BOOK REVIEWS

Shunned: Discrimination Against People With Mental Illness

by Graham Thornicroft; New York, Oxford University Press, 2006, 328 pages, $47.50

Social Inclusion of People With Mental Illness

by Julian Leff and Richard Warner; Cambridge, Cambridge University Press, 2006, 202 pages, $55

Reducing the Stigma of Mental Illness: A Report From a Global Programme of the World Psychiatric Association

by Norman Sartorius and Hugh Schulze; Cambridge, Cambridge University Press, 2005, 264 pages, $60

Sarah Guzofski, M.D.

For many people with mental illness, living in the community has not translated into acceptance and integration. People affected by mental illness face more than the challenges presented by the illness itself. Outright discrimination in work and housing create additional barriers to a fulfilling life, as do stigmatizing attitudes, held not only by nameless strangers, but also by friends, family, and health care providers. Each of the books reviewed here provides the reader with a better understanding of how pervasive these problems are and the depth of their impact. These authors help the reader do more than simply become more aware of the problem of stigma; they provide examples, on large and small scales, of successful antistigma efforts that the reader can learn from and even replicate.

Graham Thornicroft, a recognized leader in mental health services research with a commitment to reducing stigma, wrote the powerful, practical book *Shunned* that enumerates the ways in which discrimination touches most aspects of daily life for those with mental illness. In this work, we see the ways that stigmatizing attitudes are harmful in their own right. We also read examples of how these attitudes translate into outright discrimination: by family and friends, by health care providers, by significant others, by employers and co-

workers, by housing authorities, by the media, and more. Thornicroft includes chapters describing the experience of discrimination in each of these aspects of life and a discussion of self-stigmatization and anticipated discrimination. Each chapter includes a review of the relevant literature, complemented by the author's own observations gleaned from his professional experience.

Thornicroft's book, already thoughtful and well written, becomes even more compelling because he illustrates his arguments with numerous first-person accounts provided by people with mental illness and their families. These passages provide a vibrant look at how deeply discrimination can touch a person's life. The book concludes by suggesting specific ways that the reader can take action to reduce discrimination and gives specific examples of local and national interventions.

For people interested in understanding the pervasiveness of discrimination, this book provides a detailed analysis of this problem and its far-reaching impact on the lives of many. It is likely to appeal to a broad audience, including health care providers, those with mental illness and their families, and people generally interested in social justice.

Authors Julian Leff and Richard Warner write from their own experience working within the health care systems of the United States and United Kingdom. They note that both systems, similar to many other systems throughout the world, have

evolved so that more people with mental illness live in the community. They introduce their book, *Social Inclusion of People With Mental Illness*, by noting that the physical move from residing in the hospital to residing in the community has not, generally, brought with it full acceptance by the community.

This book seeks to examine the barriers to social inclusion and to introduce some examples of successful innovative solutions to this problem. The first section of the book examines social inclusion and comments on the experiences of poverty, public perception, and self-stigmatization. The second part focuses on occupational inclusion specifically, with the proposal that work is a particularly important measure of recovery. This section includes information on the variety of models for work programs and their relative advantages and disadvantages, a chapter on innovative approaches to employment options for those with mental illness, and a discussion of the economic obstacles to working—such as loss of entitlement money if a certain income is earned.

This concise book will most likely appeal to people interested in learning about how services for those with mental illness could be better designed to encourage full integration into societal life. Readers who are more generally interested in caring for those with serious mental illness or in reducing stigma would also find this book helpful.

In 1996, the World Psychiatric Association undertook a campaign to fight the stigma and discrimination associated with schizophrenia, noting that stigma is the main obstacle to improved mental health care and quality of life for people with mental illness. Consumer groups and psychiatrists collaborated to design this campaign, entitled "Open the Doors," which has since been implemented in 20 countries. *Reducing the Stigma of Mental Illness*, authored by two of the individuals actively involved in this campaign, describes in some detail the process involved in developing

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the program as well as country-by-country reports of the experience of implementing this program and the results of the interventions.

