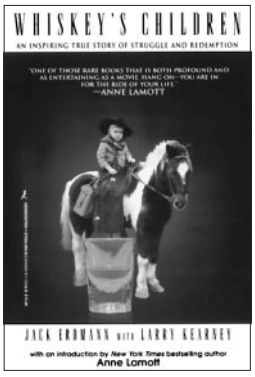
Whiskey's Children

by Jack Erdmann with Larry Kearney; New York City, Kensington Books, 1997, 211 pages, $21.50 hardcover, $12 softcover

Caroline Knapp

Some things author Jack Erdmann did while drinking: married the wrong woman; alienated his children; punched holes in the walls of his home; cheated on his wife; blacked out regularly, sometimes losing up to a third of each day; fell into a bonfire at a family picnic, setting his parka on fire; bottled up decades worth of feelings about his own alcoholic father; became suicidal—and finally got help.



Whiskey's Children, Erdmann's account of his perilous relationship with alcohol, is a classic story of addictive intractability: he drank; he wreaked havoc; he continued to drink, nearly ruining both his own life and those of loved ones before he could stop. Among alcoholics, the details may change (one man's parka is another man's Pontiac), but the essential story—denial, destruction, desperation—is the same. Erdmann's is recounted with a no-nonsense clarity that captures the insidiousness of the disease, the hold it takes, and the depth of the alcoholic's resistance to change.

Readers, particularly those who work with low-bottom alcoholics and addicts, will find plenty of support in these pages for the notion that alcoholism is a family illness, handed down through generations with an inevitability that seems, in the author's telling, as psychic as it is genetic. Erdmann, now 20 years sober, came from a long line of hard drinkers—his great-grandfather, grandfather, and father were all alcoholics—and he describes in compelling detail the psychological landscape that led him as a young boy to follow their path.

His father was unpredictable, often violent. Erdmann grew up with a sense that the world was an unsafe, painful place. As an eight-year-old altar boy, sneaking communion wine in the sacristy before Mass, he discovered that drink was a transformative balm, an easy solution to what ailed him inside. The lesson stuck. By age 15, Erdmann writes, he had learned two key axioms of the alcoholic discipline: The Pain Can Be Killed, and Kill the Pain at All Costs.

Drink long and hard enough, and those axioms become deeply internalized: alcoholism, in Erdmann's account, is both a physiological state and a way of life, a powerfully ingrained method of managing, however badly, one's feelings and relationships. The strategy ultimately fails (another alcoholic inevitability), and Erdmann lands in a recovery house in California, where he takes the first tentative steps toward healing.

His depiction of early sobriety—tenuous, fear ridden, wildly disorienting—may be particularly illuminating for clinicians. The change from an anesthetized state to a state of feeling is profound, and maintaining sobriety requires an elusive blend of desperation, faith, willingness, and support. Erdmann's portrayal, which is personal and heartfelt, captures both the magnitude and the complexity of the shift.

In *Whiskey's Children* Erdmann does not opine about the nature of addiction, and although he's stayed sober with the help of Alcoholics Anonymous, he steers clear of current debates about treatment models. He simply does, and intimately describes, the difficult, largely internal work of learning to live without alcohol. His book will be of value to readers seeking a better understanding of the dynamics that lead one to drink in the first place and of the work required to undo the damage.

Ms. Knapp, a writer based in Cambridge, Massachusetts, is the author of a memoir, Drinking: A Love Story.

Conquering Schizophrenia: A Father, His Son, and a Medical Breakthrough

by Peter Wyden; New York City, Alfred A. Knopf, 1998, 335 pages, $25

The Rev. R. Leroy Moser

Peter Wyden's gifts as an investigative journalist serve him well in this fascinating account of treatment of the mentally ill in the 20th century. Mr. Wyden's chronicle is illustrated by his son Jeff's experience with schizophrenia and the multiple efforts at treating him over the last 25 years. Wyden's vivid and concrete literary style enables him to interpret meaningfully the personal events within the context of broader social and historical realities. In Wyden's hands, his son's experiences become a prototype of the odyssey of so many persons with schizophrenia seeking relief from this devastating disease. The book therefore speaks eloquently to family members who have been there.

Wyden documents his son's encounters with the many medications over the years. The trials and errors, the failures, the partial successes, the side effects, the exciting movement toward more and more effective medications, and the hope for even more effective ones—all these experiences resonate with family members of mentally ill persons. The experiences also speak to

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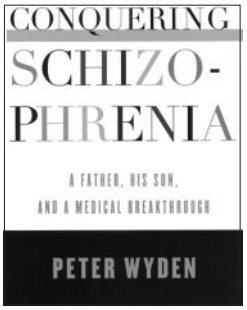
professionals who are called on to make judgments about what medical regimen may be most effective for their patients.



Wyden also describes the inexorable movement away from psychoanalytically oriented psychiatry toward biological psychiatry. Although the road has often been bumpy, the movement toward understanding the major mental illnesses as biological reality is clear. This is not to say that therapy does not have its supportive role in the patient's improvement, but the dominant perspective of mental illness is that of a complicated brain disorder to be treated primarily by new pharmacological discoveries. The book is often an exciting and suspenseful story of medical breakthroughs that are made by researchers in the drug companies in this country and abroad.

The author writes effectively about the frustrations in the search for treatment. Professional advice is often contradictory. The fragmentation of psychiatric services is a pervasive reality. The inadequacies of housing are underlined. Numerous hospitalizations and the great variety of recommended medical regimens often leave patient and family members confused. It becomes clear that the search for treatment is often long and complex before the professional, the family, and the patient find what works.

Wyden illustrates the important role family members may play in the hoped-for process of recovery. Persistence, evolving understanding, compassion, and loving care are necessary companion ingredients to the healing properties of the latest pharmacological discoveries. It is also important in the healing process for the professional to have these same caring qualities.

