Is It Bogus, or Is It Not?

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What in psychiatry is what it appears to be, and what is not? Reviewed here are nine books that cover this question from a variety of angles. Some provide a historical basis for why people believe in unusual phenomena; some provide historical contexts for such things as chronic fatigue syndrome, recovered-memory syndrome, and alien abduction; and others proclaim the wondrousness or the folderol of many current "psychiatric" interventions.

Why People Believe Weird Things

In *Why People Believe Weird Things*, Michael Shermer, director of the Skeptics Society and editor of *Skeptic* magazine, takes on the task of educating us about pseudoscience, superstition, and other confusions of our time. In the foreword Stephen Jay Gould writes, "Skepticism or debunking often receives the bad rap reserved for activities—like garbage disposal—that absolutely must be done for a safe and sane life, but seem either unglamorous or unworthy of overt celebration. Yet the activity has a noble tradition." Shermer lives up to this "noble tradition" with both a macroscopic and a microscopic examination of his subject.

In part 1, the overview section, the author provides operational definitions. A scientific law is "a description of a regularly repeating action that is open to rejection or confirmation." Scientific progress is described as "accumulative growth of a system of knowledge over time, in which useful features are retained and non-useful features are abandoned, based on rejection or confirmation of testable knowledge." Something is pseudohistorical if it is "without supporting evidence and plausibility and presented primarily for political or ideological purposes." And something is most probably pseudoscientific "if enormous claims are made for its power and veracity, but supportive evidence is scarce as hen's teeth." Shermer reminds the reader that "dressing up a system in the trappings of science by using scientific language and jargon . . . means nothing without evidence, experimental testing, and collaboration."

Having set the stage, Shermer moves on to cover pseudoscience, superstition, and such other confusions as psychic power, altered states of consciousness, alien abductions, extrasensory perception, near-death experiences, satanic cults, recovered memory, Ayn Rand followers, fire walkers, UFO-ologists, creationists, Holocaust deniers, and extreme Afrocentrists. As this list indicates, the book moves from some topics that many would endorse as pseudoscience or pseudohistory to other topics that are much more controversial.

Shermer does not shrink from taking potshots where he thinks they are warranted. For example, to the question "Who needs satanic cults?" Shermer answers "talk show hosts, book publishers, anticult groups, fundamentalists, and certain religious groups." Nor does he shrink from specifying what characterizes the phenomenon he discusses. For example, Shermer informs us that a cult is characterized by veneration of the leader, the leader's inerrancy (the leader cannot be wrong), the leader's omniscience, persuasive techniques, hidden agendas, deceit, financial or sexual exploitation or both, absolute truth, and absolute morality.

In the book's conclusion, Shermer provides some answers to why people believe weird things. First, they want to, it feels good, it is comforting, and it is consoling. Second, the belief provides immediate gratification. Third, the belief offers people a morality and a meaning that they can embrace and that does not appear to them to be cold, brutal, infinite, uncaring, and purposeless, as does science. And fourth, the belief gives them an opportunity to live in an environment where hope springs eternal.

Why People Believe Weird Things is an excellent basis for understanding a cornucopia of what many would consider bizarre beliefs and happenings. One criticism is that Shermer briefly covers many subjects but spends disproportionate time on what must be two of his favorite topics: the debate about evolution and creationism, and the debate about whether the Holocaust ever happened. He does provide an excellent background for pursuing further readings in pseudoscience and other confusions as described in many of the other books reviewed here. Shermer's writing certainly reinforced for me David Hume's maxim, as quoted by Shermer: "A wise man proportions his belief to the evidence."

Hystories: Hysterical Epidemics and Modern Culture

Elaine Showalter's *Hystories*—a title combining hysteria and histories—is a fascinating treatise on the subjects of the books reviewed here because it is one of the few that sets these disorders and interventions in historical context. Showalter structures her

In this section . . .

Therapies that may be "crazy," syndromes or treatments that may be unfounded, and phenomena that may or may not exist are what much of this month's book review section is about—the lead review covers nine books about such topics. Changing the pace, other reviewers in the section comment on books about pastoral care, psychoanalytic psychotherapy for seriously disturbed patients, electroconvulsive therapy, and psychiatric–mental health nursing, among other subjects.

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Books covered in this review

Why People Believe Weird Things: Pseudoscience, Superstition, and Other Confusions of Our Time *by Michael Shermer; New York City, W. H. Freeman and Company, 1997, 306 pages, $22.95*

Hystories: Hysterical Epidemics and Modern Culture *by Elaine Showalter; New York City, Columbia University Press, 1997, 244 pages, $24.95*

"Crazy" Therapies: What Are They? Do They Work? *by Margaret Thaler Singer and Janja Lalich; San Francisco, Jossey-Bass, 1996, 263 pages, $23*

A Dose of Sanity: Mind, Medicine, and Misdiagnosis *by Sydney Walker III, M.D.; New York City, John Wiley & Sons, 1996, 260 pages, $19.95 hardcover, $16.95 softcover*

Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA *by Peter R. Breggin, M.D.; New York City, Springer Publishing Company, 1997, 306 pages, $43.95*

Peak-Performance Living *by Joel C. Robertson, Pharm.D., with Tom Monte; San Francisco, HarperSanFrancisco, 1996, 237 pages, $13 softcover*

Natural Prozac: Learning to Release Your Body's Own Anti-Depressants *by Joel C. Robertson, Pharm.D., with Tom Monte; San Francisco, HarperSanFrancisco, 1997, 215 pages, $23*

Hoax and Reality: The Bizarre World of Multiple Personality Disorder *by August Piper, Jr., M.D.; Northvale, New Jersey, Jason Aronson, 1997, 216 pages, $30 softcover*

Children's Past Lives: How Past Life Memories Affect Your Child *by Carol Bowman; New York City, Bantam Books, 1997, 310 pages, $22.95*

Deception and Self-Deception: Investigating Psychics *by Richard Wiseman, Ph.D.; Amherst, New York, Prometheus Books, 1997, 266 pages, $25.95*

book in three parts: Histories, Cultures, and Epidemics. She roots her presentations in the various literatures of the era—she is a professor of humanities and of English at Princeton University—and extrapolates from the literature to the customs of the time.

