Advanced Family Work for Schizophrenia: An Evidence-Based Approach

by Julian Leff; London, Gaskell Publications, 2005, 160 pages, $29.46 softcover

Harriet P. Lefley, Ph.D.

This slim book of 19 case studies details how clinicians deal with special problems that arise in family psychoeducation for schizophrenia. The supervisor of these clinicians is Julian Leff, professor emeritus at the Institute of Psychiatry, King's College London. Leff is internationally recognized as a leading pioneer of family psychoeducation and the expressed emotion research that played a role in the creation of family psychoeducation.

Evidence-based family psychoeducation focuses on information about schizophrenia, support for caregivers, illness management, communication techniques, and problem-solving strategies. This intervention helps family members interact in a beneficial way and alleviates burdens engendered by the enormous stressors of living with schizophrenia. Yet Leff notes that additional work might be needed for special situations, such as culture clashes with ethnically diverse families, patients with dual diagnoses of psychosis and physical problems, and psychiatric illness of more than one family member. Special interventions might also be needed for families in conflictual or dysfunctional relationships, people with past traumas, and even exploitive caregivers.

Chapters addressing each of these categories add family therapy interpretations and techniques to the basic psychoeducational armature. However, Leff hastens to say, "I do not refer to family work as therapy since the family members are not considered to be in need of treatment. Rather they need to be seen as allies in the struggle to help the ill person recover from schizophrenia and fulfill their potential." Family work is clearly distinguished from the old family therapy paradigm of schizophrenia as a functional product of disturbed family dynamics. Interventions are viewed as shoring up the family as a supportive resource for recovery.

Each case is presented with history, presenting problems, formulation, supervisor's suggestions, follow-up, and commentary. Major issues involve control and independence, family roles, emotional overinvolvement of caregivers, and appropriate behavioral expectations. Different cultural assumptions and diverse feelings about medications are acknowledged. Illness behaviors and strategies for coping with voices and other hallucinations are discussed. Referrals are made for cognitive therapy to deal with delusions, a child guidance team, or dual therapists for a husband and wife.

Yet Leff is primarily a social environmentalist, both in research interests and in clinical supervision. What is clear from these interventions is the importance of the cultural context and referrals to external resources, particularly social networks. Day treatment programs, survivor clubs, religious societies, and support groups are avenues to new lifestyles and improved role identities. For a Jamaican patient, a culturally appropriate day program replaces a cannabis-smoking Rastafarian brotherhood that impedes therapeutic progress. A sexually abused woman thrives in a survivor group. A frazzled mother is referred to a caregiver's support group. McFarlane's findings of the superiority of multifamily psychoeducation reinforce the value of adding to the individual family intervention the dimension of shared experience (1).

This small but thoughtful volume offers potentially valuable materials for clinicians. Leff feels that a therapist support group is essential for emotionally taxing family work. Some situations are extremely difficult, and a family's hopelessness can make a therapist pessimistic. A therapist group can brainstorm solutions or at least help a colleague contest a family's feelings of helplessness. Leff points out that interventions that fail at one point may succeed at another, and the most valuable contribution a therapist can give a family is hope. ♦

Reference

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Dr. Lefley is professor in the Department of Psychiatry, University of Miami School of Medicine.

Empowering People With Severe Mental Illness: A Practical Guide

by Donald M. Linhorst; New York, Oxford University Press, 2005, 368 pages, $39.95

Kraig J. Knudsen, Ph.D., M.P.H.

Since the advent of the consumer movement in mental health, empowerment has been a popular term used to symbolize one component of consumer-driven care. Today, when recovery from mental illness is a reality for many people, mental health professionals still do not have an understanding of recovery and the tools necessary to assist persons with mental illness in this journey. Much of the available literature on empowerment is conceptual and does not provide useful information that can be translated into practice with persons with severe mental illness. Donald Linhorst's book is different. *Empowering*

Dr. Knudsen is a mental health services researcher with the Office of Program Evaluation and Research, Ohio Department of Mental Health, Columbus.

People With Severe Mental Illness is the first book to provide a step-by-step approach to empowering mental health consumers. Clinicians, policy makers, planners, mental health administrators, and students will find practical and evidence-based strategies to transform their services from traditional patriarchal mental health care to a collaborative, consumer-driven model.