Wyden's drive to explore all avenues to find answers to his son's illness has given him a cautious optimism. The new drug olanzapine has so changed his son's reality that Wyden sees evidence of his son's old self and new possibilities for normal life.

Conquering Schizophrenia should encourage frustrated and despairing family members never to give up. It is a saga of the belief that there are sound scientific reasons for hope in

Mad House: Growing Up in the Shadow of Mentally Ill Siblings

by Clea Simon; New York City, Doubleday, 215 pages, 1997, $23.95

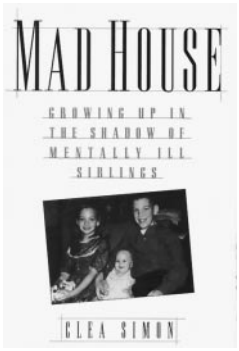
William Emmet

"Few of us remain unscathed if our family has experienced the trauma of a family member's breakdown," writes Clea Simon three-quarters of the way through her hybrid volume, *Mad House: Growing Up in the Shadow of Mentally Ill Siblings.* Simon, a freelance journalist, is the much younger sister of two siblings whose mental illnesses shaped life in the family's Long Island home when they were growing up. Her book is part memoir and part survey, relating her experiences to those of other siblings she interviewed.

The author's focus is on herself. She describes the passive, bewildered preteen on whom both her brother and sister inflict damaging, at times violent, behavior. She picks out the forgotten child of parents too preoccupied with the problems of their older, mentally ill offspring. And she profiles the adult, given to self-destructive behavior that is traceable to her psychological development in an environment distorted by both the presence and the insufficiently explained absences of her brother and sister. Oddly, the views Simon presents of her brother and sister are without much depth, as she examines them largely for what they did to her.

For all the early trauma and pain she describes, Simon has managed to steer her life to a pretty good place. She has come to terms with her siblings' illness, and she has embarked on a positive relationship. She is getting on with her own life. But, she takes pains to show the reader, it was not easy. The key for her was submission to extensive psychotherapy. Only through a methodical peeling away of defenses and disguises, she concludes, was she able to find the happiness and fulfillment available to those who were spared the self-doubt and alienation brought on by siblings' illness.

The thesis is that similar experiences bring predictable and common responses among siblings of people with mental illnesses. Simon's interviews with numerous other siblings, as well as with acknowledged experts such as Joyce Burland and Julie Tallard Johnson, demonstrate that there is indeed an eerie similarity in the inability of so many siblings to form trusting personal relationships or to find meaningful professional careers.



Yet the interviews themselves show that the exceptions outnumber the rules. The sibling experience shows many faces, but the reader of this book may feel that Simon does not recognize them equally. Because she

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sees and feels her own experience so intensely, Simon has difficulty looking beyond the boundaries of her own development to consider the paths pursued by other siblings.

Still, *Mad House* is an honest account and a useful overview of the issues confronting siblings of people with mental illness. Many siblings will surely take comfort in its familiar resonance. But the readers on whom it may have the greatest effect—and those for whom Simon may really have written this book—are the parents. The book's ultimate claim is that the needs of the healthy children are real and are overlooked only at considerable cost.

The Dissociative Child: Diagnosis, Treatment, and Management

edited by Joyanna L. Silberg, Ph.D.; Lutherville, Maryland, Sidran Press, 1996, 343 pages, $39.95

Archie A. Silver, M.D.

This book takes multiple personality and dissociative phenomena from the realm of myth and fantasy into the objective light of clinical observation and scientific study. Multiple personality first found its place in psychiatric taxonomy in *DSM-III* in 1980, became multiple personality disorder in *DSM-III-R,* and then emerged as dissociative identity disorder, with specific criteria, in *DSM-IV.* Although dissociative identity disorder does not appear as a distinct disorder in the section of *DSM-IV* termed disorders usually first diagnosed in childhood and adolescence, this book emphasizes that dissociative disorder "begins in childhood in an individual who has the propensity to dissociate, who is exposed to trauma, in an environment that cannot absorb the trauma, and who over time develops parts of the mind that consider themselves separate and distinct from the rest of the mind."

Thus early identification of dissociative phenomena in childhood and in adolescence becomes a fertile area not only for unearthing the origins of the disorder but for offering treatment that is more rapid and successful in childhood than is possible in the fully formed multiple personality in adults. This book brings together clinical findings, diagnostic problems, and therapeutic techniques in evaluating and treating such children. It is capably edited by Joyanna Silberg, herself an author or coauthor of six of the 15 chapters and senior psychologist at the Sheppard Pratt Health System. She has assembled a galaxy of clinicians concerned and experienced with children and adolescents who are plagued with dissociative symptoms.

Children, in contrast to adults, may not have the fully developed alter ego, split off from consciousness, with its own "enduring pattern of perceiving, relating to, and thinking about the environment and recurrently taking control of the person's behavior" (*DSM-IV* criteria). However, they do have an elaborate inner fantasy world peopled with characters that help them cope with severe trauma, and they do have a constellation of symptoms and responses that offer clues to their inner experience. These inner feelings and fantasies are well described and discussed in the early chapters of this book and are summarized by Joyanna Silberg as behavior variables and marker variables.

The behaviors include episodes of amnesia (denial of knowledge of just-stated questions or instructions, denial of familiarity with known people or objects); staring episodes (trance-like states, shifts in consciousness); odd repetitive movements; behavioral fluctuations, particularly in language, which may shift abruptly from one age level to another, often dramatically out of context; affective reactivity; shifting somatic complaints; and what Silberg calls internal dividedness, in which the child refers to other selves or other voices within, suggesting evidence of internal conflict.