Those interested in the historical underpinnings of the syndromes she covers will particularly like parts 1 and 2. True historians or history buffs may be frustrated by the overreliance on secondary sources and the not-infrequent lapses into totally unreferenced statements that cry out for sources.

Part 3, which discusses current "epidemics" such as chronic fatigue syndrome, can be read on its own. To go directly to part 3, the reader needs only to understand one or two of Showalter's grounding premises. Basically, she argues that mass hysterias and pseudoepidemics (my term, not the author's) change appearance from century to century, but are basically the same phenomenon. She describes the witch hunts of the 1690s, the mesmerism craze of the 1790s, the hypnotic cures of the 1890s, and the hysterical syndromes of the 1990s. She indicates that "hysterical epidemics require at least three ingredients: physician-enthusiasts and theorists; unhappy, vulnerable patients; and supportive cultural environments."

The "victims" of these pseudoepidemics have generally been women, which allows Showalter to employ a feminist perspective. However, the victims can be of either gender and have ranged from common people through the middle class to the famous and brilliant. Those in the latter category, in the 19th century, included Charlotte Perkins Gilman, Edith Wharton, and Jane Addams among the females, and Teddy Roosevelt, Thomas Eakins, and Frederick Remington among the males.

Not only may part 3 be of most interest to readers of this journal, but it is also where Showalter is the strongest. Her topics here are chronic fatigue syndrome, Gulf War syndrome, recovered memory, multiple personality syndrome, satanic ritual abuse, and alien abduction; using primary sources, she covers the entire history of each syndrome from its origin to the time this book was written. If there were such a thing as a scale of bogusness, Showalter would rate each of these phenomena very high on that scale.

Showalter indicates that for many, having a "real" disorder is far better than suffering from a psychiatric disorder, which is too often seen as unreal, as malingering, or as a form of deceit. Depression, for example, is a far less desirable label to most Americans than is chronic fatigue syndrome, immune dysfunction syndrome, fibromyalgia, or myalgic encephalomyelitis. The patient is only part of the equation here; the doctor is another. The physician does tests and tells the patient he or she has disease X. The physician prefers pronouncing a definitive diagnosis; the patient prefers hearing one; and the two collude.

All of this is not without harm. Showalter indicates that in contemporary American society, "no one has been hung or burned, but scores of innocent people have had their lives destroyed by false accusations, and hundreds of thousands are wasting their lives pursuing costly therapies without relief or cure. . . . Hysterical epidemics of the 1990s have already gone on too long, and they continue to do damage: in distracting us from the real problems and crises of modern society, in undermining a respect for evidence and truth, and in helping support an atmosphere of conspiracy and suspicion. They prevent us from claiming our full humanity as free and responsible beings."

Showalter's *Hystories* is highly recommended. One learns not only what these confusing and questionable disorders are, but also how they came about and what their antecedents have been over the last 200 years. As Showalter indicates, these disorders cost us dearly. By her accounting, syndrome specialists operating at the margins of reality may not only destroy medicine but may also destroy society.

"Crazy" Therapies

Margaret Thaler Singer, a clinical psychologist, and Janja Lalich, a writer, take on psychotherapeutic processes they find to be unfounded and fanciful. Interventions the authors cover include regression and reparenting; rebirthing; past-life therapy and future-life progressions; entities therapy; alien-abduction therapy; ventilation therapies, such as mystic rose, attack therapy, and scream therapy; sex therapy; neurolinguistic programming; facilitated communication; neural organizational technique; and eye movement desensitization and reprocessing.

All of the above interventions are offered by professional therapists. Not covered in "*Crazy" Therapies* is a host of interventions, mentioned by the authors, offered by nonprofessional therapists and other intervenors. Among them are psychics, adjusters of auras, and warriors to walk beside; the interventions include holding inner children, lolling naked in hot tubs, dangling from a rope high above a deep crevice, running naked between a row of people swatting your butt, standing before a group to be demeaned and humiliated, and drinking foul-tasting concoctions of seaweed, flowers, and herbs.

The authors posit that many of the professionally delivered but fringe-at-best interventions are founded on the following set of misassumptions. Extraterrestrials exist and are abducting and experimenting on humans. All humans have lived one or more past lives. Experience of trauma and abuse in early childhood is the root of all psychological and emotional problems. People can be regressed to their birth. People can be cured by emptying out the emotion attached to past and present experiences. People can be cured by reliving traumatic experiences. It is permissible for therapists and patients to have sexual relationships. People can be helped through certain techniques to retrieve blocked memories of abuse and trauma, which will be valid memories. And, finally, the world is full of certain magical powers.

The authors' response to these forms of treatment, and the factoids they are based on, is that most of these therapies are rooted in myth and fantasy; there is rampant misuse and overuse of hypnosis and other trance-inducing techniques; significant time and money are wasted on these therapies; patients are misled into adopting religious or spiritual concepts; many "crazy therapies" rely on false notions of memory; countless patients are harmed as a result of sexual, physical, and emotional abuse; greater happiness and better functioning are generally not the outcome of these interventions; and many individuals who are exposed to these "crazy therapies" become disillusioned about the therapeutic process and distrustful of helping professionals.

Throughout the book, the authors have supplied brief, first-person accounts that I found quite illuminating. On the other hand, every chapter starts with a cartoon that I found distracting at best.

Singer and Lalich stress that "crazy therapies" are often considerably more than faddish wastes of time and wastes of resources, that they can be downright harmful.

A Dose of Sanity

A Dose of Sanity: Mind, Medicine, and Misdiagnosis by Sydney Walker III, M.D., is largely an attack on contemporary psychiatry. Dr. Walker's central thesis, one he repeats in different words ad nauseum, is that "very little is undiagnosable, but much is not being diagnosed." He elaborates, "The precise science of diagnosis gave way to the imprecise and inaccurate pseudoscience of labeling—a change that altered the course of psychiatry and, in effect, removed it from the field of medicine." Walker remarks that psychiatrists, who are supposed to be the "brain doctors," are "sitting on the sidelines twiddling their thumbs," while neurologists, geneticists, immunologists, and microbiologists are making major strides in understanding brain functioning.

