

## Recovery From Severe Mental Illnesses: Research Evidence and Implications for Practice, Volumes 1 and 2

edited by Larry Davidson, Courtenay Harding, and LeRoy Spaniol; Boston, Center for Psychiatric Rehabilitation, 2005, 511 pages and 448 pages, \$49.95 each, softcover

Yad M. Jabbarpour, M.D.

Psychiatry is in an era of change not only in terms of new scientific models of mental health but also in values-based models of psychiatric service. Our nation's first two commissions on mental health were appointed by President Kennedy in 1963 and by President Carter in 1978. The third commission, the New Freedom Commission appointed by George W. Bush, sets a vision for recovery in its budget-neutral document, *Achieving the Promise* (1). "Recovery" is becoming more than a word. It is a possible juggernaut of hope and transformation. This two-volume set on recovery, published by Boston University's Center for Psychiatric Rehabilitation, was edited by three doctorate psychologists, Larry Davidson, Courtenay Harding, and LeRoy Spaniol, experts in the field of psychosocial rehabilitation with experience as researchers, authors, and speakers.

The volumes are organized into four main sections. The first is titled, "Recovery From Severe Mental Illness: Is it Possible?" The second section takes the next logical step with the title, "Then What Happens to People Over Time?" The third section, "What Helps People Improve?" is subdivided into a focus on fundamentals of community integration followed by attention to "treatment, case management, and advocacy." The last main section strives to answer the question, "How can mental health systems evolve into recovery-oriented systems of care?"

With only four of the scientific articles being new, nearly 80 % are previously published works, dating back to 1979. The volumes total nearly 1,000

pages, and the primary source of articles is the publisher's own *Psychiatric Rehabilitation Journal*. The editors provide seven additional articles, which are personal accounts and essays that are written mostly by persons with mental illness. These stories and editorials present the reader with a humanistic, subjective set of recitations to complement the previously published, peer-reviewed articles. The last formal chapter provides no personal accounts or articles but is a piece written by the editors on "an agenda for recovery and research."

If recovery is a scientific model, then more review could have been invested not only in those areas of the field where recovery easily informs our understanding of illness and outcome but also in areas where recovery has challenges in explaining service provision and certain other phenomena. If recovery is a values-based model, then additional attention to the ethics of recovery or the complex issues of how recovery is balanced by public and personal safety would have helped. Although the discussion addresses varying definitions of recovery, a clearer definition of "severe mental illnesses" in its association with recovery would have enhanced application of the model, as exemplified by the role of recovery in psychiatric illnesses affecting children, adolescents, and older adults. In an era when many persons with mental illness are not only homeless but are being transinstitutionalized into nursing homes, jails, and prisons, more discussion on recovery for persons in these situations would have helped. Historic perspectives would have complemented the model, including similarities of recovery with the efforts of Dorothea Dix and moral treatment of people with mental illness at the turn of the 19th century.

*Recovery From Severe Mental Illnesses* is more than a compilation of research evidence and implications for practice. Each article independently, whether initially published in the *British Journal of Psychiatry* or *Psychiatric Services*, might not have provided a full picture of recovery. However, the reader might view these volumes as a refitting of past works that compiles certain pieces of scientific literature from over three decades, cements them together with editorials and personal accounts, and provides a mosaic of a new image and new vision for mental health services. This text will be of interest not only to clinicians and consumers providing services but also to persons with mental illness, their family members, and their advocates. ♦

### Reference

1. *Achieving the Promise: Transforming 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

## Treating Somatization: A Cognitive-Behavioral Approach

by Robert L. Woolfolk and Lesley A. Allen; New York, Guilford Press, 2006, 226 pages, \$32

Andrea B. Stone, M.D.

The book *Treating Somatization*, by Robert L. Woolfolk and Lesley A. Allen, is another installment in the application of cognitive-behavioral therapy techniques to address problems that the psychopharmacologic revolution has failed to eliminate. The book reviews the social and psychological history that has led to classifying the experience of chronic, unexplained, polysymptomatic physical complaints as mental illnesses.

