Trained to Kill: Soldiers at War

by Theodore Nadelson, M.A., M.D.; Baltimore, Johns Hopkins University Press, 2005, 208 pages, $25

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

Dear Ted, when I first received *Trained to Kill* as the book review editor, I immediately considered assigning the book to myself. My second thought, almost as immediate as my first, was that I couldn't do that. How, I asked myself, could I write an objective review of a posthumously published book written by a psychiatrist who had been my supervisor during my residency at Beth Israel Hospital in Boston and whom I held in high regard? On the other hand, who would I trust with a former mentor's last professional contribution? My hesitation was not lengthy because I thought if you and I were in a position to have a conversation about my quandary, you would have told me to go ahead and do the review and to do so in an honest, straightforward fashion. And hence, I have done the review and hope that I have lived up to what would have been your expectations.

Ted, *Trained to Kill* is a lyrical book about soldiers at war. Although it might sound oxymoronic to put lyrical and war in the same phrase, the sensitivity and empathy you show to the Vietnam veterans who are the subject of this book is so compelling—and the pain you shared with them so evident—that any reader will experience no paradox in making his or her way through the pages of a kind and gentle book about soldiers at war.

The flow of *Trained to Kill* is sometimes choppy. Some might think, Ted, that this comes from the fact that a close friend, your wife, and your son—the first two psychiatrists, the last an attorney—had to complete the editing of your text after your death in October 2003. That certainly may contribute to this effect. But the book is written very much as you thought and taught: bursts of brilliance surrounded by verbal meanderings that always needed to be attended to carefully in order not to miss the next enlightened burst.

At a time when the world seems to have soldiers at war in so many areas, when people in the United States are exposed to news of death and destruction in Afghanistan and Iraq on an almost daily basis, when we intermittently hear of the devastation of attacks in Great Britain, India, Kashmir, and throughout the continent of Africa, when threats to world peace rise from cultures as disparate as North Korea, Israel, and Palestine, *Trained to Kill* is powerful and painful. Ted, you get inside soldiers as has rarely been done in print.

What is most remarkable about *Trained to Kill* is the explanation of how attached soldiers—particularly men, but even women—are to the acts of war themselves. The struggle to avoid being a "pussy," the achievement of manhood through trial and endurance, the transformation from boy to man through death and war, the process of military training to "wrest the soldier out of the civilian," the overcoming of a natural resistance to killing, the fact that past killing in war can be a pleasurable reminiscence, the notion that "taking a man with a knife is often experienced with sexual excitement," the thought that combat can be "the most intense high," the concept that soldiers have a "most inevitable drive toward vengeance," and the construct that freedom comes with release from "restriction on aggression" are all perspectives that you bring, Ted, to the reader by being the soldier's messenger. No author has quite done the same. It took a psychiatrist to sit with these men and women and listen without the expression of horror, without condemnation, and without judgment. This was done in a way that perhaps no one other than a psychiatrist could have done. For it took not only the understanding of these former soldiers' psyches but also an understanding of their physical injuries and scars.

You tell us, Ted, that "War is inherently traumatic because it dehumanizes its participants." You explain this throughout the pages of *Trained to Kill*. It is unfortunate that those who make decisions about going to war or not ending war have not yet read your book. They may well be familiar with a Vietnam slogan you quote, "Yea, though I walk in the shadow of the valley of death, I fear no evil because I am the meanest motherfucker in the valley." Unfortunately, it would appear that too many in authority fail to understand exactly what this slogan may mean or the costs to the individuals who endorse it.

Many other lessons are in *Trained to Kill*. An interesting one is that for young soldiers the bonds they develop in training, and then in combat, may be the closest relationships they ever have, both before their experience as a soldier and after. *Trained to Kill* is derived from your experiences, Ted, with psychiatric patients at the Boston Veteran's Administration Hospital. Perhaps they are not a representative group. Maybe others have done better with their relationships after their Vietnam experience, but there is no doubt, as you have indicated, that war is mentally damaging.

