

Critical Condition: How Health Care in America Became Big Business and Bad Medicine

by Donald L. Bartlett and James B. Steel; New York, Doubleday, 2004, 304 pages, \$24.95

The Big Fix: How the Pharmaceutical Industry Rips Off American Consumers

by Katharine Greider; New York, PublicAffairs, 2003, 189 pages, \$14 softcover

Bruce P. Hurter, M.D.

Critical Condition: How Health Care in America Became Big Business and Bad Medicine, by Donald L. Bartlett and James B. Steel, and The Big Fix: How the Pharmaceutical Industry Rips Off American Consumers, by Katharine Greider, join a growing body of work exploring the crisis in American health care and the pharmaceutical industry. Both books are written primarily for health care consumers and effectively alternate case histories of patients who are ill-served by the current system with statistics that provide evidence of the chaos within the system. These books also raise important criticisms of “the illusion that market-based medical care will cure the American Health System.”

Critical Condition makes a strong case that although many consumers benefit from the current system, these consumers are the “winners in a lottery” that ignores “44 million uninsured and tens of millions of underinsured.” Bartlett and Steele assert that these imbalances result from a “market approach” to medicine. Their basic premise, expanded on throughout the book, is that although “fostering competition among multiple producers works when commodities are cars or computers, the glaring exception to the theory is health care.” The authors explore a number of high-profile problems, including the closing of hospitals, diversion of patients from emergency departments, medical errors, and the withholding of informa-

tion by pharmaceutical companies. They conclude that, “We have a system in such constant turmoil that almost everyone is unhappy—patients, doctors, nurses, aides, and technicians. But for a lucky few the turmoil is worth a lot of money.”

The book then reviews the “trauma of upheaval” caused by mergers and spin-offs endemic to for-profit medicine. The authors state that profit became policy during the 1980s to “unleash” market forces and control costs but note that health care costs have risen from 10 percent of gross domestic product in 1984 to approximately 15 percent currently. They review systemic changes well known to physicians: micromanagement by insurance companies and HMOs, medication formularies, the automatic down-coding of current procedural terminology (CPT) codes, limiting of hospital stays by restrictive guidelines, billing-guideline “nightmares” created by the large number of health plans, and poor communication exacerbated by the use of long distance call centers. They state that “a generation after introducing business practices to healthcare, the United States spends a higher percentage of its health care dollars just to administer the system than any other country.”

The Big Fix explores the causes of the dramatic increase in the cost of drugs, now increasing by approximately 15 percent a year. The author notes that as drug companies have consolidated and grown, they have required increased earnings growth. Companies, she states, now must produce blockbuster new drugs that can be sold at “high enough prices, and to large enough

swaths of population to bring in billions in annual sales.” The trouble is, “this is a requirement of the drug industry, not of public health.” Greider acknowledges that the increase in drug costs stems in part from the fact that more people are taking more medications, and that this is certainly in part due to the increased frequency of some chronic diseases, such as diabetes and asthma, as well as an aging population, and the discovery of new medications for chronic conditions such as AIDS and hyperlipidemia.

However, she argues that the increase in the number of prescriptions and the large company profits are attributable to a small number of expensive best-sellers. She states that drug companies are focusing on patent extensions and drug modifications of these “blockbusters” and notes that product line extensions—those that add “no significant benefits”—account for a very significant percentage of drug sales. To the pharmaceutical industry’s response that profits are necessary to support research and development, Greider argues that drug company estimates of huge budgets for research and development and the \$800 million figure for development of a new drug are grossly inflated. She also argues that pharmaceutical companies spend twice as much on marketing and administration as on research and development. Greider also confronts what she sees as a number of significant conflict-of-interest issues involving pharmaceutical companies and physicians, private research companies, those who control research data, and the Food and Drug Administration.

The strength of both books is in their critique of industries in crisis. Both less clearly present a framework for remedy. Greider alludes to a more critical review structure for pharmaceutical products but otherwise does not address this thorny issue.

Both Bartlett and Steel argue for basic universal health care. They suggest the creation of one agency to collect medical fees and pay claims.

