Three Seductive Ideas

by Jerome Kagan; Cambridge, Massachusetts, Harvard University Press, 1998, 232 pages, $27.50

Lawrence Hartmann, M.D.

Skeptics are a dime a dozen, but levelheaded, clear, and deeply well-informed skeptics are essential to the progress of science. Jerome Kagan's new book, *Three Seductive Ideas,* vigorously helps to clarify and undermine three widespread, appealing, and often wrong ideas. All three are vital to psychiatry and psychology and are basic enough to be widely silently accepted, creating a significant amount of confusion and nonsense, pseudoscience, and dubious underpinnings for much of what we psychiatrists, psychologists, and many others believe and do.

"The first flawed belief," Kagan says, "is that most psychological processes generalize broadly. . . . The first words chosen to name natural phenomena are always too general." Many people "believe it is not terribly important to specify the agent being studied, whether rat, monkey, or human. . . . Instances of this loose thinking can be found in every technical journal."

Kagan, who has for decades been a world authority on human development, tests—and finds major trouble with—our wish and tendency to overgeneralize and abstract. He does so by studying in some detail four popular but controversial psychological concepts: fear, consciousness, intelligence, and temperament.

He usefully subdivides and defines various fears, anxieties, and angers in different subjects and contexts—biologically, psychologically, and socially. He also repeatedly identifies reasons for the tendency to overgeneralize. His scope is wide ranging, and he is historically and biopsychosocially informed about meanings of consciousness and of intelligences (referring to, for example, Binet, Simon, Spearman, Thurstone, Wechsler, Gardner, and many others). He has contributed well-known research on temperament, and in his discussion he ranges easily from animals to children to scientists and philosophers. Having for several decades been somewhat intimidated by Kant and his "Ding an sich" ("the thing itself," or "the pure essence of a thing"), I was pleased to read Kagan's citing, in useful context, the philosopher Hilary Putnam, who said that "when we talk of 'Ding an sich' we do not know what we're talking about."

Kagan's second seductive premise "favored by those who study human behavior" is infant determinism, which holds that some experiences during the first few years of life are preserved indefinitely, or are decisive, or are major contributors to the person's future. Here, as in his discussion of the third seductive idea—the pleasure principle, to which he opposes an interesting definition of virtue—Kagan seems to me somewhat to overstate his very educated case. He makes several issues unrealistically black or white, perhaps as part of an agenda fairly specifically to dismiss psychoanalysis and at least two of its central conceptual pillars.

Kagan occasionally quotes Freud (although he seems actively to prefer Darwin, as if one had to make a choice), but he hardly even mentions psychoanalysis. To my mind, Kagan's remarkably rich thinking would be richer still if he had integrated more clinical experience and theory, including psychoanalytic work and specifically including feelings, conflicts, "irrational" motivation, interpersonal dynamics, and the unconscious. He does on occasion refer to some of those areas as hard to quantify, but he confronts them less than he might usefully have done.

However, some of Kagan's scientific questions, whether or not quarrelling with psychoanalysis, are pithy and necessary, such as what precisely in later life does what in infancy predict? If we do not define such areas better, we will remain in scientific trouble.

Kagan suggests a moratorium on "free-floating words like fear, learn, approach, altruism, avoid, and regulate." He suggests that data based on only one of what he considers the three usual psychological avenues of explanation—verbal statement, observed behavior, and physiologic measurement—will lead to limited understanding, and he urges using a "plenitude of procedures." Various sources of evidence should be combined. "Very few useful biological categories are defined by one feature or dimension," he says. Kagan also suggests, and sometimes insists—as a famous psychological researcher and teacher, and not as a clinician, but still—that we acknowledge mind, meaning, and how the person interprets experience.

This short book has a wide and useful scope. Scientists need such books. Even pure clinicians, if such a category exists, will probably do well occasionally to rethink, and make more real and true, some of their powerful words and concepts. *Three Seductive Ideas* is a fine stimulus to such rethinking.

Dr. Hartmann teaches at Harvard Medical School and practices child, adolescent, and adult psychiatry in Cambridge, Massachusetts.

In this section . . .

Dr. Lawrence Hartmann comments favorably on a book by an authority on human development who cautions about three "widespread, appealing, and often wrong ideas." Elsewhere in the section are reviews of two books on suicide, including a history of suicide, and of five first-person accounts written by patients who have largely mastered their psychiatric symptoms. In somewhat the same vein is a review of a Southern novelist's stories about others she says she is "finally old enough to tell."