No professional or paraprofessional group currently delivers care and treatment to individuals with mental illness who would not benefit from reading *Trained to Kill*. On one level it is about psychiatrically impaired Vietnam veterans; at another level it is about fundamental relationships, how they form, what they depend on, and how they can be perverted. *Trained to Kill* provides a developmental perspective on how boys become men who kill, with a coda on how girls become women who do the same. *Trained to Kill* sheds light on violence perpetrated by individuals who have never been soldiers, such as individuals with chronic mental

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illness disinhibited by substances and alcohol. The book also considers individuals who might otherwise have difficulty with relationships by highlighting the powerful bonding power of mutually endorsed destruction. Although the subject of terrorism is never specifically addressed, *Trained to Kill* sheds substantial light on terrorist groups. This book does for the fighting forces what Irving Goffman's *Asylum* did for psychiatric institutions. It prods us to educate ourselves in new ways and to use that education to fundamentally alter centuries-old institutions.

On the Ground After September 11: Mental Health Responses and Practical Knowledge Gained

edited by Yael Danieli, Ph.D., and Robert L. Dingman, Ed.D.; New York, Haworth Press, 2005, 672 pages, $89.95

Frederick J. Stoddard, Jr., M.D.

This book is excellent and unique among the many publications in mental health related to September 11, 2001, including others by the same editors. Some of the contributors are my close friends and colleagues. The book is a testament to the outpouring of caring and services that followed the devastating terrorist attacks. It provides a relatively long view of almost three years. The range of human responses along the postdisaster timeline are eloquently presented, including fear, courage, resilience, stress, grief, avoidance, rage, posttraumatic stress disorder (PTSD), depression, exhaustion, and secondary traumatization, with varying durations and degrees of severity. The writing ranges from clinical, scientific, and administrative to poetic and spiritual. A full range of interventions are presented, from pastoral counseling, to hospitals' provision of food to the homebound elderly, to grief counseling, to play therapy and more. Among the national responders to September 11, the Federal Emergency Management Agency, the American Red Cross, the uniformed services, and other organizations were preeminent, and you can learn here about how they achieved so much after September 11.

On the Ground After September 11 is organized in brief sections that are easily read on their own. The book is a fine source of first-person narrative, including many of the leaders of the immediate and long-term relief efforts and many others. It chronicles some of the experiences in New York, at the Pentagon, and in Pennsylvania at the Flight 93 crash site. The range of expertise and experience is very broad, from clergy to policy makers, clinicians, survivors, their loved ones, and others. The editors engage your curiosity so you can't be sure what you'll read about in the next chapter. The many affected groups reflect our nation's diversity: children, adults, the elderly, rich and poor, gays, Christians, Muslims, Jews, Native Americans, African Americans, firefighters, medical examiners, nonprofit organizations, corporations, mental health programs, hospitals, government agencies, the military, educators, all mental health disciplines, and more. It is a fine source of clinical and research references by key authors. Although it is not academic, many of the chapter contributors are academicians.

The goals are succinctly presented. "This book is intended to provide the mental health community and the American public in general the understanding and the texture of what happened in the mental health response to the terrorist attacks, the range of reactions to these traumatic events, the lessons learned, and what will help us be prepared in the future for possible attacks similar to the devastation and emotional trauma of September 11." Also, since it was conceived just after September 11 and was assembled near September 11, 2004, another goal seems to have been to encourage contributors "to put their experiences on paper," which the editors have achieved beautifully.

Many keys to understanding are contained here. The editors write, "Regardless of the weapons used, terrorist attacks are psychological warfare and, as such, are primarily mental health emergencies." Neal Cohen, commissioner of both health and mental health in New York from 1998 to 2002, shares much of value that emerged from his many contributions to the response to September 11. "One important lesson learned from this is that terrorism creates health impacts that reach far beyond the immediate boundaries of a disastrous event, because people will, whenever possible, seek to leave the immediate area and return to their homes. . . . Despite decades of neglect, our national public health infrastructure is now increasingly recognized as our first line of post 9/11 defense," and it is important to place mental health "squarely into the mainstream of our public health agenda."

Community activist Adem Carroll writes that "for the diverse Muslim community in New York, the shock waves have never ended. The heavy net of suspicion that came down upon the community has never lifted. We Muslims have been ensnared by the politics of fear, sensationalist media, hate crimes, detentions, investigations, and surveillance."