Dr. Linhorst, an associate professor of social work at St. Louis University with 13 years of practice experience, defines the process of empowerment as "that which prepares people to participate more effectively in an activity that increases their power, control, or influence." The book's first four chapters provide the background and conceptualization for the rest of the book. They summarize the basic elements of empowerment, provide an understanding of the history of powerlessness among persons with mental illness, and carefully present a framework of conditions necessary for empowerment. The remaining chapters focus on applying this framework to treatment planning, housing, organizational decision making, planning and policy making, employment, research, and consumer-driven service provision. Each of these chapters provides a comprehensive overview of the topic and uses research evidence when appropriate. Throughout these chapters, Dr. Linhorst, like a good educator, provides concrete examples of empowerment through his own work in community and hospital settings.

The only deterrent is the author's use of a similar format in chapters 5 through 11. At times, it appears redundant, leaving readers with a feeling that they have read similar material in the previous chapter. Even so, these chapters provide unique, valuable information, as well as practical suggestions, to enhance the empowerment of persons with mental illness.

A particular strength of this book is its attention to empowering persons with severe mental illness who have been subjected to legal forms of coercion, such as involuntary inpatient or outpatient commitment. Empowerment is not a word often associated with involuntary commitment. However, Dr. Linhorst's book brings to light a number of realistic methods to increase a person's sense of empowerment and dignity during times of crisis.

Empowering People With Severe Mental Illness is a good introduction to the empowerment of people with severe mental illness. It analyzes and applies a cogent framework to empowerment in several treatment domains. As a mental health professional, I gained fresh, useful ideas for my own work from this book. I believe that to be the mark of a good text. I would recommend this book as required reading for any student or practitioner in mental health services. ♦

Clinical Guide to the Treatment of the Mentally Ill Homeless Person

edited by Paulette Marie Gillig, M.D., Ph.D., and Hunter L. McQuistion, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 197 pages, $37.95

Deborah Field, M.D.

This well-crafted book delivers on its promise to provide a practical guide written by clinicians for clinicians. Its 14 chapters are written by dedicated and highly experienced providers of care to people who are homeless and have mental illnesses. Each chapter uses a case example to engage the reader and bring the application of key treatment principles to life. The examples are realistically complex, yet hopeful. Each chapter stands alone and imparts valuable clinical wisdom.

Reading the book cover to cover, I also appreciated threads of continuity that reinforced general principles of patient-centered care and the stages of engagement, intensive treatment, and ongoing rehabilitation. In the references at the end of each chapter, readers will find both classic and more recently published studies about epidemiology and service design for the diverse homeless population. An index makes it easier to find information after one has finished the book.

Highly experienced and novice homeless service providers, trainees, and providers working in emergency rooms, inpatient units, community mental health clinics, and correctional settings will be interested in this book. Unfortunately the homeless population is growing, and the next generation of practitioners will need skills to carry on this work. Educators may want to add this to the reading list for their courses. Anyone who is thinking about starting a shelter-based clinic, housing program, or mobile crisis team will find pertinent chapters containing program models, outcome data, and practical advice from clinicians "in the trenches."

As a practitioner in an urban setting, I found the chapter titled "Rural Settings" fascinating. The vignettes highlighted familiar issues of mistrust, poverty, and difficulty with change. The creativity of service planning and coordination in this era of limited resources was particularly eye opening and inspiring. Two lively and compelling chapters focus on the unique needs of homeless children and families.

I was most impressed by chapter 9, "Psychiatric Inpatient Settings," written by David Nardacci. He deftly integrates statistics and interesting research findings, such as the staggering prevalence of cognitive dysfunction among homeless patients and the tragic underdiagnosis of bipolar disorder among alcohol-dependent pa-

Dr. Field is assistant professor of Psychiatry at the University of Massachusetts Medical School and director of psychiatric services for the homeless at the Homeless Outreach and Advocacy Program, Community Healthlink, Worcester.