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Chapters 4 through 9 take the reader somewhat laboriously through therapy from assessment to termination. The appendices include a ten-session treatment manual, the results of the authors' controlled clinical trial evaluating this therapy, two instruments used for the assessment of symptoms and their severity, instructions for abbreviated progressive muscle relaxation, and ten questions to help patients examine their thoughts.

The recommended interventions are those one would expect in any cognitive-behavioral treatment: relaxation training, increasing activities, and moderating the emotions and thoughts of "catastrophic thinkers." The authors attend to the special empathy needed for treating people with somatization disorders. On the other hand, the authors have altered their treatment approach to be consistent with more recently developed cognitive-behavioral therapy treatment models that place more emphasis on emotional processing than the traditional models of the 1960s. They have modified the name of their treatment to "affective cognitive-behavioral therapy" to underscore the added deficits of people with somatizing disorders. The authors' experiences have led them to the understanding that these patients are disconnected from the experiences that need to be accessed to find and modify dysfunctional cognitions. This situation requires that therapy "involves a constant tacking between emotions and cognitions."

One controversial aspect of this book is the inclusion of irritable bowel syndrome, chronic fatigue syndrome, and fibromyalgia as part of the continuum of somatization disorders. These diagnoses have provided health care professionals and patients with a way to circumvent the treacherous territory of characterizing symptoms as psychosomatic. Providing a "real" diagnosis may be on some level a relief to both the provider and the patient. However, it also permits the treater to avoid recommending therapies, like those in this book, that may be more likely to relieve distress rather than simply giving it a name.

The main weakness of this book is that it tries to be both practical and academic. The practical aspects of the book, which include delineating a therapy and providing examples and tools, are overshadowed by the almost obsessive attention to rigorous scholarly discourse. Because this is a treatment that would be most readily applied by experienced cognitive-behavioral therapists, this level of detail and repetition seems unnecessary. On the other hand, the environment in which this therapy would provide its greatest benefit is a multidisciplinary primary care or pain management setting. Highly skilled therapists with the recommended "training both in

cognitive-behavioral therapy and experiential psychotherapy, at least five years' experience in conducting psychotherapy, and exposure to most forms of adult psychopathology" will be few and far between in medical milieus.

The success of *Treating Somatization* is in elucidating the complexities of the emotional and cognitive experience of people with somatization disorders. It also provides hope that the techniques of a treatment model that is growing more and more familiar can help not only the patients but also the often-frustrated clinicians faced with the challenge of helping people with an unexplained disorder. ♦

### **Treating Health Anxiety and Fear of Death: A Practitioner's Guide**

by Patricia Furer, Ph.D., John R. Walker, Ph.D., and Murray B. Stein, M.D., M.P.H.; New York, Springer Publishing, 2007, 272 pages, \$49.95

**William W. Van Stone, M.D.**

This book illuminates a special corner of clinical practice that is subject to little research, is seldom addressed in medical training, and yet remains a significant challenge for practitioners in medical and primary care settings. *Treating Health Anxiety and Fear of Death* offers an approach to helping people who worry too much about being sick, present with "functional" somatic symptoms, or earn full diagnostic labels of hypochondriasis, somatization syndromes, or health-related phobias. Clinicians, health care administrators, and patients alike should be concerned about the excessive health care costs for unnecessary tests and procedures, emergency room visits, and hospital stays that these persons engender. Mental health professionals working in primary care settings may find this book of particular interest.

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Patricia Furer and John R. Walker are engaged in clinical research on anxiety disorders at the University of Manitoba in central Canada. Murray B. Stein is a seasoned investigator and clinician at the University of California in San Diego. These authors clearly bring their collective expertise to this publication.

This book focuses primarily on cognitive behavioral-therapy as a treatment intervention. The authors are careful to say that their approach is not for everyone and always urge a neutral position with respect to the possible presence of a threatening illness. Unlike the proverbial hammer to which everything looks like a nail, the authors address specific patients with symptoms that need a uniquely effective approach. The thorough literature review, instructive case examples, sample handouts, and common-sense approach lend credence to their approach. An excellent chapter on pharmacological treatments adds value.