Dorry Tompsett's poem "The Empty Space" eloquently shares feelings linked to her experience of loss of her husband:

Walking downtown
trying so hard not to look at
The Empty Space
the immense immeasurable
hole in the sky
the hole in my heart, my life.

As a child psychiatrist, I was deeply impressed by "The Towers," which is

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a narrative by Kay Stritzel Rencken about play—actually play therapy—with kindergarten-aged children in Pasadena. She sensitively describes the fear, grief, and recovery of several children and how she aided their working through their feelings from the time of seeing the World Trade Center fall on TV, through a year later. Their play in school—much of it nonverbal—focuses on their use of blocks and building towers and other structures, their early inhibitions about changing what they made, saving and photographing their creations, and remembering and talking together about them. Finally, some children become able to take down or even knock down their towers again, as they had done before September 11 and as children normally do.

Military psychiatry and mental health services have been under great stress from the terrible injuries, deaths, and strains on servicemen and servicewomen from the wars in Afghanistan and Iraq. It began on September 11 when military and some civilian mental health teams had to both respond to the attacks and simulataneously prepare for war, which is made clear by Thomas Grieger, Cmdr. John Knowles, Col. Cameron Ritchie, Col. Stephen Cozza, and Howard B. Smith. Colonels Ritchie and Cozza conclude a very useful review of the work they did by explaining the toll on their personal lives simply and clearly. "The tragedy at the Pentagon totally absorbed our lives for months. We dressed in battle dress uniforms each morning at 5, and returned home very late at night. Our kids did not always appreciate the magnitude of the disaster and sometimes complained when we were unable to be home in ways that they had been accustomed to. . . . Deployments in wartime tend to take one away. But this was a wartime deployment in our hometown, which made balancing the demands of work and home more difficult. Ultimately, one needs to be able to live with one's own choices."

I regret that there is not space in this book review to address each selection individually, because each one is worthy of that.

My reservations about this substantial volume are few. Although it can be challenging to determine when each contribution was written, the quality is so high and the diversity of contributions is so great that this is not so important, and the timing of the writing is often indicated by the authors. Also, the book would be easier to use if the helpful clinical and research references had been placed at the end and alphabetized, because they are hard to find quickly.

Overall, this book should be used regularly by disaster planners around the world and by those preparing and working to relieve the acute and long-term suffering of those affected by disasters, terrorism, and war. The sequelae of Hurricane Katrina suggest that we have a long way to go.

Trauma: Life Stories of Survivors

edited by Kim Lacy Rogers, Selma Leydesdorff, and Graham Dawson; New Brunswick, New Jersey, Transaction Publishers, 2004, 262 pages, $29.95

Monica Taylor-Desir, M.D., M.P.H.

A compilation of essays, *Trauma: Life Stories of Survivors* addresses the life-long impact of traumatic experiences. The authors come from seven different countries and possess expertise in anthropology, sociology, psychology, and oral history.

The book is divided into two sections, and the first section consists of nine case studies. The first case study by Gadi BenEzer defines the use of life stories. BenEzer defines life stories as an approach to a trauma history that allows for contradictions as well as complexities to coexist within various parts of the story. Furthermore, life stories facilitate the communication of intimate experiences and feelings that are otherwise difficult to express. In contrast, BenEzer states, questionnaires and question-and-answer models force a person to classify his or her reaction into one category. Each of the case studies focuses on particular events that illustrate the potential and the limitations of life stories in revealing and unraveling trauma. These studies focus on a wide variety of trauma within social and political contexts in Africa, Europe, South America, and the United States. The importance of ethnic identity, the experience of suffering, and the presence of bravery and inner strength are discussed. The studies also address the collective memory of trauma versus the individual memory of trauma as well as how these memories are constantly reshaped and restructured within the communication of life stories.

The techniques delineated in these case studies will strengthen the listening and interviewing skills of clinicians or researchers working with traumatized individuals. In addition, community psychiatrists and those who practice cross-cultural psychiatry will find valuable information on the performance of clinical and research interviews, development of appropriate research methods, barriers to collecting a life story, transference and countertranference, and access strategies to a nonnative community.