tients. Common barriers to diagnosis are reviewed, including provider countertransference responses to difficult or uncooperative patients or patients who use substances. Without preaching, he notes the ready access to diagnostic and treatment resources on most inpatient units—in stark contrast to the scarce outpatient resources available to the disorganized, elusive patient with more urgent needs for food and shelter—and the clinical gains made from a careful diagnostic evaluation and adequate medication trial or series of trials, if needed. He emphasizes the need for substantial symptom reduction before a successful discharge transition can be made. Although I greatly appreciated the "call to duty" and view of inpatient units as having a responsibility to the community, one weakness of this chapter is the minimal comment on the lack of community resources—such as housing, case management, and assertive community treatment teams—and financial pressures for shorter hospital stays. Future editions might also include prescribing advice regarding cost, number of medications, storage, and formulary limitations, because these issues impact impoverished homeless patients who cannot afford to be turned away from a bed-in program that prohibits certain medications or turned away from a pharmacy for lack of prior approval or money.

The chapters on treating individuals and families in shelters are also particularly strong. The realities of shelter crowding, lack of privacy, theft and victimization, and medication access issues may be shocking to those who have not worked in shelter settings. The importance of collaboration with shelter staff cannot be overemphasized. Working with lay staff to reduce magical thinking and punitive use of hospitalization is discussed. Perhaps the next edition can say more about how noncollaboration evolves and how providers can advocate for changing shelter admission procedures and rules that discourage mentally ill individuals from accepting shelter. The chapter on homeless veterans is filled with interesting statistics about this relatively well-studied population. It also catalogs many of the resources available to homeless veterans. More can be said about the negative attitudes or frank paranoia some mentally ill veterans have about government-connected services.

I was disappointed by the chapter on housing, which seemed to be titled wrongly. The clubhouse rehabilitation model is described, but the descriptions of other specialized housing models lack detail and evaluation, perhaps reflecting the lack of outcome research for many of these models. The new "housing first" philosophy is mentioned, and future editions will need to review how different programs from around the country operationalize this philosophy as we move from hospital diversion to shelter diversion in an era of expanding needs and shrinking resources.

My congratulations to the team of authors for this welcome clinical guide and inspiring call to duty! ♦

The Early Course of Schizophrenia

edited by Tonmoy Sharma and Philip D. Harvey; New York, Oxford University Press, 2006, 184 pages, $57.50

Ellen B. Tabor, M.D.

A small, dense book, *The Early Course of Schizophrenia* is generally well organized and useful. The editors collected a logical series of chapters from many leaders in the field that both describe and discuss mostly up-to-date research in early stages of schizophrenia. The chapters begin with the prenatal period, continue through the premorbid period, and finally discuss treatment of early schizophrenia. Controversial questions are introduced and discussed. When is the optimal time to begin treatment in the prodromal phase? Which medications are best in the prodromal phase and early symptomatic period? What nonpharmacologic treatments are helpful at this time? A discussion of cognitive-behavioral treatment of early schizophrenia, with a review of the literature comparing it to treatment with medication, was particularly good. As our medications continue to show problems with respect both to efficacy and to side effects, learned discourse on psychological treatments is most welcome.

Almost every chapter, although short, takes great pains to critically examine the research in its area, explains experimental design, and reviews research that is both supportive and contradictory of the central point. Although the authors have a point of view, they allow the reader to reach her or his own opinion of the literature presented.

The chapters summarize the world literature in early-episode research. Most chapters are excellent, and the only chapter that I considered to be redundant is "Prodromal Period: Pharmacological and Behavioural Interventions." Most of the information in this chapter is provided elsewhere in the same volume, and the discussion of antipsychotic medication is at a less sophisticated level than the discussions in the rest of the book.

The rest of the book is suitable for psychiatrists at all levels of training. However, particularly in regard to imaging studies and cognitive tests, the nonexpert reader will have to accept the findings as reported. Generally, the language and concepts are not overly specialized to prevent the psychiatrist in practice to appreciate the wisdom therein contained.

I would have liked to have seen biographies of the contributors, which are not listed anywhere. And although the book speaks for itself, there is no introduction.

Early schizophrenia is currently the

Dr. Tabor is medical director of Adult Inpatient Psychiatry, Kings County Hospital, Brooklyn, New York.

focus of a lot of research and clinical interest, because, as this excellent book shows, there is much yet to understand about the import of the prodromal period: the predictive value of obstetric complications; early, prepsychotic behavioral and cognitive changes; and the effect of early medical and psychological intervention. Clearly, as more research in these areas is performed, psychiatrists will be in a better position to modify the often-tragic course of schizophrenia early, helping our patients to maintain or even improve their independent functioning, relationships, and work. As genetic, imaging, cognitive, and behavioral studies are perfected, is it too much to hope to intervene for a person deemed to be "ultra-high risk" before the illness develops and prevent it?

