Recovery From Schizophrenia: An International Perspective

edited by Kim Hopper, Glynn Harrison, Aleksandar Janca, and Norman Sartorious; New York, Oxford University Press, 2007, 392 pages, $89.50

Frederick J. Frese, Ph.D.

This volume is based on the findings of the International Study of Schizophrenia, a project coordinated by the World Health Organization. The book has some 69 contributors from around the world. The first three editors, Kim Hopper, Glynn Harrison, and Aleksandar Janca, are from the Nathan S. Kline Institute in the United States, the University of Bristol in the United Kingdom, and the University of Western Australia, respectively. Norman Sartorious is the previous director of the Division of Mental Health at the World Health Organization.

Although somewhat difficult to navigate, this book offers some valuable and interesting information on schizophrenia worldwide. This work focuses on the results of a global longitudinal study of persons with schizophrenia by the World Health Organization. It concentrates on findings from 16 cities in 12 countries around the world. The International Study of Schizophrenia encompasses several treated incidence cohorts, primarily from earlier World Health Organization studies, with results supplemented with data from several Asian locations. In total, information was collected on 1,043 individuals, with follow-up times ranging from 12 to 26 years.

The book is laid out in a systematic manner. After the initial seven chapters describe the background and overall findings of the study, 16 chapters follow, each describing the studies in the different geographic locations. These chapters are grouped in clusters. Three centers—Agra, India; Cali, Colombia; and Prague—had been part of a World Health Organization study beginning in 1968 and had a 26-year follow-up period. Findings from a 15-year follow-up period are included from an additional seven locations: Chandigarh, India; Dublin; Honolulu; Moscow; Nagasaki; Nottingham, United Kingdom; and Rochester, New York.

Findings from three additional centers—Groningen, Netherlands; Mannheim, Germany; and Sofia, Bulgaria—where cohorts were followed for 14 to 16 years, are reviewed in a third group of chapters. Next are three chapters overviewing retrospective findings from centers in Beijing, Hong Kong, and Chennai, which the authors indicate were included to strengthen the "cultural diversity" of the report.

Finally, the book has an exhaustive tabular summary, comparing and contrasting the data from the various centers.

I found the organization of this work to be very complex. I had difficulty keeping in mind the differences in the parameters of the several substudies being reported. Nevertheless, the findings are most interesting. One salient finding reflected throughout the text is that schizophrenia seems to have a less disabling course in developing countries. Also the recovery rates reported in all locations tend to be considerably higher than those generally expected for persons diagnosed as having schizophrenia, raising significant questions about the traditional premise concerning the deteriorating course of the illness.

One caveat should be mentioned. The manuscript for this book was completed in 1999. There has been an unexplained, lengthy delay in its publication. Potential readers should be aware that information in this volume is more dated than one would expect in a volume with a 2007 publication date. ♦

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The Truth About Health Care: Why Reform Is Not Working in America

by David Mechanic; New Brunswick, New Jersey, Rutgers University Press, 2006, 228 pages, $26.95

John Bischof, M.D.

I thought as I read the title of this book, "Finally someone who knows what's what and is willing to say it." In *The Truth About Health Care*, David Mechanic, director of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University and national director of the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research, provides a thorough and thoughtful summation of the challenges we face. He starts out strong on the first page, stating the problem plainly: "American values and culture, reliance on markets, and the decentralized character of health care markets and professional groups and their local cultures prevent steps to achieve a more rational system of health promotion, health care provision, and reasonable cost constraints."

Mechanic proceeds to detail the dilemmas we face: 46 million people without health insurance and many more with glaring gaps and limitations in continuity and coverage; the challenges of chronic disease and end-of-life care; rampant medical error; soaring costs, especially of pharmaceuticals; problems of nosology and etiology, especially in mental health; the continuing trend toward specialization over primary care; growing socioeconomic, racial, and ethnic disparities; and the neglect of long-term care.