Marker variables, as seen in a variety of tests such as the Thematic Apperception Test or the Rorschach, drawings, and sentence completions, include multiplicity of images that should be single, dissociative coping (attempts to cope with traumatic events through fantasy, wishing, pretending, sleeping, or forgetting), malevolent religiosity (references to Satan, witches, or devils), emotional confusion, extreme categories (figures portraying extreme goodness or badness), violent imagery, magical transformation, and depersonalized images.

All these features depict the child's dissociative struggle to cope with trauma. Structured interviews to uncover these symptoms and defense patterns have been developed. A Dissociative Features Profile is reported to select 93 percent of a dissociative target group. An Imaginary Friends Questionnaire and an Adolescent Dissociative Experience Scale are also reproduced in an appendix.

Dr. Silver is professor and director of child and adolescent psychiatry at the University of South Florida College of Medicine in Tampa.

In this section . . .

Highlights this month are reviews of three first-person accounts—of a man's perilous relation with alcohol, of a father's experiences in a 25-year search for successful treatment for his son's schizophrenia, and of a woman who grew up with two older mentally ill siblings. Archie A. Silver writes on the dissociative child, and Aaron E. Black on trauma and dreams and betrayal trauma. Other books in the section offer a history of psychiatry and, through interviews, a history of psychopharmacology. And much more.

This book emphasizes that the symptoms described are among the sequelae of early childhood trauma, including physical and sexual abuse. However, stressful events, acute or chronic or both, are normally dealt with by using whatever defenses are available to reduce anxiety and feelings of personality fragmentation. Thus many of the symptoms subsumed as dissociative are not diagnostically specific for dissociative identity disorder and may be found in posttraumatic stress disorder, petit mal (trance-like states), depression with suicidal thoughts or even attempts, phobias, eating disorders, impulse control disorders, sexual dysfunctions, schizophrenia, or borderline personality disorder or in children reared in chaotic, abusive, or violent environments.

Further, dissociative phenomena may appear in the normal maturation process as transient phenomena, as, for example, imaginary companions of the early-school-age child, or the preschool child who stares off into space or falls asleep in response to stress. Even an introjected voice as a voice of conscience or of a parent, or as an embodiment of the good or the bad part of the child, may be recognized as such by the latency-age child. Just what vulnerability in a child, or what constellation of stressors, makes the introjection take control and even take on a life of its own, what makes the imaginary companion become real and govern parts of the life of the child, is the fascinating question not answered by this book.

It is enough that *The Dissociative Child* does describe a clinical entity, offering vivid clinical vignettes, formulating its genesis in a world "shattered through many modalities of experience," coming to grips with problems of differential diagnosis, and offering clues for prognosis and descriptions of varied treatment modalities. The chapters fit together into a coherent whole; they offer the knowledge of experts and are tightly and clearly written. This is a book that sets the reader thinking about the capacity of the human organism to deal with stress and the many ways we can do so. It is destined to become a classic.

Trauma and Dreams

edited by Deirdre Barrett, Ph.D.; Cambridge, Massachusetts, Harvard University Press, 1996, 272 pages, $35

Betrayal Trauma: The Logic of Forgetting Childhood Abuse

by Jennifer J. Freyd, Ph.D.; Cambridge, Massachusetts, Harvard University Press, 1996, 232 pages, $24.95

Aaron E. Black, Ph.D.

In *Trauma and Dreams*, editor Deirdre Barrett, Ph.D., brings together 21 mental health professionals and scholars—for example, Robert Jay Lifton, Oliver Sacks, and Rosalind Cartwright—of varying backgrounds to share their knowledge about trauma-related dreams. Dr. Barrett is assistant professor of psychology at Harvard Medical School and director of the doctoral program in clinical-developmental psychology at Suffolk University. She is also a past-president of the Association for the Study of Dreams.

Trauma and Dreams is divided into three complementary parts. The first, Dreams After Childhood Trauma, includes chapters on children's traumatic dreams in general and dreams of children recovering from severe burns, the use of dream material to identify sexual trauma histories and to treat incest survivors, and the role of dreams in the treatment of dissociative identity disorder.

Part 2, Adult Trauma in Wars and Natural Disasters, contributes chapters on traumatic dreaming of survivors of the Vietnam War, the Holocaust, Central American political persecution, rape, and a firestorm. Finally, the third part, Traumas of Normal Living, includes chapters addressing dreams and some of life's inevitable traumas such as divorce, bereavement, and changes in neurological functioning, as well as a chapter on the relation of recurrent dreams to life events.

Trauma and Dreams has some significant strengths and weaknesses; fortunately for the reader, the positives ultimately outweigh the negatives. One of the things I enjoyed most was the multitude of views represented. No "theoretical ax" is allowed to dominate, an approach that helps the reader appreciate the immense complexity and richness of dreams and the myriad ways in which they interact with the process of adaptation to painful events in the "real" world. The chapters organized around detailed reports of individual dreams and life contexts are particularly compelling.

On the downside, there are some silly attempts to present empirical research on dreams. As a reader, I could not care less what percentage of a tiny, nonrepresentative sample had dreams that fell into a specific content category. The handful of statistically based "research" chapters (and I am a researcher as well as a clinician) are an unfortunate distraction from an otherwise engaging book. With this caution in mind, I would recommend *Trauma and Dreams* to anyone interested in either.

In *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*, Jennifer Freyd, Ph.D., who is professor of cognitive psychology at the University of Oregon, sets out on an ambitious mission: to review the scientific evidence relevant to the hypothesis that child abuse is most likely to be forgotten when the perpetrator is a trusted caregiver. The result is a book of stun-

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ning clarity and objectivity that contributes a great deal to the literature on psychological trauma.