The author provides many clinical examples that reflect his self-defined clinical brilliance while at the same time he disclaims that brilliance. Rather, he remarks that he is simply thorough and has the proper orientation. He repeatedly tells tales of his success where others have failed.

Walker is as critical of psychiatric interventions as he is of psychiatric diagnoses. He takes modern psychiatry to task for "the belief that masking symptoms with drugs is equivalent to treating disease." From his point of view, many of the recipients of Prozac, Ritalin, Xanax, and Valium (he uses brand names throughout his book) would be better off with "no treatment at all." He believes that many psychotropic medications are "powerful and dangerous drugs" that are being used "as chemical straight jackets in cases where diagnosis is possible and effective treatment, or even cures, exist."

Walker is especially critical of the *DSM*s. He finds them overinclusive, nonspecific, and no more than a nosology of labeling. He is also perfectly willing to criticize historical fig-

ures, and he mixes and matches them in most unusual combinations, such as lumping together Freud, Breuer, and Timothy Leary.

Walker asserts that all that is erroneous in psychiatry is dangerous. He states, "Thousands of people suffer or even die because psychotherapy is being used in place of, rather than as an adjunct to, medical diagnosis and treatment." His work can be linked to that of "*Crazy" Therapies* by the pronouncement that people are driven to pop psychiatry to escape the inadequacies and dangerousness of mainstream psychiatry.

Patients should start with nonpsychiatric physicians, the author believes: "Psychiatrists practice *DSM* medicine and *DSM* labels are coverups—not diagnoses—for real medical disorders." Not confining his criticisms to psychiatrists, he also takes swipes at psychologists and neuropsychologists.

Who is the author to make such criticisms of those he would call his colleagues? According to the book's dust jacket, Dr. Walker is a board-certified neuropsychiatrist, the director of the Southern California Neuropsychiatric Institute, and the founder of Behavior Neurology International. The reader is also informed that his articles frequently appear in both professional journals and trade magazines. This description of Dr. Walker is somewhat misleading. His curriculum vitae, which he readily supplied to me, indicates he is well trained in psychiatry and neurology, but makes no mention of his board certification. It also indicates that in the 34 years since his first publication, he has published only a handful of articles in peer-reviewed journals.

Walker makes some interesting points in *A Dose of Sanity*, but weakens his arguments by preaching incessantly, often being self-congratulatory about his own diagnostic successes after others' failures, repetitively pounding away at a few themes, and allowing his publisher to be somewhat misleading about his credentials. *A Dose of Sanity* would have been far better as an article in a respected popular magazine than as a book. To the degree that it leads individuals toward excellent psychiatric care and treatment, it provides a service. To the degree that it leads people away from excellent psychiatric care and treatment, it does a disservice. My concern is that the tone of the book and the information it provides will succeed far more frequently in achieving the latter than the former.

Brain-Disabling Treatments in Psychiatry

Peter Breggin, M.D., author of *Brain-Disabling Treatments in Psychiatry*, has much of interest to say about the psychopharmacologic treatment of adults and children, electroconvulsive therapy, and the role of pharmaceutical companies and the Food and Drug Administration. Unfortunately, his information is lost in a book that becomes a diatribe against these treatments, by an author who appears to be verbally flailing at every known modern psychiatric treatment that involves a pill or injection.

Dr. Breggin starts and ends his book the same way: "Psychiatric drugs achieve their primary essential effect by causing brain dysfunction, and they tend to do far more harm than good" and "Psychiatric drugs do not cure mental disorders. Instead, their primary or essential effect is to cause brain dysfunction and to compromise mental and emotional acuity." He regularly pursues this thesis throughout the text. Further, Breggin categorically denies any biological basis for severe mental illness, indicating that "there seems little likelihood that any of the routinely treated psychiatric problems were based on brain malfunction rather than on life experiences of individuals with normal brains."

These perspectives lead Breggin to say that "there's almost no reason to believe that findings of brain atrophy, and dementia are caused by schizophrenia, while there is overwhelming evidence to indict neuroleptic therapy." Breggin concludes that "the profession should make every possible effort to avoid prescribing [neuroleptics]."

The author's attacks are not limited to antipsychotic medication but include antidepressants, lithium carbonate, antianxiety drugs, hypnotics, and stimulants for children as well as electroconvulsive therapy. Breggin makes statements such as "there is growing evidence that antidepressants are not the best treatment for depression. At the same time, there is by now a great deal of evidence that they frequently disable the brain and mind, sometimes producing severe and dangerous behavioral abnormalities, including violence against self and others." Or, "The claim that lithium is a disease-specific therapy for mania or manic-depressive (bipolar) disorder has no basis in fact; it is a brain-disabling agent."

A major problem with Breggin's book is his, at best, willy-nilly use of references. Many of the cited references are 20 or more years old, and, unlike other authors and researchers discussing psychopharmacology, he considers 20-year-old studies as "recent." Further, his referencing is often circular in that he frequently uses his own writings as the sole sources for statements he makes in this book. He also often makes general statements that go completely unreferenced, such as "Tardive dyskinesia patients often feel very betrayed by the doctors who prescribed the medications or who later failed to detect the disorder or to tell the patient about it." Maybe that's true, maybe it isn't. The reader certainly doesn't know how Breggin knows it.

The overwhelming flaw in Breggin's presentation is that he is guilty of exactly the same sin as he accuses researchers and authors of perpetrating. Using ECT as an example, he says that "there is little or nothing in the literature to suggest that ECT ameliorates suicide whereas a significant body of literature confirms that it does not. Once again, treatment opinions are not driven by empirical data. Instead empirical data is ignored, distorted, or misrepresented to confirm treatment opinions." Breggin thereby provides the major criticism of *Brain-Disabling Treatments in Psychiatry*. That is exactly the way he has approached his subject.

Dr. Breggin is on a mission. He wants to convince the reader that the vast majority of psychopharmacologic and related treatments are bogus. He fails because his verbal flailing deteriorates to self-congratulation. Sometimes his statements are absolutely wild. For example, Breggin says, "Partly due to the persistently inadequate label, too many ill-informed physicians and their patients continue to believe that the risk of TD [tardive dyskinesia] is insignificant." Says who, other than Peter Breggin?

