

## City of One: A Memoir

by Francine Cournos, M.D.; New York City, W. W. Norton, 1999, 253 pages, \$23.95

Jeffrey L. Geller, M.D., M.P.H.

Francine Cournos is a Bronx-born Caucasian woman, the middle child of three from a lower-middle-class Jewish family. Her father died from a cerebral hemorrhage when she was three years old, and her maternal grandfather, in whose home she lived, died two years later. Soon afterward her mother developed rapidly metastasizing breast cancer and died when Cournos was 11 years old. Although Cournos had three sets of aunts, uncles, and cousins who lived nearby, she was placed in foster care.

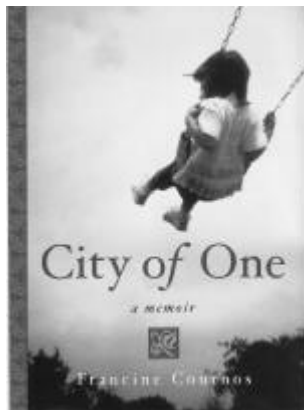
In her fifties, Dr. Cournos, a psychiatrist, decided to write a book about her life; hence *City of One*. Cournos' decision to display her personal development—from its beginning through every identity-depriving conundrum to the present—is courageous, and her product is extraordinary.

Cournos takes the reader through her life chronologically. But while the book appears to march straightforwardly through time, Cournos intersperses her account with recollections from the past as they inform her present. She also projects forward in her account to inform the reader how events in her youth impacted on her future; when the reader arrives at that future time, he or she gets a second view of events heard about earlier. Thus the book parallels developmental and cognitive processes: the present is informed by the past, and the inhabitant of the present carries his or her history into the future through fantasized projections and real interactions.

The central theme of Cournos' book is how the death of a parent affects one throughout one's lifetime.

*Dr. Geller is professor of psychiatry and director of public-sector psychiatry at the University of Massachusetts Medical School in Worcester.*

Hers is a one-person story of a theme offered in an earlier book by Harris (1), *The Loss That Is Forever*. However, one can "lose" a parent in other ways besides death, such as through serious mental illness, as described by Lyden (2), and through alcoholism, as reported by Agnew and Robideaux (3). *City of One* can be read as applicable to the loss of a parent or parents even through their abject neglect. Much of what Cournos describes has a universality far beyond her own circumstances.



Cournos, as author, is able to draw the reader in by taking the reader along her life of struggles, revelations, hiding places, discoveries, zeniths of counterdependence and nadirs of depression, struggles for intimacy, and quests for acceptance as if she is talking to herself out loud and we, the readers, are just listening. Little—remarkably little—appears censored. Cournos' intimacy with the reader advances through the book in the same fashion that her self-knowledge advanced through the decades she describes.

Nor does Cournos fail to comment on her own story. She makes generalizing statements, clearly bringing to the book her expertise as a psychiatrist, and she attempts to teach. For example, she writes that "each stage of life reawakens old memories that need to be faced yet again, and the

trauma of early parental loss reasserts itself in different forms throughout a lifetime." And, "There must be something wrong with me, I concluded, or my family wouldn't have given me away. In a sense, it was better if it was my fault, since I firmly believed that what I had caused I could surely correct." And, "Orphan adolescents have a terrible dilemma: they have a developmental need to break away, but their parents have beaten them to the punch."

Of the many struggles Cournos describes, two themes carried throughout the book are particularly poignant. The first is loyalty. For the author this loyalty is to her mother. Hence Cournos' quest involves reaching some stage in life that would allow her to turn her attention away from her mother to those in her present. Cournos writes, "Once in a while, I was invited to a gathering of my entire family, where I went through the motions, polite and utterly detached. What felt most real was my sense that I carried Mom (and sometimes my Dad, too) with me everywhere I went, a little homunculus inside my brain. Mom participated in all my activities, living on through me."

The second particularly moving theme is the overwhelming tension between independence and dependence. Cournos writes about herself, "One side insisted on managing without being close to anyone, said it's just not worth it, people are too unreliable, only a fool would persist in the face of all the evidence that it never works out and never will. But the other part of me was desperate, needy, driven by desire, afraid to be alone. I hated my contradictory feelings and wished I could banish them, but there was no escape."