Betrayal Trauma consists of seven related chapters that weave together personal anecdotes, the underpinnings of the theory, a review of the recovered-memory controversy, and critical examination of the relevant scientific literatures in clinical and cognitive psychology. It ends with some broader conclusions about the recovered-memory debate and child abuse. The author's primary thesis is that children have an evolutionarily based cognitive bias to avoid processing information suggestive of betrayal by a trusted caregiver. The force motivating such selective inattention is straightforward enough: it is adaptive, in the short run, for a child to avoid knowledge—such as "Mommy hurts me"—that would disrupt attachment-seeking behavior on which a child's very survival depends.

In *Betrayal Trauma,* Dr. Freyd marshals an impressive array of scientific evidence to critique the above hypothesis, and she does so in a way that is accessible to a broad audience. This book sheds light on some of the thorniest questions about the delayed recall of childhood abuse without resorting to emotional pleas or sanctimonious grandstanding. Dr. Freyd lets the data speak for themselves, which results in one of the finest integrative reviews of traumatic-memory research to come along in the past decade.

The main complaint I have about the book is that Dr. Freyd constructs a misleading either-or argument that the "forgetting" of childhood abuse is motivated exclusively by the betrayal of trust and not the avoidance of emotional pain. Data from some studies she cites to support her theory show that "traumatic forgetting" has multiple determinants, exemplified by subjects who forget about abuse perpetrated by a stranger. Also, at times her opinions on clinical and social matters seem idiosyncratic and misplaced, given the objectivity that pervades most of her writing. Considering that her training is in cognitive (not clinical) psychology, I forgive her.

Ultimately, *Betrayal Trauma* is a triumph of objective evidence over impassioned pleas, politics, and media sound-bites. This book is a must-read for anyone who has a personal or professional stake in how our society deals with the issue of childhood abuse and its treatment.

A History of Psychiatry: From the Era of the Asylum to the Age of Prozac

by Edward Shorter; New York City, John Wiley & Sons, 1997, 436 pages, $30

Walter E. Barton, M.D.

This is the right time for this new book, a social history of psychiatry that examines changing attitudes toward mental illness, the contributors to the changes, and the advances in clinical practice. Edward Shorter's history admirably meets these objectives. It is interesting, clear, and lively, and it answers the question "Why did the change occur?" In providing answers, the author is often opinionated and controversial. He is certain to get your attention and to make you think.

The author has impressive credentials. He is the Hannah professor of the history of medicine at the University of Toronto. He has written several books on such medical topics as the modern family, bedside manners, women's bodies, and psychosomatic illness.

Shorter develops his history of psychiatry in eight chapters. Some of the highlights are outlined here.

The birth of psychiatry. Johann Reil coined the word "psychiatry" in 1816. The mad were cared for by their families, and jails took over when the family couldn't handle them. Monasteries and almshouses helped out when there was no family.

The asylum era. One reason for the growth in numbers of patients in the asylums, Shorter says, was the admission of those who were already mad but had previously been cared for by families and almshouses. The author also writes about the handling of patients in the asylums, and why the asylum failed.

The first biological psychiatry. Research and teaching in psychiatry were dominated by the Germans for 100 years, until 1933. The individuals who left their names on signs and syndromes are discussed. The reader can discover why Kraepelin and not Freud was the dominant historical figure.

Nerves. In the second half of the 19th century, nerves, nervousness, and neurasthenia offered an escape from the asylum. Shorter describes how the spa became fashionable for psychiatric conditions, and he discusses the impact of Weir Mitchell's "rest cure."

The psychoanalytic hiatus. This chapter covers the roots of Freudian concepts and how psychoanalysis made it possible to wrest treatment of patients from the neurologists. The author believes Freud was a disaster.

Alternatives. Discussed here is the evolution of therapy for neurosyphilis, insulin coma therapy, lobotomy, and electroshock. The reader learns why the author thinks "the subject of community psychiatry in the United States was, and remains, a kind of grotesque joke."

The second biological psychiatry. This chapter begins with the antecedents, such as early genetic studies, of the second biological psychiatry, which burst forth in the 1970s. By 1995 a gene defect in schizophrenia was tentatively located on chromosome 6. Research on the brain and the discovery of neurotransmitters are discussed. The excitement caused by chlorpromazine and the many drugs that followed is a fascinating account. The chapter also describes the rise of antipsychiatry and ends with

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the controversy over electroconvulsive therapy.

From Freud to Prozac. Shorter notes that the end of the 20th century saw a new tendency for people "to psychologize distress, rather than to medicalize it," which increases the demand for psychologic therapy. Also evident is the extension of the boundary of what constitutes depression. Prozac is the drug that makes people feel better.

Also discussed here is the recognition of the need for a reliable classification of diagnoses so what some scientists say means the same to all scientists. The chapter covers early *DSM*s, John Feighner's criteria published in 1972, *DSM-III* and *DSM-III-R* with Robert Spitzer, and the continuing evolution with *DSM-IV.*

Edward Shorter's *A History of Psychiatry* is recommended reading for all psychiatrists and mental health professionals. The curious will discover the author's perception of the role of drug companies in creating a demand for their product, his view of why asylums were formed and why they failed, and why he thinks psychoanalysis and Freudian concepts were a disaster that slowed the discovery of neuroscience.

The book is must reading for all who have an interest in medical history. Shorter tells a most readable story of change and development over 200 years.

The Psychopharmacologists: Interviews by Dr. David Healy

by David Healy; New York City, Altman (Chapman and Hall), 1996, 633 pages, $85.95

David A. Baron, D.O.

This unique text is a collection of 25 personal interviews conducted by the author, David Healy. One stated purpose of the book is to share with interested readers a personal view of the history of psychopharmacology, as told by a world-renowned group of leaders in the field. Although this book is not a psychopharmacology reference text, it offers fascinating insights into the personal struggles and political battles that have shaped the field.