Antisocial Behavior and Mental Health Problems: Explanatory Factors in Childhood and Adolescence

by Rolf Loeber, David P. Farrington, Magda Stouthamer-Loeber, and Welmoet B. Van Kammen; Mahwah, New Jersey, Lawrence Erlbaum Associates, 1998, 330 pages, $79.95

Elissa P. Benedek, M.D.

Undertaking longitudinal studies on the development of problem behavior in children and adolescents is a major and daunting task, but one that is critical if we wish to expand our knowledge in the area of prognosis. As professionals and citizens, we are confronted with daily news reports of serious antisocial behavior by our youth. We are frequently chastised as others look through the retrospectoscope and suggest that we could have, or should have, predicted the serious antisocial and destructive behavior by a particular youth.

This volume reports on the methodology, the results, and the implications of the first two risk assessments conducted in the Pittsburgh Youth Study. The first assessment was carried out in 1987–1988 with three samples of boys totaling 1,517 subjects, and it is continuing with two of the three samples, or 1,009 boys and their families. The stated purpose of the study is to examine the continuity of problem behaviors and investigate, among other issues, whether continuity is limited to the same problem behaviors over time.

The investigators are also studying the relationships between various problem behaviors and, in particular, serious problem behaviors of young children before the emergence of early-onset delinquency. They hope to be able to predict which children will become chronically and seriously delinquent adolescents, which problem behaviors are critical, and which parental problems solidify children's problem behavior into adolescents' delinquent behavior. This study is one of various important longitudinal sister studies, including the Rochester Youth Development Study.

I am tempted to suggest if one wants partial answers to the many critical questions about the development of child and adolescent antisocial behaviors, this is the book. However, the authors do conclude that interrelationships exist among problem behaviors that are early manifestations of later externalizing problems. For example, attention-deficit hyperactivity disorder (ADHD), physical aggression, and conduct problems are related to later delinquency. The authors see ADHD as a key element in young boys' progression to diverse problem behaviors as adolescents; they note an association between ADHD and a progression to delinquency to substance abuse.

The authors also report that certain problem behaviors, such as depressed mood, decrease with age. Other behaviors increase with age—for example, shy or withdrawn behavior, oppositional behavior, conduct disorder, serious delinquency, serious substance use, and premature sexual activity.

In the assessments, a variety of manifestations of parental deviance and problems, including parental substance abuse, the father's behavioral problems, and parental anxiety-depression, were associated with myriad problem behaviors of their boys at a young age, but were less associated with problem behaviors as the youths grew older. Other macrofactors, including bad neighborhoods, unemployed mothers, large families, and African-American ethnicity, were associated with unfavorable outcomes. The authors report three key elements as most relevant for the development of problem behaviors: poor impulse control, attention problems, and the lack of guilt feelings.

Finally, the implications of the study are stressed. The most important one is that early problem behaviors should be addressed by interventions in many arenas to try to prevent escalation to a more serious level. The authors identify physical fighting and chronic disobedience as particular factors for early intervention. They reflect on their findings that a proportion of boys with externalizing problems such as fighting are also likely to become depressed and should be treated for depression.

Antisocial Behavior and Mental Health Problems is a difficult book to read and absorb. The authors compress a wealth of data into a medium-sized volume; each paragraph needs to be digested thoroughly if the reader is to absorb the data and the implications of that data.

However, this highly complicated, longitudinal study sends one clear and simple message: early problem behavior without intervention leads to later, more serious delinquency. The standard perception that "boys will be boys" or that "he will just grow out of it" is not applicable. As clinicians, we must concern ourselves with the child who is a playground bully and who demonstrates early aggressive behavior, as these behaviors only escalate.

Dr. Benedek is clinical professor of psychiatry at the University of Michigan Medical School in Ann Arbor.

The Harvard Medical School Guide to Suicide Assessment and Intervention

edited by Douglas G. Jacobs, M.D.; San Francisco, Jossey-Bass Publishers, 1998, 704 pages, $59.95

Douglas Hughes, M.D.

Suicide evokes both our personal and our professional concerns. Few of us have not lost a patient, family member, friend, or colleague to this volitional and tragic act. Thankfully, research and scholarship

Dr. Hughes is associate chief of psychiatry at the Boston Veterans Affairs Medical Center and associate professor of psychiatry at Boston University School of Medicine.

in this area have increased. *The Harvard Medical School Guide to Suicide Assessment and Intervention*, edited by Dr. Douglas Jacobs, contains a vast amount of information with its 31 chapters and 50 contributors. The book represents a major academic undertaking.