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To criticisms that this would create a “large federal bureaucracy,” they argue that “the present market based program has created a massive bureaucracy with administrative costs many times that of any other country.” They propose an independent U.S. council of health care and present a funding proposal to support their model.

Both *Critical Condition* and *The Big Fix* are quite readable and are welcome additions to a growing body of work questioning the cost and efficiency of “market-based medicine” and the pharmaceutical industry. *Critical Condition* is particularly strong in its presentation and documentation of the “costs” of modern medicine. *The Big Fix* raises important questions and criticisms of the pharmaceutical industry but suffers from an absence of documentation

and a vision for the future. Reviews of the pharmaceutical industry are more strongly presented in other recently released books: *The \$800 Million Pill: The Truth Behind the Cost of New Drugs*, by Merrill Goozner (1), and, particularly, *The Truth About Drug Companies: How They Deceive Us and What to Do About It*, by Marcia Angell, M.D. (2), both of which are better referenced and propose concrete and viable recommendations for solving the ongoing crisis within the drug industry.

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E-motion Picture Magic: A Movie Lover's Guide to Healing and Transformation

by Birgit Wolz, Ph.D.; Glenbridge Publishing, 2004, 230 pages, \$23.95

June Wilson, R.N., M.A.

Film can be a powerful medium. Films can draw us out of ourselves and into another character, and when they are watched with conscious awareness—and self-exploration—healing and transformation can occur. This is the core premise of *E-motion Picture Magic: A Movie Lover's Guide to Healing and Transformation*, a comprehensive book that can be used as a self-help book or used by therapists as an adjunct to therapy. The author, Birgit Wolz, Ph.D., a psychotherapist with extensive experience with using film as a therapeutic tool, brings her knowledge about and passion for film to the book.

Watching a film with conscious awareness or increased awareness allows the viewer to be in touch with his or her emotions, whether these

emotions are desired or undesired. Our reactions to film characters can provide self-awareness and further our personal growth. In addition, how or when a movie resonates with us is often as important as how or when a movie does not move us.

Wolz introduces practical questions with which to increase conscious awareness and become a more astute observer: Do you remember your feelings and sensations, or whether your breathing changed throughout the movie? Notice what you liked and what you did not like or even hated about the movie. Which characters or actions seemed especially attractive or unattractive to you? Did you identify with one or several characters? Were there one or several characters in the movie that modeled behavior that you would like to emulate? Did you experience something that connected or reconnected you with certain values, virtues, or capacities or inner

wisdom, or your higher self, as you watched the film or immediately after? Did anything in the movie touch you? The fact that a character or a scene moved you might indicate that your subconscious mind is revealing information that might guide you toward healing and wholeness.

The book's chapters include “Using Movies to Release Negative Beliefs,” “Building Self-Esteem, Grief, and Transformation,” “How Film Characters Affect Us,” “Self-Discovery Through Film Characters,” “Powerful Tools for Healing and Growth,” and “Creating a Cinematherapy Group.” In addition, a comprehensive film index that includes recommended films for inspiration, personal questions, social questions, children, adolescents, families, and couples, as well as symptoms of mental illness and addiction and physical illness or medical issues, will be an invaluable asset for anyone who is interested in film and therapy. Some of the movies suggested for working on self-esteem and self-awareness are *The Other Sister* (1999), *Nell* (1994), *My Big Fat Greek Wedding* (2002), *Good Will Hunting* (1997), *The Shawshank Redemption* (1994), *Ordinary People* (1980), *Bounce* (2000), *Courage Under Fire* (1996), *Seabiscuit* (2003), *A Beautiful Mind* (2002), and *Billy Elliot* (2000).

Wolz possesses a deep understanding of why films are such a rich source of personal insight and self-discovery, and she articulates this clearly in *E-motion Picture Magic*. This book is different from other books that address the therapeutic use of film, because it incorporates visualization exercises and cognitive-behavioral guidelines that challenge one's beliefs and encourage behavior change, in addition to film recommendations for personal growth. The book will likely appeal to individuals who want to use films to enhance their self-discovery, as well as psychologists, psychiatrists, nurses, social workers, or any other mental health professional who has a desire to learn more about the power of film.