The book begins by describing the early reflections and planning for this campaign. The World Psychiatric Association felt that antistigma campaigns would be most successful if they were locally based, yet they were aware that local leaders would have little experience with such efforts. They therefore drafted a guide for implementing an antistigma program, which provides step-by-step advice guiding the group through setting up a local group, collecting information, designing a locally relevant program with a carefully selected target audience, as well as implementing and evaluating the program. The remainder of the book gives brief summaries of the specific interventions from

each of the 20 countries, contact information for the action group in that country, and a brief bibliography of references relevant to the particular interventions discussed.

For any person looking to learn more about the international experience of fighting stigma, this book provides a brief overview of efforts in a variety of cultures. Potential readers should note that this book is written in the style of a report, with brief, structured chapters and little prose linking one report to the next. The authors included the "Guidelines for Program Implementation" in the report's appendix. These guidelines, in combination with the many thought-provoking, successful campaigns described in the book, could certainly provide the tools necessary to set the right group off in the direction of starting its own campaign. ♦

outstanding presentation of "Evidence-Based Treatment for Adults With Co-occurring Mental and Substance Use Disorders," which includes a comprehensive account of the integrated–dual-diagnosis treatment model, the editors have conspicuously omitted any discussion of the well-established best practices of supported employment and family integration strategies. These serious omissions result in a shortfall of attempting to present a "comprehensive text."

In the third and fourth sections, the editors present a collection of outstanding articles covering the issue of mental health services to the underserved. The third section includes a thorough discussion of the phenomenon of oppression and the experiences of the African-American, Chinese-American, Hispanic, and lesbian, gay, bisexual, and transgender populations. The fourth section contains three very thorough articles on working with people with mental illness who are homeless and begins with an excellent review of stigma.

The final section, "Community Mental Health: Organizational and Policy Issues," reviews the impact of managed care, organizational networks, and shifting funding sources for public mental health programs on the community mental health delivery system. The book concludes with "Mental Health Leadership in a Turbulent World." This final discussion leaves the reader surprisingly hopeful.

Overall, Jessica and Samuel Rosenberg have compiled a series of well-written, educational articles that provide a solid understanding of the history and current approach to community mental health. Although mostly written for students of social work, psychology, psychiatry, and related disciplines, the sections on underserved populations are excellent resources for seasoned clinicians and program directors. The entire read was a stark reminder of where community mental health has come from and a validation of things that are developing in a more positive direction. ♦

Community Mental Health: Challenges for the 21st Century
edited by Jessica Rosenberg and Samuel Rosenberg; London, Royal College of Psychiatrists, 2006, 304 pages, $90

Jill RachBeisel, M.D.

The treatment of serious mental illness has traveled a difficult and unpredictable road since the passage of the Community Mental Health Act of 1963. Providers and funding agencies have struggled to define the most effective mental health care delivery system, while consumers and families have hoped to find firm footing in an ever-changing sea of shifting regulations and resources. More often than not, the climate over the past 50 years has been bleak. Predicting what is to come next is a risky endeavor. Jessica and Samuel Rosenberg have skillfully and successfully embarked on such a mission with their book, *Community Mental Health*. The editors, both

seasoned mental health care providers, educators, and directors of programs with expertise in cultural diversity, family, and serious mental illness, have compiled a series of articles that provide the reader with a solid understanding of community mental health, including a historical perspective, current practice, and the challenges that lie ahead for programming and funding.

Organized into five major sections, the book begins with what is perhaps the most powerful collection of writings on the recovery and consumer movement. Each article provides a comprehensive historical perspective leading up to the current construct of consumer-defined services shaped by hope and self-determination.

The second section, "Best Practices in Community Mental Health," is, disappointingly, the least developed. Although opening the section with an

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Racism in the United States: Implications for the Helping Professions

by Joshua Miller and Ann Marie Garran; Belmont, California, Thomson Brooks, 2007, 352 pages, $50.95

Carl C. Bell, M.D.