Through much of her life Cournos managed to survive, as she describes, by "saying nothing about something—my mother and I had perfected this technique. Saying something might just make it worse." Fortunately for us, Cournos has decided to speak, and to do so meaningfully. If anything, she sells

herself a little short, something she informs the reader she has done her whole life. She states in her epilogue that she hopes this book will be useful for “those personally and professionally concerned to understand the difficult and dangerous journey that lies ahead of a child whose parents have died.” I would extend that epilogue to say that this book can be extremely useful for understanding anyone who has lost a parent or parents, no matter how that loss came to pass.

I cried while reading this book. I could go on to fill this review with panegyrics. I'd rather simply say I've no better recommendation for *City of One* than that I can't think of anyone who shouldn't read this book.

### References

1. Harris M: *The Loss That Is Forever*. New York, Dutton, 1995
2. Lyden J: *Daughter of the Queen of Sheba*. Boston, Houghton Mifflin, 1997
3. Agnew E, Robideaux S: *My Mama's Waltz*. New York, Pocket Books, 1998

## Serious Mental Illness and the Family: The Practitioner's Guide

by Diane T. Marsh, Ph.D.; New York City, John Wiley & Sons, 1998, 374 pages, \$55

Jay Neugeboren

“My objective,” Dr. Diane T. Marsh writes in chapter 1 of *Serious Mental Illness and the Family*, “is to provide a practical guide that can be translated into clinical practice.”

The need for such a guide is great, and Diane Marsh performs a large service for us by addressing this need in a sensible, humane, lucid, and comprehensive manner. *Serious Mental Illness and the Family* provides information about care and treatment that will prove invaluable to practitioners, and it does so by placing information and guidelines in large, well-researched contexts: it gives us both historical background and developmental frameworks—relying, for example, on the work of John Rolland and others—that will better enable us to understand most situations in which we may find ourselves.

Dr. Marsh relies not only on recent and helpful developments in research but on relevant anecdotal material both from families and from clinical practice. She makes impor-

tant distinctions—for example, between family consultation and family therapy—and each chapter ends with a section entitled “From Theory to Practice.” The book also contains a goodly number of vignettes, although the degree to which these vignettes are fictionalized—and idealized—is not always apparent.

Dr. Marsh is a professor of psy-

### In this section . . .

Psychiatrist Francine Cournos' poignant memoir, including her life as a foster child, begins this month's section. Following are two books about or for families and others who help the mentally ill, one of them by Rosalynn Carter. Elsewhere, in a complete change of pace, reviewers comment on a trio of books on psychopathology and murder. The varied fare continues with books on outcome evaluation, psychosomatic medicine, the concept of harm reduction in managing addiction and high-risk behaviors, and cases extending the use of EMDR, or eye movement desensitization and reprocessing.

chology at the University of Pittsburgh at Greensburg and a clinician who has worked for many years with patients and families affected by serious mental illness; she is also on the American Psychological Association's task force on serious mental illness—serious emotional disturbance. The author is especially good at delineating ways in which practitioners can make use of recent developments. “Treatment outcomes for serious mental illness,” she points out, “compare favorably with those of general medical problems,” and this welcome news, happily, informs much of her book.

“Thus,” she writes in a telling passage, “in contrast to the message of hopelessness that was so often conveyed to patients and their families in the past, current practitioners are able to offer genuine assistance and hope.” Dr. Marsh provides readers the sources of this hope—the skills, competencies, and approaches, whether clinical, anecdotal, or developmental—in chapter after chapter of sensible, data-filled, fascinating detail.

She gives us strategies for intervention (psychological, educational, informational, and medical), personal and family action plans, and specific models that can aid us in working with all possible familial configurations: with parents, spouses, siblings, and offspring. In a final chapter, she also offers specific examples of model programs such as the MESA model of family education, and the TEC (Training and Education Center) Network.

*Serious Mental Illness and the Family* succeeds admirably in its “quest for a more humane and responsive system of mental health care” because its author is herself a most humane, responsive researcher and practitioner. It is wonderfully thorough about the kinds of comprehensive modes of care that are essential to dealing skillfully and compassionately with serious mental illness, and it should serve as a standard resource for all those who live and work with serious mental illness.