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Reeling from such a list, I found myself thinking that the truth about health care is that it's an unmitigated mess. Interspersed among all this, however, are fresh insights about cultural and ideological context, issues of trust and medical leadership, and a call for "a new kind of professionalism built around evidence-based collegial processes and quality-assurance programs supported by advanced information technology, well-developed disease management programs, and a team of supporting professionals."

The book then travels quickly through a brief look at evidence-based medicine and quality improvement initiatives, both individual- and population-directed efforts, then on to a vigorous discussion of rationing—including another strong statement: "inequities in access and provision of high-quality care contribute to our embarrassingly poor performance on morbidity and mortality indicators compared with countries that are much less affluent." The author then revisits the issue of trust and makes a more specific case for a renewed culture of medical professionalism.

The book ends with a call to the challenge of change and encouraging incremental and collaborative efforts, covering the uninsured, adopting evidence-based practices, reinvigorating primary care, meeting the chronic care challenge, increasing post-marketing monitoring, regulating the pharmaceutical industry, reducing administrative costs, and developing health care facilities, workforce, and technology. On the final page, Mechanic ends with a series of blunt, declarative values statements. "Medical systems are complicated, but organizing and providing quality care is not rocket science." "The cost of extending health coverage to the 46 million people now uninsured and guaranteeing a system that is universal for all is clearly within our technical and economic capability." "American health care is not only not the best, as we like to brag; it is too often an embarrassment."

Change for the better he asserts, is "an issue of will and commitment." Commitment to what? To truth, I suppose. Now if we could only all agree on what the truth is, that would be a start. ♦

Handbook of Public Policy

edited by B. Guy Peters and Jon Pierre; London, Sage Publications, 2006, 512 pages, $130

Nancy T. Block, M.D.

As a handbook intended "to cover the area of public policy studies," an entire specialized field of social theory and practice, *Handbook of Public Policy* is by necessity wide ranging and weighty. Over 500 pages in length, in small print—quotes and footnotes smaller yet—it is a compendium of 28 essays, with an ample introduction and contributions by 33 authors, including the editors, from ten countries. It is, not surprisingly, written from the perspective of the field's insiders and, one might surmise, would mainly serve the needs of graduate students and other serious inquirers willing to immerse themselves in its idiosyncratic language and culture. The appeal to this audience is evident in the first of the book's three sections, titled "Making Policy," and its eight chapters address the history, theories, and concepts that define this field of study.

To the uninitiated, digesting much of this material, replete with specialized words and usages as well as references to seminal writings with which the reader might not be familiar, can be difficult as one strives to follow the scholarly discussions of public policy as it evolved as a social science from its inception at mid-20th century to the present. Though this volume is well indexed, there is no handy glossary to guide the neophyte through the woods.

The development of this young social science, closely related to political science and economics with some blending in of insights from anthropology, psychology, and other academic disciplines, has been fueled by an increasing demand by governments and other decision-making bodies for expert analysis and advice concerning past and future policy choices. Inconsistencies in the application of the "policy sciences" to governance is a concern discussed lucidly in the second chapter, whose authors posit that the very complexity of major societal problems and the preoccupation of elected officials with political expediencies frequently discourage them from adopting an analytic view of policy choices when under pressure. The vagaries of human emotions and motivations, in other words, trump rationality much of the time. This, of course, is not news to the psychiatric community.

Most easily comprehended and interesting are the 14 essays in the second section, titled "Substantive Policy Areas," which covers a discrete topic of practical concern in modern society. Chapters on health policy, cultural policy, and criminal justice policy are especially enlightening, sometimes startling, and relevant to issues in mental health. For instance, the number of people incarcerated in the United States increased five fold between 1970 and 2003, while crime was actually diminishing.

The third section, titled "Evaluating Policy," contains six more essays including one on ethics and public policy. The shortest chapter is not least important, because it deals with the tension between simply applied monetary cost-benefit analysis and humanitarian considerations, such as the value of quality of life and fairness to the individual. Thoughtfully conceived and written, embodying the insights of numerous international scholars, this handbook might best serve the mental health field as a reference for administrators and other policy makers, though selected essays may have more general appeal. ♦

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The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization

by Onno van der Hart, Ellert R. S. Nijenhuis, and Kathy Steele; New York, W. W. Norton, 2006, 420 pages, $49.95

Maxine Harris, Ph.D.