The text is divided into three sections, each containing eight to 13 chapters, that deal with assessment, intervention, and special issues relating to suicide. The authors are expert in the fields they write in and, not surprising given the book's title, they are mostly from Harvard Medical School. Dr. Jacobs has nicely edited the text so that for the most part the reader finds uniformity of prose, clarity of expressed thought, and chapters that logically follow one another. The book, while providing a lot of scientific data, reads very well.

The intervention section is particularly strong. The contributors review the current scientific literature and give practical clinical suggestions about what medications and therapeutic interventions are the most efficacious. Of particular interest is the chapter by Baldessarini and Tondo on the antisuicidal effect of lithium treatment of major mood disorders. Meta-analysis of new data indicates strong support for the antisuicidal effects of lithium, up to a seven-fold decrease. Both Carl Salzman's chapter and Eran Metzger's chapter nicely review electroconvulsive therapy. Response to this modality is more rapid than to antidepressant medication, which can limit the period of vulnerability to suicidal behavior.

In the assessment section, Jan Fawcett's chapter on profiles of completed suicides and Eve Moscicki's contribution on epidemiology of suicide are also exceptional.

Although most of the text is uniform in its scholarship, there are exceptions. One chapter that seems contextually out of place in the book is on self-mutilation. The author admits that rates of major kinds of self-mutilation are "so exceedingly low that most textbooks do not even mention them." However, he then proffers comments that could be construed to mean that certain groups are more prone to these drastic behaviors. One of several such examples is the statement that "some men are so distraught over their homosexual feelings that they cut off their penis, thinking that this will prevent them from indulging in sodomy." Because the author gives no data on incidence or prevalence of self-castration, in either homosexual or heterosexual males, such repetitive kinds of comments become homophobic or meaningless.

Overall, *The Harvard Medical School Guide to Suicide Assessment and Intervention* is a comprehensive and excellent text, a book one will refer to often. Dr. Jacobs and his contributors have added commendably to the scientific literature.

History of Suicide: Voluntary Death in Western Culture

by George Minois (1995); translated from the French by Lydia G. Cochrane; Baltimore, Johns Hopkins University Press, 1999, 387 pages, $35.95

Andrew Edmund Slaby, Ph.D., M.D.

Albert Camus stated in *Le Mythe de Sisyphe* in 1942 that there is but one truly serious philosophical problem—suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy, or, as Shakespeare said through Hamlet, "To be, or not to be: that is the question."

So too George Minois traces the evolution of philosophical thought on self-inflicted death over three millennia. The power of the work is that the data supplied provide insights not only for philosophers but also for psychiatrists, economists, historians, epidemiologists, anthropologists, and literary scholars interested in the multiple factors that impact the decision to die by one's own hand and ways in which such deaths may be reported. Although genetic factors determining impulsivity and manifestation of psychiatric illness clearly play a critical role, other factors impact the force of these variables.

Ironically, we learn that while many philosophers of the absurd reflected on suicide, most not only did not die by suicide but also rejected the idea of voluntary death. Camus and Voltaire rejected suicide. Jean Paul Sartre felt it was abandonment of all liberty, and Karl Jaspers "the absolute action that transgresses life." Others, less cynical, often did not—for example, Seneca and Pythagoras.

The apparent suicide of Socrates, we learn, is debatable. Politically disenfranchised, he had no choice but to be killed or swallow hemlock because he refused to flee. The author also poignantly notes that with rare exceptions, such as Johannes Robeck, authors of treatises on suicide seldom died by it. They did not write apologies for voluntary death, but rather sought to demonstrate that when life becomes physically or mentally too burdensome, suicide may be a legitimate option.

The author argues cogently that while those who have historically proclaimed the absurdity of the world most vocally are not the ones most likely to leave it voluntarily, those who have committed suicide appear to be those most attracted to worldly values. In some ways this phenomenon is a historical validation of a tenet of cognitive therapy, or, as Bertrand Russell once said, it is not the experience that happens to you, but what you do with the experience that happens to you.

Statistics about suicide, we find, have been obfuscated not only by religious and political norms but also by the means available by social class to die. For instance, in the Middle

Dr. Slaby is clinical professor of psychiatry at New York University and New York Medical College.

