

More important, anyone approaching this book should be aware that while it by no means neglects material from other areas and disciplines in its almost encyclopedic scope, *The Anatomy of Prejudices* gives pride of place to a psychoanalytic point of view. This perspective is responsible for many cogent insights into understanding the individual determinants of the behavior of both perpetrators and victims, and it offers a welcome antidote, as the author intends, to the group-based cognitive and statistical treatment of prejudice that is responsible for much of her criticism.

But it is clear that Elisabeth Young-Bruehl is a true believer in psychoanalytic doctrine. The extent to which one can accept some of her formulations depends on one's skeptical or convinced attitude towards Freudian libido theory and the march of psychosexual development. In addition, some of the conclusions have a reductionistic quality, as psychoanalytic explanation seems to trump all others. Thus to cap an analysis of male sexism by attributing its ultimate cause to an unconscious nostalgic fantasy of the omnipotent phallic woman, or to suggest that obsessional fear and longing for penetration from behind played a role in McCarthyism, has the effect of diminishing the importance of many other more apparent factors responsible for these phenomena.

In this section . . .

Following Paul Chodoff's lead review of *The Anatomy of Prejudices* are several books on psychotherapy in the current treatment era. Two relate to managed care, including its impact on psychodynamic treatment, and others cover brief therapy, treatment planning for psychotherapists, and "essential psychotherapies." Also reviewed are books ranging from sexual psychopharmacology to skills training, memory distortion, and deceit in psychotherapy.

A final problem with *The Anatomy of Prejudices* is that, in her insistence on the multiplicity of prejudices, Young-Bruehl neglects to make clear to her readers what she means by the concept of prejudice itself. What are the common factors that enclose within the same envelope the various different kinds of group dislike that she describes? It is not made clear how prejudices may be distinguished from other forms of discrimination, or from rational group fears such as the concern felt by a liquor store owner when confronted by black males entering his store, or from the negative attitude of some American businessmen toward Japanese competitors.

Young-Bruehl does not seem to be particularly impressed by what she calls the conventional academic understanding of prejudice, but her own failure to delimit the concept has the effect of making its tentacles seem all-embracing, almost universal, thus discouraging efforts to combat its effects. The latter consequence is augmented

by the suggestion in the author's epilogue that antiprejudice educational efforts, to be effective, need to be directed primarily not at the particular prejudice itself but at modifying the various personality structures (obsessional, narcissistic, and so forth) from which prejudicial attitudes emerge. This Herculean task would be made even more difficult by the author's failure to make clear whether all those suffering from the personality distortions she describes are carriers of prejudice, or whether only some of them are, and, in either event, why.

Despite the above caveats, *The Anatomy of Prejudices* is a major contribution to its important field. It is not an easy read, but psychiatrists and other mental health professionals who undertake it will be stimulated. They will become more knowledgeable about one of the significant intellectual currents that influence the world in which they live and work, and that sometimes have a profound influence on their patients' perceptions and behavior.

Impact of Managed Care on Psychodynamic Treatment

edited by James W. Barron, Ph.D., and Harry Sands, Ph.D.; International Universities Press, 1996, 320 pages, \$45

Jay M. Pomerantz, M.D.

This collection of papers, mostly by psychoanalytically oriented psychologists, documents the difficulty these clinicians (and their patients) have with managed care companies. The book abounds with case vignettes in which managed care representatives have curtailed and interfered with ongoing therapy, not only formal psychoanalysis but any long-term or intensive treatment.

Even when sessions are approved, the entry of a suspicious third party drastically alters the therapeutic relationship. Paul M. Lerner, Ed.D., in a chapter on managed care and the borderline patient, makes this point particularly well: "The limited number of sessions and usual prescription that treatment be on a once-per-week basis

do not recognize borderline patients' struggles with trust, conflicts around attachment, and need for containment. The emphasis on medication undermines the need for these individuals to feel and assume responsibility for regulating their own feelings and actions. The omnipresent threat that treatment may be terminated at any time and with minimal warning fuels their sense of helplessness and fears of separation and abandonment."

