Clinical Epiphanies in Marital and Family Therapy: A Practitioner's Casebook of Therapeutic Insights, Perceptions, and Breakthroughs

edited by David A. Baptiste Jr.; New York, Haworth Clinical Practice Press, 2002, 429 pages, $34.95

Divorce, Family Structure, and the Academic Success of Children

by William Jeynes, Ph.D.; New York, Haworth Press, 2002, 205 pages, $24.95

Living on the Razor's Edge: Solution-Oriented Brief Family Therapy With Self-Harming Adolescents

by Matthew D. Selekman; New York, W. W. Norton & Company, 2002, 223 pages, $32

William Vogel, Ph.D.

Three books on family therapy are reviewed here. The editor of the first, David A. Baptiste, is a psychologist who specializes in family and marriage and family therapy. *Clinical Epiphanies in Marital and Family Therapy* is, apparently, his first book—and what a book! It is unlike any other book I have reviewed in my many years as a reviewer.

According to the book's foreword, the target audience is graduate students. However, to my mind, the audience described in the preface is more correct: "There is something for every marriage and family therapist (and other therapists) in this book, regardless of his or her particular theoretical orientation to treating families or whether he or she is an advanced or beginning therapist, teacher, or student of marriage or family therapy."

An epiphany, as defined by the *Random House Unabridged Dictionary,* is "a sudden, intuitive perception of or insight into the reality or essential meaning of something, usually initiated by some homely, commonplace occurrence or experience." The theme of clinical epiphanies is the link among 16 case studies, contributed by a total of 20 therapists differing in age, training, experience, and theoretic identification: "most of the critical incidents occurred serendipitously, rather than as part of a treatment plan."

In each case, the therapeutic insight helped unravel some clinical puzzle or unclarity and thereby became central to the therapist's understanding of the case and to his or her ability to help the patient. Thus the book's 16 chapters read like 16 mystery stories, each of which, like any really good mystery story, is exceedingly difficult to put down until it has been read in its entirety. To add to the enjoyment, each of the "stories" is followed by two commentaries by experienced and distinguished practitioners, who offer criticism, praise, or speculation as to how they personally might have dealt with the case.

All the cases and commentaries are organized in a format suggested by Baptiste. They are uniformly well written. There is much that is unique and refreshing about *Clinical Epiphanies in Marital and Family Therapy,* not least of which is the self-revelatory, nondefensive style of the therapists, who, in discussing each case, share their personal anxieties, doubts, and fears. (In the first chapter, Baptiste describes how he once feared the possibility that his unconventional therapeutic moves could endanger his entire career.)

Do yourself a favor and buy this book—it's unlike any other recent publication.

The author of the second book reviewed here, William Jeynes, is a distinguished social scientist with impressive research credentials in the area of the effect of divorce and family structure on children's academic achievement.

The first two chapters of *Divorce, Family Structure, and the Academic Success of Children* review the literature, and the next three chapters discuss methodologic issues related to the effect of divorce on the academic achievement of children. The author's thesis is that controversial findings in this area essentially relate to generally unrecognized methodologic issues such as failure to control for socioeconomic status; results vary depending on whether socioeconomic status is considered. Jeynes argues that many variables, in addition to socioeconomic status, affect the impact of divorce on children's academic achievement, including factors that are too often ignored—for example, whether the custodial parent remarries, ethnic background, postdivorce geographic mobility, and whether the children live with a birth parent.

Some of the findings discussed in this book will raise eyebrows among some readers, such as the finding that the remarriage of the custodial parent tends to have a negative impact on the academic achievement of the children. However, this finding will be less surprising to family therapists who work with such families, who will be keenly aware of the problems that occur when children have difficulty coming to grips with their parents' divorce and will also be aware of the children's subsequent difficulty in dealing with a living situation that includes the custodial parent's new mate.

Although this book will be of interest to anyone in the family or marital therapy field, it will probably be of greatest interest to those who have a strong background in statistics and research methodology.

The third book, *Living on the Razor's Edge,* is a scholarly work on the diagnosis and treatment of self-harming adolescents. The book's author, Matthew D. Selekman, is a highly distinguished practitioner and scholar whose specialty is solution-oriented brief family therapy with families who have young children and adolescents.