The Early Course of Schizophrenia is a worthwhile summary of the current research in all these areas, and I recommend it. ♦

Differential Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians

by James Morrison, M.D.; New York, Guilford Press, 2006, 316 pages, $38

Sarah Guzofski, M.D.

During training, mental health clinicians are taught the diagnostic criteria for the spectrum of psychiatric illness. James Morrison begins his book with the observation that few clinicians receive any formal education about the method for arriving at a diagnosis. His book, *Differential Diagnosis Made Easier*, presents a "roadmap for diagnosis" that leads the clinician through a disciplined process of considering a broad differential diagnosis and narrowing this differential to arrive at a working diagnosis.

In part I, The Basics of Diagnosis, the author describes his overall approach to diagnosis. He begins with a discussion of how to prioritize the various diagnoses that the clinician considers when first meeting a patient, proposing a "safety hierarchy" so that urgent causes—especially those due to substance use or medical illness—and readily treatable causes are considered first. Challenges in the diagnostic process, including thinking about atypical histories, distinguishing "normal" from pathologic degrees of symptoms, and capturing comorbidity, are addressed. Throughout this section, the author stresses the importance of maintaining a methodical approach to diagnosis.

Part II, The Building Blocks of Diagnosis, looks in-depth at several factors necessary to arrive at a sound diagnosis. This section highlights the importance of social and early life history, the intersection between physical and mental illness, and the impact of substance abuse. A brief chapter describes the essential contribution of the mental status exam and provides a basic overview of some of its components.

Part III, Applying the Diagnostic Techniques, provides an opportunity to practice the author's approach with a series of case histories. Readers are encouraged to independently apply the roadmap to the case material and then compare their analyses with the author's. This section is organized by diagnosis and includes cases illustrating mood disorders, anxiety, psychosis, cognitive disorders, substance use, and personality disorders. The author offers teaching points relevant to the case examples, such as tips for recognizing depression secondary to another condition and characteristics that might differentiate schizophrenia from other forms of psychosis.

Throughout the book, the author distills his advice into a list of diagnostic principles, detailed charts of differential diagnoses, medical illnesses that can cause psychiatric symptoms, and common psychiatric comorbidities, as well as a visual presentation of the roadmap to diagnosis. His case analyses serve to reinforce the roadmap method and provide examples in which this systematic approach allows the author to avoid missing an important diagnosis.

Morrison succeeds in creating a useful resource for clinicians to learn a systematic approach for arriving at diagnoses. This book is most likely to be appropriate for students and those in early postgraduate training, as well as more experienced clinicians endeavoring to teach this material. For these readers, it could also serve as a useful foundation for building a thoughtful approach to psychiatric diagnosis. ♦

Dr. Guzofski is a psychiatry resident at the University of Massachusetts Medical School, Worcester.

Civil Commitment: A Therapeutic Jurisprudence Model

by Bruce J. Winick; Durham, North Carolina, Carolina Academic Press, 2005, 344 pages, $48

John Petrila, J.D., LL.M.

Few topics in mental health are more controversial than involuntary civil commitment. Forty years ago, most state commitment laws relied on a medical model. However, litigation arguing that such statutes were too sweeping in their reach resulted in the eventual adoption of more legalistic commitment laws. As community care lagged behind need, civil commitment statutes were decried as overly legalistic, and states again began adopting more medically oriented commitment criteria, extending the reach of commitment laws to outpatient settings.

As a result, the debate regarding civil commitment has reached a conceptual and intellectual impasse, with

Dr. Petrila is affiliated with the Florida Mental Health Institute, University of South Florida, Tampa.

proponents of more medical or more legalistic approaches rehearsing arguments that vary little from those first raised 40 years ago. Bruce Winick, in his excellent new book *Civil Commitment*, offers a potential path away from this impasse.