Ages, suicide appears to have been rampant among commoners, but not among nobles, who had means of self-homicide. Craftsmen and women had to seek rivers or the rope to die, while the gentry could expose themselves to death through crusades, war, hunting, and tourneys, which allowed a sublimation of suicidal tendencies. Hence, suicides historically have been reported as greater among peasants.

While ecclesiastical suicides were handled discretely, factors such as a relatively privileged status and strong group cohesion limited priestly suicides. Early Christians glorified self-sacrifice, and many who were unhappy with life's lot sought voluntary self-sacrifice through martyrdom that carried with it the promise of heaven.

Minois reveals some amazing contradictions among leading Christian thinkers. St. Thomas More did not dare to overtly challenge the moral prohibitions of the Catholic Church, but in 1515, in fiction, he stated that when the natives of the ideal island realm of Utopia were stricken with painful and incurable illness, they could take their own lives.

Finally, the development of capitalism appears to have made a sizable contribution to the rise of the suicide rate. The loss of the solidarity systems of the guilds and corporations coupled with the insecurity and instability that are an integral part of capitalism—which is founded on individualism, competition, and acceptance of risk—left individuals to face financial ruin alone.

In the end, despite all, the author concludes, in discussing the move from philosophical suicide among the ancients to romantic suicides of the 19th century, that suicide occurred where it had always occurred—"in huts and shops, and always for the same reason, suffering." One finds support from this scholarly volume for what clinicians have always known to be true. People who die by suicide do not want to die. They simply want to end the pain. If there were another way to end the pain, they would choose it.

Reclaiming Oneself From the Symptoms of Mental Illness

First Person Plural: My Life As a Multiple *by Cameron West, Ph.D.; New York City, Hyperion, 1999, 319 pages, $23.95*

Win the Battle: The 3-Step Lifesaving Formula to Conquer Depression and Bipolar Disorder *by Bob Olson with Melissa Olson; Worcester, Massachusetts, Chandler House Press, 1999, 140 pages, $15*

Prozac Diary *by Lauren Slater; New York City, Random House, 1998, 203 pages, $21*

Holy Hunger: A Memoir of Desire *by Margaret Bullitt-Jonas; New York City, Alfred A. Knopf, 1999, 253 pages, $23*

Inner Hunger: A Young Woman's Struggle Through Anorexia and Bulimia *by Marianne Apostolides; New York City, W. W. Norton, 1998, 171 pages, $22*

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

The five books reviewed here offer first-hand experiences of psychiatric disorders and of the authors' evolution from largely victims of their symptoms to mostly master over them. The accounts cover dissociative identity disorder, bipolar affective disorder, major depressive disorder, and eating disorders. Several of the books will prove more useful for clinicians to use as adjuncts to therapy then to simply read for their own edification.

First Person Plural

Written by Cameron West, *First Person Plural* is an outgrowth of the author's doctoral dissertation in psychology on the experiential aspects of dissociative identity disorder, more commonly referred to as multiple personality disorder. This autobiography, like some of the others reviewed here, is aimed both at professionals and at persons who suffer from the disorder. West says in his epilogue that "having DID is, for many people, a very lonely thing. If this book reaches some people whose experiences resonate with mine and gives them a sense that they aren't alone, that there is hope, then I will have achieved one of my goals."

West's story, starting with a description of his life with multiple medical disorders and moving through his discovery that he has multiple personalities and his account of his successful treatment, is a heartwarming, although somewhat perplexing, tale. In reading West's description of the sequential emergences of his personalities, their interactions, and the integration of these personalities, I kept wondering how someone can write a book about his alters if he has only vague consciousness and cannot remember experiences during most of the period he writes about.

Stylistically, the book has many problems. West seems unable to resist intermittent eruptions into glib statements. For example, "We had serious trouble right here in River City. And that ends with why and that rhymes with die and that stands for dead." For those not familiar with the lyrics from *The Music Man*, this statement has little meaning. The use of metaphors is equally burdened by the need for specialized knowledge to comprehend them. For example, "Battling the infection was like trying to hold back tsunami with a parasol." For virtually everyone in the book, West includes a description of what he or she was wearing, and most times the reader is left confused by the relevancy of these descriptions.