One of the features of Selekman's book is its truly comprehensive,

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splendid analysis of the literature on the topic—the best I have seen. Although the author describes his work as "brief, solution oriented," he is, in fact, not constricted by any single, sharply defined theoretical focus. He uses strategies and techniques from a wide variety of sources in an effort to keep his work "brief and problem focused"; his work is, in fact, eclectic in the very best, most complimentary sense of that term. For example, his system includes "the one-person family therapy approach . . . a viable therapeutic option with older adolescents wishing to address their family or individual issues alone."

Above all, the book is scholarly in a way that many books written by therapists, describing their work, are not. The author discusses his work in the context of contemporary family therapy as a whole. He concludes with a "coda" in which he cites a review of solution-focused brief therapy by Gingerich and Eisengart, to the effect that "only five studies [were] well-controlled and showed positive treatment outcomes. Only one of those studies, however, was with adolescents." It is always refreshing to find a worker who is so aware of all that remains to be done beyond his or her own work.

Living on the Razor's Edge is wonderfully well written and valuable, and I recommend it to all mental health workers, not just those in the family therapy field. It is a model of how to describe a model.

The Latino Psychiatric Patient: Assessment and Treatment

edited by Alberto Lopez, M.D., M.P.H., and Ernestina Carrillo, L.C.S.W.; Washington, D.C., American Psychiatric Publishing Inc., 2001, 231 pages, $34.95 softcover

Ruben Miozzo, M.D.

According to the 2000 U.S. Census, 12.5 percent of the U.S. population—35.5 million people—are of Hispanic origin. It is expected that Hispanics will be the second largest racial or ethnic group in the United States, after non-Hispanic whites, by the year 2010. However, the specific characteristics and health needs of this important ethnic group are still not being covered comprehensively by mainstream psychiatric literature. *The Latino Psychiatric Patient* attempts to fill this gap by providing a valuable introduction for the mental health professional to the current status of the Latino population in the United States as well as the particular challenges that are encountered in the psychiatric treatment of Latino patients.

The book is divided into three sections. The first, "Overview and Treatment Issues," summarizes the demographic characteristics of the Latino population and outlines the differences between Latinos and the general U.S. population in physical and mental health indicators. This section presents the challenges posed by the heterogeneity of the group in terms of nation of origin, race, and degree of acculturation. The data on health and social parameters are presented comprehensively without being too extensive.

The discussions of cultural differences and assessment of Hispanic patients are interesting but are perhaps too brief and introductory, especially in view of the fact that they are central to the book's main goal. Cultural factors are discussed at only a basic level, without consideration of the differences between Hispanics with different backgrounds and the differences between the Hispanic and non-Hispanic white populations in terms of the value assigned to work and class advancement. Little attention is given to the immigration difficulties that are usually encountered by this ethnic group and how the instability and uncertainty created by these difficulties can take its toll on the mental status of Hispanic patients.

The second section of the book, "Cultural and Psychiatric Issues," outlines demographic characteristics, history, provision of medical services, and various other characteristics of selected Latin American countries. I consider this section to be of great value to non-Hispanic mental health professionals, providing much-needed background knowledge for understanding Latino patients. Each selected country has a dedicated chapter, making this section a good reference source for obtaining information about a particular client's country of origin. An unfortunate consequence of this approach is that it makes the section too repetitive for the general reader while overlooking the common features of the region.

The book's third section, "Special Issues and Populations," reviews substance abuse and domestic violence in Hispanic communities, as well as the issue of Hispanic women in psychiatric treatment. This section is useful in providing an understanding of the cultural factors involved in domestic violence and the role played by social and financial stressors in the clinical presentations of individual patients. The discussions of domestic violence and Hispanic women are well written, although the emphasis is more descriptive than practical. The chapter dedicated to substance abuse is comprehensive, provides staggering statistics on substance abuse in the Latino population, and offers some caveats to be considered in treatment.

I found *The Latino Psychiatric Patient* to be a comprehensive source of information for mental health professionals who are involved in the treatment of Hispanic patients. The authors were able to introduce the relevant issues with clarity and brevity. At the time of this review, the book is available to be read online free of charge on the Web site of American Psychiatric Publishing Inc. (www.appi.org)—it doesn't get any better than that.