This is a well-written, comprehensive, interesting book authored by two self-proclaimed antiracism-activist social workers that takes an in-depth look at racism in the United States. If it was required reading, there would be less racial tension in all helping professions. The only flaw is the lack of psychiatric perspective—for example, the American Psychiatric Association's position on racism (1) and other psychiatric perspectives (2).

Beginning with a very nice conversational introduction framing the content, each chapter ends with individual, interpersonal, group, and organizational exercises that make grappling with this subject easier. Thirteen chapters supply outstanding text and visual representations of how racism operates. They thoroughly explore complex issues of power, privilege, and social identity, plus differentiate theory on ethnicity, race relations, and prejudice while highlighting structural theories of racism and critical race theory.

Material on the New Deal, Great Depression, civil rights movement, and the Great Society adequately covers the historical context of racism and explains that racial exploitation and subjugation built the United States. A great discussion on institutional racism includes an exemplary diagram pointing out the multilevel, systematic comprehensiveness of racism. This ubiquitous presence impacts all helping professions. Thus understanding racism is essential because it affects interactions between consumers, providers, and colleagues and affects what's researched, taught, and thought of as normative profes-

sional behavior. Residential, educational, employment, environmental, health, mental health, political, criminal justice, and media racism are well covered.

The authors admirably discuss the difficulty people with privilege have seeing racism—that is, the denial of aspects of white privilege in the U.S. They provide good strategies for confronting stereotypes and doing antiracism work in communities, agencies, and organizations, with ideas on how to alleviate intergroup conflict using pragmatic strategies—for example, finding common ground and developing leadership fostering healing, reconciliation, and racial justice.

Miller and Garran have a laudable exposition of the overlap between racism and other social forms of oppression—based on socioeconomic class, gender, sexual orientation, and citizenship or immigration status. There is an excellent analysis of how

President Johnson's Great Society turned the South into a Republican stronghold and how all subsequent presidents used the issue of race to foment white working-class resentment toward people of color.

The authors assert that therapeutic consideration of social identity, culture, values, and world views of the therapist and patient, which along with the issue of power, are paramount, especially with mixed-race therapeutic dyads. They give great examples of how European-American theoretic biases make cross-racial clinical work difficult—for example, the Western notion of talking about feelings is not a universally accepted way to heal. There is good advice for clinicians who identify as white, as people of color, or as multiracial. Finally, the authors discuss how to dismantle racism by creating a web of resistance. This is a must-have book. ♦

References

1. American Psychiatric Association: Resolution Against Racism and Racial Discrimination, 2006. Available at www.psych.org/edu/other_res/lib_archives/archives/200603.pdf

2. Bell CC: Racism–A Mental Illness? Psychiatric Services 55:1343, 2004

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Postpsychiatry: Mental Health in a Postmodern World

by Patrick Bracken and Philip Thomas; New York, Oxford University Press, 2006, 312 pages, $57.50 softcover

Scott E. Provost, M.M., M.S.W.

The President's New Freedom Commission on Mental Health called for a consumer-centered mental health system (1). Unfortunately, many consumers "find it little more than a vehicle for delivering medications, sometimes under the cloud of court orders" (2). Postpsychiatry represents a framework for mental health through the lens of critical psychiatry and consumer involvement in treatment. The authors are affiliated with the Centre for Citizenship and Community Mental Health, School of Health Studies, University of Bradford in the United Kingdom and specialize in hermeneutics, phe-

nomenology, narrative, and community development. Concepts in this book were previously published in an article on critical psychiatry (3).

The book contains ten chapters organized into three sections. The first section provides context about the mental health profession and how treatment is delivered to consumers. Section 2 reviews the philosophy of science, including the work of postmodern philosophers such as Foucault and Wittgenstein as applied to

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mental health practice. It also critiques current trends in psychiatry, including the perceived control that pharmaceutical companies exert on academic psychiatry through the marketing of medications for depression and schizophrenia. The final section describes the influence that narrative, recovery, community development, and consumer-centered social policies and programs can have on shaping postpsychiatry. This section contains examples of innovative community development and consumer empowerment programs, including the Soteria project developed to help individuals during acute psychotic episodes without the use of neuroleptic medication. In addition to the three main sections, the book also includes six fictional vignettes from a consumer perspective highlighting illustrative points.