*Mr. Neugeboren is writer-in-residence at the University of Massachusetts at Amherst and is the author of 13 books, including Imagining Robert: My Brother, Madness, and Survival.*

## Helping Someone With Mental Illness: A Compassionate Guide for Family, Friends, and Caregivers

by Rosalynn Carter with Susan K. Golant; New York City, Times Books, 1998, 348 pages, \$24

Lisa Dixon, M.D., M.P.H.

Tony Randall, Steven Hyman, Margot Kidder, Betty Ford, Kay Redfield Jamison, Laurie Flynn, Mike Wallace, C. Everett Koop, Joanne Woodward, and Herbert Pardes have all sung the praises of Rosalynn Carter's volume, *Helping Someone With Mental Illness*. It is a privilege to add my name to the list of people who find this to be a truly compassionate guide for family, friends, and caregivers. The former first lady and cowriter Susan Golant set out to write a book that fights "myths, misconceptions, and stereotypes about mental illnesses" and that provides information, inspiration, and hope for those of us who live with and support persons with mental illness.

Why is this book so effective? The voices of persons with mental illness speak in every chapter. Mrs. Carter weaves these stories and voices with text that melds the feelings and experiences with facts and data. The facts and data are presented in clear, simple language, appropriate both for the uninitiated and for the seasoned veteran of mental illness.

Mrs. Carter traverses the dichotomies of nature versus nurture, of biological versus psychological, with the skill and precision of a slalom skier negotiating narrow turn after narrow turn. Even though I knew the facts and have heard many stories, I could not help but read on. The voices touched and moved me, opening my heart and mind to the information that followed.

The book first addresses stigma. Within that section, the chapters cover issues in seeking treatment for mental illness. The basics of recognizing and coping with mental illness are spelled out: the warning signs, working through denial, and finding the right help. The chapter on what to do "after

the diagnosis" addresses issues in the workplace, insurance, and the importance of knowing the legal considerations during potential emergencies.

The second section, called *New Treatments, New Hope*, focuses on specific illnesses including schizophrenia, depression, manic-depression, and anxiety disorders such as panic disorder and obsessive-compulsive disorder. Although the authors emphasize psychopharmacologic and psychosocial treatments, including psychotherapy, they present some information on the

causes, epidemiology, and course of these illnesses.

The final section addresses prevention, caregiving, and advocacy. The "emotional dilemmas" of caregiving detail how family members or friends can cope with their guilt and sadness constructively. A series of helpful appendixes includes a listing of other common mental illnesses, a glossary, and other resources.

Mrs. Carter brings us into the world of her experiences in working with people who have mental illnesses and their friends and caregivers. It is a decent, gentle, empathic, and knowledgeable world. Family members, consumers, and other interested people can all benefit from and enjoy this accessible, comprehensive, and sensitive volume.

---

## Mental Health Outcome Evaluation

by David C. Speer; San Diego, Academic Press, 1998, 121 pages, \$34.95

Mark S. Salzer, Ph.D.

The discussion of outcome and outcomes evaluation is ubiquitous in health care. Interest in mental health outcomes research in particular has spawned numerous recent books, and *Mental Health Outcome Evaluation* by David Speer is one of the latest.

Speer is best known for his contributions in evaluating programs for the elderly, but he has also written on the assessment of clinical change, a pivotal analytic issue in outcome research. His unique combination of practical evaluation experience and analytic sophistication, along with a clear and engaging writing style, results in a primer that is currently one of the best available on the topic of outcome evaluation. The book is relatively free of research jargon from beginning to end, making it accessible to its intended audience of practitioners, administrators, and policy makers.

The requisite initial chapter on the rationale for outcome evaluation is followed by a chapter outlining the author's main, and most unusual, thesis: there is value in "practical outcome evaluation" that is scientifically

rigorous yet unapologetic about the lack of control inherent in quasiexperimental, field-based research. In making this argument, Speer reorients the purpose of outcome evaluation from producing new knowledge aimed primarily at the scientific community to influencing policy, funding, and reimbursement decisions.