The author struggles admirably to describe the experiential nature of multiple personality disorder, but

Dr. Geller is professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts School of Medicine in Worcester.

fails when he tries to make symbolic representations of his experience. For example, "I'm aware that the voices belong to others who live in the lazy Susan of my mind."

West describes various treatments he underwent. He talks about his relationships with several psychotherapists, and one gets a good sense of how a therapist and a patient are a team in pursuit of the patient's goals. *First Person Plural* also provides a good description of what life is like on a contemporary psychiatric inpatient unit.

The "healed" West describes himself as follows: "I've got 24 alter personalities. I call them my guys even though some of them are females, and we all live together in this body. We try to communicate with each other, try to get along and be concerned about each other's problems, but sometimes it takes so much energy that somebody who may be in real pain gets left out to fend for himself. And if we let that happen . . . if we don't tend right to it and stick together, we eventually end up having serious problems."

First Person Plural is more useful for patients who have been diagnosed with dissociative identity disorder than for professionals. The book portrays an individual who struggles mightily and a spouse who does the same. And in these portrayals, patients and families may find hope. Similar to the theme of *Win the Battle*, reviewed below, the message here is that a psychiatric disorder—in this case dissociative identity disorder—can go, through proper treatment and hard work by the patient, from a debilitating force to identifiable pathology to a building block in a constructive life.

Win the Battle

With the help of his wife, Melissa, Bob Olson in *Win the Battle* has mainly written a testimonial talk presented in the form of a book. The first part of the book is the testimonial, while part 2 fills out the book with a series of shorter speeches and some other bits of advice. *Win the Battle* is about the author's five-year debilitation by bipolar affective disorder, his intense work with three psychiatrists through both psychopharmacologic and psychotherapeutic interventions, and his remission now lasting five years. The book is aimed entirely at individuals with bipolar affective disorder, with the exception of one short chapter directed to physicians, therapists, and nurses.

Olson's message resonates with that of Cameron West's in *First Person Plural*: work hard in treatment, don't give up no matter what, and you will find successful treatment. Olson's model for this treatment is a three-step process: belief, action, and persistence. Belief is simply believing that an individual can and will find successful treatment. Action is the pursuit of finding it, and persistence means never giving up because "you are sure to find the right treatment for you."

As with any proselytization, the reader encounters repetition after repetition after repetition of the message. *Win the Battle* is certainly a book delivered from a pulpit.

Each chapter starts with a quotation. The one that best captures the essence of the book comes from Thomas Edison: "Many of life's failures are people who did not realize how close they were to success when they gave up."

By Olson's own description, this book is a "treasure map for achieving . . . winning your battle with depression (unipolar disorder) or manic-depression (bipolar disorder)." The book is written by an individual who says of himself, "I am your proof that depression and manic-depression are treatable."

Olson makes very cogent points about working with physicians, following through with treatments, learning about one's disorder, and learning how to cope with it. An interesting interaction that Olson experienced with his treaters is that "they respected me for trying, and their respect influenced me to try more."

Is *Win the Battle* helpful for patients? That's not entirely clear. For patients who are ambivalent about treatment or who have not been in treatment long and feel overwhelmed by their disorder, the book may in fact be inspirational. For individuals who have long-standing struggles with affective disorder and whose outcomes to date have been poor or marginal, this book may be something they can use to castigate themselves, to feel more demoralized by their failures, and perhaps even to worsen their affective states. Both of these possibilities are hypotheses. Take a quick look at *Win the Battle* and see whether you would consider it useful for your patients.

Prozac Diary

Lauren Slater's second foray into describing her psychiatric history and its treatment, in *Prozac Diary*, is more successful than her first effort, *Welcome to My Country* (1). *Prozac Diary* is the musings of a woman with a long psychiatric history; she has had five psychiatric admissions, the first when she was 14 years old. The central theme of *Prozac Diary* is Slater's treatment as an outpatient at McLean Hospital in Belmont, Massachusetts. Fluoxetine was prescribed for her, and she had a stunningly good response to it.

Slater describes her quest to learn how to live as a woman in her thirties who has experienced depression since she was six or seven years old; who had psychiatric hospitalizations in 1977, 1979, 1983, 1984, and 1985; and who knows very little about life without significant psychiatric symptoms. The Prozac pill becomes like magic in her hands. As Slater describes it, "There it lay, cream and green. Tiny black letters were stamped downside—DISTA—which sounds to me like an astronomy term, the name of a planet in another galaxy."