The research described, limited to health anxiety, is sparse and at times

tangential and includes clinical trials with control groups that are not blind. So the reader is unsure whether the generally successful outcomes of cognitive-behavioral therapy result from its content or from time spent in a special relationship with a caring therapist.

Clinical examples illustrate response prevention, an intervention in which an anxious patient's repeated reassurance seeking and checking for symptoms are systematically discouraged and exposure techniques that ask patients to write down their worst fears in detail then read them repeatedly. Both techniques have been demonstrated to reduce anxiety. Learning appropriate ways to discuss and deal directly with death and with loss of health, a loved one, or a friend

has proven to be helpful. A chapter on children's issues notes that "avoidance, distractions, and reassurance-seeking give fears more power; facing fears gradually and in a controlled manner will reduce them." This chapter has useful advice for parents, teachers, and clinicians.

The final chapter on aging describes situations in which excessive anxiety or somatization accompanies obvious physical illness. A well-described, systematic regimen for managing somatizing patients is demonstrated to reduce costly emergency visits. Regularly scheduled brief visits with a primary care clinician focus first on making the patient feel understood and then on gradually introducing connections between stress and physical symptoms. ♦

many of these sections are quite useful, some are overinclusive and thus unlikely to diminish the desire for consultation with an internal medicine or surgical colleague.

Ultimately, the authors appear to have succeeded in creating a practical reference tool for medical students, interns, junior residents, and perhaps some attending psychiatrists in the assessment and management of somatic problems among patients cared for in inpatient psychiatric settings. It remains to be seen whether it will have any impact on the tendency toward medical or surgical consultation or referral to emergent medical settings. However, this is one of several efforts to consider practice guidelines for the management of patients, and the authors should be commended for their efforts. ♦

## Handbook of Medicine in Psychiatry

*edited by Peter Manu, M.D., Raymond E. Suarez, M.D., and Barbara J. Barnett, M.D.; Arlington, Virginia, American Psychiatric Publishing, 2006, 605 pages, \$74 softcover*

**David Gitlin, M.D.**

This textbook lays bare its goal in the preface, to "reflect the [medical] realities confronting clinicians in self-standing inpatient psychiatric settings." The lead editor, Peter Manu, M.D., has been addressing these realities for years as the director of medical services at Zucker Hillside Hospital, a large, academic free-standing psychiatric hospital. Manu has previously attempted to address the issues of medical presentations with psychiatric patients during his many years of well-received workshops and conferences at the annual American Psychiatric Association meetings. Here he and his colleagues have attempted to pull together a comprehensive approach to the problem facing psychiatrists in these settings, how to rapidly and adequately

assess evolving medical symptoms of their patients.

Much like the classic *Merck Manual*, this text is organized by organ systems but with a primary focus on specific somatic symptoms or abnormal laboratory findings. Each chapter begins with an elementary discussion of the clinical presentation of that symptom as well as a solid review of the differential diagnosis. Unfortunately, many of these discussions of presentation and differential diagnosis are extremely basic, written more for medical students' or interns' understanding. Practicing psychiatrists will likely find these sections of lesser value. However, each chapter concludes with a useful focus on the appropriate assessment of a symptom of psychiatric patients. Virtually every chapter includes a helpful algorithm to determine whether the symptom is of an urgent nature and whether emergency medical assessment or intervention is indicated. Although

## Bipolar Depression: A Comprehensive Guide

*by Rif S. El-Mallakh and S. Nassir Ghaemi; Arlington, Virginia, American Psychiatric Publishing, 2006, 277 pages, \$49 softcover*

**Victoria A. Shea, M.D.**

This paperback book is devoted to bipolar depression. Clinicians, especially those who treat patients with bipolar disorder longitudinally, will find the book useful. The long-term course of bipolar illness is often complicated by periods of increasingly treatment-refractory depression. Clinicians are often faced with the dilemma of initial-onset depression—determining whether the depression is a part of bipolar or unipolar illness—and worry about antidepressant-induced mania.