Winick, a professor at the University of Miami's School of Law, is one of the nation's leading mental health law scholars. With David Wexler, he is the cofounder of "therapeutic jurisprudence," which Winick defines as "an interdisciplinary approach to legal scholarship and law reform that sees the law itself as a therapeutic agent. . . . Therapeutic jurisprudence calls for the study of [the law's impact] with the tools of the behavioral sciences so that we can better understand law and how it applies and can reshape it to minimize its anti-therapeutic effects and maximize its therapeutic potential."

Therapeutic jurisprudence has gained increasing influence over the last decade. For example, it is the philosophic foundation for the hundreds of drug courts and mental health courts that have emerged since the early 1990s. In this book, Winick uses therapeutic jurisprudence in a generally successful effort to determine which aspects of civil commitment law and practice have therapeutic or antitherapeutic consequences. He does this in 11 concise but thorough chapters by applying social sciences research on coercion, capacity, and choice to each element of civil commitment law. The result is a balanced, nonideological reframing of the topic. For example, Winick is respectful of individual liberty, arguing that research shows that treatment adherence is most likely when the individual's participation is voluntary and informed. He also asserts that the legal process required before a person is committed should be honored, because if a person is given a voice, "patients will respond more effectively to hospitalization."

At the same time, he proposes relaxing legal standards when their rigid application might impede access to care. For example, he believes that individuals who voluntarily seek care should be considered competent in the absence of very compelling evidence to the contrary. In his view, to apply a competency standard too rigidly could result in denial of care or in civil commitment rather than voluntary admission to care, with antitherapeutic consequences.

Anyone involved with civil commitment will find this book useful and thought provoking, particularly given continuing controversy regarding civil commitment and the use of coercion. It is becoming increasingly apparent that individuals in community care are subject to myriad types of leverage, including coercion, that are all designed to gain treatment adherence (1). Winick insists that one of the most important questions we can ask about legal rules and legal processes is whether they have a therapeutic or antitherapeutic impact. In doing so, he illustrates how the debate about civil commitment and coercion might be reframed in a way that permits proponents of both the legalistic and the medical models of commitment to begin talking to each other rather than past each other. ♦

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Melancholia: The Diagnosis, Pathophysiology, and Treatment of Depressive Illness

by Michael Alan Taylor, M.D., and Max Fink, M.D.; New York, Cambridge University Press; 2006, 560 pages, $160

Victoria A. Shea, M.D.

Dr. Fink and Dr. Taylor have written a comprehensive textbook on the subject of melancholia, which is differentiated from the modern-day concept of depression. The authors argue that even the word depression is a misnomer. "The Swiss-born psychiatrist Adolph Meyer had a tin ear for the finer rhythms of English and therefore was unaware of the semantic damage he had inflicted by offering 'depression' as a descriptive noun for such a dreadful and raging disease."

The authors tackle the subject of melancholia in a comprehensive way as senior academic psychiatrists from a "clinician-scientist" point of view. So this book is meant for practicing clinicians and students of psychiatry and related fields to gain a wider understanding of the topic. The concept of melancholia is differentiated from the watered-down term "depression" in a reaction to the advent of *DSM*, especially after the *DSM-III* widened the concept of the illness. The name "major depression" was given to lesser conditions as "characterological depression." The authors argue that aggressive marketing by drug companies has helped to "justify the use of antidepressant drugs to the largest number of persons." The authors give evidence throughout the book that melancholia and depressive illness as they define it is a treatable brain disease.

The authors bring many years of experience to the subject. Dr. Fink, an emeritus professor of psychiatry and neurology at the State University of New York at Stony Brook, is known as the "Grandfather of American Electroconvulsive Therapy" (ECT). He has stood fast as a proponent of ECT as the most effective antidepressant treatment, despite derision from anti-ECT splinter groups. He has authored many works, including books and journal articles, on ECT. Dr. Taylor is currently an emeritus professor of psychi-

Dr. Shea is associate professor of psychiatry at the University of Massachusetts Medical School, Worcester, and an attending psychiatrist for the Department of Mental Health on the inpatient unit of the Quincy Mental Health Center, Quincy, Massachusetts.

atry at Rosalind Franklin University of Medicine and Science. He has written interesting papers on the subject of descriptive psychopathology, including several articles questioning the Kraepelinian division of the psychotic and mood disorders.

