

Why Americans Hate Welfare: Race, Media, and the Politics of Antipoverty Policy

by Martin Gilens; Chicago, University of Chicago Press, 1999, 296 pages, \$25

Joshua Miller, Ph.D., M.S.W.

The politics surrounding welfare, particularly since the 1960s, have always been entwined with race and racism. During the "great migration" between the early 1940s and the late 1960s, more than five million African Americans left the South for cities in the North. As Piven and Cloward (1), Wilson (2), Lemann (3), and many others have documented, this migration left many African Americans stranded in poor urban neighborhoods, with diminishing access to jobs and other resources that promote social and economic security and well-being. Concentrated poverty and urban unrest were two of the consequences of this social process, and they have been influential in shaping poverty policy.

Martin Gilens picks up the story nearly 40 years later when the government, ironically under the leadership of a Democratic President, abandoned its long-standing commitment to caring for poor women and their children by rescinding their entitlement to public assistance. President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act, the so-called welfare reform act, in August 1996. Dr. Gilens, a political scientist, asks why this change occurred and suggests some interesting answers.

By analyzing numerous surveys about attitudes of Americans, particularly white Americans, toward many social topics, the author develops the following hypothesis: Americans support helping the poor and are willing to support social programs that do not directly serve their own class interests; however, they are averse to supporting welfare because they believe

that it primarily benefits African Americans and that African Americans lack a suitable work ethic.

White Americans believe that the majority of welfare recipients are black, even though the majority are white, because the news media consistently portray images of African Americans when reporting on poverty and welfare, Dr. Gilens points out. And to make matters worse, sympathetic stories about poverty are more likely to feature white families while critical stories more often than not focus on African Americans. Dr. Gilens explores possible reasons for this perspective, focusing on how attitudes are formed.

Why Americans Hate Welfare covers important territory. It adds to the existing literature about the relationship between poverty, race, and antipathy to welfare by considering the role of the media in influencing public opinion, using sound statistical techniques to develop and support the primary thesis. It is an interesting, well-written,

However, the book's arguments could have been strengthened in a number of ways. Although Dr. Gilens usefully draws on social psychology to increase understanding of why the media portray African Americans so stereotypically and negatively, his discussion could be framed in more of a sociological context. For example, he says that newspapers and magazines would benefit from hiring more people of color as reporters and editors; that is an extremely important point, but it says little about the social function of the media, about who owns the various publications and broadcast outlets, or about the Eurocentric ideology that permeates the mass media. Even non-white reporters must contend with this social context and face tremendous pressure to conform to predominantly white institutions.

Dr. Gilens often seems at pains to demonstrate that white Americans are not overtly racist but instead hold fixed, false stereotypes about African Americans. Yet such stereotypes often are a manifestation of institutional racism, the social arrangements that privilege some while excluding others and the political ideology that legitimates this stance. The book's downplaying of racism as a primary force leads to a lack of recommendations about how to challenge racism, despite the author's convincing argument about the racialization of poverty policy.

Dr. Gilens focuses on poverty policy in his excellent chapter tracing the history of modern poverty policy, but he neglects the larger political context, such as the inexorable and conscious redistribution of wealth to the nation's richest citizens while programs to the poor were cut during the Reagan regime. There is also little consideration of the salience of single parenthood and how it interacts with opportunity, race, poverty, and public opinion about welfare. Lastly, the book relies almost exclusively on public opinion surveys. It could have been enhanced by other research methodologies, such as interviewing, to explore the complex web of beliefs and attitudes that shape welfare policy.

Obviously, no book can cover every-

In this section . . .

A review by Joshua Miller of a book that provides insights into the relationship between poverty, race, and antipathy to welfare opens this month's section. Following are two reviews on historical topics: Melvin Sabshin discusses a book on how Freud used surgical metaphors to explain therapeutic aspects of psychoanalysis, and Jonathon Erlen reviews a biography of Horatio Robinson Storer, who was involved in numerous health-related controversies in the last half of the 19th century. Also reviewed are two handbooks on legal issues and two quite different books on psychotropic drugs.