Overall, *Postpsychiatry* is quite relevant to readers of this journal. Themes in this book will resonate with those interested in comparative mental health policy, consumer empowerment, human rights, and action research. The authors also emphasize the importance of including humanities and cultural studies in medical education, which could be offered as a source of dissenting opinion for training in evidence-based psychiatry.

To truly appreciate this book, it is helpful if the reader has an understanding of the philosophy of science. A drawback is that the book does not specifically include a concluding summary chapter. Although readers may argue that postpsychiatry is simply antipsychiatry, the authors assert that "postpsychiatry is our attempt to subdue the bright light of medical science: not because we want to get rid of or deny its benefits, but because we believe that the insights of other approaches are equally important and valuable. We hope that our critique of the central assumptions of the psychiatric canon will open a space in which other voices will be heard and taken seriously. We believe that these voices will hold the key to the future." Although the authors do not include any specific policy pre-

scriptions, the postpsychiatry framework may help to engage clinicians, consumers, program managers, and policy makers in a dialogue about directions to take in transforming the mental health system. ♦

References

1. Achieving the Promise: Mental Health Care in America. Pub no SMA-03-3832. Rockville, Md, Department of Health and Human Services, President's New Freedom Commission on Mental Health, 2003: Final Report.

2. Bernstein R: A seat at the table: trend or illusion? Health Affairs 25(3):720–729, 2006

3. Thomas P, Bracken P: Critical psychiatry in practice. Advances in Psychiatric Treatment 10:361–370, 2004

Community Child and Adolescent Psychiatry: A Manual of Clinical Practice and Consultation

edited by Theodore A. Petti, M.D., M.P.H., and Carlos Salguero, M.D., M.P.H.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 320 pages, $34.95

Matthew Kleban, M.D.

Community child and adolescent psychiatry is rife with challenges. Not only are there innumerable agencies and services, each having unique characteristics and cultures, but one's role within any given agency is often not clearly defined. Administrative and clinical responsibilities may overlap, and professional standards may yield to the financial restrictions of the public sector. Whether providing direct services or a consultation, it is imperative for the clinician to have a clear understanding of the system in which he or she operates. With these general principles in mind, Theodore Petti and Carlos Salguero have assembled a multiauthored text to enable clinicians to navigate these complexities.

The book is divided into four sections. After an introductory section, the book moves from principles to practice, offering a series of chapters that describe members of an interdisciplinary team. These appropriately credentialed individuals write the corresponding chapters. After outlining their educational background, the authors of these chapters provide information ranging from their theoretical perspectives to their more quotidian functions. As one author advises, the role of the

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social worker is to "support the parent's caregiving role, not supplant it." Another author cautions psychiatrists about signing documents that are prepared by members of other disciplines.

The third section discusses the many types of agencies serving this population: community mental health centers, schools, school-based health centers, foster care programs, child care settings, day treatment centers, chemical dependence programs, residential care programs, and advocacy groups. Some chapters describe administrative and organizational structures, including configurations of governance from director to frontline staff. Other chapters describe operational nuts and bolts, such as developing services and assessing outcomes. This section also includes historical and political background, pertinent legal and ethical issues, and tips on maintaining financial viability in the current mental health care environment. There is some thoughtful emphasis on the need to avoid burnout.

The chapter on schools provides a thorough discussion on consultation issues. It addresses how to gain access to local schools and maintain relations with educational staff, and it revisits the pervasive issue of role confusion. As one author articulates, "the goal of the consultative relationship should be to increase the school's autonomy in managing men-

tal health problems and not to increase the school's dependency."