The second section consists of two debates and three review articles. The first debate discusses the ability to completely repress important events from one's memory and the implications this has for one's autobiography. The second debate argues the significance of the life story approach in understanding how a person is affected by trauma in the long term.

The review articles provide the reader a direction for further study, and four works are reviewed.

The editors' proficiency in wom-

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en's history, oral history, literary subjects, and interviews provide a solid framework for this constellation of essays. This multicultural work confirms that an acute event not only causes trauma but that persisting social conditions also add to this trauma. The telling and retelling of these stories within this work encourages the reader to consider the many aspects of life affected by traumatic events.

Intrusive Thoughts in Clinical Disorders: Theory, Research, and Treatment

edited by David Clark, Ph.D.; New York, Guilford Press, 2005, 255 pages, $35

Paul Noroian, M.D.

In his new book, David Clark has put together an analysis of different psychiatric conditions on the basis of a shared feature, unwanted intrusive thoughts. Utilizing the contributions of researchers in Canada, the United Kingdom, and the United States, he provides an update of how cognitive psychology currently views the etiology and treatment of mood, anxiety, and psychotic disorders, by looking at the phenomenon of intrusive thoughts. Chapters of the book are devoted to the phenomenon of intrusive thoughts in depression, posttraumatic stress disorder, generalized anxiety disorder, psychosis, insomnia, and sexual offending behaviors. The book opens with a review of normal and abnormal cognition and with the editor's definition of intrusive thoughts. It closes with a summary of how the phenomenon of intrusive thoughts can further our understanding of psychiatric illness and treatment and with a caution about the limitations of the research in this area.

Dr. Clark defines intrusive thoughts as distinct thoughts, images, or impulses that enter conscious awareness on a recurrent basis, are difficult to control, and interfere with ongoing cognitive and behavioral activity. The first chapter of the book deals with intrusive thoughts of individuals with no mental illness. According to the book, research on nonclinical populations reports the occurrence of intrusive thoughts among 80 to 90 percent of those sampled. The clinical populations that experience intrusive thoughts differ from the nonclinical in the degree of distress associated with the thoughts and the amount of energy devoted to dealing with them. The book forces the reader to think about the factors that control consciousness and about how little science knows about how thoughts are generated and experienced.

The chapters of the book are devoted to specific clinical conditions and include extensive research data. The chapters devoted to obsessive-compulsive disorder (OCD), depression, insomnia, and anxiety give cognitive explanations for these disorders and use central constructs such as appraisal, metacognition, and thought suppression. Appraisal is the process by which an individual assigns a negative meaning to a particular intrusive thought. Metacognition is the phenomenon of thinking about and explaining one's own thoughts. Thought suppression is a cognitive process by which an individual tries to shut out intrusive thoughts, which most often leads to a counterproductive increase in distressing thoughts. For example, as the book explains, OCD may involve an intrusive thought about homicide that becomes appraised by an individual to signify that he or she is immoral and needs to suppress such thoughts. These constructs are valuable to mental health professionals who treat individuals with these disorders, and they constitute a useful framework for understanding current cognitive therapies.

Cognitive theories in psychotic disorders and in sexual disorders are also presented in the book. Therapists will welcome new approaches to working with psychotic individuals, although it is not clear that the book fully acknowledges the complexities of psychotherapy with this population. Cognitive-behavioral therapy has become a treatment modality for patients with paraphilic disorders who commit sex offenses. The book reflects the importance of treating factors that may lead to relapse. However, the complexity and heterogeneity of sexual disorders merits more space than the book devotes to this area.

David Clark has succeeded in putting together a comprehensive summary of cognitive theory on intrusive thoughts, with information that will be useful to researcher and clinician alike. It is compelling in its ability to stimulate the reader to think about how the thoughts that underlie disorders are shaped and controlled. Researchers will appreciate the descriptions of research tools and methods. Clinicians will benefit from the ample attention paid to the clinical applications of current theory. However, this book appears to be most suited for those with specific research and practice interests in cognitive psychology and therapy and not to the therapist who is looking for a more general guide to cognitive-behavioral therapies.

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The Year of Magical Thinking

by Joan Didion; New York, Alfred A. Knopf, 2005, 227 pages, $23.95

Francine Cournos, M.D.