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Obviously, no book can cover everything, and despite its shortcomings, *Why Americans Hate Welfare* is an excellent volume. It would be of great value to anyone interested in poverty policy and the role of the media in constraining and misdirecting the public discourse. Many readers of this journal work with poor people whose lives have been dramatically altered by the seismic changes in welfare policy over the past five years. It is important that we mental health professionals who are interested in advocating for our pa-

tients understand the attitudes, perceptions, and beliefs, which *Why Americans Hate Welfare* so effectively illustrates, that contribute to public policies that affect the poor.

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3. Lemann N: *The Promised Land: The Great Black Migration and How It Changed Amer-*

Freud, Surgery, and the Surgeons

by Paul E. Stepansky; Hillsdale, New Jersey, Analytic Press, 1999, 280 pages, \$39.95

Melvin Sabshin, M.D.

I enjoyed this book, but at times I was surprised with its choice of content. At first I followed the author's presentation of how Freud used surgical metaphors to explain therapeutic aspects of psychoanalysis. Freud frequently emphasized the psychoanalyst's precision and decisiveness in a context that seemed analogous to a surgeon's carefully controlled use of potentially dangerous, invasive procedures. Soon it became apparent that Freud's metaphors were also affected by his own surgical treatment. Indeed, the book deals very sensitively with Freud's long period of multiple oral prosthetic surgeries. From time to time those experiences affected Freud's use of the metaphor.

Over the years, however, the surgical metaphors became less important, and finally Freud abandoned them late in his life. In fact, the author states, "The surgical model of the papers on technique is no longer in retreat; it has been effectively vanquished by curative improbabilities wed to the psychobiology of instinctual life." The rise and fall of the surgical metaphor in

Freud's career is quite illuminating.

In the book one issue overlapping with Freud's use of the surgical metaphor is the question of lay analysis. Psychoanalysts frequently debated whether one needed medical training to be an analyst, including intensive discussion of Freud's 1927 "The Question of Lay Analysis" (1), in which Freud argued against the requirement of medical training. By 1927 the use of the surgical metaphor had begun to be reduced, but the metaphor and the medical-background requirement for psychoanalysis are not precisely the same question. Unfortunately, these differences are not clarified.

The ups and downs of the surgical metaphor and its subsequent interpretations by analysts in the 20th century would have been a compact volume even if the author had also included discussion of lay analysis. However, he veers off the subject of the surgical metaphor in a way that seems to make the book less integrated, which surprised me. For example, there is an extensive discussion of psychosurgery and invasive psychiatric therapeutic techniques like insulin coma therapy, Metrazol shock, and electroshock. Freud's generic use of surgical metaphors was not related, theoretically or practically, to these "therapeutic" techniques.

The author also has a very complex section on the evolution of surgical metaphors in the United States during the first half of the 20th century. Primarily it involves a discussion of how Karl Menninger developed a treatment system that transcended previous employment of the surgical metaphor. Menninger had certainly not supported a medical model for psychoanalytic training; he opposed such a model firmly. Nevertheless, the author interprets Menninger's use of the metaphor as a broad-based generalization.

Dr. Stepansky ends the book by mentioning his own basis of analytic treatment, in which he tries to point out how contextual factors may be more important than whether or not one supports the surgical metaphor. This is an intriguing discussion, but I felt that it was quite condensed and needed further clarification.

The author is an excellent medical-psychoanalytic historian, and the book is a gem of a report of overlapping surgical and psychoanalytic questions. At times, however, the boundaries of "surgery" and "psychoanalysis" are not entirely clear. For example, the word "surgical" is often used to overlap with other medical fields, such as obstetrics. Freud's use of an obstetrical clinical example is included as a citation for the surgical metaphor in psychoanalysis. At times "psychoanalytic" overlaps with psychiatric and psychological perspectives. Dr. Stepansky tries to keep these models clear, but he is not always successful.