Although the book is largely focused on organizational matters, it includes some useful clinical pearls. In the challenging milieu of day treatment, flexibility is stressed. In lieu of traditional individual therapy, observing a child's interactions and implementation of coping strategies in the various group settings may prove to be more illuminating. The chapter on foster care highlights the clinician's need to balance the foster child's attachment difficulties with the foster parents' countertransference-like reactions toward the child.

The final section delineates innovative programs and future trends. For instance, it describes how Virginia and Illinois have dealt with the closing of inpatient state-operated facilities, namely by establishing more community-based treatments and shifting care to the private sector. Promising advances include the proliferation of wraparound services and multisystemic therapy, as well as the application of ongoing technological improvements.

One could argue that although the title implies a target audience of clinicians already identified as part of the community sector, the true beneficiaries include all mental health professionals working with children and adolescents. Another limitation is that, as with most multiauthored books, there is some inevitable redundancy. Perhaps a few of the chapters are overly theoretical, appealing mainly to those who, like the editors, have backgrounds in public health. Although there is one chapter broadly discussing forensic issues, there is no mention of the juvenile justice system, a notable omission given how closely linked these systems often are. For the most part, however, this book succeeds in providing concise, eminently readable, and clinically useful information about working with children in these various community settings. ♦

The Handbook of Career Development in Academic Psychiatry and Behavioral Sciences

edited by Laura Weiss Roberts, M.D., and Donald M. Hilty, M.D., M.A.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 360 pages, $39

Gina Perez-Madrinan, M.D.

As an academic psychiatrist early in my career, I found the *Handbook of Career Development in Academic Psychiatry and Behavioral Sciences* to be extremely practical, useful, and motivating. The strengths of this handbook are its organization, appeal to a wide audience, discussion on medical education, and emphasis on mentorship. I would enthusiastically recommend this book to academic psychiatrists and residents.

The organization and seamless flow between a broad range of topics make this handbook effortless to read. Even though several authors contribute to various chapters, this book shifts smoothly from topic to topic. Each chapter has an appropriate depth of information and a similar structure that allows the reader to comfortably pick and choose chapters in any order. Every chapter is followed by specific questions for a mentee to discuss with a mentor, thus enhancing the valuable time spent with a mentor. Additionally, the Internet and journal resources listed throughout each chapter are another way to extend the life of the book, pointing the reader in a direction for the most up-to-date information.

Residents, young faculty members, and psychiatrists making a career shift are the ideal audience for this handbook. The sections correlate easily into various stages of one's career. Yet the chapters for residents can also be reread as an attending in a mentoring role. I am impressed by the variety of chosen topics that apply to young researchers, clinician-educators, interns, residents, faculty with a clinical focus, as well as psychiatrists in administrative or leadership roles. For example, the chapter on giving feedback can be used not only for residents but also when managing a treatment team on a unit or research team in a lab.

Although all of the selected topics are useful, I was specifically drawn to the section on becoming an educator, because it provides a basic framework for teaching in various settings, giving feedback, and writing letters of recommendation. The information about medical education is useful even if one's career focus is not teaching. For example, the chapter on teaching a large or small group can also apply to researchers or administrators giving formal talks or teaching staff members. With the requirements from the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education for residents and faculty to receive training about educating medical students, this book provides a clear starting point for a discussion about medical education in a variety of contexts. Also, giving feedback and writing letters of recommendation are often seen as daunting tasks for inexperienced residents and faculty, but this handbook offers a clear framework for approaching these tasks with tips on avoiding common pitfalls.

In addition to the practical suggestions for planning and executing a psychiatric career, the book emphasizes the importance of mentorship and taking care of oneself. Throughout the text, the reader is reminded that a career in academic psychiatry cannot be accomplished without the guidance of more experienced people. This is comforting and a good reminder for the often overextended and overwhelmed faculty member. The book itself feels like a pocket mentor with timeless advice for many stages of a career.