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Helping America's Homeless: Emergency Shelter or Affordable Housing?

by Martha Burt, Laudan Y. Aron, and Edgar Lee with Jesse Valente; Washington, D.C., Urban Institute Press, 2001, 363 pages, $29.50 softcover

Daniel William Bradford, M.D.

Reading *Helping America's Homeless* brings to mind the old story about the sausage factory: The factory has performed adequately for several years, but when increased production taxes the machinery, sausages often come out malformed. The owner wonders whether the machine is flawed but doesn't want to buy a new one. Eventually he comes to believe that the problem stems from the sausages themselves and hires workers to reshape each sausage. In the long run, of course, it would have been more cost-effective and efficient to replace the machine.

Although homelessness is a condition of circumstance rather than of character, we tend to attribute it to perceived shared characteristics among homeless people. But Burt and her colleagues use structured, thoughtful research to show that the opposite is true. In fact, the only common denominator in homelessness is poverty.

The 1996 National Survey of Homelessness Assistance Providers and Clients (1) serves as the basis for *Helping America's Homeless*. That study was wide ranging and meticulous, enabling both a bird's-eye and an up-close view of homelessness. Burt and her colleagues describe the methodology in detail, with candid explanations of possible inaccuracies.

The authors find that services for homeless persons have increased across the United States. However, they also clearly demonstrate that we have not solved—or even diminished—the homelessness problem. Although we have the cure, we have directed our resources toward treating the symptoms. The authors point out that because cross-sectional studies often fail to capture people who are temporarily homeless, they falsely inflate the proportion of chronically homeless people within the homeless population. The authors suggest that policy design should differentiate crisis situations from chronic homelessness. Sometimes a "quick fix," such as emergency financial assistance, really is the answer for a particular individual or family. This approach is more rational than providing services only after the individual or family becomes homeless. For many homeless people, the answer is simply affordable housing. For the chronically homeless, the evidence argues for a "continuum of care" built around affordable housing. Finally, prevention is essential to eradicate the risk of homelessness.

What does all this mean for community mental health professionals? According to the authors of *Helping America's Homeless,* having an alcohol, drug, or mental health problem greatly increases the risk of homelessness. Homeless people with dual diagnoses seem to fare the worst. Systems of care for the homeless therefore must include treatment services. Childhood abuse, neglect, and placement in foster care also increase the risk of homelessness. Thus at-risk children should have access to early mental health services as well as life-skills education. Perhaps most important, community mental health professionals can use their expertise to inform policy decisions about housing and mental health services for at-risk populations.

Helping America's Homeless is an excellent book for policy makers, resource developers, and public program administrators. Social service professionals who lack a strong research background may find little use for the book's detailed descriptions of methodology. However, each chapter ends with a clear summary of the research and its implications.

The book concludes on a fairly pessimistic note. In asserting the necessity of increasing affordable housing and individual earning power, the authors say "we have not done so, and probably will not." Whether this assessment is realistic remains to be seen. Paradoxically, however, the more this book is circulated and its cynicism understood, the less likely it is that the pessimistic predictions of the authors will come true.

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Psychiatric Illness in Women: Emerging Treatments and Research

edited by Freda Lewis-Hall, M.D., Teresa S. Williams, B.Sc., Jill A. Panetta, Ph.D., and John M. Herrera, Ph.D.; Washington, D.C., American Psychiatric Publishing Inc., 2002, 658 pages, $65 softcover

Leah Dickstein, M.D.

This easy-to-use, easy-to-read, and succinctly written and edited reference will be welcomed by all health professionals, from students to senior clinicians, who are seeking information about women's unique psychiatric illnesses. The volume's 61 authors, ranging from postdoctoral fellows to internationally known researchers—psychiatrists, psychologists, and pharmacists—clearly cooperated in following chapter guidelines to ensure that topics were defined and described, *DSM-IV-TR* criteria were listed, sex differences were explained, treatments were presented, and needs for further research and references were noted.