Declaring that a particular work is the definitive book on a given subject is always risky. Most fields change rapidly, and there are constantly new things to learn or, at the very least, new ways to integrate old ideas. That said, Onno van der Hart, Ellert R. S. Nijenhuis and Kathy Steele have come as close as I can imagine to writing the definitive book on trauma, dissociation, and the complicated treatment of these disorders. Their book, *The Haunted Self*, is an elegant integration of theory, research, and clinical practice about the struggles endured by survivors of complex and repeated trauma.

The authors propose a phase-specific understanding of the treatment of trauma survivors that respects the splits in the personality caused by traumatic events. An "apparently normal part of the personality" holds narrative memory and attempts to go on with daily life, using the ego functions of planning, exploring, and reasoning. At the same time, at least one and often several "emotional parts of the personality" remain stuck in an action pattern that was initiated at the time of trauma and was principally defensive in nature. The goal of treatment is a resolution of these structural splits in the personality and a more whole and flexibly functioning individual.

The authors combine this basic understanding of structural splits with an appreciation of the various action patterns used by the individual and the energy level and energy efficiency required to integrate parts of the personality. Although their theoretical reasoning is complex, it brings together biological, psychological, and social understandings of the individual in a way that makes both intuitive and intellectual sense.

When the authors turn specifically to treatment in the last part of their book, they wisely combine general clinical perspectives with very practical suggestions that flow from their understanding of phase-specific needs. For example, there are several specific suggestions for how to handle extra and urgent phone calls from trauma survivors that respect the individual's struggles with attachment and the loss of attachment. All three authors are experienced clinicians and their suggestions reveal that their theoretical constructions are well grounded in direct practice.

This book is not easy. It is dense and rich in material, and the ideas it tackles are complex. After reading the book, I attempted to share some of the most exciting ideas with a group of young clinicians who were learning to implement the trauma recovery and empowerment model for working with survivors (1). Most of them listened dutifully, but were somewhat confounded by the ideas, confirming my suspicion that *The Haunted Self* will be best appreciated by clinicians more familiar with trauma theory and practice. On the other hand, I shared some basic ideas in a psychoeducationally based, skills-focused trauma group with inner-city, trauma survivors with dual diagnoses, none of whom had completed more schooling than high school, and they got it immediately. The ideas of structural dissociation—complicated for beginning clinicians—made immediate sense to women with lived experience of trauma, confirming my belief that the authors could not be more right in what they have to teach us. ♦

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Managing Suicidal Risk: A Collaborative Approach

by David A. Jobes; New York, Guilford, 2006, 222 pages, $30

Douglas G. Jacobs, M.D.

David Jobes, a leader in the field of suicidology, has provided the reader with a psychological approach to the suicidal patient. There are many useful aspects of *Managing Suicidal Risk*, including an emphasis on the importance of risk assessment that takes into account the patient's perception of his or her own psychological pain, important symptoms such as agitation and hopelessness, and specific elements of a suicide inquiry. Jobes has developed a suicide assessment form, entitled the Suicide Status Form, that has multiple categories that can assist a clinician in organizing an approach to suicide assessment. The categories include a patient's self-rating, clinician inquiries into multiple clinical areas, a mental status exam, a traditional multiaxial diagnoses, and assessment of overall risk.

Jobes states that the application of this form will lead to a determination of suicide risk. Furthermore, the application of this form is based upon the premise of suicidality as the core problem. The reader needs to understand that this focus has limitations. It is known that suicide occurs across the entire spectrum of psychiatric diagnoses. In fact, 90% to 95 % of patients who commit suicide have a major psychiatric syndrome. Suicidality can occur in the context of an acute depressive illness, a schizophrenic episode, or the end stage of alcoholism. The approach to suicidality among these patients very much requires an inclusion of a biological approach. I would certainly agree that a unitary approach is unwise in the treatment of a patient who is experiencing suicidal impulses. However, the exclusion of the biological treatment of a depressive disorder is unwise.