Peak-Performance Living Natural Prozac

Dr. Joel Robertson, the author with Tom Monte of *Peak-Performance Living* and *Natural Prozac*, has a doctorate in pharmacy and is director of the Robertson Institute, headquartered in Saginaw, Michigan.

Robertson's thesis of *Peak-Performance Living* is best expressed near the end of the book: "At bottom, our problems stem from a neurochemical imbalance: Most people today are deficient in serotonin and excessive in dopamine and norepinephrine—low on satiation and high on arousal—and this imbalance appears to be growing. We are less and less calm; we have a growing inability to concentrate and focus on the deeper aspects of problems. As a society, we sleep less than we used to, and for many the hours we do sleep are restless and shallow. It is harder and harder to achieve a sense of well-being. Many millions of us are depressed. We have lost a sense of direction and faith in the future. All of these feelings are symptomatic of low serotonin."

Robertson's task throughout *Peak-Performance Living* is to tell the reader how he arrived at this formulation and what the reader can do to correct his or her own imbalances. He provides all sorts of tables that purport to show the specific effects of the neurotransmitters serotonin, dopamine, norepinephrine, acetylcholine, and gamma-aminobutyric acid. He tells how to determine whether your basic personality type is Arousal or Satiation. He provides a guide to nine personality types: the Observer, the Awakening Warrior, the Reluctant Runner, the Boatman, the Fretter, the Armored Knight, the Saint, the Fire Starter, and the Mediator.

Robertson then proceeds to tell readers how they can reach their peak performance. He does not prescribe prescription medications, but he does prescribe diets and exercise plans. However, he fails to provide much information that many informed readers would seek. For example, how, in fact, does he measure these neurotransmitters? If he measures them peripherally (were he even able to do so), what would these data tell us about their levels in the central nervous system? If he measures them centrally, how does he get the samples? What are the normal levels or standards against which he measures those who visit his clinic? Further, if he could accomplish what he claims to do diagnostically, where are the data to support the outcomes he reports?

Readers do not have to visit the Robertson Institute to obtain an assessment. At the end of *Peak-Performance Living* is the "Robertson Institute Performance Enhancement Survey." Readers can record their true-false answers to the 180 questions on the answer sheet and send it to the institute along with $39.95 (a $20 discount from the retail price of $59.95) plus $4.55 for shipping and handling. The readers' "Personal Enhancement Plan" will then arrive in two to three weeks.

What will we accomplish if we follow Robertson's directives? He tells us quite clearly in the closing paragraph of the book: "Thus we begin each day with the power to alter our brain chemistries for a day and for a lifetime. To a great extent, we can choose the kinds of activities we engage in, the foods we eat, and the images and environments that we are exposed to. In this way, we can significantly raise the level of serotonin in the brain, control our soaring dopamine, and in the process, create a better world."

Natural Prozac is Dr. Joel Robertson's other book. However, a substantial part of it is a virtual repetition of *Peak-Performance Living*. The thesis is the same, and remarks about the effects of the neurotransmitters, including the tables, are often identical or have only very minor variations. The book is really *Peak-Performance Living* modified for an individual with depression.

Perhaps the most startling aspect of *Natural Prozac* is the "Robertson Institute Mood Optimization Survey" that is included at the end of the book. Here again are 180 true-false questions. However, the vast majority of the questions in both surveys are exactly the same. (The price is also the same.)

The broad question here is whether Joel Robertson, Pharm.D., should be able to do what he is doing. Is he practicing medicine? From a common-sense point of view, many would answer yes. Legally, the answer to that question depends on Michigan law. Is Robertson providing misleading or even false information? Many of the psychopharmacologists I asked answered with a resounding yes. Finally, what are the implications for individuals who follow Robertson's diet and exercise regimens? The answer is that we have no idea because no data are provided.

Hoax and Reality

August Piper, Jr., M.D., has written an encompassing overview of multiple personality disorder. The book is well referenced, quoting the proponents of the diagnosis of multiple personality disorder as often as its detractors. In fact, Dr. Piper uses many quotes from the diehard advocates of the diagnosis to frame his argument that many of their conclusions are preposterous.

To explicate his ideas, Piper attempts to focus each chapter on a single theme. However, the chapters are often duplicative, and the book could easily have been half its length or less. Nonetheless, the author provides a well-thought-out critique of multiple personality disorder. He makes the following major points.

♦ One needs to use contorted logic to make the diagnosis of multiple personality disorder. If the entity

shows itself, the patient can be considered to have the disorder; if the characteristic patterns of multiple personality disorder fail to show themselves, the patient still can be considered to have the disorder.

♦ The contradictory and imprecise definitions of multiple personality disorder mean that no one can ever determine that a diagnosis of multiple personality disorder is incorrect.

♦ The diagnosis is rooted in conceptual muddiness. The concept of personality expands beyond all bounds, and there are few limits to the number of personalities one individual might have.

♦ These considerations all lead to diagnostic criteria that are characterized by imprecision and overinclusiveness. The diagnosis is further confused by the fact that patients most often do not present with overt evidence of separate alter personalities.

♦ The notion that patients can voluntarily keep their alters under control is inconsistent with the trauma-based theory of multiple personality disorder. If patients with multiple personality disorder are able to suppress switching of alters before their therapy begins, Piper asks, why should they fail to be able to do so afterward?

♦ Patients and their therapists are partners in a tangle of suggestion. Piper asserts that without doubt alters can be created iatrogenically.

♦ The incidence of multiple personality disorder has increased so exponentially that the disorder is now of epidemic proportions. On the other hand, the etiologic theories are very weak. The sexual-abuse theory represents circular reasoning. Further, patients rarely improve during treatment with therapists who are focused on trauma as a cause.

Piper presents a convincing argument that multiple personality disorder is a flawed concept, represents a contemporary fad, and is the creation of a few imposed on the many. Whether those he criticizes could make equally persuasive counterarguments remains to be seen.

Those interested in multiple personality disorder would do well to read *Hoax and Reality*. It strongly advocates one point of view. At the same time, it provides a breadth of information about multiple personality disorder from the proponents of this disorder, and it includes an excellent list of references.

Children's Past Lives

Carol Bowman's book, *Children's Past Lives*, subtitled *How Past Life Memories Affect Your Child*, is part autobiography and part textbook. The subject matter is individuals who believe they have recalled earlier lives.