Freud's ideas about surgery and the impact surgery had on him are important and deserve presentation. Such a review alone makes this a worthwhile book. Dr. Stepansky chose to enlarge on this basic review; some clarity was lost in the attempted elaboration. Despite this problem, the discussions of Freud's relationship with surgery and the metamorphosis of surgical metaphors in Freud's concepts and practices are quite interesting and useful.

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Champion of Women and the Unborn: Horatio Robinson Storer, M.D.

by Frederick N. Dyer; Canton, Massachusetts, Science History Publications/USA, 1999, 614 pages, \$39.95

Jonathon Erlen, Ph.D.

Horatio Storer was a fascinating, complex, sharp-tongued Boston physician practicing during the last half of the 19th century who has been mostly overlooked by American medical historians. In his long medical career, he became vice-president of the American Medical Association and champion of numerous health-related causes. Dyer's extensive volume, based almost solely on primary resources ranging from Storer's voluminous letters and publications to various archival resources and family diaries, is an admirable, if limited, effort to explore Storer's contributions to America's medical community and to the controversies within it.

Throughout his career Storer charged, at times blindly, into a wide variety of significant medical controversies. His major goal was to work through the AMA to have states pass strong antiabortion legislation, a goal he succeeded in reaching by 1900.

Besides conducting this career-long crusade, Storer was a major figure in a variety of medical issues. He was one of the leaders in creating the medical specialty of gynecology, warding off criticisms from Boston's conservative medical leaders that medical specialization was a form of quackery. Storer also challenged the role of asylum superintendents, calling for medical consultations in these institutions and claiming that female insanity was caused by pelvic disorders. Storer further alienated the Boston medical establishment by defending his hero, the Scottish gynecologist James Young Simpson, who introduced chloroform, and Storer promoted chloroform as the anesthetic agent of choice instead of ether, introduced in Boston in 1846.

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During an era when alcohol was a major ingredient in many drugs, Storer called for alcohol's removal from all medicines. Late in his career Storer became a leader in the new public health movement.

On the strength of his activities, Storer deserves a comprehensive biography. Regrettably, this volume does not fulfill this scholarly obligation. Dyer, whose background is in experimental psychology, has done yeoman work locating a huge amount of primary documents, but he fails to provide a historical framework for the material. Most of the book reads like a series of extensive, edited quotes,

many several pages long. Dyer fails to use the secondary historical studies that would have turned this volume into a readable biography.

The author raises several important issues and then fails to complete the stories. Did Storer and his colleagues save the AMA from destruction by Boston's medical elite in 1865? Did his close relationship with Harvard president Charles Elliott strongly influence Harvard's medical educational reforms in the 1870s? Was the strong hatred of Storer by many Boston physicians the reason they opposed his antiabortion crusade? These and other unanswered questions, along with the significance of Storer's varied career, demand that another scholar continue Dyer's research and produce a comprehensive biography of this remarkable man and his place in American medical history.

The Mental Health Practitioner and the Law: A Comprehensive Handbook

edited by Lawrence E. Lifson, M.D., and Robert I. Simon, M.D.; Cambridge, Massachusetts, Harvard University Press, 1998, 395 pages, \$49.95

Rayna L. Rogers, D.O.

The Mental Health Practitioner and the Law is described as "a comprehensive handbook." The book is not "comprehensive" in the sense that a psychiatrist preparing to take the added-qualifications examination could rely on it alone for enough information to pass the exam, but it is certainly an excellent treatment of several pressing and timely issues in medicine and the law.