The book has two editors; one is Rif S. El-Mallakh, who is the director of the Mood Disorders Research Program and associate professor in the Department of Psychiatry and

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Behavioral Sciences at the University of Louisville School of Medicine, is the major contributor to the treatment section of the book, in particular discussing the use of lithium and anticonvulsants, antidepressants, and antipsychotics in the treatment of bipolar depression. S. Nassir Ghaemi is the director of the Bipolar Disorder Research Program at Emory University. Dr. Ghaemi has authored other books and numerous articles on clinical psychiatry. Interestingly, Dr. Ghaemi obtained a postdoctoral master's degree in philosophy and authored a book titled *The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Illness*.

The chapters are written by various contributors, and the covered topics include diagnosis, biology, special topics, treatment, and prevention, divided into 11 chapters. The authors have done extensive literature reviews to accompany each chapter, so if the reader decides to delve further into the subject matter, the information is easily accessible. The subtitle claims that this is a comprehensive guide, which is a bit misleading. The treatment of the multiple subjects relating to bipolar depression in the book is perhaps more accurately described as a "review." The strength of the book is in its scope, and the weakness is the lack of depth of the subjects covered.

The topic of bipolar depression is an important one, as depression is most often the first manifested illness in bipolar disorder. It would be helpful to be able to distinguish the phenomenology of depression in bipolar disorder from unipolar depression. The authors point out that there is a list of symptoms that are more common in bipolar depression than in unipolar depression, including, "atypical symptoms, psychosis, depressive mixed state, anxious or agitated depression, anergic depression, irritability or anger attacks."

In the first several chapters, the authors pay attention to such issues as the complexity of the phenomenology of manic states, especially mixed manic states; the problems in differ-

entiating the ever-popular attention-deficit hyperactivity disorder from bipolar illness; and the complexity of personality disorders, especially borderline personality disorder, which have overlapping symptoms.

Although there is no philosophical bent to the current book, Dr. Ghaemi

gives the background on why bipolar depression needs to be understood more clearly, which is one of the highlights at the beginning of the book.

In addition to this book, the reader may want to review texts that cover the whole syndrome of the bipolar diathesis. ♦

### **Integrative Treatment for Borderline Personality Disorder: Effective, Symptom-Focused Techniques, Simplified for Private Practice**

*by John D. Preston, Psy.D.; Oakland, California, New Harbinger Publications, 2006, 177 pages, \$24.95 softcover*

**Andrew P. Levin, M.D.**

**I**n this brief but wide-ranging text, John Preston strives to integrate the extensive literature on the diagnosis and treatment of borderline personality disorder with particular emphasis on the formulations and techniques of Marsha Linehan (1). A neuropsychologist and American Board of Professional Psychology member in counseling psychology, Preston has also authored the popular and useful *Handbook of Clinical Psychopharmacology for Therapists*. This new text serves an analogous function: to distill essentials of the area of treatment of borderline personality disorder for the outpatient therapist. Preston speaks in an unpretentious, nontechnical style accessible to practitioners from a variety of disciplines. His stated goal is to help them navigate the daunting responsibility of treating borderline personality disorder in the "brief" treatments—weekly sessions for six to 18 months—dictated by current economic realities.

The first half of the book reviews various diagnostic schemes and explanatory frameworks for borderline personality disorder. Ambitious in its scope, this section is loosely present-

ed and at times repetitive, shifting rapidly between multiple perspectives. The relative superficiality of the discussion and lack of attention to the contradictions in current formulations of borderline personality disorder are expectable shortcomings for such a brief overview, which also reflects the inherent weakness of the diagnosis of this disorder. Preston favors psychoanalytic formulations, touching briefly on possible neurobiological underpinnings and the traumatic origins of the disorder. The discussion gives relatively short shrift to trauma despite the growing evidence of traumatic antecedents among a majority of patients with the disorder. A more powerful approach, as Preston himself suggests, might have been to focus on several distinct groupings—the affectively disturbed patients with the disorder who have mood instability identified in the *DSM*, those with prominent attention and learning difficulties, individuals along the schizophrenia spectrum, and persons with a strong trauma history who present with "complex posttraumatic stress disorder" (2). Appropriately tailored treatment approaches exist for each of these groups. Nonetheless, Preston succeeds in providing a user-friendly framework for identifying and interpreting behaviors of patients with borderline personality disorder, an essential "grounding"

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for the therapist embarking upon treatment.