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Psychiatric Illness in Women comprises five sections: anxiety disorders and other related disorders, major depressive disorder and related disorders, schizophrenia and related disorders, dementia and related disorders, and other psychiatric illnesses and special topics. The topics covered in the fifth section are particularly important for understanding women's psychiatric symptoms, signs, and disorders. Chapters included in this section cover the effects of victimization and posttraumatic stress disorder (PTSD) on substance use disorders among women, sex differences in substance use disorders, sex composition and sex differences in dissociative disorders and their relationship to trauma and abuse, serotonin neuronal function in anorexia nervosa and bulimia nervosa, and pharmacological management of psychiatric illness during pregnancy.

Throughout the book, tables are used to present the *DSM-IV-TR* diagnostic criteria, and findings on sex differences are illustrated with references and other features. The index includes bold-faced numbers to enable the easy identification of tables and charts.

Although the title of the book refers to women, comparisons are made throughout the book with the more widely known diagnostic features, physiology, treatments, and prognoses of men. The book's in-depth yet succinct presentation of this much-needed information is of great value. The inclusion of epidemiology, sociocultural considerations, premorbid factors, side effects of medications, treatment outcomes, and prognosis makes *Psychiatric Illness in Women* a book that will be used frequently, especially in multidisciplinary clinics.

Importantly, the book acknowledges that several nationally known researchers—Jean Hamilton, Margaret Jensvold, and Judith Herman—have recommended using the diagnosis of PTSD rather than borderline personality disorder for women suffering from abuse at any stage of their lives. The book's discussion of the biological basis of disorders is useful, as is its coverage of postpartum disorders and differences between the sexes in the psychopharmacology of antidepressants and adverse effects of medications.

It might have been useful to include more information about hypomania and mania among women. Inclusion of psychodynamic psychotherapy would also have been useful, along with information on cognitive-behavioral therapy and treatment of PTSD.

The book's coverage of drugs of abuse and their unique effects on women, due to metabolic and physiologic differences, is excellent. The discussion includes tobacco, alcohol, marijuana, and cocaine.

In summary, Dr. Lewis-Hall, the book's senior editor, has envisioned and edited a much-needed volume that will help its readers to understand the unique mental health needs of women and provide correct diagnoses, treatments, and prognoses.

The Creation of Psychopharmacology

by David Healy; Cambridge, Massachusetts, Harvard University Press, 2002, 469 pages, $39.95

Peter J. Weiden, M.D.

This is a book about the history and development of antipsychotics since the advent of chlorpromazine. It covers the political, sociologic, and economic factors that influenced antipsychotic drug development.

I had a very mixed reaction to *The Creation of Psychopharmacology.* Certain parts of the book are wonderful. The history of antipsychotics is covered in depth and detail and is a good read. This segment brings to life the history of chlorpromazine in a way that includes the zeitgeist of psychiatry and society during this era of pharmacologic breakthroughs in the treatment of schizophrenia. We are introduced to the human side of the story—the temperamental French psychiatrist Delay, who first called these drugs neuroleptics, and the American psychiatrist Nathan Kline, who single-handedly promoted psychopharmacology as a discipline. One of the strengths of the book is Healy's extensive study of the other influences in the field at the time. We learn about how new drugs such as chlorpromazine replaced insulin coma therapy. We learn about the rise and fall of the transmethylation hypothesis of schizophrenia and about how the dopamine hypothesis came to eclipse other theories of schizophrenia.

The book has some serious flaws that need to be mentioned. My first concern is that the book distorts some of the facts so that they conform to the opinions and speculations of the author—for example, that withdrawal dyskinesia associated with antipsychotics constitutes "antipsychotic dependence" and that "the failure of buspirone . . . led to a switch from developing anxiolytics to developing SSRIs [selective serotonin reuptake inhibitors] as antidepressants." Healy is very idiosyncratic in his interpretation of clinical trials data. He has an axe to grind against SSRIs: "The FDA licensed fluoxetine, on the basis of its minimal superiority to placebo and its inferiority to imipramine." Elsewhere, he is much more sympathetic to insulin coma therapy: "Insulin coma therapy clearly worked in a number of senses, as the clinical trial evidence suggests." It is hard to imagine that the results of clinical trials can really reconcile the book's scathing view of SSRIs with the favorable interpretation of insulin coma therapy.