The book's stated objective is to provide information on risk management to medical and mental health practitioners, and the editors have soundly achieved this objective. Practical tips on how to avoid being sued by patients are presented clearly and distinctly. The authors of each chapter have been careful to use language that is generic and egalitarian. Thus professionals from any discipline can learn from this handbook

without feeling patronized. An especially welcome note is the focus on the cold realities of living in a managed care world. Managed care issues are addressed frankly and applied to every aspect of both clinical and forensic topics. To date, I have not seen a text that addresses these issues so thoroughly.

The Mental Health Practitioner and the Law would be very helpful for mental health trainees preparing for clinical practice. Another target audience is forensic professionals who consult to colleagues about litigation matters and how to avoid them. Many of the later chapters are written at an advanced level and

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would be a useful update for even the most seasoned forensic professionals. I have already incorporated many points from this book into my own teaching of psychiatric residents at the University of California, San Francisco.

In summary, *The Mental Health Practitioner and the Law* would be a welcome addition to any library. As more and more professionals enter the forensic arena, they need skills to interact safely and appropriately with the legal system. The final sec-

tion about testimony and other expert-witness functions will prepare inexperienced professionals going to court for a good experience rather than a narcissistically traumatic one. Fortified with the information these authors provide, even a novice may enter the courtroom with serenity and confidence. Furthermore, clinicians who must deal with third-party payers and managed care schemes will gain new tools to protect themselves and their patients from exploitation. This is a gift of great merit.

Legal and Ethical Dimensions for Mental Health Professionals

by Patrick Brendan Malley, Ph.D., and Eileen Petty Reilly, M.Ed.; Philadelphia, Taylor & Francis, 1999, 340 pages, \$29.95 softcover

Jeffrey L. Metzner, M.D.

As a forensic psychiatrist, I was looking forward to reviewing *Legal and Ethical Dimensions for Mental Health Professionals*, partly because of the publisher's claim that this book "is a complete guide to the law and ethics as they relate to clinical practice." The authors, a licensed psychologist and a school counselor, note in the preface that the book was written to help readers understand the legal and ethical obligations of mental health professionals. Unfortunately, this book is not a complete guide, and it achieves the authors' stated goal in only a very limited fashion.

The book is divided into six sections covering historical and helping perspectives; ethical and legal dimensions; multicultural context; relationships with special populations; considerations in schools, groups, marriages, and families; and considerations in training. Each section has one to three chapters that too frequently cover the subject matter in a superficial, incomplete, or misleading way. For example, ethical principles are initially described in a

fairly global fashion in relation to mental health professionals. Periodically, the authors cite various aspects of codes of ethical conduct promulgated by leading national professional organizations, such as the American Psychological Association, the American Association for Marriage and Family Therapy, and the National Association of Social Workers, but the reader does not receive a particularly useful overview of these important codes.

Some of the information in the chapter entitled "In a Legal Context" (referring to the mental health professional) is misleading. For example, discussing principles related to privileged communication, the authors indicate that "privileged communication laws are abrogated, in all states, by an initial report of child abuse." It is true that information relevant to the reasons for making an initial report of child abuse are not privileged, although it is not universally true that information obtained after an initial report of child abuse is no longer privileged.

At the end of each section, the authors provide exercises that are intended to reinforce the reader's understanding of the principles outlined in each chapter. In general,

these exercises are useful, but answers that would facilitate discussion about each exercise are not included.

I would not recommend this book to psychiatrists because of the limited discussion of ethical issues specific to the practice of psychiatry. I would also not recommend it to other mental health professionals who have completed their training because of the problems already summarized. Mental health professionals in training may find this book somewhat helpful in raising a variety of issues that they will need to further explore. However, I think other introductory forensic textbooks would serve them better.

The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors

by Shawn Christopher Shea, M.D.; New York, John Wiley & Sons, 1999, 254 pages, \$45

Michael Craig Miller, M.D.

Dr. Shea attempts to teach his readers how to make suicide assessment both practical and artful. In the process, he brings the reader inside the experience of the suicidal patient with frank talk about jarring human experiences, and he gives much useful advice about interviewing. Nonetheless, he has written a book that is only partly successful.