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In the preface, Jobes accurately portrays the current status of suicide assessment in terms of the limitations of suicide scales and the inability to predict suicide. Jobes's approach and characterization of the suicidal patient appears to have its application in the treatment of suicidality as a component of personality disorders. The therapeutic alliance is a critical aspect of the management of these patients. Working with the patients on their coping styles and helping them understand what suicide means to them can be a critical asset in their treatment. Although Jobes gives important admonitions about the application of suicide contracts, his approach very much embodies positive aspects of a suicide contract, that is, the necessity of building a strong therapeutic alliance. Having patients take some responsibility for their suicidality is not only important but may be necessary in the management of the chronically suicidal patient.

In addition, he offers useful interviewing strategies, such as having the patient sit by the interviewer's side. This empathetic approach has been discussed previously by Leston Havens (1). Of course, this type of suggestion would need to take into account character styles of certain patients who may find physical closeness uncomfortable. The risk management section is one of the stronger parts of the book, in terms of reminding the clinician of the need to document risk on a timely and regular basis. Clinicians can learn a lot about understanding suicide risk by reading this book. Whether or not they choose to use a form, it has to be their own choice. A form is not recommended by this reviewer, but rather a structured approach, which one can glean from Jobes's work. Furthermore, clinicians need to understand that 60% to 70% of persons who commit suicide have an affective disorder that is best treated by a combination of medication and psychotherapy. ♦

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Personality-Disordered Patients: Treatable and Untreatable

by Michael H. Stone; Arlington, Virginia, American Psychiatric Publishing, 2006, 269 pages, $47 softcover

Thomas A. Simpatico, M.D.

Some of us tolerate ambiguity better than others, and sometimes we all must tolerate it because we simply lack the data or the necessary analytic powers to achieve the desired synthesis. Those of us who are fortunate enough to possess the talent for integrative clarity can provide major theoretical and clinical insights to the rest of us. Presumably, as a consequence of the difficult and diverse nature of the subject matter, psychiatry has had a more difficult time than the rest of medicine agreeing upon a conceptual framework. One unfortunate consequence of this predicament is that many critical formulations have been simplified to the point that they impair our capacity to conceptualize and communicate the complexities of our specialty.

In his classic work *Borderline Conditions and Pathological Narcissism*, Otto Kernberg helped us think in terms of organizational gradations. Concepts such as borderline character organization, although requiring more academic rigor at the front end of the learning curve, ultimately rewarded the student clinician with an elegant and formidable schema with which to understand and communicate clinical phenomena.

In *Personality-Disordered Patients*, Michael Stone carries on in the pedagogical tradition of Kernberg. He provides the reader with a series of rich, diverse, and astute clinical characterizations that are impressive in their scope and organization. Therapists will readily recognize their own patients in the plentiful case studies distributed throughout the book; they will gain practical insights that will help them determine which of their patients are most likely to benefit from their efforts and when psychotherapy is likely to fail.

Stone, who is a professor of clinical psychiatry at the Columbia University College of Physicians and Surgeons, clearly describes the attributes that affect the amenability of personality disorders to psychotherapy. He focuses on qualities largely within the sphere of object relations, such as the ability to think about oneself and others, to identify feelings, to be hopeful, to be capable of compassion and candor, and to be motivated for treatment. He generously shares insights he has amassed over years of practice and provides ample guidelines for evaluating patients. He pays particular attention to patients with borderline character organization and methodically identifies clusters of qualities that, although under one *DSM-IV-TR* rubric, prove to have varying levels of amenability to treatment.

In the final chapters, Stone address the most severe aberrations of personality and the limitations they impose on the effectiveness of therapy. What remains obvious throughout the book is the compassion he has for his patients even as he describes the phenomenology of their illnesses with the precision and rigor of a scientist.