The second half of the text presents techniques for addressing the core manifestations of the disorder including cognitive dysfunctions and distortions, interpersonal instability, emotional dysregulation, intense anger, primitive defenses, and ease of regression. The techniques of Linehan's dialectical behavior therapy—such as challenging characteristic automatic thoughts and core beliefs, grounding, affect management, and reduction of self-destructive behaviors—form the centerpiece. Additional forays into psychopharmacology and sleep maintenance are useful additions for the nonpsychiatrist. Like the descriptive and theoretical discussions, the approach is wide ranging but somewhat disappointing because of its disorganized and repetitive presentation—headings and subheadings are particularly confusing.

Despite these organizational problems, the author presents many useful principles and techniques, particularly around the development of clearly defined goals for the treatment. The discussion of limits was especially clear and applicable. Although one might long for more detail, Preston fulfills the goal of a brief and highly accessible introduction for the therapist unfamiliar with this area. Interested readers can explore the excellent bibliography to deepen their understanding and strengthen their armamentarium before going into battle. ♦

### References

1. Linehan M: Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York, Guilford, 1993
2. Van der Kolk B, Roth S, Pelcovitz D, et al: Disorders of extreme stress: the empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress* 18:389–399, 2005

## Brain Science and Psychological Disorders: Therapy, Psychotropic Drugs, and the Brain

by F. Scott Kraly, Ph.D.; New York, W. W. Norton, 2006, 256 pages, \$23.95

Paul Noroian, M.D.

What is going on in the brain of a person suffering a debilitating psychological disorder?" This is the question posed by F. Scott Kraly in the preface to his new book, *Brain Science and Psychological Disorders*. The book aims to provide an overview of the science behind our understanding of psychopathology and psychiatric treatment. The book addresses mental illness from the synapse, to the problem behavior, to the prescription. Early chapters deal with the etiology and treatment of psychiatric disorders. The book then reviews our current understanding of how the brain and nervous system work, including a

summary of neuroanatomy and neurophysiology. It closes with the scientific theory behind major psychiatric disorders and with the author's perspective on research into these disorders.

One consistent theme of the book is how little we know about the neurochemistry of the brain, especially as it relates to behavior. Kraly points out how treatments for mental illness are based on their effectiveness in reducing symptoms and suffering and not necessarily on an understanding of how they act on the brain. He reviews the process by which medications are approved by the Food and Drug Administration and reminds us that mechanism of action is not a criterion for approving new psychotropic medicines. In clinical vignettes, the book addresses the challenges faced by

patients in making sense of their symptoms and the challenges faced by clinicians in explaining how illnesses develop and how treatments work.

Kraly outlines how our knowledge of psychopharmacology has informed our understanding of how the brain works and how it breaks down. He devotes a chapter to how nerve cells communicate with each other. The book highlights the complexity of the neurotransmitter-receptor interaction and how synaptic processes form the basis for an understanding of behavior and pathology. A central point of the book is that both drugs and psychotherapy alter the neurochemistry of the central nervous system and that these changes form the common scientific basis for different treatments. In reviewing the major classes of psychiatric illness, the book presents data on the neurotransmitters and brain regions associated with the disorders. The book also provides schematic diagrams of the pathways in the brain associated with the disorders. Specifically, the book devotes a single chapter to each of the following disorders: depression, mania, anxiety disorders, substance use disorders, bulimia, anorexia, attention-deficit hyperactivity disorder, and schizophrenia.