This book is more story-driven than data-driven. Shea frequently refers to the professional suicide literature, but the backbone of the book is a series of case histories from the public domain—for example, the suicides of Elizabeth Siddal, Sylvia Plath, and Kurt Cobain—and from his clinical practice. It is not a bad

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strategy—stories are important—but the writing style is unnecessarily melodramatic. Shea is too big a presence in his book; he sometimes gets in the way of the stories he is trying to tell.

Shea's exuberant language leads him to problems of emphasis in relation to suicide prediction and prevention. He accurately indicates that we cannot predict suicide. He describes the importance for good treatment of understanding a client's ambivalent attachment to life, along with the influences of environmental pressures, cognitive style, character structure, and neurobiology. However, he undermines this good teaching with unsupportable statements. He says we can identify cognitive styles that put patients at risk. He expresses an opinion about the three "most useful indicators" of immediate suicide risk without backing up this assertion. He sets up biologists as straw men, stating that "biologic reductionists tremble at the suggested use of psychotherapy . . . and shudder at the mention of the word soul." Blending therapeutic zeal with fact, Shea makes himself less credible by overreaching, diminishing what is on target in the book.

Shea's excellent interview scripts are the most rewarding reading in the book. He rightly points out that relatively little has been written about eliciting suicidal ideation. He demonstrates how to respond in challenging situations by developing lines of questioning that will draw out uncomfortable material. He appropriately stresses the advantage of seeking details of thought and behavior, not just of symptoms or demographics. He includes at least 30 numbered lists covering points to remember, suggested questions to ask, and subjects to pursue with clients. The interviewing techniques described here are as useful for general evaluations as they are for assessing suicide risk.

Shea offers his CASE method—Chronological Assessment of Suicide Events—as an easy-to-learn and easy-to-remember strategy for organizing a potentially large body of in-

formation. Any systematized inquiry can decrease errors of omission. Although his chronological interviewing format is more complicated than it first appears, it dovetails nicely with suggestions made throughout the book. Recognizing that few people are likely to put his method into practice, he invites readers to adapt his ideas to their own style.

Breakthroughs in Antipsychotic Medications: A Guide for Consumers, Families, and Clinicians

by Peter J. Weiden, M.D., Patricia L. Scheifler, M.S.W., Ronald J. Diamond, M.D., and Ruth Ross, M.A.; New York City, W. W. Norton, 1999, 207 pages, \$22.95 softcover

Jean K. Bouricius, M.S.

This book should be useful to people who need antipsychotic medications, to their families, and to any professionals trying to help them. The lead author, Dr. Weiden, has the knowledge and experience to write such a book. Accurate information on antipsychotic medications is rarely available in such an easily understandable form. The book also has an excellent glossary.

As the title suggests, *Breakthroughs in Antipsychotic Medications* indeed covers only antipsychotic medications and the drugs intended to control their side effects. It does not discuss antidepressants, antianxiety drugs, antiseizure drugs, or mood stabilizers.

On page 11 a short passage entitled "The Keys to Recovery" explains what the book is about. "Mental illness . . . locks you in," it says, preventing you from doing things and going places and achieving goals. "Antipsychotic medications

are the keys" that can unlock the door. Of the many such medications available, you don't know which of these "keys" may unlock the door for you. "Don't give up if the first medication doesn't work," the book says. "Don't keep taking the same medication for years if it doesn't work. There are other medications to try." But the book also cautions later that antipsychotic medications must be taken regularly, in appropriate doses, for a period of time before they begin to work.

The book is not meant to be read through from cover to cover. It is best to begin with the introduction, and especially to note the section called "How to Use This Book." At first I thought the lack of an index was a serious drawback. However, the table of contents is detailed enough to help the reader locate needed information.

