

**Chinese Medical Psychiatry: A Textbook and Clinical Manual**

by Bob Flaws and James Lake; Boulder, Colorado, Blue Poppy Press, 2001, 480 pages, \$108

Yan-Ping Zheng, M.D.

More and more books introducing Chinese medicine to the West have been published in the past decade. As far as I know, *Chinese Medical Psychiatry* is the only English-language work published thus far that focuses on bridging the divide between Chinese and Western medicine in the realms of the nosology, etiology, pathology, and psychopharmacology of mental disorders.

The authors merge the "essence spirit diseases" of Chinese medicine with the science of Western psychiatry and produce a comprehensive and integrated Chinese medical psychiatry. Bob Flaws is a diplomat in acupuncture and Chinese herbology, certified by the National Certification Commission for Acupuncture and Oriental Medicine. He has had over 20 years of experience in clinical practice, in teaching, and in editing books on Chinese medicine. James Lake is a board-certified psychiatrist who has a long-standing interest in the integration of Chinese and Western medicine in the treatment of psychiatric disorders.

*Chinese Medical Psychiatry* is divided into three "books." Book 1 introduces the general principles and theories of Chinese medicine. Book 2 covers the causes, mechanisms, patterns, and treatment of 21 traditional Chinese psychoemotional conditions. Book 3 describes 12 modern Western psychiatric disorders and their corresponding dysfunction patterns, possible causes, mechanisms, and treatment formulas in Chinese medicine. A comparison of Chinese and Western medicine in mental disorders in books 2 and 3 opens a new field of vi-

sion for both Chinese and Western medical practitioners to understand psychoemotional disorders from different cultural perspectives.

The text's rich clinical information will provide useful guidance for medical students or mental health professionals who are interested in integrative medicine or who wish to study Chinese alternative medicine. For example, some psychopathological phenomena found or recognized only in Chinese culture (1), including qi-gong deviation, qi-gong-induced psychosis, and neurasthenia, are largely unrecognized in the West (2). Instead, a similar clinical phenomenon of neurasthenia, namely, chronic fatigue syndrome, has gained currency in Western medicine, but no effective treatment has been formulated (3,4). The pattern discriminations and corresponding treatment formulas of Chinese medicine may provide alternative ways of categorizing and treat-

ing chronic fatigue syndrome in the West. This book invites us to rethink the possible ways of integrating the medical treatment of this and many other mental disorders, and it may help us develop new research approaches that seek to combine rather than divide the efforts of these two major medical cultures.

Theories of Chinese medicine, based on ancient Chinese philosophy, include such concepts as the balance of yin and yang and the transformation of qi and blood. Although it is clear from thousands of years of historical records in the East that treatment methods based on such theories and pattern discriminations are practical and clinically effective, from the Western medical perspective the "causes" and "mechanisms" in Chinese medicine are merely hypothetical, and the nosology of dysfunctional patterns is often viewed as lacking the pathological basis of contemporary Western medicine.

These methodological divisions persist as cultural obstacles to Western interpretations of the results of Chinese medical research. *Chinese Medical Psychiatry* provides a new framework for developing integrative nosologies and treatment formulas, which are important for psychiatric research where Eastern and Western medicine meet (5).

**In this section . . .**

First reviewed is a text designed to bring Chinese and Western medical psychiatry closer together to allow practitioners of each a broader approach to diagnosis and treatment. Other textbooks reviewed cover conditions that co-occur with schizophrenia, cross-cultural neuropsychology, and treatment of suicidal patients under managed care. Also reviewed are a collection of essays on depression and another on homosexuality and psychoanalysis. The section closes with a review of three first-person accounts, all by women, on diverse topics.

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Dr. Zheng is a senior research scientist with the Research Center on the Psychobiology of Ethnicity at Harbor-UCLA Medical Center in Torrance, California.

## Schizophrenia and Comorbid Conditions: Diagnosis and Treatment

edited by Michael Y. Hwang, M.D., and Paul C. Bermanzohn, M.D.;  
Washington, D.C., American Psychiatric Press, Inc., 2001, 238 pages, \$46

Mark R. Munetz, M.D.