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How Healthy Are We? A National Study of Well-Being at Midlife

edited by Orville Gilbert Brim, Carol D. Ryff, and Ronald C. Kessler;
Chicago, University of Chicago Press, 2004, 688 pages, \$42

Neal Adams, M.D., M.P.H.

How Healthy Are We? A National Study of Well-Being at Midlife is a compilation of the findings of the Midlife in the United States (MIDUS) study and the culmination of 15 years of work. The original study was funded by the John D. and Catherine T. MacArthur Foundation. This book includes some 20 chapters written by more than 35 contributors, in addition to the editors, who provide an array of topical interpretations and analysis of the data. It is an impressive and lengthy compendium and a valuable contribution to the epidemiology literature, including valuable insights into a range of psychosocial factors that define and affect middle-aged life in our society.

The book's stated objective is to summarize "the rich array of new findings" coming forward from the MIDUS study. By all measures, the book appears to have succeeded in this ambitious goal and as such will be a valuable reference tool for writers, researchers, policy makers, and others who are interested in the issues and needs of this segment of the population.

The book begins by describing midlife as the "last uncharted territory" of the life course and makes a compelling argument for the importance of increased information and knowledge about this overlooked and understudied phase of life. The survey, conducted in 1995, included more than 7,000 English-speaking adults ranging in age from 25 to 74 years, the idea being that respondents aged 40 to 60 years could be readily compared with others in the study cohort. There is an acknowledgment of some selection bias in the sample, but this does not appear

to substantially reduce the value or relevance of the findings.

The book is divided into three major sections. The first section provides a focus on physical health; the second examines emotion, quality of life, and psychological well-being; and the third considers contexts of midlife, including work, family, neighborhood, and geographic location.

Age and gender differences in health are key themes. For example, one chapter focuses on menopausal transition and aging processes. In addition, the impact of psychosocial factors and inequities is given careful attention. However, several authors suggest that there are wide variances within social strata such that no single psychosocial factor emerges as a key variable in health for adults in midlife.

The MIDUS findings appear to present a fairly positive portrayal of the psychosocial aspects of aging—older adults had higher levels of positive affect. In contrast, adults at midlife seem to be more heavily influenced by contexts such as work and family, and the importance of good social relationships emerges as a primary factor in the sense of well-being. That ethnic and minority status was a positive predictor of psychological well-being was a somewhat unexpected finding and prompted some speculation as to the overall gains to be made by overcoming the challenges of racism and discrimination.

Finally, the authors contend that with its innovative assessment of daily stressors in a large sample of respondents, the MIDUS study offers perhaps the first national look at social responsibility within family and community life. It is easy to conclude that there are multiple ways in which individuals' emotional and physical well-being are influenced,

both positively and negatively, by their experiences at work, within the family, and in the community. Individuals are significant contributors to their families, communities, and workplaces and at the same time are strongly influenced by what is occurring in these life domains.

The implicit challenge of this book and its authors is, How can these data and understanding be translated into social policy, health behaviors, and mental health promotion to better support the well-being and success of individuals as they pass through this phase of life? As the population of the United States continues to age, a better appreciation of the impacts of midlife has the potential to help individuals, families, and society prepare for the needs of this group as it advances into older adulthood.

The Psychiatry of AIDS: A Guide to Diagnosis and Treatment

by Glenn J. Treisman, M.D.,
Ph.D., and Andrew F. Angelino,
M.D.; Baltimore, Johns Hopkins
University Press, 2004, 217
pages, \$19.95 softcover

Francine Cournos, M.D.

The Psychiatry of AIDS: A Guide to Diagnosis and Treatment is a lively book written by two Johns Hopkins psychiatrists with extensive HIV-AIDS experience. The book's primary focus is the clinical management of patients with complex needs who have HIV infection, substance use disorders, and other mental illnesses, although the entire gamut of the neuropsychiatric manifestations of HIV is covered.