She articulates a myriad of questions such as "Doctors assure the public that psychotropic drugs don't get a patient high; rather, supposedly, they return the patient to a normal state of functioning. But what happens when such a patient, say,

myself, for instance, has rarely if ever experienced a normal state of functioning?" Or, "What happens if 'regular life' to such a person has always meant cutting one's arms, or gagging?" She says that "if this is the case, then the 'normal state' that Prozac ushers in is an experience in the surreal, Dali's dripping clock, a disorientation so deep and sweet you spin." In essence, Slater asks, "When you're sick, there are plenty of places (insurance willing) where you can go to get healed, but when you are healed, are there any places you can go to learn not to be sick?"

The author's description of the struggle to find herself, with Prozac in her bloodstream, is poignant and powerful. For example, "Now I am a woman with an apple in my hand. I am a woman who stepped from the opera into silence, a quiet and calm difficult to decode. In making such a move, I am having to learn many new skills, but most of all, it occurs to me, I'm having to learn to leave her [her former self]. This is maybe the hardest part of the pill, the hardest part of health. It is the deepest departure I have ever known."

Slater's autobiography has somewhat of a chronology, but the major trip it takes the reader on is the exploration of an individual's feelings about a medication. Because those feelings are not a diatribe against psychotropic medication delivered by an angry "psychiatric survivor," as has most often been the case in first-person accounts by patients, the expressions are of great value. While reams of material on the psychopharmacology of fluoxetine are available, there is very little on the existentialism of taking Prozac. Read this book—it's a very quick read—and learn what an individual experiences in responding to an antidepressant after years of active symptoms.

Holy Hunger

Written by Margaret Bullitt-Jonas, *Holy Hunger* is the story of a 48-year-old woman who grew up on the campus of Harvard University, starving for parental love and attention and self-medicating with food. She writes, "I'm here to get the goods. I don't have to use a weapon or threaten anyone. I don't have to hold anyone up: I have the money for my drug of choice, which is food. But I'm as hard-core as the guy on the street corner who stops passersby to demand money for his fix."

The book follows Bullitt-Jonas' life, touching on points along the way. At age 11 she was in a boarding school in Switzerland, where she was sucking peanut butter off her fingers, wishing "this food would fill the hole in my heart." During tenth grade at a boarding school in Maryland, her bingeing began after years of knowing what she could and could not say in her family. "Every family has its mother tongue; it's a way of shaping the boundary between what can be spoken and what can never be named."

Then she finally realizes how all these things fit together and accepts the dynamics. "I am a compulsive overeater. I grew up with a father who was alcoholic, a mother who was emotionally reclusive. These are facts, yet the recognition of these facts was hard-won, indeed. It came at a price. It took years of inner work before I could perceive the truth, years before anyone could break through my denial about my addiction to food, my father's drinking, my mother's depression."

Along the way the reader is exposed to many of the details of Ms. Bullitt-Jonas' life. We see her go through years of outpatient, insight-oriented psychotherapy and her attempts at treatment through Overeaters Anonymous and Adult Children of Alcoholics. Unfortunately, the author's story is considerably weakened by her tendency to clichés and melodrama.

Bullitt-Jonas seems intent on having everything work out. She measures her success as being neither disappointed nor angry at anyone in her life. She says, "What kind of story heals? A story that is both loving and true, but that nothing essential is left out, neither the pain nor the joy. Loving, because everyone in the story—narrator protagonist and characters alike—is seen with compassionate eyes." The reader is left with an autobiography written by a woman who becomes an Episcopal priest and leads spiritual retreats throughout North America. In the end, Bullit-Jonas' *Holy Hunger* is heavy on the holy and light on the hunger, leaving this reader not fully satisfied.

Inner Hunger

As its subtitle indicates, *Inner Hunger,* by Marianne Apostolides, describes a young woman's struggle through anorexia and bulimia. The author, who grew up in Garden City, New York, a New York City suburb, was president of the student council in high school and a graduate of Princeton University. She describes ten years of anorexia and bulimia. The book is a combination of her own story interspersed with educational chapters on anorexia and bulimia, focusing exclusively on females with these disorders.

Apostolides, whose weight ranged from 80 pounds to 160 pounds, describes anorexia as a means of asserting herself. "Since I didn't feel capable of asserting myself in a positive way, I subconsciously 'asserted' myself by becoming an emaciated, unhealthy, fragile girl. I got sick as a means of making people recognize that I had value."