In conclusion, I extend my highest

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praise for this handbook. Reflecting on my experience as a resident and a new graduate applying for an academic position, it is a perfect guide for trainees and young faculty entering an academic career. I wish someone had given this as a gift to me when I entered residency. It is welcoming, not intimidating, offers practical advice, and manages to motivate rather than overwhelm the reader. Thank you to the authors and publisher for taking the time to carefully plan and write such a helpful guide. ♦

Living Well With Depression and Bipolar Disorder: What Your Doctor Doesn't Tell You . . . That You Need to Know

by John McManamy; New York, HarperCollins, 2006, 416 pages, $14.95

Gregory Ludwig

As a student, professional, and patient (although without bipolar disorder), I have been a close student of the psychological and psychiatric professions for roughly 30 years. To my mind, patient-aimed literature that even hews to the responsible about bipolar disorder often sounds doctrinaire, sententious, overly systematizing, and even evangelistic. Patient testimony often comes from people who were recently diagnosed and hence has a flavor of the grossly shortsighted "I was lost but now I'm found, and I'll tell you how to live!" attitude.

John McManamy's new guidebook for patients with bipolar disorder and depression is smarter than this. But it is a good example of how, with any serious psychological disorder, a patient should never rely on only one source.

McManamy is a former financial journalist with a law degree who was given a diagnosis of bipolar disorder at age 49. He has run a self-funded Web site and published an e-mail newsletter for several years that reports and comments on studies, conference proceedings, and more. He has developed a fan base.

One would expect an astute patient to have an especially good appreciation for the many complexities of bipolar disorder, regarding every-day life, the range of treatments, and the way current research "speaks to" patients' needs. The book is a lively read and synthesizes a wide array of information. I admire how McManamy chases after, and absorbs, all kinds of studies, looking for the latest scientific findings. Unfortunately, this is organically tied to a big shortcoming: thinking that the only knowledge and wisdom about the illness is in the most recent studies, and accordingly awaiting news of these like a supplicant. One of his few major historical moorings is Emil Kraepelin's diagnostic concepts.

McManamy's book has surprising errors. For example, he notes the *DSM-II* as from 1980 when it is from 1968. He also liberally quotes from patients' Internet writings on his Web site, which can sound chattery, impulsive, and unvetted.

The book's worst feature is its ignorance of some key medical history that could provide major bearings for its author. A good example is McManamy's treatment of orthomolecular therapy, or megavitamin therapy. He seems to endorse Abram Hoffer's prognostication of 1957 that in 1997 orthomolecular therapy would be accepted. Actually, a well-referenced study published in 1979 critiques megavitamins in a damning scientific assessment. Among many other things, the study condemns megavitamin proponents for their inability or un- willingness to do double-blind studies of megavitamins. This therapy has also been condemned or strongly criticized by numerous other bodies and investigators.

At points like this, McManamy's claim that he is liberally alerting people to the wealth of what's out there may seem to be in good faith but may it be naïve and credulous, or even a con at worst. The book also fails to present the views of those who know very much about themselves from years of nonmedical personal struggle and self-discipline. This book is a useful supplement but by no means is it essential or magisterial. ♦

Dante's Cure: A Journey Out of Madness

by Daniel Dorman; New York, Other Press, 2004, 280 pages, $25

Sara Goldman, M.D.

I must admit that when I read the premise of this book from the jacket, I was immediately skeptical. The author describes a patient's complete recovery from schizophrenia through psychotherapy alone, which refutes my five-year experience working in a community setting. However, because Dr. Dorman has had many more years of experience in psychiatry, I resolved to find out more about the treatment options available at the time of this patient's treatment and to keep an open mind. The following comments about this book are therefore a combination of my own thoughts —three years after completing a psychiatry residency that was strong in teaching both psychotherapy and psychopharmacology—and of discussions with colleagues about what psychiatric thought had been 34 years ago, when Dorman began a four-year treatment with the patient whose story he relates in this book.