Much has already been written in the popular press about Joan Didion's highly acclaimed and best-selling memoir, *The Year of Magical Thinking*. The book recounts the sudden death of her husband, writer John Gregory Dunne, after nearly 40 years of marriage. The severe medical

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illnesses of her daughter, Quintana, who succumbed to their relentless reoccurrences following the publication of Ms. Didion's memoir, looms in the background as an utterly unfair second blow. But the painful and bewildering process of mourning her husband's death takes center stage.

Ms. Didion describes the ordinary experience of grieving in an extraordinary way. Her magical thinking is the same phenomenon that we mental health professionals are familiar with from our studies of the human mind: the denial of death, the tenuous grasp of utterly unacceptable realities, the fantasies of how events might have been altered and reversed, the repetitive and dissociated process of reminding ourselves that the facts are the facts, the blur of events and people, and the painful and maddening process of accepting that a person who has died can never answer us. Ms. Didion vividly captures every one of these facets of mourning in excruciating detail.

The author is a researcher of her own experience. She fastidiously searches out the facts of the illnesses that strike her loved ones, the potential treatments, and her own coping processes. Ms. Didion finds the literature on grieving, both popular and professional, "remarkably sparse" and notes that only the occasional novel or poem that deals with mourning provides her some transient comfort. She finds how-to guides about grieving mostly useless. She then turns to the professional literature and reviews the writing and studies of psychiatrists, psychologists, and social workers. Ms. Didion states that from this body of work she learned many things that she already knew.

Ms. Didion learns that grieving spouses are at increased risk of dying, so she begins carrying identification "in case it happened to me." She pokes fun at our concepts of growth-enhancing, uncomplicated grief and pathological bereavement. She then directs irrational anger toward Vamik Volkan and his "regrief therapy" for "established pathological mourners." Eventually, she decides that Emily Post's 1922 book of etiquette is as useful as anything else she's come across.

Perhaps Ms. Didion undervalues our profession's efforts to describe mourning and assist those who are struggling with it. Or maybe, no matter how hard we try, nothing we can say will ever have the power of the mourner's own experience.

Moving Beyond the Comfort Zone in Psychotherapy

by Nancy A. Bridges, L.I.C.S.W., B.C.D.; Lanham, Maryland, Rowman and Littlefield Publishing Group, 2005, 196 pages, $40

Sarah Guzofski, M.D.

In *Moving Beyond the Comfort Zone in Psychotherapy*, Nancy Bridges challenges the reader to think about the less comfortable corners of psychotherapy, such as self-disclosure, sexual and angry feelings, unusual requests, and self-revelation. By basing her discussion on a blend of relational intersubjective theories and developmental research, her goal is to help the reader face the difficult moments in therapy, when traditional boundaries are tested. To illustrate how she negotiates such situations, Ms. Bridges presents scripts from her own work.

Ms. Bridges begins this book with her view of the therapeutic relationship. Her view is based both on a traditional stance that the relationship itself and the feelings produced and confronted within that relationship are the keys to producing change. Her view is also based on the more developmental model of the therapeutic process occurring as the therapist and patient "fit together," a trial-and-error approach to setting up a new relationship. She dedicates the remainder of the book to discussing potentially uncomfortable moments that fall outside of routine discourse and describes these as the most likely to produce change.

In a chapter about intense affect, she discusses sexual and aggressive feelings and acknowledges that these tend to be particularly unsettling to many therapists. She reminds the reader that these affective states can be a way to express or defend against many other painful emotions, to recreate other past experiences, or to avoid unfamiliar positive feelings. She shares several transcripts, for example, about how she and a patient addressed his sexual fantasies about her and helped him create more meaningful relationships with other women in his life. She also discusses exceptional requests in therapy, such as gift giving, requests for physical contact, or invitations to personal events. Using her own examples of each of these scenarios, Ms. Bridges illustrates her collaborative approach, beginning from the stance of "Let's talk about this and what it means to you." Chapters on self-revelation and using supervision follow a similar format, with both theoretical and practical discussion of some commonly challenging scenarios.

