Family First: Your Step-by-Step Plan for Creating a Phenomenal Family

by Phil McGraw; New York, Free Press, 2004, 304 pages, $26

Pedro Ruiz, M.D.

Family First: Your Step-by-Step Plan for Creating a Phenomenal Family is a masterpiece in terms of the initiatives it proposes for achieving healthy and successful families in American society today. Phil McGraw—or "Dr. Phil" as he is known to his television audience—conveys quite well his understanding of the challenges faced by American families in their quest for growth, success, and maturity. He describes his own experiences, first as a growing child and later as a parent, adding a personal touch as well as much-needed sensitivity to the understanding, diagnosis, and counseling of families in need of help and support.

Despite a family's best intentions and desires, many families in this country lack the expertise and knowledge required to address the serious problems that make them dysfunctional. Issues such as alcoholism, drug use, poverty, violence, and behavioral problems are threatening, disrupting, and even destroying many American families. In *Family First,* McGraw presents clear and practical recommendations on how to satisfactorily resolve these serious problems.

The text is divided into two parts. The first addresses the ingredients needed to create a phenomenal family. These six chapters address family dynamics and the relevance of the family as a single unit in life; key issues pertaining to divorced parents and how divorce affects children; the five most important factors needed to create a phenomenal and healthy family; "family legacy" and what to do to achieve healthy changes in this regard; an examination of different parenting styles and how to intervene to achieve harmony and functionality; and ways of achieving healthy status among family members, particularly the ingredients needed for children's success. The practical exercises offered in this section are useful for the development of insight. They represent excellent resources to be used in clinical settings.

The second section examines the key tools McGraw considers essential to the achievement of successful parenting: a definition of parental success; how to appropriately listen, communicate, and learn when relating to your children; how to negotiate successfully with your children; how to understand the role of stress and depression among children; ways to identify and appropriately address behavioral problems; how to change the family structure to achieve harmony among family members; and how to help children grow and mature by providing ideal role modeling.

I strongly recommend this book to mental health professionals and trainees as well as to the lay public. Actually, I wish I had read this book 40 years ago, when I was myself struggling with how to be an "ideal" parent.

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Suzanne Vogel-Scibilia, M.D.

Phil McGraw's book offers a "step-by-step plan for creating a phenomenal family." Designed primarily for laypersons and entry-level mental health professionals, the book contains a personalized reflection on the author's troubled family of origin, descriptions of five important factors for a "phenomenal family," seven detailed tools for "purposeful parenting," and a plan for evaluating the reader's family background and parenting style.

The seven parenting tools have names designed to cue recall of parenting goals, such as parenting with purpose, parenting with clarity, parenting by negotiation, parenting with currency, parenting through change, parenting in harmony, and parenting by example. These parenting tools are discussed in detail and constitute more than half the book. McGraw uses examples from his own family relationships as well as those of persons who have sought his consultation. Unlike a detached textbook of family therapy, this book has a McGraw-personalized feel to it that is more suited to a lay audience and includes McGraw's own views on family dynamics and parenting.

Absent from the book is a substantive discussion of a biologically based contribution to behavioral problems among children. McGraw does not adequately address how children with mental illness may present with behavioral dyscontrol despite adequate parenting skills. One crucial flaw in this book is its neglecting to make a detailed recommendation of the warning signs of childhood mental illness and to give information about when parents may want to seek a psychiatric evaluation for psychotherapeutic or pharmacologic treatment for their child with behavioral problems.

One additional comment relates to the tenor of the book: it tends to be fairly critical of many typical parental responses to behavioral problems yet directs parents to stop blaming themselves for their children's outbursts. The book's value is in giving laypersons step-by-step guidelines for managing behavioral problems and providing consistent parenting. However, most seasoned mental health care professionals will find it overly simplistic.

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Roger Peele, M.D.

In his latest book, Phil McGraw offers clear advice that many parents will find useful. The advice is often preceded by questionnaires that guide the reader toward increased self-awareness, followed by recommendations that are sometimes founded on empirical studies. The empirical reach extends to topics such as healthy nutrition.