Most physicians have been taught that the simplest explanation is generally the right one, a variant of Occam's razor. A single diagnosis may explain a host of disparate symptoms and in turn lead to the prescription of a single treatment. The diagnosis of schizophrenia illustrates this principle well: the disorder can present in a variety of ways, often with symptoms of anxiety and mood dysregulation in addition to its core psychotic symptoms. In the past clinicians were taught that monotherapy with an antipsychotic agent was the preferred approach to the treatment of schizophrenia and that the accessory symptoms would improve along with the primary psychotic symptoms.

Lately, however, the diagnostic and therapeutic parsimony of the past is being reconsidered. In the first chapter of *Schizophrenia and Comorbid Conditions*, the editors and their colleagues criticize what they call the hierarchical approach to the diagnosis of schizophrenia. They argue that this approach, formalized in *DSM-III*, in which a diagnosis of schizophrenia subsumes associated symptoms, may have resulted in an underappreciation of what they term "associated psychiatric syndromes" in schizophrenia.

*Schizophrenia and Comorbid Conditions* is part of the Clinical Practice series published by American Psychiatric Press, Inc. The volume editors' goal for the book is to "help practicing clinicians enhance their recognition and improve treatment for [the] large and difficult-to-

treat group of schizophrenia patients" who have comorbid conditions. They are largely successful.

The first chapter's critique of the hierarchical approach to diagnosis of schizophrenia is followed by three chapters devoted to what the authors designate as the associated syndromes—depression, obsessive-compulsive symptoms, and panic symptoms. Because depression in schizophrenia is the best studied of these syndromes, the chapter on this subject is the most satisfying, notably in its comprehensive review of the differential diagnosis of depression among persons with schizophrenia. The other chapters succeed in sensitizing the reader to the prevalence of panic and obsessive-compulsive symptoms among patients with schizophrenia.

While the first half of the book flows logically, the second half is a bit more scattered. Chapters address medical and surgical illness, pregnancy, cognitive impairment, and aggression and violence. The volume ends with an excellent chapter on

substance abuse in schizophrenia—certainly the most prevalent co-occurring disorder among persons with schizophrenia. I wondered why this subject was left for last and was not considered one of the associated psychiatric syndromes.

The reviews in this volume are comprehensive, relevant, and well written. There were some gaps, however. I would like to have seen more than the passing mention of HIV-AIDS in the chapter on medical and surgical illness and more specific guidelines to inform family planning in the chapter on pregnancy. These are both neglected areas in many settings. A chapter on schizophrenia and mental retardation—developmental disability also would have been helpful.

This volume makes it clear that it no longer makes sense to talk about "dual diagnosis" in the context of schizophrenia. Many different comorbid conditions can complicate the treatment and outcome of schizophrenia. *Schizophrenia and Comorbid Conditions* provides a nice overview of a number of them and reminds us of their importance. For that reason, trainees and clinicians of all disciplines who work with patients who have schizophrenia will find this book worth reading.

## Handbook of Cross-Cultural Neuropsychology

edited by Elaine Fletcher-Janzen, Tony L. Strickland, and Cecil R. Reynolds;  
New York, Kluwer Academic/Plenum Publishers, 2000, 375 pages, \$110

Susan Mascoop, Ed.D.

As the United States becomes increasingly diverse, neuropsychologists are being challenged to expand their cultural knowledge and skills base to provide accurate assessment, diagnosis, and treatment. The *Handbook of Cross-Cultural Neuropsychology* is a much-awaited addition to the neuropsychological literature, and it is the first text to specifically address the growing need for a cultural focus in neuropsychological diagnosis and treat-

ment for an increasingly diverse patient population.

Because ethnicity and multicultural considerations have long been neglected in neuropsychological research and practice, this book's very existence is a testament to the grow-

Dr. Munetz is chief clinical officer for the Summit County (Ohio) Alcohol, Drug Addiction, and Mental Health Services Board and director of community psychiatry at the Northeastern Ohio Universities College of Medicine in Rootstown.