Despite this orientation, Speer does not provide carte blanche to conduct sloppy, self-serving research. On the contrary, while accepting the fact that experimental designs are not always feasible (although I would assert that they might be more feasible than some think), he insists that the evaluator is still obligated to maintain the highest possible level of rigor. He reviews classic quasiexperimental designs that exemplify most field-based outcome evaluations and offers state-of-the-art strategies for limiting the threats to internal validity associated

---

Dr. Dixon is associate professor in the department of psychiatry at the University of Maryland School of Medicine at Baltimore.

---

Dr. Salzer is research assistant professor in the Center for Mental Health Policy and Services Research at the University of Pennsylvania in Philadelphia.

with these designs. These strategies include developing reasonable comparison groups and analytic approaches to assessing improvement. A later chapter discusses "potential booby traps and landmines" in conducting outcome research, again repeating the theme that outcome evaluations need to retain rigor, especially in the presentation and interpretation of results.

Additional chapters address the practical issues surrounding the selection of outcome domains and instruments. Speer even offers examples of the types of instruments that might be

used with different client populations.

Concerns about rigor in "practical outcome evaluation" remain warranted, even given the strategies offered by Speer. Such concerns are especially pertinent in a context in which funding is contingent on positive outcome results. Nonetheless, *Mental Health Outcome Evaluation*, albeit brief, offers the well-intentioned outcome evaluator motivation and suggestions for conducting outcome research with limited resources as well as some strategies to enhance the quality of the work.

## Psychopathology and Violent Crime

edited by Andrew E. Skodol, M.D.; Washington, D.C., American Psychiatric Press, 1998, 156 pages, \$26, softcover

Harold Carmel, M.D.

This book is a good survey of what we know, as of a year or two ago, about the relation between psychiatric disorders and criminal violence, a rapidly evolving field of study. Of the five chapters, two report interesting individual research projects, two provide competent literature reviews, and one analyzes policy concerns.

After briefly reviewing the literature on the relationship between personality disorders and criminal violence, Jeremy Coid reports his study of 260 persons in maximum-security hospitals and prisons in England. His findings draw attention to the importance of borderline personality disorder in this population. Using the Structured Clinical Interview for DSM-III Axis II Disorders, he diagnosed borderline disorder in 69 percent of his sample—more frequently than antisocial personality disorder (55 percent), narcissistic personality disorder (48 percent), and paranoid personality disorder (47 percent).

Michael Stone has read 297 biographies of murderers—certainly a most exceptional undertaking for a psychiatrist. Based on this material, along

with his extensive clinical experience, he argues that "narcissistic and antisocial/psychopathic traits blend together to form a personality configuration that is so common as to be almost ubiquitous among murderers of almost every type."

Beck and Wencel "review [the] extraordinary recent outpouring of research on the relationship between violent crime and Axis I psychopathology . . . document[ing] a significant development in the intellectual history of psychiatry. In a brief time, no more than 5 to 7 years . . . the received wisdom of a generation that held that crime and mental disorder were unrelated has been rejected."

Coccaro and McNamee review the biology of aggression, from the perspective that "most data support the idea that impulsive violent criminal behavior has significant biological underpinnings that might lead to a rationale for pharmacologic treatment." But they go beyond the science to a policy interest: "It is possible that our growing biological understanding of impulsive aggression will lead to a reconceptualization regarding the process of jury verdicts and sentencing in the case of impulsive violent crime." This view is reminiscent of mid-century psychiatric thinking that,

after contemplating the problems of criminal justice, promised much more than psychiatry could deliver.

Paul Appelbaum expertly reviews legal views of mental disorder and crime and the history of exculpation on the basis of mental disease. In his view, "The most potent agent of change in legal approaches to crime is likely to result from the ability of the mental health professions to treat criminal behavior effectively. . . . But I am skeptical, given the current state of knowledge, that biological research into the roots of criminal behavior has anything meaningful to say to the law at present, and I doubt that it will influence the law in the foreseeable future."

I should note that minor editing errors were scattered throughout this book. Aside from that, *Psychopathology and Violent Crime* is useful, particularly to trainees and forensic clinicians; other clinicians will find the volume of general interest.

## Looking Into the Eyes of a Killer: A Psychiatrist's Journey Through the Murderer's World

by Drew Ross, M.D.; New York City, Plenum Press, 1998, 270 pages, \$26.95

William J. Warnken, Psy.D.

