with his writings will find it difficult to dissuade their patients and others who they believe have been indoctrinated by Szasz.

It is no consolation that Szasz's antipsychiatry diatribe in *Pharmacracy*, although more vitriolic than his denunciations of earlier years—for example, when he condemned the "viciously mendacious psychiatric rhetoric about mental illness" (1)—is somewhat less fulminant than his recent pronouncement that psychiatry is "the most insidious and, in the long run, the most dangerous form of statism yet developed by man" (2). Nevertheless, nothing that Szasz has written better explicates his views about mental illness and psychiatry than *Pharmacracy*. It is a book well worth reading.

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Pharmacracy: Medicine and Politics in America

by Thomas Szasz; Westport, Connecticut, Praeger, 2001, 212 pages, \$24.95

Abraham L. Halpern, M.D.

In *Pharmacracy*, Thomas Szasz continues his attack on psychiatry and psychiatrists and goes further. In this volume he denounces both the misuse of the medical profession in disability determinations and the economics of American medicine in general, with particular criticism of the deviousness inherent in the use of diagnosis-related groups in Medicare, Medicaid, and private health insurance programs. Medical ethicists who conceal their views and recommendations "with euphemistic phrases, such as 'beneficence' or 'the best interests of the patient'" come in for especially harsh assault. Lkening them to Nazi and Soviet ethicists who considered National Socialist and Communist medical practices ethical, Szasz cautions that "Medical ethics itself requires unceasing ethical scrutiny."

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Szasz coins the word "pharmacracy" because "while we have words to describe medicine as a healing art, we have none to describe it as a method of social control or political rule." Although most practicing psychiatrists dismiss out of hand—and with good reason—his arguments that severe mental illnesses are not diseases, they would be doing themselves a great disservice if they allowed his egregious attacks to blind them to his championing of the defense of individual liberty and personal responsibility. Thomas Szasz, more than anyone, has been responsible for the libertarian transformation of psychiatrists, namely, psychiatrists' increasingly exercising care over the past 40 years in their assessments of patients to determine need for involuntary hospitalization.

Hordes of lawyers, judges, law professors, other academicians, and knowledgeable laypersons see merit in many of Szasz's theoretical ideas and criticisms of psychiatry. Mental

From Detached Concern to Empathy: Humanizing Medical Practice

by Jodi Halpern, M.D., Ph.D.; New York, Oxford University Press, 2001, 165 pages, \$37.95

Philip Candilis, M.D.

This is a beautifully written and beautifully reasoned book. Physician-ethicist Jodi Halpern crafts one of the finest descriptions available of psychiatry's advance toward empathic involvement with patients. Intertwining psychiatry and ethics is no easy task. However, in Halpern's hands, a blend of formal research, philosophical modeling, and straight talk shows how neatly psychiatry and ethics work together. Indeed, the

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book is a clinical and philosophical exhortation to recognize how much richer treatment is when it arises from empathy rather than from detached objectivity.

This idea is not new to psychiatry or ethics, of course. Postmodernism as a school of thought has argued forcefully that physicians and therapists are part of the health care encounter, not merely observers. Objectivity and distance, like other values of the Enlightenment, are not complete measures of an interaction. They may require narrative, care, and even virtue ethics to supplement and enrich them. The skepticism about whether physicians can remain detached is robust in this book—as it has been in the mainstream ethics literature.

The writing in *From Detached Concern to Empathy* is at its best when Halpern draws on clinical vignettes. Indeed, the principal exam-

ple is a powerful description of a patient left to her own “competent” choice to refuse treatment—an outcome many might call pseudoempathy, or, more harshly, abandonment. But Halpern makes hay with this vignette, as she should. She draws support from writers ranging from Heidegger to Lacan, which requires of readers at least a modicum of philosophical background. Indeed, the middle portions of the book become somewhat dense when Halpern departs from her vignettes. Nonetheless, her criticism of Kant will bring tears to the eyes of the most hardened philosopher. It is hard to argue with someone who advances the theory of one of history’s greatest minds.

This may not be the mainstream practitioner’s cup of tea, but it will delight therapists and careful thinkers who are looking for integrated theories to guide their interactions with patients.

from some sort of pressure. He sheds new light—in unexpected ways—on different aspects of the confession, such as fear, transparency, the relationship between confessor and confessant, and subconscious motivations. He provides a veritable avalanche of arguments, conclusions, and doubts about the emphasis U.S. law places on a confession. We even get a well-documented introduction to the detectives’ manuals, according to which a confession can be extorted by sheer communication tactics, without any use of violence. Obviously, such confessions cannot be taken at face value.

The book’s weak point may be the lack of differentiation among the confession in a criminal case, the confession of the Catholic Church, and the confession on the analyst’s couch. One reason for this might be linguistic: English provides only the word “confession” for all of the three. In German, by contrast, the law uses “Geständnis,” the church uses “Beichte,” and psychoanalysis avoids confession-like vocabulary altogether.

One does not entirely feel at ease with the author’s judgment of Rousseau’s confession (in *The Confessions*). In his youth, Rousseau tells us, he stole a silk ribbon, and when the theft was discovered, he allowed the chambermaid to be accused of it without intervening. Because Rousseau is a confessor, Brooks takes him very seriously, whereas, in fact, he might have been the first one to make the act of confessing his trade, thus controlling every bit of it while shaping his self-portrait as a confessor. With Rousseau, truth interferes in small and controlled doses.

Troubling Confessions is certainly worth reading, and just as troubling as the title promises. The act of confessing is successfully problematized, and proceedings in criminal cases draw particularly heavy fire. This alone would be enough to make the entire enterprise worthwhile. The book may have somewhat less urgency for the psychoanalyst, but every psychological expert could draw a great deal of benefit from it.

Troubling Confessions: Speaking Guilt in Law and Literature

by Peter Brooks; Chicago, University of Chicago Press, 2000, 207 pages, \$24

Georg Foglar, M.D.

In this book, Peter Brooks presents numerous examples of confessions, in settings ranging from law to literature. He also compares these forms of confession with confessions in the theological field and, to a lesser degree, with the patient’s anamnestic efforts during a psychoanalytical session. With sharp and sometimes pointillistic analytical perception, he attempts to discover the justness, the realism, the degree of truth, the full sense, and the non-sense of a confession, as well as its weight and the consequences it has for the one who is uttering it.

Troubling Confessions yields a wealth of arguments and perspectives for anyone examining confes-

sional speech or speeches. Brooks, a professor of humanities at Yale University, demonstrates a comprehensive knowledge of literature, of the literature of law and of past trials, of theology, and of psychoanalysis, and he richly documents the voluminous research that informs this book.

The book establishes many unusual references, and Brooks takes great pains to rattle the judicial trustworthiness of a confession. His arguments do not leave “the queen of proofs”—as American lawyers still call the confession—entirely dead, but they certainly leave it with less credibility than U.S. law gives it.

Brooks presents a highly readable and easily comprehensible report of virtually all known cultural phenomena that might be thought of as confession-related. He seems inclined to view all confessions as originating

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