As a beginning trainee in psychotherapy, I found that this book met the author's goal of helping the reader conceptualize some very difficult issues in psychotherapy. The transcriptions of the therapist-patient interaction make it much easier for me to imagine how to work through these difficult situations with a patient, which makes me feel much more prepared. Ms. Bridges has chosen to address some of the traditionally uncomfortable boundary issues in psychotherapy, and she has done so in a well-written book that clearly conveys her empathetic approach as well as her willingness to take risks with and for her patients with the goal of their own progress. I imagine this book would be helpful to others who wonder or worry about how to be helpful to patients in these times when therapy reaches points when the boundaries are challenged.

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The American Psychiatric Publishing Textbook of Suicide Assessment and Management

edited by Robert I. Simon, M.D., and Robert E. Hales, M.D., M.B.A.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 688 pages, $85

Yad M. Jabbarpour, M.D.

In 2004 Robert Simon published his first book on suicide (1). If a Greek philosopher in the pursuit of understanding Truth teaches students in a stepwise fashion, then with this year's *Textbook of Suicide Assessment and Management*, Simon and coeditor Robert Hales advance clinical psychiatry one step closer toward a clearer understanding of the complicated tragedy of suicide.

In the forward, Stuart Yudofsky summarizes the text's objectives as answering the following three Socratic questions for the clinician who suffers a tragic loss of a patient by suicide: What did I miss? What could I have done to have prevented this tragedy? What are the implications of the suicide to me as a professional?

The benefit of observing the Greek tragedy is so that the audience can go home after the show and not repeat the mistakes of the main character. In this same manner, the learning opportunity for the clinician is that reading this text will result in improved patient care to prevent the repetition of the tragic story of suicide for the next person served.

Simon and Hales bring 50 expert authors together, each addressing clinically salient topics. Chapters address the knowledge base thoroughly, crystallizing content around case studies and ending on "pearls of wisdom," which are presented as key points. The subject matter is organized to answer Yudofsky's questions in three sections. Part I addresses suicide risk assessment, including special population issues ranging from pediatrics to geriatrics, and considers gender issues and even concerns for psychiatric services in correctional settings.

Part II covers treatment and addresses somatic therapies as well as strategies for successful service to persons in split-treatment settings. This second section of chapters also focuses on the pragmatic nuances of treatment for persons with specific disorders, ranging from mood disorders to personality disorders. Attention is also given to service settings, from outpatient treatment to the emergency department to inpatient level of care.

Finally, the editors organize expert discussion on the response after a patient commits suicide. Discourse ranges from personal coping to family support to legal issues. Patient safety and risk management are discussed as well as additional special topics, including murder-suicide and forensic issues. The book closes with provision of the executive summary recommendations from the American Psychiatric Association (APA) practice guideline on suicide with case examples (2).

A colleague at a recent APA meeting commented, "No one has time to read books. Residents and clinicians want handbooks." This text can be seen as a user-friendly, up-to-date, definitive encyclopedia, with each chapter being a handbook applicable not just to the trainee but also to the attending physician. Although some chapter titles refer to the discipline of psychiatry, this is a text with utility for all clinicians.

Not only is suicide the top-reported Joint Commission on Accreditation of Healthcare Organizations sentinel event in all hospitals around the country, it is also the single most common cause of malpractice claims against psychiatrists. Simon comments that "a psychiatrist can best reduce the malpractice risk from patient suicide in a straightforward manner—practice evidence-based psychiatry." This text successfully provides clinicians with the evidence base. As a psychiatric administrator with an awareness of the gap between the evidence base and clinical practice, one question remains of interest to me: How can I best support a mental health system so that failure modes associated with suicide can be overcome by implementing and maintaining high-quality, evidence-based suicide risk assessment and risk reduction? This text's excellence has me looking forward to a third book on this topic by Simon.

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Oxford Textbook of Psychotherapy

edited by Glen O. Gabbard, Judith S. Beck, and Jeremy Holmes; Oxford and New York, Oxford University Press, 2005, 552 pages, $98.50

Norman A. Clemens, M.D.

Aiming to be a definitive, comprehensive textbook of psychotherapy, this tome covers the sweep of significant psychotherapies extant today. It contains 43 chapters by authors from both sides of the Atlantic, and many of them are prominent in their particular fields. The editors take on the challenge of doing justice to each modality of psychotherapy while integrating their perspectives in certain ways and making the presentations clinically relevant.