People who have little or no knowledge about antipsychotic drugs are advised to begin with part 1, the "Consumer Guide." This section addresses such issues as the difference between symptoms and a diagnosis and the causes of different kinds of symptoms. It describes the types of antipsychotic medications and how they differ from one another. It explains the different kinds of side effects and ways of dealing with

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them. It provides details on how to switch from one medication to another and how to judge whether such a change might be desirable. However, ultimately, the book notes, these questions must be answered independently by each patient and the family members and providers who are involved with the patient.

A valuable chapter in this section is the one called "Getting On With Life." Here the authors give advice on what to do once the symptoms are under control.

Part 2 provides more technical information about specific new antipsychotics. It also includes tables with information on conventional antipsychotics, usual dosages, and side effects; common symptoms of schizophrenia and how they may respond to

medications; reasons to switch to a different medication and reasons to avoid or postpone switching; withdrawal symptoms that may occur on discontinuing an antipsychotic medication; interactions between different medications; and treatment options after a patient has failed to respond to a new medication.

The book also gives good advice about how patients and providers can work together and about how to obtain financial aid to pay for medication.

Breakthroughs in Antipsychotic Medications can certainly be recommended for patients and family members and even clinicians looking for clear, practical, and up-to-date information about antipsychotic drugs.

Maintenance Pharmacotherapies for Neuropsychiatric Disorders

Stephanie S. Richards, M.D., William S. Musser, M.D., and Samuel Gershon, M.D.; Philadelphia, Brunner/Mazel, 1999, 395 pages, \$59.95

Joseph P. McEvoy, M.D.

This is a well-written, sensible, useful book that is misnamed. The title suggests that the book talks only about pharmacotherapies, and only for maintenance treatment. Rather, each of the disorder-specific chapters—for example, "Depressive Disorders"—provides a brief overview of the characteristic psychopathology and course of the disorder, methods for screening and diagnosis, and key features to monitor, such as suicide risk. Available medications are reviewed, with straightforward advice about initiation of treatment, target dosing, drug interactions, and use in special populations such as children or the elderly. The importance and usefulness of concomitant psychosocial treatments are consistently emphasized.

Besides chapters covering the usual psychiatric disorders, chapters on the treatment of psychiatric aspects of seizure disorders, Parkinson's disease, multiple sclerosis, cerebrovascular accidents, chronic pain, HIV infection, and traumatic brain injury are provided. They are very helpful.

Along with the chapters written by the book's authors, contributor Bruce Pollock provides a brief and elegant review of pharmacokinetic and pharmacodynamic principles. Junius Gonzales and Kevin Schulman take us comfortably through the increasingly important concepts of pharmacoeconomics.

I enthusiastically recommend this book to every first- or second-year psychiatric resident, to be read from cover to cover. Nonmedical professionals will also find this book a useful manual for understanding pharmacologic treatments.

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OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual

by John S. March, M.D., M.P.H., and Karen Mulle, B.S.N., M.T.S., M.S.W.; New York City, Guilford Press, 1998, 298 pages, \$32

Jason H. Edwards, Ph.D.

Child and adolescent obsessive-compulsive disorder (OCD) is not commonly seen except by practitioners who specialize in childhood anxiety disorders. Hence many clinicians might not be familiar with the most efficacious or effective treatments for this disorder. The stated purpose of this book is to "help clinicians treat children and adolescents with OCD, and also to some extent OC-spectrum disorders, such as trichotillomania." Moreover, the book is intended for therapists of many different professional backgrounds. The authors have met their goals in providing a very readable treatment manual about a cognitive-behavioral treatment protocol for pediatric obsessive-compulsive disorder.

Over the past few years, March and Mulle have made significant contributions to our understanding of how to treat child and adolescent obsessive-compulsive disorder with cognitive-behavioral therapy, as in their 1996 book chapter (1). Their commitment to empirically assessing the effectiveness of their cognitive-behavioral program is highly commendable. This book represents the culmination of their work to date.