The book opens with a series of revelatory quotes from the authors' clinical experience at an HIV clinic

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that capture the essence of working with patients who have multiple diagnoses—for example, “Thank you for saving my life, Dr. Treisman. Can I have a dollar?”; “Drug treatment is a good concept, but it doesn’t work for me”; and “My way might be crazy, but it’s how I’ve always done it.” Nine equally lively chapters follow, interspersed with case presentations. The chapters discuss patients with HIV infection who also suffer from major depression, dementia, psychosis, personality disorders, substance abuse, chronic pain, sexual dysfunction, or any mixture of these or other HIV-related mental health problems. Glenn J. Treisman, M.D., Ph.D., is known for his ability to engage an audience in the management of challenging patients, and he and his coauthor, Andrew F. Angelino, M.D., invite the reader to learn these techniques.

A limited number of psychiatrists have developed specific expertise in working with HIV-infected patients, and mental health services in most AIDS medical settings are limited. For these reasons, health care providers are often on their own when managing patients with HIV infection who present with psychiatric disturbances. *The Psychiatry of AIDS* will be highly accessible to that audience. It is practical and down to earth, highlighting strategies that can be used by a broad array of practitioners to engage and retain patients, improve cooperation with medical care, and provide biopsychosocial treatment, including psychotherapy and pharmacologic management, for substance use disorders and other psychiatric illnesses commonly seen among AIDS patients.

The authors are well versed in the literature, but they also have strong opinions about what is truly helpful. So, for example, when discussing personality they focus primarily on the two dimensions of extraversion-introversion and stability-instability. They do not find the *DSM-IV* categories of personality disorder to be particularly useful and place little emphasis on psychoanalytic con-

cepts of psychopathology. Although some psychiatrists will take issue with these views, on a practical level, when dealing with the “reward-sensitive and punishment-insensitive” patients with substance abuse who are often seen in HIV clinics in the United States, this way of conceptualizing personality fosters realistic and compassionate strategies

for working with people who are often rejected in medical settings.

The Psychiatry of AIDS is practical, accessible, and engaging. Not all readers will agree with the authors’ theoretical emphases, but almost every reader will find useful techniques to apply in treating psychiatrically complex patients who have HIV infection.

Developmental Psychobiology

edited by B. J. Casey, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2004, 179 pages, \$111.95 softcover

Micah J. Sickel, M.D., Ph.D.

Developmental Psychobiology, edited by B. J. Casey, Ph.D., and volume 23 in American Psychiatric Publishing, Inc.’s Review of Psychiatry series, is a good introduction for the mental health clinician who is interested in a wide array of topics, ranging from maternal-child attachment to facial processing to neurodevelopmental findings in schizophrenia. But be warned: this book is not for the research faint of heart.

There are definite variations throughout the text in how much and what type of basic science research is included and to what degree. Whereas the first chapter, “Developmental Psychobiology of Early Attachment,” by Myron Hofer, M.D., sticks to less detailed research findings and attempts to do more synthesis, the last chapter, on neurodevelopment and schizophrenia, is so detailed that it may turn off any but diehard neuroanatomists.

Not to detract from the research itself, but it requires more involved reading. I personally found the first chapter most interesting of all, possibly because of my own research background in neuroendocrinology and brain development, and possibly because of the chapter’s extensive referencing of the research of

Michael Meaney, Ph.D., which I had followed during my graduate years. Meaney has spent the past couple of decades looking at how maternal behavior toward pups leads to long-lasting changes in those pups, mostly with regard to the HPA axis—the stress axis. The chapter goes on to describe more recent findings of Meaney’s group that show how traits such as licking and grooming, which are known to decrease stress axis activation among adults, can be passed down from one generation to the next. This particular line of research is key to issues such as how abuse of one generation can lead to abuse of the next. For readers who have not been exposed to this research, this chapter gives an excellent introduction, as well as an introduction to other areas of research in this burgeoning area of transmission of traits from one generation to the next.

It is rather humbling to see how the seemingly lowly rat is shedding light on such complex behaviors as attachment. Not to take from the chapters that delve more into specific findings, which sometimes can border on minutiae, but these other chapters may be more suited to readers with a background in neuroanatomy. This book would probably be best suited for a department to share, as the individual chapters will likely appeal to different groups of people and not to one person alone.