Bowman begins with her personal odyssey. She describes her two children's recall of their past lives, and then she describes her own experience recalling an earlier life. Bowman had a vision, or a recall, when she was chronically sick in bed with low oxygen saturation and taking lots of sedatives and narcotics such as cough medicines and pain medicines; however, from her point of view, the circumstances of her recall are irrelevant. Bowman also describes her strong exposure to Eastern religion and philosophy during college. She elaborates on an experience with a hypnotherapist during a three-hour session.

Bowman's own experiences, and those of her children, lead her on a quest for information about children's past lives. She devotes considerable energy to research, advertises in newspapers for reports of others' past-life recall, and turns herself into an expert. Her particular interest is how past-life recall can be a healing experience.

In some instances, the explanation of the relationship between past-life recall and therapeutic benefit is clear (that's a separate issue from whether the recall is true). For example, the author believes that many past-life experiences are the result of trauma, particularly traumatic death, and that the experience produced a phobia in the contemporary person. Recall of the experience lays to rest the unresolved conflict and hence resolves the phobia. However, in many other instances, recall of past-life experiences produces much more nebulous "spiritual" gains.

Bowman believes that past-life memories exist in every person, and she makes generalizations about them. She indicates that most recall occurs at a "remarkably young age," most often when a child is between two and five. She reports that as a child ages, past-life memories previously recalled by the child fade. There is no explanation for this phenomenon. The second generalization is that many young children who verbalize past-life memories have phobias. The third is that children who have past-life recall generally remember how they died and that, more often than not, the death was traumatic.

Children not infrequently remember past lives as their own relatives, the author says. Further, children who die at a young age are often "reborn" into their own family, thus becoming their own siblings.

Bowman attempts to distinguish between past-life recall and fantasy. She reports that the four signs of children's past-life memories are a matter-of-fact tone, consistency over time, knowledge beyond experience, and corresponding behavior and traits. She does, unfortunately, act as if children have no other sources of information, ignoring entirely a child's most readily accessible resource—television. Another situation that could confound the veracity or reliability of recalled past lives is that, as Bowman points out, "telepathy between mother and child is a powerful trigger of past-life memories."

Bowman also provides directives for parents about how to respond to what seems to be a child's recall of a past life.

Although the author attempts to present her arguments logically—and her book is not an objective study, but an ardent appeal by an ardent believer—she sometimes wanders pretty far afield. For example, she states, "Recent scientific studies have shown that babies in utero, beginning at 26 to 30 weeks, exhibit the brain patterns of REM sleep, which scientists know indicate dreaming. What could these unborn babies be dreaming

about, since their only experiences have been in the confines of the womb? Past lives is the logical answer."

If nothing else, *Children's Past Lives* contains messages of hope for some people. For example, Bowman says, "Any child, anywhere in the world, can have a past life memory, regardless of the cultural or religious beliefs of the parents. Most of these memories don't cause problems. They are benign and are useful to help explain a child's talents, temperament, behavioral quirks. . . . By sharing their memories with us, small children teach what we adults have forgotten: that life continues after death."

Whether you are a hardened skeptic, believe some of the author's material, or are a cheerleading supporter, Bowman's arguments and evidence are, if nothing else, fascinating. The book is worth the read if for no other reason than to understand a belief system that is rapidly spreading. Hope comes in many wondrous forms.

Deception and Self-Deception

As the subtitle of *Deception and Self-Deception* indicates, this book by Richard Wiseman is an investigation of psychics. The book contains 11 chapters, only one of which was originally written for this book. The others previously appeared in such publications as the *Journal for the Society of Psychical Research* and the *British Journal of Psychology*.

The book is a fascinating exposé of forms of deception and self-deception such as conjuring, psychic fraud, lying, confidence games, and military deception. In each instance, the chapter describes how Wiseman and others routed out the deception.

Deception and Self-Deception has little to offer readers other than those who specifically want to become more informed about parapsychology or who have a casual interest in the veracity of parapsychological phenomena. After reading Wiseman, one comes away pretty certain that most of what one sees is not what it appears to be.

Afterword

The issues discussed in these nine books remain of interest to the public and need to be attended to by all mental health professionals. Recent newspaper reports provide two examples of what we face.

On August 17, 1998, the *Boston Globe* (page A3) reported the findings of a psychologist who 25 years ago received tapes from Flora Rheta Schreiber, the author of *Sybil,* a book about a woman with multiple personalities; the psychologist recently studied the tapes and found them to show that the story is "bogus." On August 14, the *Washington Post* reported (page A5) that a psychiatrist was disciplined for apparently convincing his patient that, among other things, she ate "human flesh meatloaf." The patient said she eventually realized that "there was no way I could come from a little town in Iowa, be eating 2,000 people a year, and nobody said anything about it." The patient won a major settlement in a lawsuit against the psychiatrist's hospital.

Dying, Grieving, Faith, and Family: A Pastoral Care Approach

by George W. Bowman III, Th.M.; Binghamton, New York, Haworth Pastoral Press, 1998, 152 pages, $39.95 hardcover, $19.95 softcover

The Pastoral Care of Depression: A Guidebook

by Binford W. Gilbert, Ph.D.; Binghamton, New York, Haworth Pastoral Press, 1998, 127 pages, $29.95 hardcover, $19.95 softcover

Seth L. Bernstein, M.H.L.

Shakespeare's Macbeth asks the doctor to help his wife, who suffers from mental illness. The doctor replies, "Therein the patient must minister to himself." Perhaps Shakespeare's doctor reveals a truth about the origin of one's ministry and pastoral experience. Namely, effective pastoral care begins with finding the pastor in oneself.

Bowman is a certified chaplain supervisor. Gilbert is an ordained elder of the United Methodist Church and a fellow of the American Association of Pastoral Counselors. Their life experiences motivate them to write about pastoral care. Bowman mentions his "full recovery from both cancer and spinal meningitis." Gilbert states, "I have at times struggled with depression."

The same personal and fundamental question, albeit unmentioned, lies at the heart of each book: during my illness, what was most helpful to me from a pastoral point of view, either as pastor to myself or as others were pastors to me? The authors' personal answers would have been great additions. Nevertheless, from the crucibles of their personal and professional life experiences, each author launches successfully into describing how to be an effective pastor.