The authors collaborated on an earlier textbook, *Catatonia: A Clinician's Guide to Diagnosis and Treatment*, in which they argued that catatonia is a specific syndrome that should be viewed nosologically as being akin to delirium and dementia. In both textbooks, the authors display original thinking and questioning of the phenomenological classifications of current American psychiatry. Only with this kind of inquiry can true understanding of a subject be gained. Beyond this, the authors go on to define the melancholic syndrome in terms of diagnosis, prognosis, management, and treatment strategies. They differentiate melancholia from similar psychiatric and medical conditions.

As with any textbook written in a comprehensive manner, the recent data may be outdated in several years. However, the historical information and broad understanding of the complex subject matter will be valid for many years to come. ♦

The Psychology of Religious Fundamentalism

by Ralph W. Hood, Peter C. Hill, and W. Paul Williamson; New York, Guilford Press, 2005, 247 pages, $36

Dennis Martin, R.N., L.I.C.S.W.

This book, *The Psychology of Religious Fundamentalism,* is a work of disciplined scholarship that not only examines the reality of religious fundamentalism from a psychological perspective but also provides richly detailed histories of the development of a number of fundamentalist religious traditions. Great attention is given to the multiple reasons why fundamentalism can take such hold of the lives of its adherents. Given the current atrocities that are being perpetrated worldwide by people who are driven by strict adherence to fundamentalist faith systems, the book could not be more timely or relevant in attempting to understand the mind-set of sects and groups that are being discussed in the nightly national and world news reports.

The book's three authors are doctoral-level social psychologists, all of whom have had personal experience living in religious families as youths. The book opens with a critique of much of the previous social science research that has been done on fundamentalism, and then the authors propose an alternative method of penetrating and understanding fundamental sects that is called "intratextuality."

What makes fundamentalists most different from more mainstream adherents of various creeds is that each fundamentalist sect relies on one unique text, and only one text, as having the authority to provide meaning, a worldview, or a behavioral code from which his or her life can be lived. All meaning and truth are derived intratextually from this source. For fundamentalist Christians that text would be the Bible, for Shia Muslims—the most fundamental sect of Islam—it is the Quran, for the Amish it is the Ordnung, a codified set of behavioral prescriptions and proscriptions drawn from the Bible. This intratextual perspective is largely a flight from or a stance against the modern world and secular influences. By comparison, nonfundamentalist sects view the world in an intertextual way, where there is not just one locus of authority but rather multiple sources of meaning and truth and multiple texts—such as science, cultural beliefs, literature, and secular law—that can be used to create a worldview and a sense of meaning and purpose.

The authors contend that modern social science has failed to recognize the dynamic of intratextuality and to explore and understand the historical developmental contexts of fundamentalist sects. Scientists have attempted to use laboratory-based empirical tools with individuals who are fundamentalist believers, rather than taking a perspective driven more by social psychology. The authors argue that these failures have greatly undercut the value of much existing research in this area. Via the method of intratexuality, the book explores in great detail the development of Protestant fundamentalism, the Pentecostal Church of God, serpent-handling sects, the Amish, and finally, fundamentalist Islam, and it highlights the core similarities in these groups that appear to be so disparate on the surface.

Fundamentalist worldviews would not flourish if they didn't have inherent power and value to their adherents. The authors examine how each sect becomes powerful to adherents and point out the perceived psychological benefits. Interestingly, throughout the text, the authors feel the need to preemptively deny that they are apologists for fundamentalism because they explicate its usefulness to its adherents. Fundamentalism thrives in our chaotic world because it provides a unifying philosophy of life; everything is contained in one text, with no need to struggle for truth and discernment. Fundamentalism provides a sense of coherence; the one text does not contradict itself. It provides absolutes without the need to struggle with moral relativism or ethical dilemmas. As long as adherents follow the sacred text they are assured of a coherent life in a complex and confusing world. Fundamentalism provides a central locus of meaning for its participants, who share a sense of abhorrence of the modern world with its multiple temptations and distractions. This meaning is derived from living a shared sense of purpose, with clear-cut, absolute values and the certainty of what is right and what is wrong. Fundamentalism allows for

Mr. Martin is affiliated with the Crisis Intervention Service, John Corrigan Mental Health Center, Fall River, Massachusetts.

a sense of efficacy and purpose; as long as one is doing God's will or being a dutiful a member of a community that is dedicated to God's will, one does not need to question one's competency or the worth of one's life.