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Treating Co-occurring Disorders: A Handbook for Mental Health and Substance Abuse Professionals

by Edward Hendrickson, Marilyn Schmal, and Sharon Eckleberry;
New York, Haworth Press, 2004, 263 pages, \$29.95 softcover

Judy Faberman, L.I.C.S.W.

Treating patients with co-occurring disorders is incredibly complex and demanding. Daily challenges include decisions about which disorder requires more immediate attention, who is appropriate for programs, how to treat symptoms of co-occurring disorders simultaneously, and how to support clinicians who struggle with their own limitations in training and confidence. To top it all off, most treatment systems and aftercare options are set up to treat one disorder or the other, a reality that leaves a huge proportion of these patients underserved and improperly treated.

Treating Co-occurring Disorders: A Handbook for Mental Health and Substance Abuse Professionals, by Edward Hendrickson, Marilyn Schmal, and Sharon Eckleberry, addresses many of these concerns. The book begins by identifying the need to treat co-occurring disorders simultaneously in one setting, pointing out that sequential or parallel treatment options are essentially inadequate. The authors use research and their own clinical experience in treatment, supervision, consultation, and training in presenting their positions. Underlying the entire book is the explicit understanding that differential diagnosis, assessment, and treatment are difficult because of the incredible diversity of the population itself and the continuum of possible symptom configurations.

The first chapters outline the prevalence of specific co-occurring disorders, providing symptom descriptions directly from *DSM-IV* and how they interact with substance use. The authors present treatment implications that are di-

rect and helpful for both new and experienced clinicians alike. They next address the complexities of differentiating substance-induced versus true co-occurring disorders by identifying assessment tools and diagnostic questions for clinicians. They discuss the implications of various combinations of severity and duration of substance abuse and mental illness, as well as their relationship to each other, stressing the importance of understanding why clients use substances.

The authors devote a major portion of the book to the specific treatments for dual diagnosis in terms of individual case management as well as group and family treatment, providing useful information about treatment tasks, foci, and common traps. They do this comprehensively and use case examples. One of the most helpful assertions the authors make is that decisions about intake and treatment need to be tailored not only to patients' motivation levels but, just as importantly, to their impairment levels.

Because it is clear that an appropriate treatment setting for every possible combination of disorders does not exist, the authors of this text address the need for clinicians to expand their skills and frames of reference in order to be effective. They also provide helpful direction for supervisors who are trying to make that possible. The book stresses the importance of understanding and accepting that matching the treatment setting to the patients' needs will not always be optimal and that clinicians need to adhere to a competency-based focus in which small changes are celebrated. *Treating Co-occurring Disorders* is an extremely valuable resource for professionals in the field. Practical, specific, and easy to read, it has helped immeasurably in my practice.

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Early Intervention for Trauma and Traumatic Loss

edited by Brett T. Litz and Matt J. Gray; New York, Guilford Press, 2003, 338 pages, \$40

Audrey R. Newell, M.S., M.D.

There is a unique challenge in designing research projects to study interventions for victims of trauma. The victims have been through a situation involving a catastrophic loss of control. They had no control over the disaster and are overwhelmed by anxiety afterward. Recovery involves regaining control over their lives. Patients need to become active participants in their recovery and to make choices. As Brett T. Litz and Matt J. Gray, the editors of *Early Intervention for Trauma and Traumatic Loss*, so elegantly put it, "We would ask the person what he or she needed and empower that person to decide the kind of help he or she wanted."

And what do researchers want? Control. They want random assignment and a standard treatment protocol. Along the way, the patient must fill out standardized instruments so that the statistician can do his or her work. The patient must obey the protocol or be dropped from the study.

This challenge may explain why, in chapter after chapter, the authors lament the dearth of solid, controlled studies. The purpose of the book is to present the work that has been done with survivors of large-scale disasters such as the World Trade Center attack, as well as survivors of individual events, such as motor vehicle accidents and rape. There are chapters on infants, children, adolescents, and adults. A chapter on complicated grief does a masterful job of differentiating complicated grief from normal grieving. Another chapter presents the theories of critical incident stress management and concludes that there is a lack of evidence that this procedure is helpful. Cognitive-be-

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havioral therapy is presented as a better alternative.