One glaring problem is the author's bias in the citations, which have been handpicked or misused to support his conclusions. The citation biases will

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not be obvious to readers who are not thoroughly familiar with the specific details or sources of the material. For example, Healy believes that claims of benefits of atypical antipsychotics in terms of extrapyramidal effects are the result of the excessive dosing of high-potency conventional antipsychotics used in clinical trials. Fair enough. To support his point, he reports—but does not cite—a comparison study of different doses of haloperidol and the atypical antipsychotic sertindole (1). The text reads "Sertindole was in fact no better than haloperidol at 8 mg a day, and both haloperidol at 8 mg a day and sertindole were better than haloperidol at 16 mg a day." However, that study showed that therapeutic doses of sertindole were associated with fewer extrapyramidal effects than a low dose of haloperidol (4 mg a day). I was able to find many other examples of incomplete citations and misleading conclusions. The reader needs to be much better informed of the author's biases and should be very skeptical in accepting the "facts" as they are presented.

Dr. Healy's provocative conclusions are thought-provoking. *The Creation of Psychopharmacology* is certainly not boring, and that helps to keep the historical material interesting. But, time and again, the book is misleading to the point of being deceptive. Having controversial opinions is not necessarily a problem, but misleading the reader about the facts is a serious problem.

In summary, *The Creation of Psychopharmacology* is a fascinating journey into the history of antipsychotic medications and a thought-provoking critique of our understanding of psychiatric drugs and the pharmaceutical industry. However, the book is more like a manifesto than a balanced historical review. With its authoritative tone and extensive citations, it should not be considered an accurate rendition of the early history of psychopharmacology.

Reference

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Treatment of Depression: Bridging the 21st Century

edited by Myrna M. Weissman, Ph.D.; Washington, D.C., American Psychiatric Press Inc., 2001, 357 pages, $69

Richard Balon, M.D.

This book presents papers from the 89th annual meeting of the American Psychopathological Association, which was held in March 1999. The topic of the meeting was chosen by Myrna Weissman, Ph.D., professor of epidemiology in psychiatry at Columbia University and a well-known researcher in the areas of epidemiology in psychiatry and psychotherapies for depression. The volume's contributors are renowned experts in the area of mood disorders.

Treatment of Depression aims to "examine where we are now . . . in the treatment of depression and also what promises the next millennium holds." The book is organized into four sections and 15 chapters. Although all the chapters are well written, they vary in quality, scope, and intellectual stimulation.

The first section, titled "The Past and the Future," looks critically at some aspects of the recent shift in the treatment of depression. The most fascinating and thought-provoking is the first chapter, "The Antidepressant Drama." It provides a historical and political review of the development and testing of antidepressants. The reader is presented with interesting ethical and cultural issues. For example, in many non-Western countries, benzodiazepines are often prescribed for mood disorders and antidepressants are prescribed for anxiety states. The question is whether the Western practices are the result of the market development strategies of pharmaceutical companies. Another important question posed in this chapter is whether pharmaceutical companies follow what the market dictates or, like other corporations, can shape the marketplace in which they sell their products. This chapter also warns that "the psychobabble of yesteryear is being rapidly replaced by a new biobabble."

Section 2, "Basic Understanding of Depression," focuses on the contributions of modern neurosciences to the development of new treatments, the implications of genetics for research and treatment, and psychobiology's contribution to understanding maintenance treatment of depression.

The third section, on treatment, provides a slightly uneven overview of the broad range of currently available "biological" treatments and various methodologic and other problems associated with the development, testing, and application of these treatments in clinical practice (practice guidelines and algorithms). I especially liked the critical review of physical treatments, although one caveat is that the question of whether transcranial magnetic stimulation or vagal nerve stimulation works in the treatment of depression is not answered.

The chapters of the last section, "Psychotherapy and Evolving Health Care," review cognitive-behavioral therapy for depression and the ways to learn new psychotherapies. The last chapter discusses the paradoxes of psychotherapy—that is, that there are too many different psychotherapies, yet only a few have demonstrated efficacy, and that psychotherapy has been overused, yet its use is decreasing. Although short-term therapies such as cognitive-behavioral therapy have been demonstrated to be useful for depression, training in these modalities is lacking, and not only in psychiatry. Interestingly, according to this book, in 1995 only 14 percent of psychology internship programs required training in

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cognitive-behavioral therapy for depression, and only 3 percent required training in interpersonal therapy.