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For broader issues, such as styles of parenting, McGraw turns to the management literature of the business world; has parents answer 30 questions that result in classifying their parental styles as authoritarian, equalitarian, or permissive; goes on to state the consequences of each approach compared with the style of the child; and makes recommendations whereby he hypothesizes that there will be problems. For the combination of permissive parent and passive child, for example, he hypothesizes, "You're vegetating," and he recommends a more authoritarian parental style.

A major difficulty with this and similar books is the implication that the author is able to predict what will happen in a given situation. In the suggestion that following Dr. Phil's recommendations will result in a "phenomenal family," those who do not have phenomenal families may conclude that they did something wrong. On the other side of the coin, can one predict that dreadful parenting leads to troubled adults? Not necessarily. For example, the book describes a severely alcoholic father who was unavailable to his son and clashed with his son whenever he was drinking—"searing these experiences in the boy's mind." The alcoholism led to many job changes, uprooted the family, disrupted the boy's life, and left the family in poverty. The mother was unable to counterbalance her husband's behavior and the children's flight from the father's drinking. The result: The boy became a highly successful, loved national figure: Dr. Phil.

Phil McGraw's advice is worth pursuing, but he should not suggest that achieving a "phenomenal family" is a certainty.

Alison M. Heru, M.D.

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Four-year-old Susan won't speak to her mother. Dr. Phil plays the "Cheerio game" with her, and she is soon speaking to him like a normal four-year-old child. He lets the mother watch through a one-way mirror, but still the child does not speak to her mother at home. He asks the mother if she has tried the Cheerio game. The mother replies that she does not have time for games. Thus we have Dr. Phil's take-home message: If you want change at home, you must put time and effort into it.

Phil McGraw provides questionnaires, checklists, directives, timetables, contracts, guidelines, and unbridled enthusiasm. He subtly incorporates the principles of systems theory, the importance of family structure, and the role of a family legacy and emphasizes that the person who shows up in the emergency room may not be the person who is most in need of treatment. He teaches parents how to negotiate with adolescents, how to set limits, how to present a united front, and how to modify behavior according to good behavioral therapy techniques. These are all sound family therapy concepts that are familiar to family therapists. McGraw's strategies for families will work especially well for fathers who lack a good parenting role model.

The book is based on a survey of 17,000 parents. Results from this survey are peppered throughout the text, and an upcoming peer-reviewed journal article will present the results of McGraw's survey. For example, 53 percent of parents indicated significant resentment in making sacrifices as a parent. The Texas saying "All hat and no cattle" refers to families that are all show and no substance, which is an ailment of modern living, according to Dr. Phil. Parents give too much and expect too little, are too afraid of put their foot down for fear of upsetting the child. "Enough!" says Dr. Phil. Forget about what the neighbors will say. Reduce the show and put back the substance into the family. Take all material possessions out of the badly behaved child's room and let the child earn these things back, one by one, when he or she can show appropriate respectful behavior. Endearingly, the author talks about his own upbringing and emphasizes that coming from a flawed background is not something to be ashamed of but, rather, something to overcome. *Family First* is a good book and contains sound suggestions for families and for mental health professionals who work with families.

Harriet P. Lefley, Ph.D.

When I became a licensed psychologist many years ago there was profound bias against media roles for professionals in our field. Reasons for this bias ranged from a belief that such roles were self-serving ("They're giving psychology away") to the view that readers needed to be protected from cursory remedies that might be more damaging than helpful. Radio shows and newspaper columns that responded to questions that required clinical assessment and therapeutic interventions were considered unethical. The upshot was that advice columns were left to nonprofessionals or those lacking adequate credentials. For the most part, qualified clinicians continue to remain righteously silent.

Phil McGraw is not, as the book's blurb boasts "one of the world's foremost experts in the field of human functioning." He is, however, a well-credentialed and effective media star who serves a very useful purpose. His television program, like his book, reaches millions of people who have parenting problems and who would not otherwise seek professional counsel. McGraw claims that this book is responsive to the needs for assistance and information that emerged in a survey of 17,000 parents.

