

quently, even sympathetic readers may find the polemical and ad hominem tone a distraction from the book's substantial documentation and thoughtful analyses.

This book is recommended to clinicians who are interested in cultur-

al beliefs about homosexuality as well as the interface between politics and clinical practice. I would also strongly recommend that anyone who is considering a visit to an ex-gay ministry or a sexual conversion therapist read this book first.

Psychotherapy With Gay Men and Lesbians: Contemporary Dynamic Approaches

edited by Jack Drescher, Ann D'Ercole, and Erica Schoenberg; New York, Harrington Park Press, 2003, 258 pages, \$24.95 softcover

Ski Hunter, Ph.D.

The chapters in this book, previously published in the *Journal of Gay and Lesbian Psychotherapy*, address practice with lesbian, gay, and bisexual clients. In addition to an introduction by the editors, the book has four sections: "Gay Patient–Gay Therapist," "Erotic Transference/Countertransference," "Gender Identity and Creativity," and "Two Cases of Psychotherapy With People with HIV/AIDS." The contributors include faculty members in universities or institutes, members of editorial boards of journals, and private practitioners. The focal interest of all the contributors is psychotherapy and psychoanalysis.

Key themes of *Psychotherapy With Gay Men and Lesbians: Contemporary Dynamic Approaches* include whether there is a lesbian, gay, and bisexual therapy; whether a therapist's sexual orientation makes for a type of therapist; changing views of categories such as lesbian and gay (what do they really mean in changing cultural contexts?); gender and sexuality (are we passing for a certain gender or sexual orientation?); essentialism and constructionism; postmodernism (for example, subjectivity, such as one's values and attitudes, is part of the therapeutic process); the interpretative subjects of therapist and client; whether the therapist should take the same risks asked of clients,

such as discussing with clients one's emotions and feelings; relational psychotherapy; countertransference; negative transference; erotic transference in same-sex therapeutic dyads; self-disclosure by therapists (for example, sexual orientation and experiencing sexual feelings for clients); and other boundary issues.

This book essentially represents contemporary and developing views of psychoanalysis versus the old or traditional views, which, for example, were moralistic and judgmental of lesbian, gay, and bisexual clients. Other examples include subjectivity (versus objectivity) and transference-countertransference (versus being seen as neurotic). These phenomena are now seen as having a legitimate place in the foreground of therapy. A theme present throughout the chapters is what is happening to the therapist during therapy. Sexual issues are particularly grappled with, such as whether a therapist should disclose his or her sexual reactions to a client. One of the case studies involving a client with AIDS raises another boundary issue in the context of a client who is seriously ill and hospitalized. Should the therapist visit the client? There is also the provocation when working with these clients for a therapist in terms of his or her own mortality, potential future illnesses, and losses. Are these issues to be kept in the background, or disclosed to the client?

The editors' purpose was to have the book's contributors discuss con-

temporary issues in psychotherapy with lesbian, gay, and bisexual clients. The book looks at the relationship going on in therapy between the therapist and the client and the complicated issues that occur. In addition, thinking outside the box is evident on many topics, including gender, sexual orientation, subjectivity, and countertransference. The book's value lies in the discussions and critiques of how these and other issues get played out in therapy. Many of the issues are contentious and thus are not settled. Agreements and disagreements are evident.

Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia

by Larry Davidson, Ph.D.; New York, New York University Press, 2003, 228 pages, \$34.95

Frederick J. Frese, Ph.D.

The concept of recovery is having greater influence in the mental health field. Recovery is mentioned prominently in the President's New Freedom Commission Report on Mental Illness (1) as well as in numerous recent professional and consumer publications.

Larry Davidson, Ph.D., the author of *Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia*, is an associate professor of psychology in the department of psychiatry at Yale and has a long-time interest in the experiences of persons with schizophrenia. In this his latest book he proposes an emerging model of recovery that draws heavily on the value of the professionals attending to such experiences. He bases his thesis primarily on the work

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of Edmond Husserl, the founder of phenomenology.