Treatment of Depression is an interesting, thoughtful, and thought-provoking book. For the most part, it meets its objective of reviewing the current state of treatments for depression. It will be enjoyed by mental health professionals who are seriously interested in all facets and methodologic problems of the treatment of depression, especially psychiatrists and psychologists. Educators may especially enjoy the section on psychotherapy. However, a busy clinician may find the book a bit theoretical and not useful in everyday practice.

Care of the Mentally Disordered Offender in the Community

edited by Alec Buchanan; Oxford, England, Oxford University Press, 2002, 333 pages, $55

Deborah C. Scott, M.S.W.

In the past decade, the full force of the British government has come down solidly on the side of protecting the public from people who are mentally ill. Treatment has taken second place. One result of this policy shift is a heightened sense of professional vulnerability on the part of British psychiatry; another is this book, whose authors were clearly driven by concerns about what these policies augur for mental health providers and their clients.

Today in Great Britain, every patient must be assigned to one of three levels of care according to the risk presented. Risky persons must be identified and placed on a supervision registry. When a patient commits a homicide, the responsible medical officer is subjected to a searching formal inquiry. A 1999 government initiative proposed indefinite detention of persons with diagnoses of "dangerous severe personality disorders," whether or not they have been convicted of a criminal act.

The first chapters of *Care for the Mentally Disordered Offender in the Community,* as well as the final chapter, raise familiar issues with a new urgency: What is the relationship of the psychiatrist to the state? To whom does the individual clinician owe primary allegiance? When does criminal behavior become a mental disorder? How do we define "untreatable"? Who should be deprived of liberty, on what grounds, and who decides?

Although the primary focus is on policy developments in Great Britain, a chapter by Marvin S. Swartz and Jeffrey W. Swanson on outpatient commitment in the United States touches on many of the same issues. The chapter provides an excellent summary of the research and pays careful attention to views on both sides. However, this issue, which provokes such passion in the United States, seems to pale in light of the policy changes that have swept Great Britain.

The authors also deal with more practical matters: the organization of services for mentally disordered offenders, treatment models, risk management, and medication compliance. Although most of the material is presented in the context of the highly complex British system, practitioners from other countries should have no trouble relating to the major themes.

With the exception of the chapter by Jennifer L. Skeem and Edward P. Mulvey on risk assessment and the chapter by Frank Holloway on the use of the community mental health team, the material tends to be academic—long on presentation of research findings and short on hands-on information for those in the field. Surprisingly, there is little commentary on the integration of substance abuse treatment into the service mix. For the rare provider who has the resources and the desire to offer individual therapy, the chapter by Kingsley Norton and Jonathan Vince explores in detail the clinical issues involved in psychotherapy with this population.

Care of the Mentally Disordered Offender in the Community offers the experienced practitioner a comprehensive summary of the research on the mentally ill offender but little in the way of practical strategies for community care. For the novice, it provides an introduction to the ongoing issues in caring for the mentally disordered offender. Finally, without a doubt, the book is a must read for those who are contemplating a mental health career with the British National Health Service.

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Schizophrenia

by Max Birchwood and Chris Jackson; New York, Psychology Press, 2001, 168 pages, $24.95 softcover

Kelly Askins, M.D.

This short volume on schizophrenia is part of a clinical psychology series. The book has several shortcomings but, overall, is probably valuable to its intended audience. Because the book does not have a preface or an introduction, I had some difficulty deciding on its intended audience, given the proclamation on the back cover that the book is essential reading for everyone from undergraduates to professionals in fields from psychology to psychiatric nursing to psychiatry. I eventually decided that the book is probably intended for students in upper-level or undergraduate programs in psychology.

Topics covered in *Schizophrenia* include the experience of schizophrenia, epidemiology and course of illness, biological aspects, psychological aspects, drug treatments, and psychosocial interventions. The chapter on drug treatments is shorter than I would have liked, and I expected to see a more thorough discussion of neuropsychological findings. The most complete sections are those in the authors' areas of interest—cognitive-be-

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havioral treatment and early intervention in schizophrenia.