McGraw's message is largely unassailable: Don't make the mistakes your parents did. Take control, set limits, understand that your family should have central importance in your life. Raise children with structure, respect, appropriate expectations, equitable treatment, consistency, and love. His book presents communication techniques, cognitive reframing, negotiation skills, step-by-

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step action plans, and actual language that parents can use. He teaches parents how to eliminate negative behaviors by using common behavior modification techniques. The book is largely a model of good sense, told in language that readers can understand with examples to which they can relate and viable solutions that they can implement themselves.

For ordinary families that have the usual range of childrearing problems, this book can be very valuable. However, there is one gross defect. As he did in a *Family First*–related television show, Dr. Phil tends to underplay the significance of early interventions for some obvious prodromal signs of decompensation. There is a table of "hot warning signs of crisis," categorized as behaviors that endanger self or others, depression, drug abuse, and the like. Many items in this table are predictors of severe psychiatric disorders. McGraw's warning signs include suicidal ideation, memory loss, nightmares, emotional numbing, and even a child's stockpiling of guns, poison, or sleeping pills. Yet his list of resources for parents mentions only spiritual leaders, teachers, other family members, the child's pediatrician, a school psychologist or counselor, and the local mental health association. Psychiatrists are identified primarily as helping the parents deal with the crisis rather than as providing early intervention for the child. There is a legitimate emphasis on coping strategies, but missing are the clinical resources essential for diagnosis and treatment. McGraw's suggestion that these behavioral disturbances are temporary crises that can be alleviated simply by a family's changing its behaviors or dealing with school counselors detracts from an otherwise helpful book.

She's Not There: A Life in Two Genders

by Jennifer Finney Boylan; New York, Broadway Books/Random House, 2003, 300 pages, $24.95

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

When I was a first-year psychiatry resident in Boston, one of my very first patients was a male-to-female transsexual. Being naive to psychiatry in general, I was hardly prepared for what was then a rather "unusual case." This led me to the literature on transsexualism, particularly to first-person accounts by transsexuals (1–8). *She's Not There: A Life in Two Genders* stands out as a book by a writer who tells the story of a life, one component of which is changing her gender.

As a man, James Boylan was an English professor at Colby College, cochair of the English department, and an author; as a woman, Jennifer Boylan is the same. As a man, James was the husband of Grace and the daddy of two sons; as a woman, Jenny is the partner of Grace and the "maddy" of these two boys. It is perhaps simultaneously the transformation of a life and the capacity of Boylan and those around her to sustain support, affection, and respect as a constant through this change that is the most dramatic aspect of *She's Not There.*

Although this autobiography is about a "quite unusual case," transsexualism itself is certainly not as infrequent as previously reported, and probably much more frequent than many of us believe. Equally as important as the subject of transsexualism is the fact that *She's Not There* is really the story of making self-affirming choices in life. In this way Boylan, a Mainer, tells a story that is far more mainstream than fringe. For the point of self-affirmation alone, *She's Not There* is well worth the read.

Boylan has a central problem in her life as a man: she lives her life as a lie. Boylan writes, "As I walked through the woods, sometimes, I wondered on the 'being alive' problem. I'm still transgendered, I thought. Even though my life has been transformed by love. I still feel like a woman inside. At every waking moment now, I was plagued by the thought that I was living a lie. It was there on the tip of my tongue as I taught my classes; it was there as I made meatballs for the woman I loved; it was there as I took the car through the car wash and shoveled the snow and built the fires and played piano and flipped pancakes. It was fair to say that I was never not thinking about it." Boylan points out that throughout her life, before crossing from male to female, "for much of the year I felt like a chalk painting dissolving in rain."

Boylan's story is told with both feeling and humor. The humor often comes with a twang of insight. For example, "I saw a therapist not far from my home who claimed to specialize in gender issues. He had an office in a building that more than anything else resembled the Island of Misfit Toys. Beneath this single roof was a Massage Therapist, an Aroma Therapist, a Polarity Therapist, and a Numerologist."