The format is simple and allows easy reading. The book opens with a preface by Dr. Healy that offers a concise overview of the development of the key psychopharmacologically oriented professional organizations worldwide. In addition, the author provides thought-provoking opinions about the influence of the pharmaceutical industry in marketing psychiatric concepts. Next comes a glossary including entries such as neurotransmitters, imaging procedures, and major organizations in psychopharmacology. Following are the dramatis personae, one-paragraph overviews of each of the scientists interviewed, and a chronology of the interviews.

The body of the text consists of questions posed by Dr. Healy, in italicized type, and the responses of the psychopharmacologists. For example, in the first chapter, the interview of Pierre Pichot, the opening question is, "Could we begin with your recollections of the 1955 Paris meeting, which was effectively the first worldwide meeting on chlorpromazine?" The answer that follows is obviously the opinion of one individual, but it offers an insight and historical overview that is available only from those who were there.

The writing style is, in fact, the transcribed typed interviews; as I read through the book, I felt as if I were eavesdropping on personal conversations. Each "chapter," or interview, is a unique, stand-alone entity with no particular flaw. The interviews could be read in any order without affecting the book's flow. Although many of the interviews are inspirational, my favorite is Julius Axelrod's story of his early career hardships, which culminated in a Nobel Prize.

Dr. Healy himself is a preeminent psychopharmacologist and a respected member of the elite group he includes in his interviews. His personal relationships with his subjects results in a candor that enhances the enjoyment of the book.

I strongly recommend this book to anyone interested in medical history. A knowledge of psychopharmacology is not necessary, but useful. Given the current emphasis on this field, it is easy to forget how young it is, with most of its founding fathers still alive and productive. Besides the text's attractiveness for medical history buffs, it should be required reading for students interested in pursuing a career in research. Without preaching, *The Psychopharmacologists* drives home the point that politics, economics, and science are indeed strange bedfellows.

Dr. Baron is medical director of the Kirkbride Center in Philadelphia and clinical professor of psychiatry at Temple University School of Medicine.

Contemporary Treatment of Psychosis: Healing Relationships in the "Decade of the Brain"

edited by Jon G. Allen, Ph.D., and Dean T. Collins, M.D.; Northvale, New Jersey, Jason Aronson, 1996, 115 pages, $18.50 softcover

John Finneran, Ed.M.

Heraclitus once observed: "The waking have one world and a common one, but when asleep everyone turns away from it into his own world." Although he was referring to the dream, this quote could also be an apt description of psychosis.

Few conditions are more cunning, baffling, and powerful for those who

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suffer with it, as well as for those who treat it. Few conditions arouse more anger, despair, fear, frustration, humiliation, intolerance, and shame than psychosis, especially as witnessed in its more persistent and severe forms. And despite our recent, ongoing, and overshadowing breakthroughs in the psychopharmacologic treatment of psychosis, and cost containment under managed care, few conditions are more ignored or misunderstood or receive more inadequate care by us as a nation.

Contemporary Treatment of Psychosis is based mainly on presentations at a conference sponsored by the Menninger Clinic in June 1994 entitled "Psychodynamic Approaches to the Treatment of Psychotic Disorders: American and French Perspectives"; the papers were also published as the summer 1995 issue of the *Bulletin of the Menninger Clinic*. The editors of this short and generally satisfying volume seek to highlight "the contribution of contemporary psychodynamic thinking to the integrative treatment of psychotic disorders." Refreshingly, there is a good deal more integration of treatment approaches and perspectives than from the psychodynamic view alone.

However, the most important message, which underlies the entire book, is given in the epilogue. It provides a timely reminder and "affirmation of the central role of nurturing a therapeutic alliance with the psychotic patient and family through a clear and unequivocal psychological understanding and acceptance." This spirit of understanding and acceptance of work with persons who suffer from psychotic disorders is well reflected in the book as it deals with theoretical issues, family concerns, integrated treatment approaches, and sociocultural models of care.

I found the early chapters heavy going due to the abundance and sweep of theory and theoretical language (advanced membership in the object relations school and a nod to chaos-complexity theory would be helpful here). At best, we are all pilgrims in the unconscious, blind men describing the elephant. However, the terminology here might put off and confuse many clinicians, family members, and important others who would find the contents of this book extremely useful. Yet despite the technical language and rarefied metaphors, these chapters are also among the book's most intriguing when the authors are able to step away from their discussions of theory and briefly share their rich experiences of working with very ill people.

Subsequent chapters address the multilayered treatment and supervisory issues of the clinician who has a family member with schizophrenia and describe an integrated cognitive-behavioral and psychoeducational program for treating persons with schizophrenia. The latter could be used in a variety of inpatient and outpatient settings.

The later chapters discuss intrapsychic issues and social organizations for care and treatment of persons with psychosis in France. These presentations are fascinating, simultaneously familiar and novel, obvious and subtle in their messages.

Contemporary Treatment of Psychosis manages to generate considerable light in an area whose direct experience most of us are blind to, except in our deepest and darkest dreams. It gives encouragement to those of us who serve people with psychosis to work with the darkness and step into the unknown. It reminds us of the power and continued importance of the healing relationship.

Managing Care, Not Dollars: The Continuum of Mental Health Services

edited by Robert K. Schreter, M.D., Steven S. Sharfstein, M.D., M.P.A., and Carol A. Schreter, M.S.W., Ph.D.; Washington, D.C., American Psychiatric Press, 1997, 383 pages, $55

Jay M. Pomerantz, M.D.

This book is valuable for anyone involved in mental health and substance abuse treatment, whether clinician, administrator, or purchaser of services. The first section begins with patient vignettes describing cases and the best locale for treatment. Experts, who actually run state-of the-art programs, describe various sites—office-based, home-based, emergency crisis, community residential, partial hospital, hospital-based alcohol and drug, and acute inpatient settings—and outline the treatment.

These private-sector programs, particularly in the section on home care, contain some new twists. They are well worth reading about, even for those who have experience in the public sector, where flexible alternatives to inpatient care are commonplace.