The primary audience for both books is the professional and lay pastor. Besides pastors, other professionals, even staff members of psychiatric units, will find Gilbert's chapters on "The Minister's Own Mental Health" and "Taking Charge of Your Life" to be instructive. Although focusing on the pastor, Gilbert maintains that "Pastors should seek and cultivate every opportunity for strong, professional, and collegial relationships of respect and mutual appreciation." Health care professionals can derive insight into compassionate care from Bowman's chapters on the pastor's ministry to the dying and grieving.

Both works are written from a decidedly Christian perspective. Gilbert's references outside a Christian

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context are rare and awkward. For example, when he writes, "The pastor, priest, or rabbi can gently assist the parishioner," one wonders why rabbi would be mentioned in the context of a parishioner. Bowman has a section on ethnic differences that he limits to differences between blacks and whites, although other ethnic differences merit attention.

In Bowman's section called "Sacraments, Ordinances, and Rituals," he stresses the importance of learning from "other faith structures and practices." However, some inaccuracies about Jewish practice are included. For example, the author states it is important for the rabbi or synagogue leader to be present for the confession of the dying person. In Judaism, confession is important, but the dying person need not have a confessor. Further, the author's references to embalming and the timing of the funeral service are not in keeping with Jewish practice.

Bowman advances a strong theoretical background before delving into the issues of dying and grieving. His first chapters are excellent reviews of the relevant conceptual issues about development of faith and about family systems theory. He is perceptive in advising the pastor to keep such issues in mind with the dying patient and the grief sufferer; however, those issues rarely resurface in the book. Appropriate illustrations would have been most welcome.

Bowman is at his best in the final chapters where he delineates what the pastor does for the dying individual. To the author's credit, he demonstrates the professionalism of the pastor and the ways in which only the pastor is helpful to an individual in crisis.

Gilbert's book is a fine addition for pastors working with individuals suffering from depression. His chapters on how depression feels and on the roots of depression are more inviting than plowing through the salient material in *DSM-IV.* Gilbert's chapter on "The Subconscious and Depression" revolves around concepts of rage, dependency, and pessimism. As a result, the chapter suffers from a lack of clear focus. Oddly enough, Jung is not mentioned in the chapter. However, he is mentioned, of all places, under "God View" in the theology chapter, an irony that even Jung might have found amusing.

To his credit, Gilbert writes boldly. He is comfortable instructing pastors how to make an accurate diagnosis of depression and how to participate effectively in the treatment plan. Like Bowman, Gilbert has a chapter on the pastor as a unique caregiver. He states, "Only the pastor can fulfill certain therapeutic functions not available to anyone else." Although the roles of the pastor are clearly delineated, the tasks are more than ambitious. Most pastors cannot perform all the daunting tasks. For those of us who are pastors, we need the reminder of the formidable challenge, and Gilbert does caution the pastor not to take on too much.

The Seeds of Madness: Constitution, Environment, and Fantasy in the Organization of the Psychotic Core

edited by Vamik D. Volkan, M.D., and Salman Akhtar, M.D.; Madison, Connecticut, International Universities Press, 1997, 213 pages, $35

David A. S. Garfield, M.D.

This is a gem of a book. Not only is it short and readable, but for any student of psychotherapy, it contains the kind of clinical pearls that one would savor during one's training. Volkan and Akhtar have assembled a wonderful group of contributors, from around the world, to discuss the deepest, most personal and profound experiences that one can have in working with very seriously disturbed patients in psychoanalysis or psychoanalytic psychotherapy.

In the first of the book's three sections, Laying the Groundwork, Dr. Volkan discusses what is, in essence, the psychological birth of the infant. The infant self is ready and eager to respond and engage, and Volkan immediately introduces us to one of his clinical conceptual pearls, that of the infant-mother "channel."

The genetic inheritance, the emotional temperament, the people interactions, cultural and linguistic variables, and even inadvertent traumas all pass through this gatekeeper-infant "channel" and infuse the seed of the self with its earliest psychic substrate. "If, however, the seed of self has not evolved, but remains undifferentiated or poorly differentiated and associated only with *primitive* ego mechanisms, we say that it is fixated as an infantile psychotic self, a 'seed of madness.' "

The next section of the book, entitled Theory, Clinical Illustrations, and Technique, contains six chapters by Johannes Lehtonen, Simo Salonen, Maurice Apprey, Volkan and Gabriele Ast, Ast alone, and L. Bryce Boyer. All are about cases, and all are riveting in their own ways.

Lehtonen looks at that first interface between soma and psyche that he calls the "body ego" and differentiates it from body image, which comes later. Here we have the initial matrix of libido, and we can see how essential satisfaction in hunger and sleep are fundamental to a groundwork wherein a nonpsychotic core can develop. There are only "vital" affects here, which makes the future range of all affects potentially bearable. If this area is not stable, one is left with the terror of to eat, to be eaten, and to die.

Simo Salonen writes on the relationship between dissociated or split-off parts of the ego and its correspondence to the patient's compromise of his or her own integrity and dignity. His focus is on pathology that results from a traumatic paralysis of the ego ideal. In an interesting parallel, he ties in the rupture in dignity and ego ideal trauma inflicted on the new Nazi doc-

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tors when they were first recruited into the concentration camps.

Maurice Apprey follows with a chapter on the "sense of disappearing in schizophrenia" in which he lays out a detailed phenomenological procedure for studying a sibling's report of her brother's psychosis. He proposes five steps to the disappearance: an injunction to die is established; a summons to submit to the injunction is rendered; an anterior (m)other seeks a constitutional or environmental fit to make the project of nonexistence feasible; the chosen subject submits; and a complicit project of the subject's adhering to the deadly injunction and an attendant but feigned attempt to repair the damage follows.

Two beautiful clinical chapters continue the second section. In the first, Volkan and Ast discuss the case of Lena and the concept of the psychotic personality organization. They clearly point out how the patient first attempts to encapsulate the psychotic core, then engages in activities to change the external world to fit the demands of her psychotic core so that a sense of reality is maintained, and finally hopes to libidinally saturate and rebuild her psychotic core in order to modify its nature.