In another chapter, William S. Pollock, Ph.D., points out that the stigma once reserved for patients with serious

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mental illness is now being projected onto the subgroup of clinicians treating such patients with appropriate long-term dynamic psychotherapy. He takes issue with a dangerous misconception held by many managed care companies—that is, patients are being made dependent on treatment, and psychologists and psychiatrists are encouraging hurtful regression through their own greed, misguided philosophy, or outdated treatment methods.

Dr. Pollock also describes various outcome studies supporting the effectiveness of psychotherapy in treating serious depression, anxiety, and even some psychoses. Although 90 percent of patients may best be helped by simpler, cheaper, shorter interventions, the other 10 percent truly require longer or more intense interventions but are being denied such care.

Jerry A. Morris, Jr., Psy.D., in a chapter on the history of managed care and its impact on psychodynamic treatment, cites prevalence studies indicating that 18.7 percent of the adult pop-

ulation and 11.8 percent of children in the United States suffer from mental illness. In contrast, by trivializing personality development and focusing on only crisis management and psychotropic medication, managed care companies have confined spending on mental health services to only 3 to 4 percent of the overall health care budget. Mental health expenditures are being selectively shortchanged in a "cost shell game."

As one can see from the contributions I have cited, psychodynamic therapists have much to add to the ongoing dialogue with managed care. Psychodynamic clinicians contend that they are not treating the "worried well" in extensive and costly psychoanalysis at third-party expense. Rather, they argue, chronic, severe mental illness often requires substantial and intense treatment. I particularly hope that mental health clinicians in administrative or case review roles for managed care companies read this significant book.

not really like my clients personally and sometimes even inform them honestly, when they ask about my feeling for them, that because of their frequent obnoxious behavior I would boycott them socially if they were not clients") and his statements about his own background and history. Ellis is always most engaging when he is bombastically "in your face." You don't have to agree with him (he probably wouldn't want you to) to be challenged and interested by what he has to say.

In contrast, the Dryden book, although not nearly as lively or personal as Ellis' book, does contain invaluable, practical new material for the therapist working in this approach. Dryden is a professor of counseling at Goldsmiths College of the University of London. The book is laced with potential handouts—such as "Information Sheet on REBT for Potential Clients" and "ABC of Emotional and Behavioural Problems"—and clearly delineated homework assignments. The handout material has ready applicability with clients and could easily be used to help shape a rational emotive therapy with a patient.

About half of *Brief Rational Emotive Behaviour Therapy* consists of transcripts of Dryden's short-term treatment of a woman named Carol who suffers from several social and interactional problems. (One of the first problems she lists is "I find it difficult responding to men that I find attractive.") The case material is interspersed with commentary and recommendations for reading materials, homework assignments, and so on. But even though Carol's case is a useful vehicle for presenting information, I would have preferred the opportunity to read about several contrasting clients and the ways these interventions worked with them.

Both books would be helpful reading for someone interested in learning about rational emotive behavior therapy and would certainly help clinicians who are beginning to thinking about how to incorporate this model into their work. The issue that I found minimally addressed in both books was that of maintenance treatment for

Better, Deeper, and More Enduring Brief Therapy: The Rational Emotive Behavior Therapy Approach

by Albert Ellis, Ph.D.; New York City, Brunner/Mazel Publishers, 1995, 324 pages, \$38.95

Brief Rational Emotive Behaviour Therapy

by Windy Dryden; New York City, John Wiley & Sons, 1995, 248 pages, \$24.95 softcover

Simon H. Budman, Ph.D.

Writing at 81, Albert Ellis seems as enthusiastic and contagiously exuberant about rational emotive therapy, now called rational emotive behavior therapy, as he was more than 40 years ago when he developed the model. *Better, Deeper, and More Enduring Brief Therapy* is truly vintage Ellis, and this is both its strength and its weakness.

It is a clear, thorough exposition of

rational emotive behavior therapy (REBT), hitting all of the key concepts and ideas that Ellis has espoused in minimally changed ways from the start. The problem with the book is that much of what Ellis presents here he has frequently offered elsewhere. Although he makes a point in this volume of looking at current issues like time limits and brevity of treatment, overall the material does not cover much in the way of new ground.

The most interesting "new" material for me was Ellis' personal comments about some of his thinking about patients ("Although I often do

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