The book is written in a clear, straightforward, and organized style consistent with the treatment approach. It is really much more than a treatment manual, and it avoids the dry tone inherent in many treatment manuals.

The book is organized into three parts. The first consists of three chapters that discuss the nature and

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assessment of pediatric obsessive-compulsive disorder and provide an overview of the treatment program. The assessment chapter is thorough and practical; the clinician-friendly approach is evident here. The authors describe the assessment procedures used in their anxiety disorders clinic in enough detail to allow clinicians to adapt the assessment protocol, as well as the treatment protocol described later in the book, to their own practice setting.

The 13 chapters of part 2 address the treatment program. The 12-to-20-session approach involves four phases: psychoeducation, cognitive training, mapping obsessive-compulsive disorder, and graded exposure and relapse prevention. The treatment is clearly explained, step by step and session by session, with one chapter devoted to most sessions. The authors' treatment approach is creative, flexible, developmentally appropriate, and systemic. For example, Michael White's strategy (2) of externalizing the problem is an integral component of their treatment.

Clinicians well versed in cognitive-behavioral therapy are still likely to find useful suggestions that can inform their practice. Therapists with a family systems perspective will notice areas of the treatment protocol that might benefit from more family involvement.

The third part, with four chapters, is aptly labeled "troubleshooting." Common pitfalls in treatment, family issues, and school considerations are discussed. Pharmacotherapy is also addressed. In addition, three appendixes contain handouts, assessment instruments, and information for parents. This is an important section for fine-tuning treatment, and it reflects the book's practical approach to treatment of pediatric obsessive-compulsive disorder.

OCD in Children and Adolescents is a highly informative and pragmatic how-to resource for a comprehensive, empirically supported cognitive-behavioral approach for pediatric obsessive-compulsive disorder. The authors' suggestion to read the

whole book rather than just particular sections should be heeded. The book is likely to be very helpful to child therapist trainees, child mental health clinicians, and clinical supervisors interested in an effective treatment approach for children and adolescents with obsessive-compulsive disorder.

Field, Form, and Fate: Patterns in Mind, Nature, and Psyche

by Michael Conforti, Ph.D.; Woodstock, Connecticut, Spring Publications, 1999, 144 pages, \$19 softcover

John Finneran, Ed.M.

What do the migratory flight patterns of arctic snow geese, the growth of a wild mushroom, the development of type 2 bipolar disorder, the emergence of heroin addiction, and the formation of a psychotherapeutic relationship have in common? They all represent the expression of purposive and meaningful forms that invite us to greater understanding and awareness of the inner and outer worlds.

In this important book Michael Conforti suggests that all systems in the natural world, including the expression of human behavior, are generated by the deep and timeless structures that Jung referred to as the archetypes of the collective unconscious and the form-generating or morphological fields they manifest in the material world. Borrowing from other domains such as self-organization and chaos theory, classical psychoanalysis, quantum physics, and molecular biology, the author articulates a way of deeply apprehending the processes involved in the creation of form, order, and meaning. This book will challenge and reward any clinician who seriously engages with it.

Conforti discusses four interconnected ideas: the concepts of the ar-

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chetype, the field, repetition, and change. Although not the usual talk of morning rounds, these ideas and processes are present in any living system and in the play of human behavior.

He begins with a careful explanation of the archetype—"an informational, rational, and meaning-carrying structure" that "works by creating a field of influence and whose effect is not limited by space and time parameters." It is a kind of universal blueprint that underlies natural life. Itself unknowable, the archetype serves as a cornucopia from which themes, motifs, tendencies, and behaviors arise. We recognize these universal shapers of experience each day in such forms as the hero of a thousand faces, the great mother, the wise old man, the fool, and the divine child.

If a field may be understood as a region or space where something happens, and if each archetype has as its "energetic component" a field that can store and shape information, matter, and behavior, then we can hypothesize that the archetypal field serves as the ground of being or the ground of creation from which form arises. While an electromagnetic or gravitational field is space and time dependent, an archetypal field appears to be "nonlocal"—not limited to the mandates of space and time.