The organization of the book is felicitous. It starts with a section on the major modalities of treatment—psychoanalytic and psychodynamic, which are regrettably not distinguished from each other; cognitive and behavioral therapies; and interpersonal individual therapies, followed by group,

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family, couples, and art interventions. The final chapter in the section makes a strong try at integrating the various psychotherapeutic methods while defining elements that are common to all. Every effort is made to present the evidence base, and frequent citations refer the reader to voluminous bibliographies. There is no overall index of references listed by author, and the general index is inconsistent in tracking major authors named in the text.

The second section addresses psychotherapy for numerous axis I psychiatric disorders. From here on, most chapters are coauthored by proponents of multiple therapies, especially psychodynamic and cognitive-behavioral. This usually results in subsections on one school and then the other, which is followed by some effort at an integrated discussion with conclusions at the end of each chapter.

Section III describes psychotherapy for personality disorders, which necessitates weaving together the therapeutic management of presenting symptoms and behavior with the long-term effort to modify the underlying personality structure. For example, the chapter on borderline personality disorder does a creditable job of portraying cognitive, behavioral, dialectic-behavioral, and psychoanalytic perspectives and then addresses general management issues that challenge all approaches.

Section IV divides the field in yet another direction, psychotherapy across the life cycle. The chapters on children and adolescents fill in more of the developmental perspective. Chapters on psychotherapy during the reproductive years and psychotherapy with older adults complete the spectrum.

Section V presents issues in specific populations: medical patients, issues of gender and sexual orientation, and cross-cultural psychotherapy. The final section on special topics addresses a number of important subjects. An especially provocative chapter explores the implications of research in cognitive neuroscience for cognitive behavior therapy and psychodynamic psychotherapy. A more general chapter on research is followed by discourses on psychotherapy and medication, ethics, clinical-legal issues, and supervision of psychotherapy. Brief and time-limited therapies bring this lengthy book to a close.

This book is daunting to read. It crams an enormous amount of material into 552 pages of a coffee-table-sized, attractive volume by setting it in tiny type that is conducive to eye strain. Many pages of gray type are intermittently broken up by topic headings, but the occasional chart or table is a welcome break from the onslaught of words. The writing is clear and informative but variable in its liveliness and ease of flow. Fortunately, many authors make their points with brief clinical illustrations. Covering so much territory means that this is not the definitive text from which to learn any one psychotherapy, but it makes an excellent reference and overview.

Suicidal Behavior: Theories and Research Findings

edited by Diego de Leo, Unni Billi-Brabe, Ad Kerkhof, and Armin Schmidtke; Gottinggen, Germany, Hogrefe and Huber Publishers, 2004, 336 pages, $49.95

Michael B. Sheikman, M.D., Ph.D.

This book describes current views of research, theory, and practice in the prevention of suicide. It is based on the experiences gained, over many years, from different populations during the World Health Organization (WHO)/European Multicenter Study on Suicidal Behavior.

Over the past 15 years, data were collected in 45 large and medium-sized European cities on the epidemiology, demography, clinical aspects, associated risk, protective factors, and methods employed in a vast number of cases of suicide attempts. From these data the authors recommend a definition for suicidal behavior as a nonhabitual act with a nonfatal outcome. They propose theories of attempted suicide that can better explain its etiology and suggest treating the desire to die with cognitive therapy. Specifically, interpersonal problems should be treated with assertiveness training, and the fear of losing a partner should be treated with relationship therapy. Lifelong vulnerability should be treated with self-esteem–enhancing therapies.

The WHO European network on suicide prevention is developing a database to continuously assess the suicide situation in Europe and to facilitate national mental health planning on suicide prevention strategies. Research findings indicate that interrelated psychological and biological characteristics constitute a sensitivity to stress and determine the behavioral reaction to psychosocial stressors among depressed individuals, thus contributing to the occurrence of suicide. Suicidality was found to be higher among separated and divorced people than among single and married people. The presence of addiction to alcohol and other substances is a poor prognostic factor when assessing risk of suicidal behaviors.