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We meet Catherine at age 17, and we follow her through a brief account of the two-year course of her illness until she is hospitalized. She begins treatment with Dorman at age 19 when she is hospitalized for the first time, and we then learn more details about her family life from Dorman's interviews with her mother, stepfather, and sister. We are told enough in these initial pages to know that Catherine's early years were very traumatic in a number of ways, including deaths, separations, and much emotional abuse. She became depressed and anorexic at about the same time and was treated only for the anorexia. Her depression worsened, and she began hearing voices five months later.

The bulk of the book details Catherine's lengthy hospitalizations and her psychotherapy treatments, which lasted about four years. It describes how Catherine became profoundly withdrawn, even catatonic at times, and extremely psychotic, with constant terrifying hallucinations degrading her and ordering her to kill herself and her mother. I had great difficulty with this part of the book, because I am not convinced that Catherine suffered from schizophrenia but perhaps from a severe depression with psychosis. I was left wondering why the antidepressants that might have curtailed her profound suffering were not tried at all, because there were some antidepressants available at that time that would not have produced intolerable side effects, unlike the thorazine that Catherine dreaded. This alternative diagnosis would also partly explain for me how Catherine could completely recover without medication and suffer no further relapse.

Perhaps the most interesting and useful part of this book is the thought-provoking last chapter. Here, Dorman discusses his personal views of the utility of medication versus psychotherapy in the context of questioning our definition of illness and the *DSM* model. Although I disagree with many points in this chapter, I applaud his method of thinking about pathology and therefore treat-

ment in a psychodynamic context. His thoughts, although skewed mainly toward the psychoanalytic model, seem very timely in an era when we are beginning to question the current *DSM* structure and way of thinking. I think we have, at best, an uneasy alliance between prescribing medication and doing therapy, the polarity of which is reflected in our current *DSM* and in many psychiatry residency programs across the country. Perhaps our patients will be better served once we are

able to take the best from both models and learn enough about the workings of the brain to persuade us that this is important enough to warrant doing battle with insurance companies and to help our patients in the best way we know how. Any psychiatrist who is willing to overlook this book's clear bias against medications will enjoy the psychodynamic discussions, and we all should be interested in the somewhat flawed but very stimulating last chapter in this era of politics and change. ♦

Wake-up Call: The Political Education of a 9/11 Widow

by Kristen Breitweiser; New York City, Warner Books, 2006, 287 pages, $24.99

Helen Stein, Ph.D.

On September 11, 2001, Kristen Breitweiser's husband, a financial analyst, died in the World Trade Center attack. *Wake-up Call* chronicles her evolution from homemaker and apolitical wife to a hard-hitting activist who lobbies successfully for an independent 9/11 commission and less successfully for accountability and change in U.S. homeland security.

Although it is tempting to focus on Breitweiser's unflinching portrait of the frustrating political process she witnesses, it is more interesting to account for Breitweiser's resilience. Resilience researchers have described sets of risk and protective factors that impact an individual's ability to bounce back after adversity at the level of the individual, family, community, and ecosystem (1). Connections to caring and competent others, cognitive and self-regulation skills, a positive self-image, and the desire to impact the environment in a positive manner may be especially crucial for recovery from adversity (2). Breitweiser's account exemplifies these qualities.

Breitweiser's losses after 9/11 are devastating, and her initial response is

to sink into isolation, buttressed by fear, rage, and disengagement. Her "wake-up call" is provoked by a worried neighbor's insistence that she attend a survivors' meeting, where she begins to express concern. She is able to channel cognitive strengths—such as intelligence, love of argument, and fine use of language—fear, rage, and legal training into effective activism. She begins to regulate her intense emotions through late-night phone calls with three other 9/11 widows. "[W]hen four women get on the phone and cry together, their crying soon turns into anger, which then turns into humor, which then ends up in distraction and major productivity." Other coping methods include affectionate contact with her daughter and her dog and time in the natural world. Despite her rejection of the idyllic bubble that she had inhabited ostrich-like with her husband, she keeps their connection alive by writing letters to him after his death.