Boylan's surgery, the final phase of the change from man to woman, occurred on June 6, 2002—that is, not that long ago, which gives immediacy to Boylan's account. You can feel the impact of Grace's call to the man who was her spouse after surgery when she says, "Whatever else you say about my husband, she's a remarkable woman." You can feel Boylan's discovery of orgasmic sensation as a woman. You can feel her seek out the feminine and masculine aspects of herself as a woman just like she did as a man. And you can gyrate with the ribaldness of Boylan's letter in May 2002 to NASA, when she volunteered to be the first transsexual in space. At the same time, the story's profound message comes through: "I believe that God made us all a certain way, and that the adventure of life is largely the challenge to find the courage to become ourselves. For many of us, the challenge that is given us is to find

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that courage, to be brave, and to stand up for the truth."

Anyone who gets up in the morning and doesn't think, "I'm a man today" or "I'm a woman today" should read *She's Not There.* Yet such individuals are a tiny subset of the potential beneficiaries of Boylan's wisdom. Although *She's Not There* raises many questions about gender, at the end of the book I found myself reminded of John Pentland Mahaffy's response, around the turn of the century, on being asked by an advocate of women's rights, "What is the difference between a man and a woman?" His response: "I can't conceive."

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Sexual Deviance: Issues and Controversies

edited by Tony Ward, D. Richard Laws, and Stephen M. Hudson; Thousand Oaks, California, Sage Publications, 2003, 400 pages, $69.95

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Sexual Deviance: Issues and Controversies certainly lives up to its title. The most current and hotly debated controversies in the sexual deviance field are tackled from a comprehensive, research-based, fair, and balanced perspective. The book is aptly dedicated to one of the editors, Stephen Hudson, who died in November 2001 from cancer. I suspect that Hudson would, justifiably, have been quite proud of this work.

The book is well organized, with the first ten chapters focused primarily on conceptual issues and the second nine chapters addressing therapeutic responses to sexual deviance. Part 1, "Explanations of Sexual Deviance," is particularly comprehensive, considering integrative theoretical, behavioral, economic, evolutionary, developmental, cultural, and cognitive explanations of sexual deviance. The second part includes compelling chapters on responsivity issues (that is, the interaction of offender characteristics with service style and mode), risk assessment, and pharmacologic treatments, among others.

The first chapter, "Explaining Child Sexual Abuse: Integration and Elaboration," sets the tone. In the first paragraph, the authors state "We show our colleagues enormous respect by taking their theories and research seriously enough to criticize them, and also by then attempting to extend their work in new directions." The book then goes on to do just that.

The back cover describes the book as being tailored for advanced undergraduate and graduate students in psychology courses. Although this is certainly true, professional old-timers such as myself will find the book particularly useful and provocative as it systematically questions many of the most cherished beliefs in our field. For example, suggesting that the major aim of rehabilitation of sex offenders be a good life for the offender rather than simply risk reduction can quickly raise hackles in a drawing room discussion of sex offender therapists, mental health professionals, or the general public. Warning about the limitations of sexual risk assessments, in particular questioning the accepted superiority of actuarial risk measurements, certainly goes against today's flow as professionals whip out the latest actuarial test in civil commitment hearings. Yet the arguments are well founded and well articulated. In each chapter, the relevant research is thoroughly reviewed. Equally important, the authors move beyond the current research with queries and suggestions born of wisdom and flexibility. One does not need to agree with the authors' conclusions to appreciate the book.

After reading *Sexual Deviance: Issues and Controversies,* one is faced with the classic half-full, half-empty glass dilemma. Are we to feel discouraged that research is lacking or inadequate, that we have been barking up the wrong tree? Or should we feel proud that we keep asking new questions and staying open to change? Being an optimist by nature (as I think many who remain in this field are), I will happily go with the latter perspective.

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Posttraumatic Stress Disorder in Litigation: Guidelines for Forensic Assessment, 2nd edition

by Robert I. Simon, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2003, 272 pages, $49.95

Renee Sorrentino, M.D.

Robert Simon, M.D., is clinical professor of psychiatry and director of the program in law and psychiatry at Georgetown University School of Medicine in Washington, D.C. Simon's stated goals for this second edition of *Posttraumatic Stress Disorder in Litigation: Guidelines for Forensic Assessment* are to bring direction and discipline to the assessment of posttraumatic stress disorder (PTSD) in

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litigation and to continue the dialogue sparked by the first edition among mental health professionals, the legal community, and third-party payers concerning ways to improve the psychiatric and psychological assessment of PTSD claimants. The book is divided into nine chapters that address the use of PTSD claims in the courtroom. Each chapter provides guidelines for forensic assessment that can serve both plaintiffs and defendants in litigation involving PTSD. The chapters' authors are nationally known experts.