Consider the archetype of genocide and its appearances in recent history—Germany, Cambodia, Rwanda,

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and the former Yugoslavia. It seems as if archetypal fields have the capacity to manifest in time and space but are not bound by or confined to such continua. Because each archetype contains a limitless capacity for expression within its own domain—think of the universal mother and her unique expression in the form of one's own mother—we can see enormous diversity yet simultaneously a high degree of stability within the form expressed.

The process of repetition, or replication, is the means by which a form, a living system, or a human behavior becomes stabilized, recognizable, and characteristic. Patterns are important in the generation of form. They “can be viewed as a material representation of archetypal, informational fields in space and time. They exist as external mappings of internal processes.” It is through patterns, an intentional series of steps that are repeated in a highly consistent and sequenced way, that a unique archetypal alignment becomes incarnate in the outer world, taking shape as a migratory flight pattern, a mushroom, a psychiatric or substance use disorder, or a human relationship.

Finally, Conforti raises the question of change. Are we fated or free? To what extent is the capacity for change available in any human or living system in the natural world? Because replicative or recursive processes narrow change or choice, how does possibility or novelty arise? Change is available but is psychologically costly to achieve and sustain. Drawing on Erich Neumann's investigation into the origins of human consciousness and Erich Jantsch's concepts regarding self-organizing systems, Conforti indicates that for human beings consciousness—the capacity for self-observation and taking action—is vital for change to occur.

As change implies novelty and an opening up of a system, or of one's mind, to new information and possibilities, and as change is a form in itself, great amounts of energy are required to support the development of its new structures. The old alcoholism recovery slogan of attending “90

meetings in 90 days” may have helped in establishing and stabilizing such a new pattern of living.

Just as the word “kaleidoscope” comes from three Greek words meaning “to see the beauty in the form of

things,” Michael Conforti has offered us a means of seeing the beauty and interconnectedness of the inner and outer worlds. The view of this book is sweeping and humbling, and certainly not to be missed.

The Wandering Womb: A Cultural History of Outrageous Beliefs About Women

by Lana Thompson; Amherst, New York, Prometheus Books, 1999, 204 pages, \$19.95

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This is an outrageous book about a subject potentially important to *Psychiatric Services* readers. Lana Thompson, a Florida freelance medical writer, does not deliver what she proposes, and she does not begin to address the relevance of beliefs about women for an audience of mental health professionals. The book is written to convey a history of beliefs about the uterus; its nine chapters move chronologically from ancient times to the “postmodern uterus.”

Thompson's breezy, tongue-in-cheek style, intended to shock the reader by reporting outrage after outrage, is in itself so outrageous that it is difficult to take the writer seriously. By overstatement and by failure to put beliefs in their cultural and historical perspective, the author discredits herself. She has clearly read many secondary sources from which she extracts in order to prove a thesis: women have always been misunderstood by men. This concept is nothing new.

The author takes a narrow feminist stance, but does not take advantage of

serious feminist scholarship. She has excellent, interesting illustrations, but the captions are not researched in a way that draws on knowledge of the historical period or the artist, such as Durer's iconography. The book has a strong antiphysician bias and displays ignorance about the history of medicine.

Thompson states that the book was “written to make people, particularly female people, aware of the tremendous social, psychological, religious, and medical pressures brought to bear upon the uterus as it traveled through history,” but as a woman psychiatrist I did not find that it increased my awareness in a valuable way. Alas, the focus on the uterus as emblem of woman does not make a contribution about the psychology of women. A woman patient at a state hospital with whom I had been discussing “women's topics”—for example, her concerns about her children in custody elsewhere—asked what I was reading and picked up *The Wandering Womb* from my desk. After perusing the drawings with great interest, and reading a bit, she put it down and declared “Holy shit!” That about sums up my opinion too.

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