Mental health clinicians and researchers should carefully study *Personality-Disordered Patients*. This eloquently written work provides a framework of practice-oriented precepts that will be of everyday use to experienced professionals, as well as to psychiatric residents and graduate students in training. It is a book to which the mental health professional will return, year after year, to validate clinical impressions, to gain assistance in conceptualizing difficult problems, and to simply be nourished and fortified. ♦

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Mood and Anxiety Disorders in Women

edited by David J. Castle, Jayashri Kulkarni, and Kathryn M. Abel; New York, Cambridge University Press, 2006, 290 pages, $52

Kathleen P. Whitley, M.D.

Physicians and medical researchers have long known that certain psychiatric disorders are diagnosed with greater frequency among women than among men. Major depression, dysthymia, seasonal affective disorder, panic disorder, social phobia, and generalized anxiety disorders are diagnosed for women at rates that range from 1.6 to six times those for men. An increasing amount of research has been published over the past 20 years focusing on gender differences in the etiology, symptom patterns, and effective treatment of these disorders.

David Castle of the University of Melbourne, Jayashri Kulkarni of Monash University, and Kathryn Abel of the University of Manchester have brought together experts from Australia, the United Kingdom, Canada, and the United States to write a series of thorough yet concise reviews on the subject of mood and anxiety disorders among women. Each chapter of their valuable book focuses on one aspect of the general topic, from the initial emergence of the "gender gap" in mood disorders during adolescence to the clinical aspects of anxiety and depression during women's senior years.

The writing is clear and succinct, and the discussions are broad based and well supported with references to recent research. Developmental, social, cultural, biological, and psychological factors are all considered. Some of the specific areas addressed include hormonal influences on depression during childbearing years and during menopause, domestic violence and its impact on mental health, posttraumatic stress disorder, and special issues for women with bipolar disease. The chapter on pharmacological treatment of anxiety and depression during pregnancy and lactation provides extremely helpful recommendations on a clinical management challenge that constantly confronts physicians. However, I find it difficult to praise one chapter over another because every one was filled with useful data for researchers, clinicians, educators, and health care administrators.

Mood and Anxiety Disorders in Women is an excellent overview of selected mental disorders that disproportionately affect women. Clinicians in both inpatient and outpatient mental health practice will find it a valuable guide to understanding these disorders and to current treatment practices. Although written primarily from the perspective of psychiatry, clinicians working in family practice, adolescent medicine, gynecology, and public health will also find it useful in treating the women under their care. Training programs will also want to purchase this book as a reference for psychiatric residents and trainees who have few other texts that provide such a complete review of important diagnostic and treatment issues in women's mental health. ♦

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Essentials of Clinical Supervision

by Jane M. Campbell; Somerset, New Jersey, John Wiley and Sons, 2005, 304 pages, $34.95 softcover

William Vogel, Ph.D.

This book is a primer and introduction to the practice of clinical supervision in the mental health field, and as such it should be of interest to anyone who is training to be a supervisor in the field. The various chapters cover all the basics: ethical and legal issues in supervision and models and techniques of supervision.

The author argues that although outstanding teachers and clinicians are generally nominated to be supervisors, the skills that mark good teachers and good clinicians are not necessarily those that make good supervisors. Supervision, she argues, is a profession in its own right, demands special training, and requires special skills all its own. It is vital that the supervisor "recognize the need of supervisees for safety and support, that they understand the reciprocal nature of supervision and the need to promote mutuality of respect; and that they are able to take into account the developmental nature of supervision, and be flexible, and open to customize the supervisor's role."

Three chapters address the different problems associated with the supervision of students who are at the beginning, intermediate, and advanced stages of training. The author makes the vital point that the supervisor must be thoroughly aware of the level at which the supervisee is practicing, because different techniques are appropriate depending upon the supervisee's level.

At the beginning stages of training, it is vital to offer emotional support and reduce the trainees' anxiety. When dealing with beginners, it is important to remember the "golden rule of supervision: treat supervisees the same way you wish to be treated and the same way you wish them to treat clients . . . it is most important to emphasize relationship issues other than techniques . . . ask supervisees what they need and want from supervision."