The topics covered include disability determinations in PTSD litigation, PTSD in employment litigation, forensic laboratory testing for PTSD, forensic psychiatric assessment of claimants, guidelines for diagnosing PTSD among children and adolescents, forensic psychological assessment, detection of malingering among persons with PTSD, and a review of PTSD research findings.

Simon's chapter on the forensic assessment of PTSD claimants is well written and comprehensive. He outlines five basic questions that the forensic examiner should consider in the evaluation of the PTSD claimant. Each question is explored, and guidelines are proposed. Simon emphasizes the importance of using official diagnostic manuals and the professional literature when diagnosing PTSD.

The chapters by Green and associates and Pitman and associates provide a useful review of the scientific findings in the area of PTSD. Several authors reference the severe psychological injury caused by the terrorist attacks on the World Trade Center and the Pentagon. However, none of the authors addresses the recent research on the aftermath of the attacks. One chapter's authors, Green and Kaltzman, identify the level or severity of exposure to stressors as the primary risk factor associated with the development of PTSD. According to a longitudinal survey in the *Journal of the American Medical Association,* the risk of PTSD was not directly associated with the exposure to or loss from the trauma but rather to use of specific coping strategies (1). Data from studies of the September 11 attacks suggest that individuals who are not present at a traumatic event may experience stress reactions (2).

The book includes a thorough analysis of the problem areas in the forensic assessment of PTSD litigants. The guidelines proposed in each chapter are practical and clearly written. This book is recommended for both clinicians and attorneys who work in the area of PTSD litigation. Simon has done an excellent job of providing the reader with a comprehensive review of PTSD litigation in easy-to-understand terms.

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Community Mental Health Teams: A Guide to Current Practices

by Tom Burns; New York, Oxford University Press, 2004, 224 pages, $47.50 softcover

Curtis N. Adams, Jr., M.D.

Community Mental Health Teams: A Guide to Current Practices offers an overview of the current provision of mental health services in Britain. Although teams from other parts of the world are mentioned, the British system dominates the book. Tom Burns, the sole author, states his reasons for this approach in the preface: it enables him to scrutinize the difference between what is published about a given service (such as assertive outreach) and what actually happens on such teams. The book is intended as a guide, not a manual, so although some detail is included, that is not the author's emphasis. Rather, Burns offers his observations about how teams are structured and what seems to work well or poorly on given teams. Also, his book is more experiential and less an evidence-based guide.

Burns, a social psychiatrist, first gives a brief history of deinstitutionalization in Britain as an introduction to the development of modern community mental health teams. Next, he describes various teams from the "generic" community mental health team to specialized teams such as the early intervention teams, which target persons with first-break or recent-onset schizophrenia. The book has the feel of a Tom Burns lecture, and there were times when I could hear his presentation but wished I could also see the slides or ask questions to clarify some of his points.

A reader who is not accustomed to British English may be puzzled by some of the idiomatic expressions in the book. Visits to the Internet helped clarify some terms, but not all. A glossary would have helped. A bigger challenge was grappling with terms that are specific to the British mental health system. Acronyms such as "SHOs" and "SpR" were more difficult to interpret, because they were never defined in the text. In some places the author uses acronyms before he defines them. For example, he mentions "EPPIC" on page 112, but it is not until page 118 that we are told that this is shorthand for "early psychosis prevention and intervention center." He also refers to "DGH" without first defining it as "district general hospital." This type of flaw appears often enough to be distracting and should have been edited out.

Another concern was the occasional obscure or inaccurate reference.

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On page 181, the author mentions a "Gramsian Marxist." Is he referring to Antonio Gramsci? Internet searches did not clarify this. On page 53 he writes, "In the U.S. . . . individuals established by psychiatrists to suffer from a severe and enduring mental illness receive their mental health services free." This statement is an oversimplification.