The next section describes specialized treatment alternatives for both the young and the elderly. The focus in each chapter is clinical effectiveness. Alan Axelson's chapter on alternative services for children and adolescents is particularly thoughtful and sets the stage for the more controversial third section of the book.

This third section features chapters by various leaders of managed care organizations arguing for clinical accountability, computer information systems, and outcomes management. Payers will supposedly fund mental health services more adequately when standardization and proven effectiveness characterize the field. A continuum of services makes sense to payers and justifies the role of case managers, which accounts for 30 percent of total expenditures, to oversee the selection of appropriate treat-

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ment alternatives. There is no mention of the fact that to date managed behavioral health organizations, by underbidding one another for carveout business, have cut total expenditures for mental health and substance abuse treatment to historic lows.

My favorite chapter describes the restructuring of Sheppard Pratt from a traditional, nonprofit, private psychiatric hospital into a continuum of mental health and substance abuse services. The inpatient census has dropped dramatically, the average stay has fallen to days instead of months, and yet the hospital survives financially. More patients are being cared for, quickly, but, so far, without compromising the quality of care.

The key is the availability of a spectrum of clinical alternatives to long-term inpatient care. Particularly informative is the table of relative-value units to compensate psychiatrists and psychologists more explicitly and fairly for the new menu of treatment services and venues. It was obviously not easy to roll the dice in 1992 and radically restructure a 100-year-old famous and successful institution to meet the demands of the new managed care world.

One final thought: the book's title, *Managing Care, Not Dollars*, is misleading. This book is as much about dollars as about managing care. The issues are inseparable. What our field learned from the community mental health movement and from the precipitous closure of many state hospitals is that overly ambitious promises and inadequate funding will undo even well-designed, comprehensive care systems.

Because there is no alternative, we will follow the book. We will set up the continuum of services, work in multidisciplinary teams, buy the computers, evaluate the treatment outcomes, and await the verdict.

Schizophrenia: Breaking Down the Barriers

edited by Stephen G. Holliday, Ph.D., Raymond J. Ancill, M.B., F.R.C.P.C., and G. W. MacEwan, M.D., F.R.C.P.C.; New York City, John Wiley & Sons, 1996, 248 pages, $90

William M. Greenberg, M.D.

This volume was edited by the chairperson (Dr. Ancill) and senior clinical administrative members of the department of psychiatry at St. Vincent's Hospital in Vancouver, British Columbia, but the chapter contributors represent diverse backgrounds: community psychiatry and research psychiatry, physicians and psychologists, and university faculty and pharmaceutical industry researchers, from both sides of the Atlantic. The book is presented as a companion piece to a 1996 conference on this topic, dedicated to the admirable theme of breaking down the barriers that people with schizophrenia describe running into—as noted in the preface, "Therapeutic walls. Economic walls. Walls of ignorance. Walls of prejudice."

The first two of the book's 12 chapters provide a strong start. Dr. John Talbott describes and analyzes the results of a survey he conducted, asking experts, such as clinicians, researchers, patients and their advocates, and family members, what they considered to be the most significant barriers to effective treatment. His discussion constitutes an on-target biopsychosocial prescription for what is needed today in the treatment of persons with schizophrenia in the U.S. and Canada.

Dr. Leona Bachrach follows with a chapter highlighting skillfully chosen excerpts from patient writings. The excerpts address patients' experiences of illness and needs, although the emphasis on program planning suggested by the title is poorly developed.

After this promising and even inspiring beginning, the book's focus is lost. The result is a rather loosely related collection of essays of inconsistent relevance and value, many of which only peripherally address the theme. For example, I expected that "Work and Mental Illness" would be a strong, pertinent piece, but found it merely a description of nonquantified results of informal interviews and observations conducted in the Greater New Haven, Connecticut, area just before a systemic change was introduced. We are told at the end that this chapter represents an early version of a paper published ten years ago. Although the authors are articulate and address important issues, readers could have expected the final version of the paper, or an account of the effects of the administrative changes then taking place in New Haven, or at least some rewriting to address a more current state of affairs.

Another chapter addressing the phenomenology of schizophrenia in a historical context would probably work better as a longer work in a philosophical journal. (I also disagree with the author's contention that patients with schizophrenia can be so feasibly divided diagnostically into those with positive and those with negative symptoms; for too many patients, both kinds of symptoms are prominent.)

The two longest chapters, written by researchers with Zeneca Pharmaceuticals, address preclinical and early clinical data (phase 2 studies) on quetiapine in the technical style one might find in an investigator's brochure for clinical-drug-trial principal investigators. (Zeneca, the manufacturer of quetiapine, supported the publication of this book with an educational grant.) Despite the disappointing unevenness of *Schizophrenia: Breaking Down the Barriers*, at least several individual chapters are valuable and support the book's stated objective.

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The Perversion of Autonomy: The Proper Uses of Coercion and Constraint in a Liberal Society

by Willard Gaylin and Bruce Jennings; New York City, Free Press, 1996, 270 pages, $25

Charles W. Lidz, Ph.D.

Both American political philosophy and popular discourse about how society should function seem obsessed with autonomy. From a historical perspective, this preoccupation is hardly surprising. The United States developed as a distinct society in the late 18th century during the peak influence of the Enlightenment ideal of the rational man forming society by social contract. Individual rights and personal liberty play a much greater role in our society, and responsibility and social solidarity a much smaller role, than they do in even the highly democratic societies of Western Europe.

Like any other ideology, individualism creates both blessings and curses. The authors of this interesting volume—two of the leading bioethicists in America—are clearly aware of the importance of autonomy in protecting important political and religious freedoms. However, the core of their argument is that our obsession with autonomy has taken us to the edge of a precipice, and both civil order and personal civility are at risk of falling off. In our obsession with individual autonomy, we have forgotten common-sense morality.