Next, in "A Crocodile in a Pouch," Ast describes an obsessive-compulsive young man, Karl, whose pathology reflects what Volkan calls a "reaching up." Here a patient with a psychotic core pulls himself up to the next developmental level and, as a result, hides the deeper pathology. Ast eloquently unravels how his infantile psychotic seed had been saturated with the anxieties of his parents.

The final chapter in this section is by L. Bryce Boyer—"The Verbal Squiggle Game in Treating the Seriously Disturbed Patient." Boyer's writing is remarkable for its lucid explanations of what are the most difficult-to-describe experiences in the psychotherapy of psychosis. He is a talented writer as well as a masterful clinician.

His focus is on the bread and butter of what he considers to be essential in treating severely regressed patients—first, countertransference and, second, the establishment of a "play" or transitional space between patient and analyst wherein dissociated, split-off parts of the patient's deepest and earliest experiences can come together.

The case Boyer discusses illustrates his focus well, and he introduces a novel and clinically helpful idea. Boyer suggests that the dominant transference situation at each time in treatment precipitates the content of the session in the same way that an aspect of the patient's day (day residue) precipitates or is incorporated in each dream the patient has at night. Thus one can use techniques from dream analysis in listening to the content of each treatment session.

The third section of the book is one chapter by coeditor Salman Akhtar entitled "Constitution, Environment, and Fantasy in the Organization of the Psychotic Core," which is the book's subtitle. For newcomers to the psychotherapy of psychosis, it is an extremely understandable review of the role of heredity in psychosis. Akhtar goes on to discuss the facilitating environment in the development of object relations and the deficits that occur in this realm in psychosis such as psychic retreats, autism, a menacing superego, and the defensive filling up with bizarre fantasies. Affective turbulence, inadequate differentiation, deficient ego skills, thought disturbances, unassimilable contradictions, and deficient extrafamilial input all characterize problems in the environment. Finally, Akhtar also addresses the role of fantasy and its extremely frightening nature in the psychic life of psychosis.

In sum, what we have in *The Seed of Madness* is a unique collection of essays about ways of unearthing the seed so that it can be replanted or so that sustaining water and sunlight can contact the seed deep in the ground. Through this process of modifying the core or seed, the tree is able to reposition itself. Anyone interested in psychological work with disturbed patients will benefit greatly from reading this short gift of a collection.

Handbook of ECT

by Charles H. Kellner, M.D., John T. Pritchett, M.D., Mark D. Beale, M.D., and C. Edward Coffey, M.D.; Washington, D.C., American Psychiatric Press, 1997, 122 pages, $22.50 spiralbound

Richard Abrams, M.D.

What I like best about this truly handy handbook is its brevity and conciseness. Easily read in one short sitting, it deftly capsulizes everything practical that any nurse, psychology student, psychiatric social work student, medical student, or first-year psychiatric resident needs to know about electroconvulsive therapy (ECT), fully living up to its authors' goals as a "pocket reference" for the practitioner.

About a third of the book is devoted to technique, with an exemplary focus on various aspects of seizure monitoring, a subject several of the authors have published research articles on. This section includes a numbered, stepwise list of the elements of a typical ECT treatment session, which the junior practitioner of the art would do well to memorize.

Basic concepts, including the relevant physical properties of the electrical stimulus, are briefly and cogently presented, and the elements of patient selection and preparation are covered handily.

Unlike the more comprehensive (and expensive) texts on the subject that senior psychiatric residents and attending staff will want to own, this is a book that medical students and psychiatric nurses could, and should, be required to buy during their psychiatric clerkships. They can be assured that it will not molder on the shelf but will be slipped naturally into, and out of, the pocket of a lab coat.

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Psychiatric–Mental Health Nursing

edited by Katherine M. Fortinash, M.S.N., R.N.C.S., and Patricia A. Holoday-Worret, M.S.N., R.N., C.S.; St. Louis, Mosby, 1996, 726 pages, $52.95

Maureen Slade, R.N.

I recommend this six-part text for undergraduate nursing students and practicing psychiatric nurses.

Sections 1 through 3 focus on the essential components and concepts of psychiatric nursing. Special cultural and developmental needs of the client are addressed. An informative and useful discussion of legal and ethical issues the student and practicing nurse may encounter when treating the psychiatric client is included.

A key chapter, written by coeditor Fortinash, covers the six-step nursing process. Fortinash does an outstanding job of instructing the student in the use of nursing diagnosis. She also compares and contrasts nursing and medical assessment frameworks in an easy-to-read table format. She presents evidence of multidisciplinary collaboration using examples of a multidisciplinary treatment plan, a standard of care, and a clinical pathway for a client with bipolar disorder, mania.

The major organizing frameworks for part 4, with its chapters on major mental illnesses, are presented from both nursing and medical perspectives, using the diagnoses of the North American Nursing Diagnosis Association and *DSM-IV*. Each chapter presents a relevant case study followed by the *DSM-IV* multiaxial diagnosis, the relevant nursing diagnosis, and examples of outstanding nursing care plans, which include well-written accounts of client outcomes. The authors believe in the "practicality and effectiveness of the collaborative efforts of nursing and medicine whenever possible." This philosophy makes the text particularly useful for nursing students and practicing psychiatric nurses, as there is no need to translate abstract psychosocial concepts into the realities of current practice.

Part 5 does a credible job of explaining complex concepts, such as the therapeutic relationship, transference, and boundaries, in a way that beginning nursing students can easily grasp. The authors are astute observers of students' anxieties and fears and seek to reassure students by predicting and explaining the learning process.

A discussion of therapeutic milieu, group therapy, and family work is presented in a focused and succinct manner. The reader will want to spend time on the section on group therapy, as it is such an important modality in the care of patients. The emphasis on the multidisciplinary approach continues with a chapter devoted to the adjunctive therapies, such as occupational therapy. An excellent chapter on psychopharmacology is supplemented by 39 perforated, detachable drug cards at the back of the book. Donna Aguilera, a well-known author in psychiatric nursing, explains the historical antecedents and the essential components of crisis therapy.