*Brain Science and Psychological Disorders* is a useful tool for students in the mental health fields. It outlines the basic science of the brain, behavior, psychopathology, and psychiatric treatment in a clear and concise manner. Practicing clinicians will appreciate the connection of specific conditions and treatments to their basic science roots. The clinical vignettes remind us of how the basic science is relevant to our patients and their treatment, though I would prefer that the author had avoided describing patients as "schizophrenics" or "anorexics." This text is not exhaustive in its presentation of research and theory in regard to the major psychiatric disorders, and it does not include data on personality disorders and sexual disorders. The information present-

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ed about placebos and pharmacotherapy is simplified.

However, the book serves as an introduction to brain science. It is not written for the research scientist and is not meant to guide the treatment of patients. Ultimately, the book re-

minds us of the great strides made in understanding and treating mental disorders. It also makes us painfully aware of how little is known about the processes that underlie mental illness and how difficult it is to answer to the author's opening question. ♦

## **Shock: The Healing Power of Electroconvulsive Therapy**

by Kitty Dukakis and Larry Tye; New York, Avery, 2006, 304 pages, \$24.95

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

Judy Garland, Thomas Eagleton, Connie Francis, Jimmy Piersall, Frances Farmer, Janet Frame, Cole Porter, Tammy Wynette, Gene Tierney, Martha Manning, Leonard Roy Frank, Vladimir Horowitz, Ernest Hemingway, Sylvia Plath, William Styron, and Dick Cavett. Virginia Cunningham, Randle Patrick McMurphy, Chief Bromden, and Homer Simpson. Stelian Dukakis, Al Peters, and Kitty Dukakis. What all of these individuals, who have been in the public eye, have in common is that all have been treated with electroconvulsive therapy (ECT). The last in the list, Kitty Dukakis, is the coauthor of *Shock*. Stelian Dukakis and Al Peters are her brothers-in-law. Dukakis's companion in the writing of *Shock* is Larry Tye, whose other credits include stints as a journalist for the *Boston Globe* and a journalism pro-

fessor at various Boston universities.

Dukakis and Tye have put together a book that is much like a seven-layer cake. They write alternating chapters with quite different textures. Dukakis's chapters are entirely first-person accounts; Tye takes us through the entire history of ECT. Together the two separate parts work much better than either would standing alone.

Dukakis provides a no-holds-barred presentation portraying the depths of her depression, the extent of her alcohol and substance abuse, and the degraded states that the combination of the two led her to. Her existence at nadirs is realistically and painfully portrayed. Her concerns about initiating ECT are amplified beyond what many might fear about this procedure. Her concerns were magnified by Stelian Dukakis's problematic experiences with ECT when he was a college student.

Tye presents a thoughtful analysis of the waxing and waning of the popularity of ECT. He makes a very good

case for its more recent reemergence as a bonafide treatment with progressively greater acceptance. He describes the exploits of the earliest proponents of ECT and gives great credit to its more recent champions, contrasting them with "most psychiatrists [who] were willing to give up without a fight, dropping the 'dirty drug' of electroconvulsive therapy in favor of shelves full of psychopotions and renewed faith in Father Freud."

Although quite well written and engaging, the book has some minor missteps that are somewhat off-putting. Tye consistently refers to persons with mental illness as "the mentally ill." Medications are sometimes misspelled, for example, clozapine is spelled "chlozapine." State hospitals are referred to as "nut houses."

Both Tye and Dukakis address the issue of the memory loss, and both do so thoroughly and thoughtfully. Dukakis presents a personal cost-benefit analysis about memory loss and concludes, "The control electroconvulsive therapy gives me over my disabling depression is worth this relatively minor cost. It just is. It's a quid pro quo, like everything we do in life."

*Shock* is recommended to all professionals not only to inform themselves about the history and current state of ECT but also so they can recommend it to patients. Any patient considering ECT would do well to read Dukakis and Tye's take on this intervention. There is no better material currently available that would allow a patient to provide true informed consent for ECT than reading *Shock* cover to cover. ♦

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