Dr. Mascoop is a clinical neuropsychologist at Medfield (Mass.) State Hospital and assistant professor of psychiatry at the University of Massachusetts Medical School in Worcester.

ing awareness among researchers and clinicians of the complexity of the issues and the need for a resource that integrates culture in the assessment and treatment of clients who are culturally dissimilar to the clinician. The editors attempt—and generally achieve—the difficult task of integrating these two relatively new and rapidly growing fields, as evidenced by the selection and depth of the topics covered.

The book's five sections contain 21 chapters. The first section reviews theoretical, practical, and training issues in the neuropsychological assessment of the culturally dissimilar client. The second section covers neuropsychological assessment and treatment of diverse populations, including African Americans, Asian Americans, Native Americans, Hispanics, children, elderly people, and gays and lesbians; it also addresses gender effects in neuropsychological assessment. The third section focuses on cross-cultural neuropsychological assessment of patients who have a brain injury, epilepsy, or HIV and includes a thoughtful chapter on the impact of culture and environment on the symptomatic expression of medical disorders.

The focus shifts in the fourth section, which presents issues of cross-cultural application and potential bias in neuropsychological batteries, with specific emphasis on the Halstead-Reitan and Luria Nebraska batteries. The final section, entitled "Special Topics," includes chapters on assessing the Spanish-speaking preschool child, assessing criminal defendants, trends in immigration in the United States, and neurobehavioral disorders and pharmacological interventions.

This volume has a great many strengths, and its few weaknesses are generally minor. For example, the book does not devote sufficient attention to the stratifying effect of socioeconomic status in the consideration of diverse populations. Also, some chapters tend to dwell more on what is not known and why, and give less attention to informing the reader about what is known.

The only item of greater concern to me is that the authors do not support the use of interpreters; instead they emphasize that there are not enough bilingual neuropsychologists to meet the need. Having used the services of interpreters, I am aware of how much more time and effort are needed to complete an interview or assessment. However, I have found that trained interpreters are professionals who can provide invaluable linguistic as well as cultural assistance. In the authors' discussion of interpreters, they do not specify whether they are talking about interpreters and neuropsychologists who are trained to work with one another. Moreover, being a bilingual or bicultural neuropsychologist does not necessarily ensure that one will conduct a nonbiased evaluation.

My suggestion is that until enough bilingual, nonbiased neuropsychologists are available to meet the need, future editions of the handbook devote some attention to educating neuropsychologists on the use of in-

terpreters and to promoting the use of trained interpreters only.

Neuropsychology and cross-cultural psychology are both relatively new subdisciplines, and, as in any other discipline in the early stages of development, the focus at this point is on gathering data and processing information at a relatively superficial level. Over time, as these fields mature, they will acquire increasing depth, which will be reflected in the literature. Whereas some texts review well-known topics and cover well-traveled paths, this book moves into new territory and, in so doing, moves the profession as a whole forward.

The *Handbook of Cross-Cultural Neuropsychology* was written by and for neuropsychologists, and I strongly recommend this book for neuropsychologists and trainees. Given the specificity of the topics, professionals in related fields are advised to seek handbooks that address cross-cultural issues in their respective disciplines.

## Unholy Ghost: Writers on Depression

edited by Nell Casey; New York, HarperCollins Publishers, 2001, 299 pages, \$23

Curtis E. Hartmann

The book's dust jacket features a forlorn broken-down car stranded in snow at the edge of a winter forest. This image is an apt metaphor for the debilitating grip of depression. The book's title, *Unholy Ghost*, is also apt for a disease that is indeed an elusive terror without sacrament. In plain terms, clinical depression is pure, unadulterated hell—a dimension that the book aggressively portrays.

Kay Redfield Jamison, a renowned professor of psychiatry and author of *An Unquiet Mind*, contributes a powerful and inviting introduction. "Here," Jamison writes, "are writers

who know, through experience, depression in one or more of its diverse guises, describe the sadness and dread that are at its core; they write about how it is to feel the draining out of vital forces; how it is to exist with, and live around, the sleeplessness, the restlessness, the inertia, and the hopelessness. They describe the lingering influences of melancholia on their notions of self and work, and they portray the damage that their despair brings to the lives of others."