This is an excellent resource book for researchers and policy makers alike. It explains what has already been done in a wide variety of fields and provides several hundred references. It guides future research by pointing out what is not known, what needs to be studied, and what methodologic and ethical considerations must be addressed. Reading this book would be much faster and much more enlightening than doing a Medline search.

However, if I knew I could read only one book before a Boeing 747

jumbo jet took off from a nearby airport carrying 568 passengers and 63,500 gallons of fuel and crashed right outside my office, this would not be the one. Once the survivors were in a safe place and had their basic physiological needs met, I would still be left with a very practical question: "What can I say to these people that will help them?" The practical guidance this book provides is mostly for researchers rather than for clinicians on the front lines caring for the survivors. It is the editors' hope that this volume will spur research to give readers better answers to this question.

personality tests. Throughout the book, the author critically evaluates the uses, misuses, strengths, and weaknesses of each of the tests specifically, as well as with personality tests in general.

Some of the author's conclusions are particularly startling, including the fact that the personality testing industry is, for the most part, unregulated and that many personality tests are administered by untrained and unqualified personnel. However, perhaps the most striking conclusion is that personality tests are overly reductionistic and neglect to account for the context, situation, and environment in which an individual lives and works. Herein lies the danger to personality tests: "People are too erratic and complex to be so pigeonholed" (3) by tests that reduce complex personality traits into narrow, one-dimensional labels. Although this conclusion should not surprise most *Psychiatric Services* readers, considering the pervasiveness of the biopsychosocial approach to the diagnosis and treatment of psychiatric disorders, it should sound an alarm for anyone who administers personality tests, anyone who interprets the results of personality tests in clinical decision making, and, most important, those who are subjected to a personality test. Most, if not all, ordinary individuals who are subjected to personality tests either as a condition of employment or as mandated by court order are powerless to protect themselves from the damage of being condemned to a one-dimensional label. Despite the evidence that many personality tests lack reliability and validity, they are unlikely to disappear from use in corporations, courts, schools, and other institutions in the near future. The take-home point, therefore, is caveat emptor (buyer beware).

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The Cult of Personality: How Personality Tests Are Leading Us to Miseducate Our Children, Mismanage Our Companies, and Misunderstand Ourselves

by Annie Murphy Paul; New York, Free Press, 2004, 320 pages, \$26

Scott E. Provost, M.M., M.S.W.

The use of personality tests is ubiquitous in contemporary society; the personality testing industry is a \$400 million industry (1). Personality tests have been used by both large and small institutions, including schools, corporations, and hospitals, to sort, classify, categorize, and assign diagnoses to people. References to personality tests and other forms of institutional control have even made their way into books and movies. An example is how the legendary wizard Harry Potter was placed into the Gryffindor House at the Hogwarts School of Witchcraft and Wizardry by a "sorting hat" that could gauge the temperament of each student (2). Professionals who work in the mental health and addiction fields are likely to be familiar with some of the types of personality tests applied in child custody hearings, forensic and other clinical diagnostic evaluations, and screening assessments in schools.

Personality tests are often considered benign. Until now there has been

a dearth of work examining the cultural history of personality tests, the development of the tests, and how the tests are administered and regulated. Annie Murphy Paul, the author of *The Cult of Personality: How Personality Tests Are Leading Us to Miseducate Our Children, Mismanage Our Companies, and Misunderstand Ourselves*, is uniquely equipped to explore such issues on the basis of her experience as a journalist covering mental health and psychology for a variety of mainstream publications. Although the intended audience is a general readership, the book will be useful for a variety of professionals, including managers, psychologists, and other mental health professionals and educators.

The book is well written and traces the cultural history behind the development of many of the most widely known personality tests, including the Rorschach inkblot test, the Minnesota Multiphasic Personality Inventory, the Thematic Appreciation Test, and the Myers-Briggs Type Indicator. In addition, it touches on some of the emerging trends in personality testing, such as functional magnetic resonance imaging (fMRI) and computer-enabled

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The Development and Treatment of Girlhood Aggression

edited by Debra Pepler, Kirsten Madsen, Christopher Webster, and Kathryn Levene; Mahwah, New Jersey, Lawrence Erlbaum Associates, 2003, 256 pages, \$69.95

Maryann Davis, Ph.D.