Despite those weaknesses, I enjoyed reading the book, because it offered a view of a system that was unknown to me, presented by a capable and experienced guide. Leaders of teams and systems of care will find the overview that this book provides very useful. *Community Mental Health Teams* is most valuable because team leaders and practitioners can easily use the many practical pearls of wisdom at little cost.

Integrating Psychotherapy and Pharmacotherapy: Dissolving the Mind-Brain Barrier

by Bernard D. Beitman, Barton J. Blinder, Michael E. Thase, Michelle Riba, and Deborah L. Safer; New York, W. W. Norton and Company, 240 pages, $40 softcover

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Accumulating evidence supports the importance of psychotherapy as a fundamental part of psychiatric care. Combining psychotherapy and psychopharmacology often enhances compliance and effectiveness (1). The well-trained psychiatrist should be competent in both treatment modalities and be able to deliver both, either as an integrated whole or as a subset of responsibilities divided between two professionals in a team. *Integrating Psychotherapy and Pharmacotherapy: Dissolving the Mind-Brain Barrier* addresses many aspects of that clinical challenge.

The book is an outgrowth of the American Psychiatric Association's commission on psychotherapy by psychiatrists, established in 1996 to reaffirm and support the psychotherapeutic part of the identity of the psychiatrist. One fundamental strategy of the commission was to bring together psychiatric leaders in all major fields of psychotherapy. Out of this grew several collaborations, one of which led to this volume.

More than half the book is Bernard D. Beitman's sequel to the so-called "Missouri modules" (2), a comprehensive and widely employed system of teaching the generic fundamentals of psychotherapy to psychiatric residents. Most chapters start off by presenting some basic concepts and then illustrate and expand on these concepts through case studies. The format is designed for assigned reading followed by group discussion. Vignettes stimulate deliberation about clinical rationale and strategy; suggested answers and commentary highlight the intended issues; a section on resident responses brings real-life learning experience into play. Beitman's emphasis on integrating the strengths of major schools of individual psychotherapy—psychodynamic psychotherapy, cognitive-behavioral therapy, and interpersonal therapy—is evident throughout. Especially valuable is the material's exploration of the intricate interrelationship between psychological issues and medication management.

The benefit of this approach is that many salient clinical points come across in actual clinical application. The drawback is that the reader sometimes wishes for more systematic explication of principles as well as greater depth of discussion, given the richness of the clinical vignettes.

The remainder of the book consists of three essays. In a scholarly, well-documented chapter, Michael E. Thase explores the conceptual and theoretical basis for integrating psychotherapy and pharmacotherapy. Applying a narrowly construed standard of research validity—the randomized, double-blind, controlled trial of a defined treatment method—the discussion necessarily focuses on short-term, structured, targeted treatments, such as cognitive-behavioral therapy and interpersonal therapy. Thase realistically discusses the difficulty of carrying out comprehensive research in psychotherapy that would meet such standards and still be relevant to actual clinical practice.

Michelle Riba and Richard Balon then present a coherent and balanced discussion of the challenges and advantages of split treatment. Many citations suggest that the chapter is drawn broadly from the essays in these authors' 1999 book on the same topic (3). Regrettably, split treatment in actual practice often fails to meet these authors' proposed criteria for clinically effective collaboration.

The final chapter, by Barton J. Blinder, on psychodynamic neurobiology, reviews the growing literature delineating the neurophysiologic basis of mental operations long known to psychodynamic and psychoanalytic therapists. Although much of this material is speculative and difficult to translate into a clinically relevant strategy, this is an interesting and well-documented survey.

The book suffers somewhat from the heterogeneity of its elements and from less than optimal proofreading. However, it is a highly relevant and instructive book that will be of value to residents and practicing psychiatrists alike.

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Circles of Recovery: Self-Help Organizations for Addictions

by Keith Humphreys; Cambridge, England, Cambridge University Press, 2004, 228 pages, $85

Judith Faberman, L.I.C.S.W.

Millions of people across the globe participate in self-help groups to address problems of addiction to alcohol, drugs, food, gambling, and sex. Many recover from addiction without the help of professional treaters at all. Yet there still exists a bias among addiction and mental health professionals in their belief that self-help organizations are the less effective and less preferred alternative to treating addictions. Considering increasingly managed health care systems and the multiple obstacles to obtaining professional addiction treatment—never mind long-term treatment—it may behoove us to seriously consider self-help groups as a preferred treatment for addictions. *Circles of Recovery: Self-Help Organizations for Addictions,* by Keith Humphreys, does just that.