Apostolides does a good job of describing the shifts between anorexic and bulimic phases. She poignantly details how one phase would invariably and repeatedly drive her to the other. This pattern indicated to Apostolides and to everyone she came in contact with that she was out of control—or, even worse, "My body became a billboard announcing to everyone that I was a pathetic, deviant failure."

Inner Hunger has some useful messages and some dangerous ones. In the first instance, Apostolides describes binges of sex as if somehow they would become substitutes for binges of food. Her failure to reject substance abuse—in fact, her endorsement of experimentation—is worrisome. Her mischaracterization

of psychiatrists as not physicians certainly doesn't help the field: "Most people get an antidepressant prescription from a psychiatrist in consultation with their primary therapist, rather than from a doctor in consultation with their primary therapist."

Overall, *Inner Hunger* can be a valuable resource for young women struggling with problems of self-worth and eating disorders. However, it contains enough misinformation that it should be read in conjunction with an informed parent or therapist and be used as the basis for discussion.

Reference

1. Geller JL: Book review of Welcome to My Country. Psychiatric Services 47:658–659, 1996

Truth: Four Stories I Am Finally Old Enough to Tell

by Ellen Douglas; Chapel Hill, North Carolina, Algonquin Books of Chapel Hill, 1998, 221 pages, $18.95

Richard A. Fields, Sr., M.D.

The writer of this 221-page work is an accomplished Southern novelist. She and the book's title tell us that she can now reveal certain truths because she has outlived those who might be disconcerted by them. Such a premise is alluring and could make interesting reading. Four chapters follow. Each chapter is entitled with the name of one or more of its characters, suggesting the author offers a significant story and a telling truth about them.

Unfortunately, the revelations are disappointing. Despite their considerable potential, the point (or truth) of each story seems insipid. There is not much of an emotional connection or enrichment of one's psychological appreciation. The four tales, though related, do not build a great deal on each other in the expected manner of a novel. Rather, this is a rambling series of tales punctuated with quaint period descriptions and too-frequent asides.

The book's dust jacket implies there will be insights into black-white relationships. If so, they escaped me. But another insight did occur. To appreciate it, imagine that out of sincere curiosity and respect, you have asked a beloved relative to tell you about your family's early history. The elder responds enthusiastically and adds the titillating promise that she will also share some marvelous secrets with you.

You sit down with growing expectations. But as the elder meanders on and off themes, in and out of reveries, you find it increasingly difficult to understand the point, or where the story is heading. You become frustrated. You respectfully coax and listen harder. Some unknown customs and family events are occasionally shared, but they are mentioned almost in passing, with little sense of their consequence to the raconteur or the family history.

As a matter of politeness you listen to the end and say goodnight. You shake your head in wonderment and chuckle over your disappointment. And, you recall that few things are as flattering as a loving, listening ear. So perhaps you can feel good about having met your elder's need for such company.

It is unclear whether such an experience was the author's conscious or unconscious intent. Perhaps, under a different set of expectations, this relatively brief work, with its easy pace, rich descriptions, and hints of mild mystery, might make a pleasant afternoon's diversion.

Dr. Fields is chief executive officer and senior consultant for Fields & Associates, a private consulting firm for the behavioral health care field in Decatur, Georgia.

The Perspectives of Psychiatry, second edition

by Paul R. McHugh, M.D., and Phillip R. Slavney, M.D.; Baltimore, Johns Hopkins University Press, 1998, 332 pages, $35 hardcover, $16.95 softcover

Pamela J. Szeeley, M.D., M.Sc.

Drs. McHugh and Slavney have revised an earlier edition of their book first published in 1986 to provide a coherent framework for the research, practice, and teaching of modern psychiatry; the authors are well-respected faculty members of the Johns Hopkins University School of Medicine. *The Perspectives of Psychiatry* delineates, clearly and concisely, how the lack of a demonstrable path between brain and mind has led both to difficulty in understanding psychiatry as a medical discipline and to what the authors call "factionalism," or the tendency for psychiatrists to try to apply one theory to all patients.

McHugh and Slavney feel that the term "biopsychosocial" is reductionistic. They develop four "perspectives": diseases, dimensions, behaviors, and life stories, the last one being the idea that, given a patient's experiences, his or her current distress makes sense. They then develop the history and characteristics of each perspective and apply it to the psychiatric disorders it best explains.