Novelist William Styron, who was nearly killed by the disease, wrote *Darkness Visible*, a stunning account of lapse into depression's cold, gray tunnel, which is excerpted in the book. Styron vividly rejects the word

*Mr. Hartmann, a longtime sufferer of bipolar disorder, is an attorney and a freelance writer living in western Massachusetts.*

"depression" as a lame, impotent, and, at best, clinical approximation of what the disease does and is. "For over seventy years," Styron writes—and Jamison emphasizes—"the word has slithered innocuously through the language like a slug, leaving little trace of its intrinsic malevolence and preventing, by its very insipidity, a general awareness of the horrible intensity of the disease when out of control." Depression put Styron on the brink of suicide and became, in his words, "an immense and aching solitude."

Jamison cites other writers who have eloquently described the nearness to death and the intrinsic hopelessness of clinical depression. She mentions A. Alvarez's *The Savage God*, another brilliantly choreographed "dread-dance" of pain, hopelessness, despair, and the lure of suicide, that is excerpted in the book. "My life felt so cluttered and obstructed that I could hardly breathe," Alvarez says. "I inhabited a closed, concentrated world, airless and without exits." Such prose gets to the awful essence of severe clinical depression. The disease, at its near fatal endpoint, is just what Alvarez describes: "A Living Death. A Life by Suffocation."

The book puts a human face on what is so often a stark, clinical framework, such as that described in *DSM-IV*. It also recognizes the devastating effect the disease has on the people who are close to those afflicted. Nell Casey, the volume's editor, has selected various essays that portray the infectious "intruder-in-the-kitchen" nature of clinical depression. Casey's autobiographical account of living with her sister's manic-depression is included. The disease literally abducts her, creating "a frightening absence." But more than that, Casey writes, is "the removal of personality, the hidden, shadowy terror of devouring misery. The hollow lifelessness of her pupils, cartoonishly exaggerated into large, black pools from medication; the listless physicality."

The disease is not totally without merit or value, however. Magazine

writer Lesley Dorman, who also teaches fiction at the Writers Studio in New York City, claims that depression has given her a broadened life-perspective. "I marvel at my ability to move in and out of ordinary feelings like sadness and disappointment and worry," Dorman writes. "I continue to be stunned by the purity of these feelings, by the beauty of their rightful proportions to actual

life events. I'm hardly carefree," she warns of depression's black threat. "I still scan myself for depression as if checking for broken bones."

The essays in this book say so much more, and much of it is genuinely valuable. *Unholy Ghost* brings the reader to a profoundly different place, one where the disease can be viewed through a clear lens. I highly recommend it.

### **Treatment of Suicidal Patients in Managed Care**

*edited by James M. Ellison, M.D., M.P.H.; Washington, D.C.,*

*American Psychiatric Press, Inc., 2000, 218 pages, \$39 softcover*

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

Management of the suicidal patient brings to the fore problems with managed care more than that of patients with any other psychiatric condition. Failure to provide needed care in a timely manner can lead to unnecessary death and much pain for those who survive. Suicide ranks ninth among causes of death in the United States, and third for adolescents. Provision of psychopharmacotherapy and psychotherapy, in a protected environment if necessary, at the time of suicidal crisis allows the patient in pain to develop new ways of coping to reduce the immediate risk. In many instances it also serves to reduce the impact of future crises so that self-inflicted death is not perceived as an option.

This interesting and timely volume addresses the difficulties clinicians encounter as a result of managed care restrictions, and it discusses strategies for working effectively within such restrictions. As the volume editor explains, caregivers often perceive managed care as an attack on the autonomy of their decision making, on the confidentiality of the treatment process, and on their anticipated reimbursement for services rendered.

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

In contrast to the earlier fee-for-service culture, which some feared would stimulate the provision of unneeded care to generate greater hospital and caregiver revenue, the ethical concern today is over the financial gain employers and insurers can reap by limiting the care given to subscribers. Suicidal patients are at risk of being undertreated, being discharged too early, and not being provided care at the level required for their safety. A study cited by contributors to this volume found that the suicide rate was 7 percent higher in a capitated system than in a fee-for-service system (1). Another study cited found that the premature assignment of patients to outpatient settings had a role in the more than twofold increase in the number of deaths by accidental poisonings and medication errors in the United States between 1983 and 1993 (2).