Indeed the book begins with such evidence, the story of a homeless man who dies on the street across from a hospital because the ambulance staff decided that he had "refused medical attention" in spite of his brother's contention that he was delirious. An entire chapter is devoted to homelessness and deinstitutionalization of the mentally ill as another example.

Gaylin and Jennings do best discussing the ethics and political philosophy of autonomy. They make a convincing case that society needs social controls because, although lower animals' social functioning depends on a mixture of instinct and fear, human beings' prosocial behaviors rely on shame and guilt as well as fear. Yet if we treat all human beings as deserving of autonomy and dignity even when their behaviors violate the law or basic social decency, these mechanisms become unavailable. If we cannot use shame and guilt as devices of social control, fear will become society's only means of controlling its members' behaviors.

The authors are equally persuasive in showing the absurdity of the classical autonomy assumptions that humans are basically rational and self-directing. They draw from psychoanalytic and behavioristic psychology to show the limitations of our rationality. They demonstrate how our beliefs in rationality and self-control lead to using education as a response to social problems.

Thus instead of shutting down gay bathhouses in the face of the AIDS epidemic, public health officials tried to educate people in the use of condoms. Instead of restricting children's access to cigarettes, we try to educate them about the health effects. We continually try educational solutions in spite of a long history of failures.

Gaylin and Jennings' analysis of the state of American society is less persuasive. For example, they cite as evidence that America is on the edge of disintegration the large number of recent books that suggest serious moral decay and loss of direction in this country. However, such jeremiads have been frequent and persistent from the middle of the 17th century. They are hardly strong evidence that we are now in a unique situation.

The authors also blame the autonomy-based deinstitutionalization of mental patients for homelessness, but they ignore that large-scale homelessness is a phenomenon of the eighties and nineties, whereas most deinstitutionalization took place in the fifties, sixties, and seventies. They also overlook that cities in which land prices did not skyrocket in the eighties have little homelessness.

Although in places pop sociology weakens the presentation in *The Perversion of Autonomy*, the authors present a strong case that we need to refocus our political thought and broaden our goals beyond promoting individual autonomy.

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The Two Mr. Gladstones: A Study in Psychology and History

by Travis L. Crosby; New Haven, Connecticut, Yale University Press, 1997, 287 pages, $35

Janet Eddy Ordway, M.D.

The Two Mr. Gladstones is a remarkable book written by Travis Crosby, who is a psychohistorian at Wheaton College. It is remarkable partly because of the detailed diary Mr. Gladstone kept for 70 years, spanning his 62 years in Parliament, including four times as prime minister. But it is also remarkable because of Professor Crosby's very thorough and well-written integration of extensive research, including political correspondence, family papers, and of course Mr. Gladstone's diary.

As the title implies, there were two Mr. Gladstones. The public one was brilliant, well educated, well read, and an excellent orator, both in Parliament and among the people. The private one feared loss of control, mainly in Parliament, and when the stresses were too great, he would often retreat to the family home in rural Hawarden, take a vacation on the Continent, seek late-night soul-saving missionary work among prostitutes, or give angry speeches in Parliament and threaten to resign. Mr. Gladstone's often-erratic behavior was little understood by fellow mem-

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bers of Parliament. In terms of Professor Crosby's stress and coping theory, Mr. Gladstone's behavior was plausible, and it remained remarkably consistent over his lifetime.

External stressors, Professor Crosby postulates, call forth a set of cognitive responses. Stressors "may be any tension-filled or discordant event" and may be work related, marital, or disagreements and difficulties with friends or peers. They then produce psychological stress of varying degrees, which the individual perceives as "impending harm."

A two-stage response is elicited. First, the particular stress is cognitively appraised by the individual, and, second, coping mechanisms are activated to restore a sense of balance to the person's life. Coping skills are dependent on multiple factors such as family rearing, social skills, and a system of beliefs. They can be successful or unsuccessful and may include "humor, crying, boasting, talking randomly at length, or withdrawal." They can also include avoidance and retreat or outbursts of anger and aggression as a means of fending off threatening events, as shown by Gladstone in Parliament.

Gladstone's family life heavily influenced him. Born in 1809, he was the son of a successful Scottish entrepreneur and baronet. The family was staunch Church of England Evangelical, and the church fostered introspection and control over one's actions in dealing with ever-present sin. Gladstone's early schooling was also Evangelical, followed by Eton and Oxford. As an outstanding student, he learned how to adapt and survive within a system of rewards and punishments. Widely read in British history, politics, literature, and the Bible, he also participated in debate and politics. The schools' "hierarchical systems, a microcosm of the British ruling class, was based on privilege."

At the age of 23, Gladstone was elected to the House of Commons, and he remained in it for most of his long life. During the time that he was prime minister, the Church of Ireland was disestablished, the Irish land bill was legislated, the secret ballot was enacted, and the vote was extended. He also supported the movement for Irish home rule and was active in international affairs. But at the same time, he was volatile and moody, and he continually wrestled with internal conflict as he worked to retain control or regain what he perceived as lost control.

A more detailed description of the British parliamentary system would help readers who are not history buffs. However, Travis Crosby's book should be enjoyed by anyone interested in the psychological workings of a prominent leader. Readers who are psychodynamically trained or otherwise involved in the field of mental health will find the book fascinating.

Suicide: Individual, Cultural, International Perspectives

edited by Antoon A. Leenaars, Ph.D., Ronald W. Maris, Ph.D., and Yoshitomo Takahashi, M.D.; New York City, Guilford Publications, 1997, 151 pages, $25

Michael F. Heiman, M.D.

In his soliloquy, Hamlet pondered his self-deliverance with a bare bodkin. A similar dramatic energy, but directed toward enhancing the prevention of self-slaughter, has propelled both the interest and the research foci of the American Association of Suicidology for nearly 30 years.