Birchwood and Jackson devote many pages to arguments that I consider to be of historical importance only, such as the question of whether schizophrenia exists at all, whether there is a biological basis for schizophrenia, and the history of the schizophrenogenic family. The exploration of these issues is important for students who need to know the methods for evaluating hypotheses, but the amount of space allotted to these topics makes the book uneven in its presentation.

Is this book of use to me now that I have it? Yes. I was reminded while reading this book that I have beliefs and hypotheses about schizophrenia, its course of illness, and its treatment that are sometimes based on clinical research and sometimes not. The book's ample references will be a good starting point for exploring the primary research firsthand. I will also find *Schizophrenia* useful in teaching residents in psychiatry about treatments for schizophrenia other than medications.

The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence

edited by Christine Wekerle, Ph.D., and Anne-Marie Wall, Ph.D.; New York, Brunner-Routledge, 376 pages, $59.95

Joe Tupin, M.D.

This book is a well-organized and well-edited collection of papers on the complex problem of addiction and violence. The editors provide useful opening and concluding chapters that admirably introduce the book and summarize and focus its conclusions. It is conveniently divided into three sections: theoretical frameworks, relationship violence and addiction across the lifespan, and clinical issues in intervention for intimate violence and addiction problems, enhancing the ease of use of this densely packed volume. All chapters are exceptionally well supported by their bibliographic thoroughness.

The first section, on theory, examines the biological and developmental basis of addiction and aggression, cooccurring psychopathology, and cognitive learning models. Each of the five chapters in this section is well written and comprehensive. Many readers will find this the most interesting and enlightening section because of the careful analysis of research and theory underlying aggression and addiction.

The lifespan section covers adolescents, college students, marital and child abuse, and older adults. Readers will be grateful for this categorization, particularly in the case of the chapter on older adults, a group that is often neglected.

The third and final section, on treatment, is strengthened by the inclusion of references to the theoretical and operational systems that underlie clinical intervention. For example, there is an informative discussion about access to care, ethnicity, and insurance coverage as well as aspects of the legal context of addiction and abuse. The book urges appropriate caution as different therapies and theoretical issues are discussed. In the chapter on behavioral couples therapy, the authors recommend that "evidence, rather than ideology, should guide intervention." Prevention of adolescent risk behaviors is well discussed. Alcohol abuse is the main focus in these chapters, probably because there are fewer data about other individual substances, but it would have been desirable if some guidance had been offered. There is little discussion of management of substance withdrawal and the problems of maintaining abstinence.

Finally, I wish the editors had paid a little more attention to two areas. The index is too heavily oriented to the referenced authors at the expense of topics. Also, some mention of the role of medications in intervention strategies and of the controversies would have been welcome.

The Violence and Addiction Equation will be particularly important to policy makers, health care leaders, and administrators in planning and staffing programs. It encourages use of resources on a rational, skill-specific, and systems-sensitive basis. Researchers will welcome this detailed review. Clinicians who commit a substantial portion of their time to these patients need to be familiar with the issues discussed in this book.

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A Textbook of Forensic Addiction Medicine and Psychiatry

by Lawrence B. Erlich, M.D.; Springfield, Illinois, Charles C Thomas Ltd., 2001, 234 pages, $56.95

Richard P. Trautman, M.D.

Why should I learn about forensic psychiatry? I plan to have an outpatient practice." For more than 20 years I have heard this or similar statements expressed by psychiatry residents or clinicians who are just beginning their practice. In the past, it was quite possible that a clinician would never come into contact with the legal system. However, in recent times the fields of medicine and law have become more intertwined, especially in the area of addiction psychiatry. Clinicians who deny this fact are at best ill prepared to assist the patient and at worst personally vulnerable when—not if—legal issues emerge in their practices.