This edited volume offers current pioneering work on the development and consequences of aggression among girls. The purpose of the volume is to highlight current understanding, identify targets for treatment and prevention, and raise new questions about future research.

The book is organized into five sections, each with two research chapters and a concluding commentary chapter. This format is appealing, as commentators clarify the importance, similarities, or differences in findings as well as critique methods or interpretation. Each section includes a focus, developmental and measurement issues, physical aggression, social context, treatment aspects, and outcomes among young adults. There is also much overlap in the reported findings, which are, fortunately, largely congruent. Readers should note, however, that most of the studies were conducted in Canada.

Important findings that arose repeatedly include the fact that there are many similarities between the causes and nature of girls' and boys' aggression, but that there are important differences, including the social nature and consequences of girlhood aggression and the relationship of aggressive adolescent girls to boys. Various authors provide compelling evidence that physical aggression among girls, although less prevalent than among boys, has serious consequences—for example, teen pregnancy, school failure, unemployment, and relational violence. The final chapters, emphasizing young adult functioning, particularly as it relates to parenting the next generation, provides some of the most compelling reasons for ex-

panded research in this area.

Some of the most intriguing chapters include the finding, by Bailargeon and colleagues, that physical aggression, when carefully measured on the basis of concretely observable forms—for example, fighting, kicking, and biting—evidences gender differences as early as ages 2 and 3 years. The chapter by Xie and colleagues offers a thorough discussion of measures and definitions of social aggression, which is consistently more common among girls than boys. However, although these and other authors submit that it is also important to reduce social aggression, they fail to demonstrate its impact on either the perpetrator or the victim and, in fact, provide data suggesting that socially aggressive girls are educationally more successful. One of the most easily read and intriguing chapters is by Artz, who describes themes that have emerged from her qualitative study of violent adolescent girls in Vancouver, British Columbia. She concludes that the most violent girls are caught in a trap of seeking to ally with those they perceive as being in power—namely, males. These girls resort to violence to protect their reputations and their romantic or sexual relationships and define their own worth primarily in terms of their ability to attract male peers. Finally, the chapter by Stack and associates on girls' aggression across the life course provides compelling evidence about the link of girlhood aggression, through complex pathways, to poor as well as adequate parenting. Of particular interest is the finding that although girlhood aggression was found to predict numerous subsequent difficulties, the group at the highest risk was girls who were highly aggressive and socially withdrawn.

Overall, this is a very useful and thought-provoking book for both clinicians and researchers.

Paranoia: The Psychology of Persecutory Delusions

by Daniel Freeman and Philippa A. Garety; New York, Psychology Press, 2004, 188 pages, \$42

Paul S. Appelbaum, M.D.

European psychiatry enjoys a much richer phenomenologic tradition than its counterpart in North America. One might have expected the gap to have narrowed with the increasing emphasis on descriptive aspects of diagnosis since *DSM-III* was published in 1980. But modern American diagnostic practices focus on relatively superficial signs and symptoms rather than on an in-depth analysis of patients' experiences. Thus it is no surprise that the most interesting contemporary work on key psychiatric symptoms, such as delusions and hallucinations, comes from Europe, much of it from the United Kingdom.

Paranoia: The Psychology of Persecutory Delusions, a collection of previously published—and modestly revised—papers by Daniel Freeman and Philippa A. Garety, both psychologists at the Institute of Psychiatry in London, is representative of the best of this work. The authors' program of research has explored the origins and content of persecutory beliefs, the relationships between emotions and delusions, how delusional persons respond to disconfirmatory evidence and perceived threats, and the metacognitive processes that accompany delusional ideation. These studies have led them to a cognitive model of persecutory delusions that interestingly resembles the process proposed by Cameron almost 50 years ago.