Part 6 reviews important contemporary issues a psychiatric nurse may help her patient manage—for example, surviving violence, loss and grief, AIDS, the psychological sequelae of physiological illness, and chronic mental illness. The text's final chapter concludes with a very timely discussion of the shifting of the locus of care from the hospital to the community, which is, ironically, nursing's roots.

Appendix D contains clinical pathways for alcohol dependence, bipolar affective disorder, dementia, and major depression. This appendix is state of the art and is a must-see for anyone involved in pathway development.

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No Asylum: State Psychiatric Repression in the Former U.S.S.R.

by Theresa C. Smith and Thomas A. Oleszczuk; New York City, New York University Press, 1996, 289 pages, $45

Richard S. Winslow, M.D.

The story of the use of psychiatry for nonmedical purposes in the former Soviet Union is an important one. It can be in turn horrifying and inspiring, given the abuse of our humane profession, on the one hand, and the bravery of those who fought against the abuse, on the other.

Unfortunately, this book makes the story seem a boring one. The authors are, respectively, a professor of international relations and a computer and information technology specialist. The book proves beyond a statistical shadow of a doubt that abuse of psychiatry did indeed occur in the former U.S.S.R. It also describes the chronology, estimated extent, and varied causes of this abuse and the demographic characteristics of those affected.

The crucial omission is the human detail. In the midst of all the analyses of the abuse phenomenon, there is not a single personal story of a victim or a profile of a specific abuser. Reading this book is like reading statistics or a sociological tract about crime without any description of the individual victims, survivors, or perpetrators.

Books like these can be useful for reference purposes, and the data the authors collected and analyzed are good to have on the permanent record. However, if any book is to be read widely enough to have an impact, it must be readable, and the lack of human detail in what is essentially a human story makes this book very difficult to read. As there is no dearth elsewhere of first-hand accounts by abuse victims, the authors' decision to

Dr. Winslow, who has a master's degree in Russian literature and a special interest in psychiatry in the former U.S.S.R. and its successor states, practices community psychiatry in Seattle.

leave out all human details is puzzling, because their important points could have been made so much more effectively.

Contrast, for example, the difference in readability, to say nothing of impact, between the following two paragraphs, both of which deal with the ability of some individuals to exhibit extraordinary courage in the face of the most extreme threats. The first paragraph is from the book being reviewed.

"Would-be dissuaders may encounter undeterrable or uncompellable individuals whose political, religious, or ethical objectives are so highly valued that no conceivable threat is large enough to counterbalance pursuit of their cherished goals. Individuals holding such objectives cannot be dissuaded from seeking to achieve them. It follows that a class of undeterrable acts may exist, which has a prior probability of virtually 1.0 and therefore will not be prevented by application of any state penalty. Some dissident behavior in the Soviet period may fall into this class."

The second paragraph, from a book by Bloch and Reddaway (1), is a quotation of Dr. Anatoly Koryagin, a Soviet psychiatrist, at the time of his trial for "anti-Soviet activities," which included protesting the abuse of psychiatry.

"My investigation and trial do not constitute an act of justice, but a means of suppressing me for my views. I know that the sentence will be harsh. I do not ask anything of this court. Regardless of the sentence imposed on me, I state that I will never accept the situation which exists in our country, where mentally healthy people are imprisoned in psychiatric hospitals for trying to think independently. I know that long years of physical imprisonment, humiliation, and mockery await me. Fully aware of this, I embark on it in the hope that it will increase the chances for others to live in freedom."

Reference

1. Bloch S, Reddaway P: Soviet Psychiatric Abuse. London, Victor Gollancz, 1984, p 109

Learning and Teaching Therapy

by Jay Haley; New York City, Guilford Press, 1996, 235 pages, $28.95

Peter L. Mohrer, M.D.

Positive reviews are easier to write than negative ones, and this is a difficult review to write. Jay Haley is a pioneer of a radical school of family therapy that originated in the 1950s with anthropologist Gregory Bateson. All psychological illness was formulated to represent purposeful communication between people, and the task of therapy was to understand the symptom as message and reconfigure the communication in a more direct, less pathologic way.

This hypothesis encompassed panic attacks, obsessional rituals, and even psychotic delusions. Symptoms became family affairs, and therapy became the task of naming and solving the specific problem underlying the behavior. Adding to the allure of this radical simplicity was a righteous anti-Freudianism, allowing Haley to cast himself as the David against the evil giant.

Like most psychotherapy "stars," Haley packaged a simple concept, a few useful technical innovations, and pseudo-iconoclastic diatribe and made his mark. And as with many stars, his restatement of the theory has become more shrill with each decade.

The book has something to offend everyone. Psychiatry is all about selecting drugs to bring the patient back under social control (page 156), group therapists follow a mode of treatment because it is "lucrative and fashionable" and are satisfied if their clients do not change (page 42), and Rogerians are cowards who "only teach the therapist to reflect back what the client says" (page 221). Cognitive and marital therapy are likewise harpooned (page 105).

Having leveled the landscape, Haley comes up with his decades-old suggestions. Therapeutically, he continues to be the devotee of Milton Erickson, himself an idiosyncratic, charismatic psychiatrist who managed to have his name enshrined in the role of modern hypnotist. Haley tells a few entertaining anecdotes. For instance, an encoporetic ten-year-old recovers once his parents start paying him $50 each time he soils the bed. An obsessional man stops harassing his wife about housework once she dumps the vacuum-cleaner contents onto the floor of each room she's cleaned.

As for supervision, Haley says it should be done live, with a strategy and plan. Directives and interventions should be prescribed, and prior ways of doing therapy should themselves be treated like symptoms. Haley contends that supervision as currently practiced has allowed generations of therapists to learn nothing but a bankrupt theory through which no one is helped.

Psychotherapy is rife with pioneers whose early contributions were their most valuable. The current work will be enjoyed by cynical managed care types who want to believe that any aspect of the therapeutic relationship is specious. To give Jay Haley a fair reading, I suggest his *Problem-Solving Therapy* (1) and *Uncommon Therapy* (2) from the 1970s.

References

1. Haley J: Problem-Solving Therapy. San Francisco, Jossey-Bass, 1976
2. Haley J: Uncommon Therapy: The Psychiatric Techniques of Milton H Erickson. New York, Norton, 1973

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