This problem is one of the major general themes repeatedly expressed by Lawrence B. Erlich in *A Textbook*

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of Forensic Addiction Medicine and Psychiatry. Erlich, who is certified in both addiction and forensic psychiatry, emphasizes that the rules of conduct in the legal arena are dissimilar to those in medicine. As an example, he compares the difference between "truth" in the legal sense and the definition of truth embodied in medicine. In law, truth is what is logical, or what "makes sense." However, in medicine something that seems to make sense in reality must be proven through a well-designed study before it can be accepted as truth. Throughout his book, Erlich points out how these differences in the meaning of truth represent limitations of each of these disciplines. He defines the roles of the physician, the attorney, and the court in a forensic psychiatric case.

Even more formidable are the challenges that members of each profession confront when presented with a forensic addiction psychiatric case. Much has been written about the issues and questions that present themselves in the field of forensic addiction psychiatry. However, such information is published in numerous resources, which often is burdensome for professionals who use this material in their work.

With this awareness, Erlich has attempted to collect "all of the information relevant to addiction psychiatry and medicine in one place." In the space of 25 chapters, he outlines the dilemmas that face both the legal profession and the medical profession as they confront the issues in a psychiatric addiction case. He concisely and clearly lays a foundation grounded on the definitions of terms commonly used in both disciplines. He then gives a brief historical perspective on the development of each field before addressing, in individual chapters, specific problems that are commonly faced by the forensic psychiatrist as well as options that must be considered as one develops a solution to the problem. The material he uses to illustrate the problems and solutions is often presented in the form of composite patient material.

Overall, Erlich has written a physician-friendly textbook that addresses the challenges facing those who practice forensic addiction psychiatry. I found his chapters on basic legal terms, being an expert witness, the drug-free workplace, and drug courts to be most informative. With its ample references, this book is a good resource text. I recommend it especially for residents and physicians who practice in the area of addiction psychiatry.

Stigma: How We Treat Outsiders

by Gerhard Falk; Amherst, New York, Prometheus Books, 2001, 376 pages, $26

Jackie Goldstein, Ph.D.

A mental health worker in India who deals constantly with the stigma of mental illness in his own country was surprised to learn that this stigma exists in the United States. I wondered about the source of his surprise. Are we viewed as too educated, too enlightened, too wise to be guilty of intolerance? Gerhard Falk's latest book, *Stigma: How We Treat Outsiders,* suggests that anyone is a potential member of at least one stigmatized group and that most likely all of us, even the educated and enlightened, are capable of treating others differently because of our perception of them as "outsiders."

During his long career as an educator and author, Falk, a sociology professor at the State University of New York at Buffalo, has addressed specific types of stigma in various scholarly works, more than 50 in number. However, in this, his 12th book, he describes and discusses 13 different types of stigma, devoting a chapter to a description of the evolution and history of each type as well as research and statistics exploring the social consequences of that stigma.

Dr. Falk divides the 13 stigmas into two categories. Persons who are excluded because of a condition that they did not choose or over which they have little control may suffer from "existential stigma." Such conditions include mental illness, sexual identity, obesity, mental retardation, aging, marital status, and race (particularly for Native Americans). The second category, "achieved stigma," includes persons who have somehow contributed to their inclusion in a stigmatized group. Here Falk describes stigma associated with achievement, immigration, homelessness, prostitution, addiction (including alcoholism), and criminal conviction. Many of us fall into at least one of these categories and, with the inclusion of "resentment against achievement," no one seems to be exempt from membership of some stigmatized group.

Although such a vast array of "outgroups" suggests that Falk has covered them all, instead one begins to consider the insidious nature of stigma, and it seems that one stigma might lead to a spinoff stigma such that an insider group falls victim to its own judgment. For example, Falk describes how the stigma of obesity has created a multimillion dollar industry that often motivates unwarranted dieting by the "in-group"—those who are not obese. What he doesn't explore is the resultant out-group of persons who suffer from eating disorders that are perhaps in part a consequence of membership of an in-group that judged the obese.

The opening chapter reminds us of our long and shameful history of judging, condemning, and eradicating members of stigmatized groups. It also reminds us of the insights of Emile Durkheim, a "founding father of sociology," and thus helps us to understand why, despite education and enlightenment, we persist in our predilection toward identifying out-groups. Durkheim explained that, quite simply, outgroups create a sense of unity—and community—for the in-group. With a new sense of threat upon us, and an escalated and urgent need for unity and community, let us become students of stigma and not victims of our own in-group judgments.

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