Freeman and Garety understand persecutory beliefs as deriving from a person's search for the meaning of a set of unusual experiences. Why does one person respond to a series of chance encounters with a former acquaintance or a sequence of unusual somatic sensations with a paranoid ex-

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planation while another person shrugs off such events? The answer may lie in the paranoid person's reasoning style—which the authors have shown reflects a tendency to jump to conclusions on the basis of limited evidence—perhaps exacerbated by environmental pressures and a vulnerable emotional state. Once a paranoid explanation is identified, as Cameron first suggested, the person experiences relief from anxiety, as a result of “knowing” the cause of the anomalous experiences.

Delusions are maintained, despite the usual absence of directly confirmatory data—for example, the occurrence of the harm that is feared—by a tendency to downplay disconfirmatory evidence and focus on confirmatory data. Paranoid persons, for instance, may attribute their continued well-being in the face of malicious persecutions to the measures they have taken for self-protection—what the authors refer to as “safety behaviors.” And their preoccupation with their delusional beliefs, with their attendant anxiety, heightens their search for apparent confirmatory evidence, some of which—such as the hostile responses of people whom they accuse of seeking to harm them—is generated by their own actions.

In contrast to the dominant North American model of delusions, delusional ideation as viewed by the leading British researchers exists on a continuum with normal thought. A more complete explication of this dimensional approach to psychopathology can be found in *Madness Explained: Psychosis and Human Nature*, by another British psychologist, Richard P. Bentall (1). Moreover, British researchers have taken the lead in applying cognitive therapeutic approaches to delusions and other psychotic symptoms, with provocative results. Thus it is no accident that Aaron Beck, the father of cognitive therapy, wrote the introduction to this monograph.

Given the limitations of medications for the treatment of many psychotic symptoms, it seems likely that the growing use of cognitive therapy to treat delusions and other psychotic phenomena will also spread on this

side of the Atlantic. The clear and precise phenomenologic description of the cognitive processes associated with delusions embodied in this volume and related work forms the basis for these cognitive interventions. It is by no means too early for clinicians in North America to become familiar

with this work, and *Paranoia: The Psychology of Persecutory Delusions* is a fine place to begin.

Reference

1. Bentall RP: *Madness Explained: Psychosis and Human Nature*. New York, Penguin, 2004

Identifying and Treating Sex Offenders: Current Approaches, Research, and Techniques

edited by Robert Geffner, Ph.D.; New York, Haworth Press, 2004, 323 pages, \$39.95

Richard B. Krueger, M.D.

This printed volume was co-published simultaneously as a volume of the *Journal of Child Sexual Abuse* (volume 12, numbers 3 and 4, 2003). The book is divided into three sections, the first including an introduction and theoretical issues, the second covering assessment and forensic issues, and the third covering treatment issues and approaches. Many of the authors have extensive qualifications and experience in the treatment and assessment of sexual offenders. Each of the chapters is well researched, and extensive bibliographies provide a good and balanced introduction to the literature of the field.

The various topics and issues discussed in the introduction are current and germane and provide an excellent overview. The chapter by Levenson discusses thoroughly and cogently the policies and practices of community notification and civil commitment and offers suggestions as to how to evaluate both. The chapter by Quackenbush presents information on and a critical appraisal of psychological testing, the use of actuarial risk assessment, and the assessment of psychopathy, a construct

that has been demonstrated repeatedly to be associated with higher rates of recidivism.

Saleh and Berlin provide an updated and excellent review of relevant neurobiologic and psychopharmacologic literature. The chapters on assessment, interviewing, forensic issues, and the use of the polygraph all present useful and detailed discussions of these various areas. The chapter by Yates presents information on cognitive-behavioral treatment and gives the reader some appreciation for what this approach actually means, discussing therapeutic styles and goals. The final chapter presents information on how to assess and enhance empathy with the victim, a concept that has assumed some importance in the field.

Overall, this volume is well researched and well written and will be of great assistance to mental health professionals and facilities who have contact with the occasional patient who is a sex offender as well as to professionals whose focus and specialty is already in this area and who are looking for an informative update on a variety of relevant issues. All mental health professionals, including therapy aides, nurses, social workers, psychologists, psychiatrists, and family practitioners, will be able to appreciate and benefit from the book. It presents an excellent way to begin to understand this growing and important area.

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