This book, richly illustrated with examples, addresses the impact of managed care on crisis care and brief hospitalization of suicidal patients, with specific discussions of the unique concerns involved in treating the populations at greatest risk—adolescents, substance abusers, and the elderly. The risk that an attempt will lead to completed suicide is estimated to be seven times greater among persons with alcohol use disorders than among those without (3).



The book's appendixes on risk evaluation and on navigating managed care should be read by all who provide care for suicidal patients.

Strategies elaborated in this volume will help clinicians negotiate passage through the managed care landscape, which at first glance appears inimical and threatening to the values of clinicians. To provide effective care, caregivers must capitalize on the advantages of managed care, such as coordination of available alternatives, and minimize the disadvantages, such as potential undertreatment and the dilution of the clinician's responsibility. Limited access to care has paradoxically spawned creative programs that are intermediate between inpatient and outpatient care and has enhanced the need for clinicians who are skilled in the evaluation of suicide risk and in appropriate emergency triage.

The fact that at the close of the 20th century more than 60 percent of Americans were enrolled in managed care (4) indicates both the need for a book like *Treatment of Suicidal Patients in Managed Care* and the need for clinicians with the skills it discusses.

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literature in lesbian and gay studies, this book begins to paint a broader picture of sexuality that attempts to debunk traditional analytical views of homosexuality as "pathological." The argument is made early on that it might be better to analyze "homophobia" rather than to focus on homosexuality as a problem.

Through the essays in this book, the reader begins to understand the development of the psychoanalytic movement after Freud's death and looks at the historical development of psychoanalysis as practiced by medical doctors. It is fascinating to learn how strong the effort was to correlate homosexuality with neurological or anatomical abnormalities. In the views of the "queer theorists," such abnormalities were an early pathological mark of same-sex desire.

The struggle for "gay identity," which eventually became political and movement oriented, probably owes its momentum to the debate in the American Psychiatric Association, which first included and then removed homosexuality from its official nomenclature of mental disorders. As the essays in this book show, many in the psychoanalytic movement believed that homosexuality deviated from the norm and should always be regarded as an illness. Early on in the psychoanalytic movement, it was unlikely that lesbian or gay persons would subject themselves to analysis. Now, however, there are openly gay and lesbian therapists and analysts, and many have contributed to a growing body of evidence that suggests that sexuality is more fluid than previously thought.

This book is not an easy read. However, it carefully charts the emergence of a strong and clear challenge to the views of those in the psychoanalytic movement who embodied what many feel was homophobia. The reader is exposed to a variety of essays with wide-ranging views on sexuality, and the issues raised will help broaden one's clinical perspective. This ambitious book should be read by clinicians in the behavioral sciences who treat patients who may present with issues of sexual identity.

## Homosexuality and Psychoanalysis

edited by Tim Dean and Christopher Lane; Chicago, University of Chicago Press, 2001, 472 pages, \$68 hardcover, \$25 softcover

Arthur Middleton, M.D.

This book is a collection of essays edited by Tim Dean, associate professor of English and interpretive theory at the University of Illinois, and Christopher Lane, associate professor of English and director of psychoanalytic studies at Emory University.

*Homosexuality and Psychoanalysis* is a bold effort in the daunting task of examining the theories and practice of psychoanalysis as it relates to the views of "queer theorists" and others who challenge the traditional concept of analytic theory and its ap-

proach to homosexuality. Central to this premise is the Freudian concept of sexuality and "same-sex desire." Dean and Lane argue that Freud believed that same-sex desire was a universal potential and that "lesbian and gay politics" has not fully recognized how innovative this view was as a psychoanalytic perspective. Because Freud had a "universal view" of sexuality, his concept of same-sex desire would not be compatible with "lesbian and gay politics," which has approached sexuality from the perspective of an "identity."