This reader found the work to be most satisfying when it was specifically exploring individual fundamentalist systems. The chapter on fundamentalist Islam was not only extremely interesting but of immeasurable value in gaining an understanding of the mind-set of the Shia Muslims. In their world there is no distinction between the sacred and the secular. All is sacred, and a shared goal is to convert the world to this sacred perspective. The authors brilliantly use the case of the death sentence issued by the Ayatollah Khomeini against the author Salman Rushdie to illustrate the perspective of fundamentalist Islam. Because there is no distinction between the sacred and the secular in the Shia worldview, Rushdie's novel could not just be ignored as a secular annoyance. It was viewed as blasphemous disrespect to the Prophet Muhammad, and the author deserved death. In the worldview of the Shia Muslims, blasphemy is a crime even worse than murder. Equally interesting was the greatly detailed history of the development of the Amish culture in the United States and its perspective that places far more value on the community than the individual.

This is a work of great value not only for students of religion and the social sciences but for anyone who is trying to gain a better understanding of the worldview driving some of the terrorist actions in the Middle East. ♦

Coping With Depression: From Catch-22 to Hope

by Jon G. Allen, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 341 pages, $31.50

Nancy Diazgranados, M.D.

The book *Coping With Depression* is outstanding. Jon G. Allen wrote this book for depressed patients, but he intends to help people who care for them as well. He achieves his goal. As a new therapist, I found this book to be a great tool.

Allen is professor of psychiatry and senior staff psychologist in the Menninger Department of Psychiatry and Behavioral Sciences at the Baylor College of Medicine. Only someone with as much experience as he has in treating depression could have paid so much attention to the limitations a depressed patient has to face.

Coping With Depression validates the severity of the disability caused by the illness, but the book remains hopeful. Allen uses simple techniques to engage patients limited by their symptoms, and he organizes his book in short sections to facilitate its use by readers with depression. He uses simple but metaphoric language to illustrate complex concepts.

This book could help anyone who struggles with depression, whether one is the witness of a depression or a casualty of it. Using the analogy of a "catch-22," Allen helps to generate compassion. He guides patients through each step in the development of their illness. Allen makes it clear that there is not just one cause of depression; he describes in simple terms the biopsychosocial approach as "stress pileup." Again, throughout the book, Allen offers advice to reach recovery; he gives hope.

If you are a therapist, read the book so you can recommend it to your patients. Be aware that you might skip some sections; Allen wrote this book for someone with no academic knowledge about depression. Nevertheless, professionals will find useful information in it and a real resource for patients. ♦

Dr. Diazgranados is a psychiatry resident at Albert Einstein Medical Center, Philadelphia.

Nonverbal Learning Disabilities: A Clinical Perspective

by Joseph Palombo; New York, W.W. Norton and Company, 2006, 320 pages, $37.50

Heather W. Hornik, Ph.D.

Nonverbal learning disorder (NLD) is a neurobehavioral disorder defined by impairment in the processing of nonlinguistic visual-perceptual information and neurocognitive deficits in perceiving, expressing, and comprehending nonverbal information. Not confined to childhood, this disorder affects people academically, vocationally, socially, and emotionally.

Until NLD is diagnosed, misunderstandings abound for those who suffer from it. With diagnosis, a comprehensive approach to treatment can mitigate its effects. Many have believed that because of limitations in the insightfulness and relatedness of persons with NLD there is no place for psychotherapy in the treatment plan. Joseph Palombo, a clinical social worker at Rush Neurobehavioral Center with a career interest in social and emotional aspects of learning disorders, presents a strong argument that psychotherapy grounded in self psychology can relieve suffering and strengthen the social and relational capacity of persons with NLD.

The clinician's work begins, Palombo maintains, with thoroughly understanding the neuropsychology of the disorder, and he offers an excellent review of basic research and current theories. Building upon this foundation, he presents the neurobiology and phenomenology of its social and emotional features. Then, in the context of theories about self psychology, he presents his own work on the sense of self of persons with NLD.