From Husserl's perspective, a person's knowledge is limited to what can be ascertained through experience. Davidson asserts that, phenomenologically speaking, there are compelling reasons to approach the study of schizophrenia by focusing on the subjective experiences of persons with this disorder. He uses the term "qualitative methods" to refer to this approach, contrasting these with the more traditional, scientifically objective "quantitative" methods.

Davidson unfolds his argument in a lengthy, theoretical introductory section. Although he indicates that he has attempted to limit his use of abstract philosophical terms, some readers may still have a little difficulty appreciating what the author describes as "this exegesis of the Husserliana."

Having laid out the justification for his "qualitative" approach, Davidson proceeds to explain and elaborate on his terms "inside schizophrenia" and "outside schizophrenia" and to recommend various techniques for eliciting and understanding patient narratives, which he sees as the valuable raw data for his research.

With the term "inside schizophrenia," Davidson is referring to one's being lost in the downward spiral of the illness, including having a particularly heightened sensitivity and an exaggerated feeling of not belonging anywhere. "Outside schizophrenia" he sees as a place providing one with an enhanced sense of agency and belonging and with increased community involvement. Here Davidson stresses the importance of friendship, of developing coping strategies, and of defining self. As a means toward reaching the outside, he emphasizes finding escape routes, recreating an identity, and finding a role in society.

Davidson concludes his treatise with a summary description of his emerging model of recovery. He stresses the importance of hope, belonging, and reciprocity in escaping from the state of isolation, demoralization, and despair of being "inside schizophrenia."

Although I had some difficulty working through its initial heavy focus on phenomenology, I see this book as an important accomplishment. It contains numerous helpful suggestions about how to go about eliciting narratives as a means of encouraging patients along their recovery journeys.

As a person with schizophrenia my-

self, I strongly agree that those of us who are subject to psychosis can be better helped toward recovery if our experiences are carefully listened to. Davidson's book provides a rationale and lays out a strategy by which we can all learn more about this fresh approach to assisting those afflicted with this still-mysterious condition called schizophrenia.

Agitation in Patients With Dementia: A Practical Guide to Diagnosis and Management

edited by Donald P. Hay, M.D., David T. Klein, Psy.D., Linda K. Hay, R.N., Ph.D., George T. Grossberg, M.D., and John S. Kennedy, M.D., F.R.C.P.C.; Washington, D.C., American Psychiatric Publishing, Inc., 2003, 272 pages, \$47 softcover

Allan A. Anderson, M.D.

This is a book that will serve as a useful reference for the general psychiatrist who treats patients with dementia and who desires a text that summarizes this topic of identifying and managing agitation syndromes among patients with dementia. Psychiatrists who attend to nursing homes and other long-term facilities or who have an active inpatient consultation service will find this book helpful.

Agitation in Patients With Dementia: A Practical Guide to Diagnosis and Management has an impressive list of contributors. The list includes many national and international leaders in the field of geriatric psychiatry. Early chapters define the problem of agitation, review the epidemiology and neurochemistry of agitation in dementia, and review the use of assessment scales. These chapters are followed by a number of chapters that focus on specific treatment modalities.

Many geriatric psychiatrists reading this text would be familiar with most of the findings presented, because they do mirror current practice in this area. Most chapters are up to date in their review of the current

treatments available. At the time of publication about the only pharmacotherapy not available for use in dementia was memantine. The book includes two well-written chapters on psychotherapy and behavioral treatments for agitation in dementia. A separate chapter delineates the use of electroconvulsive therapy among agitated patients with dementia.

A majority of this text includes chapters that specifically identify the various treatment modalities for agitation in dementia. These include chapters on the use of antidepressants, antipsychotics, and mood stabilizers. One chapter is devoted to the topic of lesser-used pharmacotherapies. However, the book includes very little information on the use of acetylcholinesterase inhibitors, which, although marketed for cognitive improvement, have demonstrated benefit in behavioral symptoms. There are a few interesting chapters on alternative therapies, including one on the use of bright-light therapy and another on hormonal treatments. The final chapter briefly reviews legal and ethical issues. All the chapters are organized and well written in an easy to read format.

A major enhancement would have been the inclusion of a summary chapter delineating a selection process for choosing among the various treat-

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