The section on the concept of diseases uses analogy to physical medicine to explain the concept and then applies it to bipolar disorder and schizophrenia. The next section, on dimensions, focuses on the quantitative measurement of cognition and temperament and applies it to mental retardation and personality disorder. The authors use Eysenck's classic scheme of unstable-stable and introverted-extroverted as an example of thinking along a dimensional perspective, and they explain neurosis as

Dr. Szeeley is associate professor of psychiatry at the Robert Wood Johnson Medical School of the University of Medicine and Dentistry of New Jersey in New Brunswick.

a combination of individual vulnerability, which occurs along a continuum, and stressful circumstances.

The next, and longest, section covers the behavioral perspective, which views behavior as a function of physiological drive, learning, and ultimately personal choice. McHugh and Slavney examine eating disorders, suicide, and, most controversially, "hysteria." Some readers may disagree strongly with their approach to dissociative disorders, in particular "multiple personality," which they view as dysfunctional behavior. Although in general, I agree with the authors, I feel this example distracts from the overall theme of the book.

Lastly, they consider the power of the life story to link the individual with what he or she does and feels and, just as important, to suggest a treatment for the patient. This method in particular lends itself to combination with the other perspectives. The authors view psychotherapy as appropriate for treating the distress our patients feel, regardless of its source.

One quibble I have with *The Perspectives of Psychiatry* is that it tends to return to the neurochemical or behavioral perspective, somewhat slighting psychological explanation; psychodynamic theory is given short shrift. Overall, though, it is a coherent, scientifically oriented, clearly elucidated, and historically informed integration of psychiatric thought. It makes the case that not all patients or problems are the same and that they deserve differing explanations and a variety of approaches.

I believe this book will appeal mostly to mental health practitioners with a more scientific or medical background; however, I think anyone interested could profit from reading it. Most of all, I believe the book should be incorporated into the curriculum of every psychiatric residency program, to help residents struggling to keep a perspective on the disparate, sometimes emotionally draining problems they are expected to understand and treat.

Schizophrenia From a Neurocognitive Perspective: Probing the Impenetrable Darkness

by Michael Foster Green; Boston, Allyn & Bacon, 1998, 190 pages, $55.95

Jacob C. Holzer, M.D.

In this text, Michael Green sets out to present the concepts and challenges of a neurocognitive understanding of schizophrenia, drawn from the traditional schools of clinical neuropsychology and experimental psychology, to a wide scientific audience.

The nine chapters in the text review the methods for studying the neurodevelopmental model (epidemiological, neurohistological, archival-observational, and through markers of abnormal neurodevelopment); the historical understanding of attentional dysfunction in schizophrenia and, later, of specific neuropsychological and experimental psychology models; and specific types of neucognitive deficits and attempts to integrate this information. Also covered are neurocognitive indicators of vulnerability to schizophrenia in patients and relatives; the relationship between neurocognition and symtomatology; the effects of antipsychotic and anticholinergic medication on neurocognition; neurocognition and structural and functional neuroimaging; the correlation of neurocognition and outcome; and interventions for neurocognitive deficits.

I found the book primarily to have major strengths, along with a few minor drawbacks. The text provided me with a wealth of information on a focused topic that I knew little about. With a background in neuropsychiatry, I thought reading this book would be a relatively straightforward proceeding; it wasn't. I found myself looking up various psychological terms and tests. However, that process was beneficial, and it added to the gain from reviewing the text.

For clinicians, reading *Schizophrenia From a Neurocognitive Perspective* may translate into a heightened understanding of patients with schizophrenia, which equates with improved clinical care. Each chapter presents key findings from a wide variety of studies, followed in some chapters by an attempt to integrate this information into theories or models of understanding. The end result is a foundation on which to begin to understand the neurocognitive functions and deficits of people with schizophrenia. Each chapter is to the point and contains an essential amount of information without becoming labored or unwieldy with data.

Certain sections of the text cover areas that I felt were peripheral to my understanding of, and work with, patients with schizophrenia. However, others in the field may find these "peripheral" areas to be important. If the wide scientific audience the author seeks were to follow a bell-shaped curve, this text would be appropriate for most of the readers under the curve, with the possible exception of clinicians with a limited background in psychology and limited clinical experience with schizophrenic patients.

Dr. Holzer is assistant professor of psychiatry at the University of Massachusetts Medical School in Worcester and is on the staff at Medfield (Mass.) State Hospital.