Breitweiser's close family relationships are protective, both because of the support she receives and because of the values she has absorbed. Despite intense adolescent conflict, she identifies strongly with her mother, whose powerful sense of purpose and stoicism impelled her to continue to cook for her family as she was dying of cancer. Although Breitweiser re-

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sents the intrusions into family life occasioned by her father's long career as small-town mayor, it seems likely that his dedication to public service fueled her own. She connects powerfully with her new friends and continues to maintain close friendships with bonds of shared pain and also with appreciation of one another's skills, strengths, vulnerabilities, and values—most keenly the strong desire to protect their children's future. Living inside her isolated and self-sufficient bubble before September 11, her activism, in contrast, connects her to many communities, less perfect but far more real.

Our field has traditionally paid scant attention to those who endure and flourish without our help. But we have much to learn from them. For this reason, and because it is a highly engrossing and inspiring read, I highly recommend *Wake-up Call*. ♦

References

1. Stein H: Mentalization: a pathway to resilience, in Handbook of Mentalization-Based Therapy. Edited by Allen JG, Fonagy P. Somerset, NJ, Wiley, 2006

2. Masten AS, Powell JL: A resilience framework for research, policy, and practice, in Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities. Edited by Luthar SS. Cambridge, United Kingdom: Cambridge University Press, 2003

The Mother-Daughter Project: How Mothers and Daughters Can Band Together, Beat the Odds, and Thrive Through Adolescence

by SuEllen Hamkins, M.D., and Renee Schultz, M.A.; New York, Hudson Street Press, 2007, 352 pages, $23.95

David Moltz, M.D.

Ten years ago the authors, a psychiatrist and a therapist, who both had seven-year-old daughters, joined with other women in their Western Massachusetts community to develop "a plan that would enable our girls to thrive through adolescence, and that would enable us to remain close and connected to them." The result was a mothers' group and a mother-daughter group that continued for ten years, as the girls and their mothers successfully negotiated adolescence. The purpose of this book is to share the experiences and the lessons of the Mother-Daughter Project with other mothers of young girls so they can apply them in their own lives.

The first section of the book explores the forces in our society that

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make being an adolescent girl, and being the mother of an adolescent girl, difficult and that encourage separation between mother and daughter. Drawing on the work of Carol Gilligan and others, this section presents an alternative vision, one of individuation and connection that allows the daughter to develop autonomy while maintaining intimacy. Part 2 is organized by the chronology of preadolescence and adolescence, with each chapter exploring the specific developmental tasks and challenges of one year in a girl's life and offering specific suggestions and tools for addressing these challenges.

The project is based on the belief that mothers and daughters together can fight the social forces that could separate and weaken them. But this work is too hard to do on one's own; it requires a community of like-minded women and their daughters. The authors created such a community in the project, and they advise readers to start their own group, or at least to join with even one other woman and daughter to support their efforts.

This model is based on intergenerational reciprocity: mothers thrive if daughters thrive, and vice versa. Over and over in the book, mothers are asked to do their own work, clarifying their experiences, values, and beliefs before raising an issue with their daughters. Often this preliminary work involves looking at their relationship with their own mothers, so the model becomes three-generational.

The approach is normative; stresses and difficulties between mothers and adolescent daughters are seen as a common, natural part of normal development. They need to be addressed but not as deficits or as pathology. They are dealt with proactively and preventively; by using an understanding of normal development, issues are predicted and addressed before they become problems.

The absence of fathers is notable in this model. In the culture of the Mother-Daughter Project, the primary affiliation group is not the nuclear or even extended family but rather a community defined by gender. Girls become part of the community of women, and this is where they find their strength.

Although leaving out fathers presents an incomplete view of the world of the adolescent girl and her family, it does not detract from the stated goals of the authors. They want to help young girls—and their mothers—navigate the currents and shoals of adolescence while maintaining closeness and drawing strength from each other and from a community of women and girls, and they have accomplished that. They offer an overall vision and a multitude of specific tools to help accomplish that vision. They are very successful in achieving what they set out to do. ♦