Palombo has coined the term "mindsharing" to extend concepts of

Dr. Hornik is a psychologist specializing in the assessment of learning disorders. She is in private practice in Amherst, Massachusetts.

intersubjectivity and theory of mind to include "an understanding of how others feel, in addition to an understanding that others have beliefs, desires, and intentions." Most mindsharing functions occur nonverbally; empathy is a type of mindsharing, as are nonverbal aspects of communication and language. The clinician's challenge is to assist persons with impairments in nonverbal communication to become more attuned to nonverbal intrapersonal, social, and emotional aspects of their own and others' experiences. "The goal of treatment is twofold: (1) to strengthen their sense of self sufficiently so that they feel stable and cohesive in the face of the stresses to which they are exposed and (2) to provide them with an understanding of the nature and sources of their problems so that they can gain a sense of history and a coherent self narrative."

Limited in nonverbal communication, an individual with NLD is challenged to develop a cohesive sense of self and narrative coherence. By applying the insights of mindsharing—creating and discovering shared meaning in not-yet-integrated events—the clinician helps the child to "modify the themes that organize his or her self narrative." Illustrated with good clinical cases, Palombo provides a sophisticated contribution to guide the clinician's work. His approach is not a prescriptive how-to, but the clinician will find a pathway that can provide meaningful assistance for persons with NLD.

Palombo focuses on work with children, but the therapeutic goal of promoting cohesion in self narratives is relevant to all persons with NLD. The book is valuable as well for assessment professionals. It identifies subtypes of NLD, differentiates NLD from Asperger's syndrome, and includes an excellent summary of the social-emotional symptoms of NLD in the appendix. ♦

Hope Springs Maternal: Homeless Mothers Talk About Making Sense of Adversity

by Jill Gerson, D.S.W.; Lincoln, Nebraska, University of Nebraska Press, 2006, 288 pages, $20 softcover

Maxine Harris, Ph.D.

In *Hope Springs Maternal*, author and researcher Jill Gerson presents the stories, gleaned from in-depth interviews, of 24 homeless mothers living in the New York City shelter system. Like much qualitative work that has been done before, Gerson's interviews give the reader a personal feel for the struggles that women face as they try to free themselves and their families from the limitations of poverty and scarce resources.

Although Gerson herself concludes that longitudinal research is needed, she attempts to give her readers the next best thing by asking the women about their past, present, and future lives. Consequently, we receive a well-articulated view of the personal and societal factors that contributed to the women's current homelessness, the issues that they face as they attempt to improve their lives, and their dreams and hopes for the future.

Regrettably, for a reader who is well versed in studies of homelessness, there is little new in these accounts. Not surprisingly, many women report histories of inadequate housing, conflict within the family, and personal violence, which all lead to forced and often premature independence. In the present, women struggle with a host of financial pressures, health stressors, fears of losing custody of their children, and issues of diminished self-worth and stigma. Future concerns focus on plans and worries about achieving financial independence and on aspirations for being able to provide a better childhood for their children than they themselves have had. Although these findings are not new, they are well articulated and clearly presented. In that sense, these findings make an outstanding introduction to the complexities of homelessness in general and the struggles for women in particular.

In addition, Gerson does make a more unique and original contribution to our understanding of homelessness in two areas. The first is in her discussion of self-esteem and the various factors that influence how women in the shelter feel about themselves. Gerson identifies five factors that mediate women's feelings of self-worth: the physical environment of the shelter; relationships with shelter staff; social ties with friends, men, and family; relationships with others in the shelter; and plans for the future and for children. Given that women who enter the shelter system often have histories of being and feeling devalued, a clear understanding of the factors that might mitigate some of the negative impact of homelessness on perceptions of self-worth is a useful framework to guide the actions and interventions of shelter staff and other professionals who work within the care system for homeless persons.

Finally, Gerson offers a skillful reframing of how we understand the shelter experience itself. Rather than viewing the decision to seek shelter as a failure, Gerson views it as a healthy and active coping strategy. Women are not forced into homelessness but choose living in a shelter as a transition to better options for themselves and their children. Time in the shelter gives women the opportunity to "turn adversity into adaptive growth." In this sense, the shelter experience is part of the developmental transition to full adulthood and healthy parenting. By giving women and providers a positive way to view the shelter experience, Gerson herself contributes a thoughtful mitigating variable that might help diminish the negative stigma associated with homelessness. ♦

Dr. Harris is chief executive officer for clinical affairs at Community Connections, Washington, D.C.