Humphreys begins by illustrating the nature of self-help group organizations, highlighting their universal characteristics—the shared problems and change goals of participants, self-directed leadership, voluntary association, reliance on experiential knowledge, and norms of reciprocal helping. Beginning with Alcoholics Anonymous (AA), the most widely researched and understood of the self-help organizations, Humphreys describes 19 international groups in terms of their origins, philosophy and approach, and membership and attendance patterns. Humphreys nicely illuminates why traditional AA groups are not culturally appropriate or viable in all parts of the world and uses AA as the comparison group for the other organizations. The reader is certain to gain useful knowledge of differences in practices among groups' rules for anonymity, inclusion of family and significant others, and spirituality.

After his world tour of self-help groups, Humphreys explores the question of whether such groups are effective. Does involvement in self-help groups reduce members' substance abuse? Do members benefit from increased psychiatric, social, and physical well-being? Are there other benefits to involvement in self-help groups? Although such questions are admittedly difficult to assess, the author concludes that involvement in self-help groups correlates with better outcomes, not only in terms of reducing substance abuse and improving well-being but also in terms of spiritual changes, life-story transformation, increasing friendship networks, and overall empowerment of members.

The author's encouraging findings bring the reader to the last portion of the book, which explores how clinicians and health care organizations should interact with self-help groups to make them optimally effective. He suggests tailoring clients' referrals to self-help groups by improving professional treaters' working knowledge of the various groups available. He recommends that referrals to self-help groups occur before, during, and after treatment, with the most obvious solution of inviting self-help groups to conduct meetings at treatment facilities. Finally, he encourages professional treaters to change their attitudes toward self-help and to recognize the reality that these groups have the advantage of being available over the lifespan to clients with addiction.

Circles of Recovery provides a general introduction to addiction-related self-help organizations in the developed world. The goals of the book are clearly stated and met: to describe addiction-related self-help organizations; to empirically evaluate how involvement in self-help groups affects members; to provide guidelines for clinical and policy interaction with self-help groups; and to bring science to bear on controversial issues in the field. I highly recommend this book.

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The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness

by S. Nassir Ghaemi, M.D.; Baltimore, Johns Hopkins University Press, 2003, 384 pages, $49.95

Layton McCurdy, M.D.

The author of *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness* is S. Nassir Ghaemi, M.D., an assistant professor of psychiatry at Harvard Medical School. In his acknowledgments, Ghaemi covers a broad and comprehensive group of individuals under whose influence he has come in his journey of scholarship. This book is a manifestation of Ghaemi's absorptive and spacious mind as well as his significant capacity to assimilate information from a broad variety of sources. His stated goal is "to encourage psychiatrists and other mental health professionals to think about what we do."

The book is concerned with the epistemology of clinical thinking—our diagnostic categories as well as our understanding of the bases of mental illness. In this regard Ghaemi has examined the work of several philosophers as well as figures in the history of psychiatry. The first section of the book is titled "A Theory—What Clinicians Think and Why." The author quotes Sir Aubrey Lewis: "The psychiatrist then is confronted, whether he likes it or not, with many of the central issues of philosophy."

Ghaemi then assembles, in logical sequence, a series of chapters on the clinician's thought process and approach to patients. He is guided by a driving urge for pluralism and integration, with which he contrasts eclecticism. The reader gets a broad smattering of a variety of philosophical thought over the ages. Ghaemi himself, with a strong background in psychopharmacology, presents good summaries of major Western figures from the late 19th and early 20th centuries—Hegel,

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Karl Jaspers (who moved from psychiatry to philosophy), William James and Charles Sanders Peirce (the American pragmatists), Wilhelm Dilthey (the German philosopher of history), and Claude Bernard (the French philosopher of science who influenced Zola). He posits that these individuals all believed that good scientists perforce always do "philosophy," in the sense of "thinking hard" about what they are doing and why they are doing it—just as good philosophers always perforce keep up with science's latest finding.