In the intermediate stage, the main tasks are "to move supervisees toward independent functioning and decision making, and to always keep in mind the potential for harm in not challenging supervisees when their behavior might be harmful to the wel-

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fare of the client." Campbell stresses the vital need for the use of supervising techniques other than process notes, such as, "using videotape early in the supervisory relationship before problems get out of hand."

In the advanced stages of supervision, "the supervisor must use a collegial rather than a didactic model." The focus in supervision "should be on innovation, research, new theories and intervention strategies, and the continuous integration of these new materials into current practice."

Finally, the book includes a chapter on ethical and legal issues in supervision by Barbara Herlihy, a colleague of Campbell. The chapter deals with a number of issues with which too few supervisors are aware. For example, the supervisor is responsible to a greater or lesser degree, depending upon specific aspects of the supervisory situation, "for the supervisees' negligent acts . . . the lack of supervisors' awareness is not an adequate defense." The legal formula is that the supervisor "knew or should have known" of the supervisees' negligent behavior." If the supervisor's name is on the report, it may be very bluntly put: "if you sign, it is thine."

In summary, this is a well written, useful book that is worth purchasing. It is equally instructive for all mental health professionals, such as psychiatrists, psychologists, social workers, couples and family therapists, and nurse practitioners, and I recommend purchasing it. ♦

Child Homicide: Parents Who Kill

by Lita Linzer Schwartz and Natalie K. Isser; New York, CRC Press, 2007, 297 pages, $89.95

Susan Hatters Friedman, M.D.

This book provides a context for understanding the phenomenon of child homicide by parents—filicide—including murder in the first day of life—neonaticide. In addition to mothers who kill, the book addresses their paternal counterparts. Though mothers and fathers kill their children at nearly even rates, research has primarily focused on mothers. The literature review is interspersed with discussions of contemporary cases, which helps readers grasp the personal struggles of some of these parents. Recognizing that filicide risk is multifactorial, the authors discuss the importance of the intersection of factors including poverty, limited social support, and mental illness. Vulnerabilities and stresses of neonaticidal mothers are explicated, and the authors ask readers to consider a woman's options: neonaticide, abandonment, adoption, abortion, or mothering.

Child Homicide is strongest in discussing historical perspectives and suggestions for prevention. Filicide was used as population control in primitive societies with limited resources. Various preventive efforts, such as the ill-fated "baby farms," with their 90% mortality rate, are discussed. Punishments for offenders have evolved, from being tortured and buried alive in medieval France to the current maternal infanticide laws that mitigate punishment in more than two dozen nations. The authors' suggestions for prevention that merit further consideration include sex education that includes teaching decision making and consequences, public service announcements, teen pregnancy prevention, tactfulness of physicians treating teenagers, education about postpartum mood disorders, home visits, attention to adoption and foster home placement, education about disciplinary strategies other than shaking or beating, parenting education about child development, special attention to parents with disabled children, and available prenatal care with medical, social, and psychological support.

Despite these strengths, unfortunately the book suffers from proofreading and organization issues, such as a sudden discussion of neonaticide in the infanticide and filicide chapter and discussion of child murder by stepparents in the neonaticide chapter. One figure is variously referred to as being about infanticide and neonaticide perpetrators, with offenders noted as including stepfathers and babysitters, among others.

Weaknesses also occur in the discussions of postpartum mental illness and legal issues. Postpartum psychosis and postpartum depression are characterized as legal defenses. For example, in discussing postpartum disorders, the authors note, "The most severe (and rarest) form is psychosis, in which the woman does not know the difference between right and wrong; in many states, this must be present if the postpartum depression defense is to succeed." However, postpartum depression and psychosis are usually considered separate entities, and neither is predicated on not knowing right from wrong.

This book may be recommended to clinicians interested in parental mental health, but, because of the aforementioned issues, it may be confusing. Several other recent books on filicide are also available. It is hoped that this book will help alert clinicians to the risks of filicide and neonaticide so that deaths may be prevented. ♦

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