Suicidal behavior remains a considerable public health problem. Recent major epidemiological studies reveal that about 3 to 5 percent of the general population have made a suicide attempt, and almost one-fifth have reported suicidal ideation at some time in their lives. Contact with health services before the act is common among those who attempt suicide. Prevention of suicidal behavior has been on the agenda for years in most Western countries, and numerous treatment and aftercare programs for suicide attempters have been tried. Recent overviews of studies designed to measure the effects of various treatments and programs have shown that, in general, beneficial effects are not easy to prove.

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The Mind Has Mountains: Reflections on Society and Psychiatry

by Paul R. McHugh, M.D.; Baltimore, Johns Hopkins University Press, 2006, 272 pages, $25

Mary E. Barber, M.D.

Paul McHugh, professor of psychiatry emeritus and former director of the department of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine, is a sharp thinker who is not afraid to tackle controversial topics. In this collection of essays, which appeared in *The American Scholar*, *Commentary*, and other journals, Dr. McHugh weighs in on many of the issues that have captured the attention of psychiatry and the public over the past 20 years. Through essays written over time, we read about the progression of the "memory wars" of the 1990s. We hear Dr. McHugh's thoughts on physicians' roles in death and dying, from Jack Kevorkian's moment in the public arena to Terry Schiavo's. We also read about McHugh's opinions on sex reassignment surgery and transgender identities, as well as on deniers of psychiatric illness, such as Thomas Szasz, and the death of psychoanalysis.

Dr. McHugh, of course, has been no mere spectator in how these issues have played out in professional and popular discourse. He spoke loudly against advocates of dissociative identity diagnoses and recovered memories of childhood abuse in the 1990s, and he serves on the board of the False Memory Syndrome Foundation. He took a stand against sex reassignment surgeries at his own institution, and Johns Hopkins University indeed stopped doing such procedures in 1979. He has been on President George W. Bush's Council on Bioethics and was chosen by the U.S. conference of catholic bishops to be on their National Review Board for the elimination of sexual abuse of children by clergy. He is clearly someone who believes in psychiatry's engagement in wider psychosocial issues, an idea that is often associated with psychoanalysts and community psychiatrists, although Dr. McHugh is neither and is fairly scornful of psychoanalysts in this book.

Dr. McHugh is not shy or measured in his opinions, and his bold tone often makes for engaging reading. It is likely that readers' views will resonate with some of those expressed and disagree strongly with others. However, readers will find the views entertaining and cogently argued and want to read on even while having differences with some of McHugh's ideas. His arguments are weakened at times when his convictions cause him to tip almost into an evangelistic stance or resort to stereotyping.

Dr. McHugh argues for a new model of psychiatry with four categories of disorders, which are described roughly as disease, constitution, behavior, and life story. It is interesting to see the evolution of his thinking on this proposed system of classification happen over time through several essays. The four categories are refined throughout the 1990s as more has become known about how the mind and brain and how genes and environment are interdependent and interconnected.

Overall, this is a well-written and though-provoking volume of essays that gives mental health professionals and interested lay readers one view into topics that have been prominent at the interface between psychiatry and society for the past two decades.

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Additional Book Reviews Available Online

Reviews of six additional books are available as an online supplement to this month's book review section on the journal's Web site at ps.psychiatryonline.org:

- Caroline Fisher, M.D., Ph.D., reviews *Psychotherapy: An Introduction for Psychiatry Residents and Other Mental Health Trainees* by Phillip R. Slavney
- Deborah Field, M.D., reviews *Psychiatry Clerkship: 150 Biggest Mistakes and How to Avoid Them* by Kimberly McLaren
- William Vogel, Ph.D., reviews *If Only I Had Known…: Avoiding Common Mistakes in Couples Therapy* by Gerald R. Weeks, Mark Odell, and Suzanne Methven
- Al Herzog, M.D., reviews *Intimacy, Change, and Other Therapeutic Mysteries* by David C. Treadway
- Cecilia Mikalac, M.D., reviews *Entering Private Practice: A Handbook for Psychiatrists* edited by Jeremy A. Lazarus
- Robert Hilt, M.D., reviews *Endings and Beginnings: On Terminating Therapy and Psychoanalysis* by Herbert J. Schlesinger