Suicide: Individual, Cultural, International Perspectives is the published compilation of the core keynote papers delivered at the association's 29th annual conference. At least 19 international contributors provide their clinical and research expertise to this three-part, 14-chapter, interdisciplinary volume (also published simultaneously as a special issue of the journal *Suicide and Life-Threatening Behavior* in spring 1997). The papers range from the idiographic perspective of intensive single-case study to the more classical nomothetic approach with its statistical and demographic focus.

Part 1, consisting of four case studies and an essay, explores the individual suicidal mind. Each case study underscores the uniqueness of someone embedded in a social and cultural world that is hallmarked by heartaches, natural shocks, and, ultimately, fatal consequences. The bonus essay, by coeditor Maris, called "Social Suicide," moves suicide's unique personal quality into the social realm.

Dr. Maris explores the problematic and social pathologies that produce "any roughly cotemporaneous intentional self-murder of two or more persons." Subsuming this definition are phenomena such as mass suicides, organizational self-destruction, suicide clusters, social analogs to individual suicide, military suicides and war, murder-suicide, suicide pacts, and witnessed suicides. Dr. Maris concludes that if we are to lower the suicide rates, "then we need to see suicide as a social act."

Part 2, with its five chapters, emphasizes the cultural connotations of the naming of the suicide act. The diversity of meanings is highlighted by focusing on suicide among Native, African, and Mexican Americans and on Asian groups compared with Caucasian groups in San Francisco. Dr. David Lester's introductory essay, "Suicide in America: A Nation of Immigrants," both provides a historical overview and sets the pattern of the subsequent chapters as culture and acculturation play out their sometimes lethal role in the ethnic meaning of suicidal behavior.

Part 3, with its four chapters, extends the concept of sociocultural influences on suicidal behavior to a global perspective. Dr. Lester pro-

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vides a thoughtful discussion of limitations of data for discerning worldwide trends. Western sociocultural suicide patterns are represented by epidemiological research from Canada and Europe. Finally, Dr. Takahashi's essay, "Culture and Suicide: From a Japanese Psychiatrist's Perspective," gives the reader a refreshing and illuminating insight into the clinical mind of a caring practitioner as he confronts suicidal patients against the backdrop of Japanese culture.

In sum, this volume has something for every clinician who deals with suicidal behavior as part of a professional practice. Its major virtue is in whetting the reader's appetite to seek out more information on sociocultural issues and suicidal behavior. One area I hope future papers may address is suicidal behavior in correctional settings. Jails and prisons, with their interplay of sociocultural and economic factors with psychopathology, have been easily ignored by researchers and suicidologists. Perhaps one of the essays will inspire some readers to address this issue.

Women's Growth in Diversity: More Writings From the Stone Center

edited by Judith V. Jordan, Ph.D.; New York City, Guilford Press, 1997, 342 pages, $40 hardcover, $18.95 softcover

Carmen Andreescu, M.D.

This book, subtitled *More Writings From the Stone Center,* sometimes offers too much and sometimes not enough. The book is a collection of papers from the growing feminist literature on women's development, specifically the relational model of theorists of the Stone Center at Wellesley College. This second book from the center tries to elaborate certain topics in relational theory, such as anger, sexuality, shame, and clinical applications; it also explores, according to the editor, some of the "richness and complexity" resulting from women's diversity in race, culture, socioeconomic status, and sexual orientation.

The main merit of the book consists in consolidation of the path developed by feminist revolutionaries like Carol Gilligan. It is a symbol of the transformation of feminists' heated and rebellious speech into calmer, somewhat repetitious prose. It will certainly help the goal of broadening the understanding of women's development, but it is less successful in deepening that understanding.

Most of the papers review the problems of female minority groups, and they succeed in familiarizing the reader with the existence of different and less-heard perspectives. Focus on the diversity of perspectives described in this book is an excellent way of making a single racial or cultural or socioeconomic voice less dominant. The majority of the papers relate personal experiences or frame these experiences within Stone Center relational theory (reviewed in the first chapter by Judith Jordan).

The reader may sometimes expect a deeper analysis of the phenomena described, based on the often-repeated concept of "mutuality." In many chapters, beautiful goals like "empowerment," "growth," and "connection" seem to just hang there, waiting for clearer elaboration of how to reach them. Two chapters—"Revisioning Women's Anger" by Jean Baker Miller and Janet Surrey and "Intimacy in Lesbian Relationships" by Julie Mencher—do seem to provide more thorough analysis.

Heterogeneity is an important characteristic of the collection. It is a good exercise for anybody working in the field of mental health to keep in mind how strongly cultural background shapes psychological problems of specific groups like lesbians or African-American or Latin-American women. Moreover, some stereotyped reactions to women in a minority group only reinforce their psychological problems. However, in the book the unifying concept of "mutuality" or "connection" is sometimes presented as a panacea for all problems. (Page 56 has a detailed recipe for "joy.")

Psychotherapists will find descriptions here of how to solve some therapeutic impasses through deblaming the patient and the relational reframing of therapy. However, the question remains of whether blaming the patient and therapeutic role rigidity result from a "bad," gender-biased theoretical paradigm or just from poor professional skills.

For a psychiatrist, it is interesting to find that in one of these papers—"From Depression to Sadness in Women's Psychotherapy," by Irene Stiver and Jean Baker Miller—classic concepts of German psychopathology are transferred to the relational paradigm.

The papers focus strongly on two modes of being—the feminine, or the empathy-love model, and the masculine, or the power-control model—and on their psychological outcomes, which are the relational self and the individual self, respectively. These discussions provide an opportunity to re-explicate some gender-related stereotyped behavior. One of the most beautiful comments in the book—"the greater the impasse, the more gender stereotypical the behavior"—saves the collection from confiscating all the positive solutions for the feminine corner of a relationship.

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