Ghaemi continues with examinations of the methods of thinking of Karl Popper, Ernst Mayr, and the great German sociologist Norbert Elias. Elias believed that people in his discipline worried about being "insufficiently philosophical" only because the philosophers were the "oldest family" in the academic village—not because they were any better informed than all the newcomer disciplines. Elias gave himself permission to accuse mainstream post-Cartesian philosophers of being "insufficiently sociological."

I found Ghaemi's book challenging in its overinclusion. Why do we give philosophy the benefit of the doubt when all of modern sciences have spun off from philosophy because post-Cartesian idealism insists on barking up trees whose very existence they question in a forest of facts they choose to ignore? Why should Edward Hundert have to be accountable to Hegel? However, there are places where Ghaemi himself—and certainly the philosophers and psychiatrists he likes—must admit that whenever a fact puts us at odds with what we have been taught, evolution has given us the means of "thinking hard," resisting authority, and changing our minds, even without the benefit of the philosophical traditions Ghaemi so comprehensively reviews.

The Edison Gene: ADHD and the Gift of the Hunter Child

by Thom Hartmann; Rochester, Vermont, Park Street Press, 2003, 224 pages, $25

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The time that you waste on the rose is what makes the rose so important." This beautiful phrase from *The Little Prince* (1) was the first association I made when I read *The Edison Gene: ADHD and the Gift of the Hunter Child,* by well-known author Thom Hartmann. Hartmann's dedication to promoting a controversial view of attention-deficit hyperactivity disorder (ADHD) has been so consistent that he deserves respect, including from those like me who have conceptual differences with his understanding of that psychiatric disorder. Our disagreements start with the statement "Psychiatrists believe ADHD is a disease, Thom Hartmann perceives it as a gift."

When I think of the suffering that individuals with ADHD experience, I have a problem with that theory. Nevertheless, Hartmann's book is a treat to the intellect. It comes as a sequel to his previous work, *Attention Deficit Disorder: A Different Perception,* and his bestseller *Complete Guide to ADHD.* All three books are based on the premise of removing the pathology label from the most common psychiatric diagnosis among American children. The author's theory is that ADHD was once an adaptive psychological tool that facilitated survival in the Stone Age—a provocative concept but unfortunately without merit, because those "hypervigilant hunters" didn't qualify for a diagnosis of ADHD.

For that reason, my disagreements with Hartmann's ideas, as presented in *The Edison Gene,* start from the very beginning. He attributes qualities such as seeking out sensation and risk that I don't see as traits of the individual with ADHD. For example, in the book's introduction, titled "A New View for Our Children," Hartmann relates his discovery of how some Hindu people perceive what he considers to be ADHD cases: individuals "who seem to crave stimulation, yet have a hard time staying with any one focus for a period of time. They may hop from career to career and sometimes even from relationship to relationship, never seeming to settle into one job or into a life with one person—but the whole time they remain incredibly creative and inventive."

Some clinicians, even if they have not read Kay Jamison's *Touched With Fire* (2) or Joseph Schildkraut's article on abstract expressionist artists (3), will identify the above-described individual as one who may have bipolar disorder. In fact, Hartmann seems to be describing himself with that profile, if we consider that he is, besides a psychotherapist, a neurolinguistic programmer, a journalist, a private detective, a pilot, a skydiver, an acupuncturist, a radio broadcaster, an electronic technician, and a broadcasting engineer. He also has been married for more than 30 years.

As for Hartmann's notion that the sole chemical abnormality in ADHD involves an imbalance in the neurotransmitter dopamine, I accept dopamine's important role in regulating attention, pleasure, and movements. However, I also concur with investigators who attribute a significant role to norepinephrine's filtering out of irrelevant information at the prefrontal cortex level.

Despite conceptual differences with the author, I see *The Edison Gene* as a captivating and informative book that will be enjoyed more if the reader keeps in mind that when Hartmann is talking about ADHD, he may actually be describing hypomania. For those who believe that ADHD can be treated without medication, this book could be akin to another New Testament, but I will remind them that Parkinson's disease is also a "dopamine illness," and nobody is expecting that Janet Reno will stop shaking without medications.

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