In this volume's charting of the development of the psychoanalytic movement after Freud's death, the reader is exposed to a variety of essayists, some of whom fall in the category of "queer theorists" who elaborate on analytical theories of homosexuality. Drawing on the growing body of

Dr. Middleton is chairman of the department of psychiatry and behavioral medicine at Hackensack University Medical Center in Hackensack, New Jersey, and clinical assistant professor of psychiatry at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School in Newark.

### **The Tender Land: A Family Love Story**

by Kathleen Finneran; Boston, Houghton Mifflin Company, 2000, 304 pages, \$24

### **Into the Tangle of Friendship: A Memoir of the Things That Matter**

by Beth Kephart; Boston, Houghton Mifflin Company, 2000, 224 pages, \$23

### **Eating an Artichoke: A Mother's Perspective on Asperger Syndrome**

by Echo R. Fling; Philadelphia, Jessica Kingsley Publishers, 2000, 205 pages, \$17.95 softcover

**Carla L. White, Ph.D.**

These three personal narratives by women writers cover different topics, but each reveals an author grappling to find meaning in her personal relationships. *The Tender Land* and *Into the Tangle of Friendship* are beautifully written reality-based memoirs, and they are inherently psychological works of literature. In each, the author introduces us to a cast of characters with whom she shares part of life's road. As the stories interweave and bring these treasured companions to life, we come to understand each author's aching need and her shifting search within the core alliances of revered family and friends. *Eating an Artichoke* has less artistic, more practical goals, although it too demonstrates the author's powerful need to draw meaning from her connections with others.

*The Tender Land* presents the saga of a Midwestern Irish Catholic family beleaguered by a predisposition to depression and wounded by the unexpected suicide of a teenage brother. Finneran, the older sister in the family, speaks with the spare, true voice of childhood memories. She opens her family ethos to us until we are as captured as she is, so that we too perceive the prisms of meaning that reside in even the most routine words or action. At the intersections of this family's lives, we also recognize the unbearable horror in everyday existence as well as the honor and the humor.

*Dr. White is assistant professor in the department of psychiatry at the University of Massachusetts Medical School in Worcester.*

The wonder of this book is in how what are mostly ordinary life events and encounters can captivate us, engaging us so that we experience the universality of guilt, regret, mystery, faith, and pleasure that exist in life's unfolding. Finneran's first book is impressive in its insight, its humor, and, above all, its tenderness; it is a true expression of her palpable, profound, and painful connection to her loved ones and to herself.

*Into the Tangle of Friendship* focuses the author's raw-nerved sensibility and intelligence onto the creation, meaning, and consequences of friendship. Kephart skillfully amplifies a novelistic personal history of family and friends with elegant lessons-learned commentary. Describing the price of her hard-won childhood friendships, she offers a graceful summary: "Friendship is deflative, defining, dividing; it both expands and delimits. It is a vulnerability of a most peculiar kind, a melding into, a vessel: made . . . one makes the other. Either way, something swells

and something cleaves off, broken."

Through a series of intertwined vignettes, the author calls forth an impressively diverse array of friends across a lifetime, concluding that in friendships "endurance . . . mattered more than the infraction" and that friends "nourish each other's differences." But she also perceives, perhaps more than most, that "the launch of a friendship is an imperiled endeavor, requiring the ability to acutely size up the instant at hand and adapt with intelligence, grace, and speed."

Although this book is sometimes a bit over the top with melodrama and self-conscious absorption, it is redeemed by the lyric beauty of its writing. "Throughout our lives, friends enclose us, like pairs of parentheses. They shift our boundaries, crater our terrain. . . . They fume through the cracks of our tentative houses, and parts of them always remain. They are the antidote not to our aloneness, but to our loneliness." As is perhaps evident, this is a book for those who savor language and appreciate process. Readers who prefer action movies to art films will be disappointed.

*Eating an Artichoke* is a straightforward journalistic account by a mother determined to surmount the many hurdles she faces as a parent-advocate of a son with Asperger's syndrome. This book will be of interest to parents and educators who face similar challenges in their efforts to provide positive environmental situations and facilitative learning strategies to address the lifelong challenges posed by this illness.

### **Change of Address: Authors, Reviewers**

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