When I was asked to review *Looking Into the Eyes of a Killer*, my first reaction was to cringe and attempt to beg off. Because of the sensational and titillating title, I was concerned that this book, like others that have recently made their way to bookstores across America, would be a vehicle for the author to thump his chest with as much male bravado as he could muster to claim that he, and only he, had the clinical prowess to delve

*Dr. Warnken is a forensic psychologist and assistant professor of psychiatry at the University of Massachusetts Medical School in Worcester.*

into the psyche of a murderer. I was also worried that he would describe the individuals who committed these crimes in clichés and generalizations in order to sell more books. And I feared that the author had only limited forensic experience and that the book would be a superficial and inaccurate representation of my profession, my colleagues' professionalism, and the legal system. Thankfully, all of my concerns proved unwarranted.

In *Looking Into the Eyes of a Killer*, Dr. Drew Ross relies on his years of experience as a forensic psychiatrist to provide readers with a thoughtful and genuine look at individuals who have committed a homicide. Dr. Ross uses case vignettes to articulate the personal struggles of the murderers he has worked with and evaluated and to illustrate the psychiatric factors that contributed to their crimes. His sensitive portrayal of their childhood abuse and neglect makes clear what those who work with this population already know: that perpetrators have also frequently been victims of violence. But while Dr. Ross is empathic to his patients' past histories of victimization, deprivation, abuse, and ongoing (and often unmet) treatment needs, he does not excuse them or attempt to exculpate them from responsibility for their violent acts.

The bleak picture he paints of these patients' backgrounds is equaled only by his portrayal of the often primitive and dreary correctional environments where these inmates, many of whom suffer from a mental illness, reside. To the layperson, Dr. Ross' depiction of correctional settings may seem to exaggerate the often austere conditions. However, as a psychologist who has worked in the correctional system as both an evaluator and a treating clinician, I was struck by the realism of his descriptions of many of these facilities. Although the newer correctional facilities may offer brighter and cleaner environments, Dr. Ross implies that the attitudes of many of the staff toward these inmates are

unfortunately still antiquated and in need of repair.

Dr. Ross also offers an incisive and thought-provoking assessment of his own struggles working at the ill-defined boundaries between psychiatry and the law. He processes the lessons he learned from his academic training and his professional and personal experiences, and he integrates them with his current thoughts on the relationship between psychiatry and the law and

his disillusionment with the role of psychiatry within the system. Even though at times I found his exploration of his own childhood experiences to be tedious and unnecessary, at other times it deepened the understanding of the complex issues involved in practicing forensic psychiatry. Through this processing Dr. Ross illustrates how these issues affect not only the psychiatrist as a forensic practitioner but the person who is the forensic psychiatrist.

---

### Profiles in Murder: An FBI Legend Dissects Killers and Their Crimes

by Russell Vorpapel as told to Joseph Harrington; New York City, Plenum Press, 1998, 300 pages, \$26.95

Kenneth E. Fletcher, Ph.D.

**A** blurb on the cover flap of this book promises, "You will learn more about the actual art of profiling than you hoped for." Nothing could be further from the truth. Not even a complete novice in the scientific art of profiling murderers would gain much from reading this muddled piece of writing.

The first author, Russell Vorpapel, is a retired member of the FBI behavioral science profiling unit. Between profiling murderers, Mr. Vorpapel apparently used to run training sessions for law enforcement officials across the country. A typical training session provides the frame for the stories in this book. Unfortunately, the second author, who actually wrote the book, has an excruciatingly unreadable style. Together the authors have cobbled together a fairly unreadable book.

Vorpapel repeatedly insists that only members of the FBI behavioral science profiling unit are qualified to profile murderers. Consequently, he reveals very little about actual

profiling procedures. Instead, scattered throughout the book are such pithy observations as, "If a criminal profiler is told that a teenager is a bed wetter, plays with matches, and tortures animals, he can predict the potential for future sociopathic homicides." Elsewhere we are told, "Overkill or excessive assault to the face often is an attempt to depersonalize the victim. Destruction of the face may indicate the victim resembles or represents a person who has caused the offender psychological trauma." Nowhere does he present substantive evidence for such assertions, if, indeed, it exists.

Rather than explaining profiling in any depth, the authors decided to write a book of thrilling, true detective stories. Unfortunately, the book does not succeed even on that level. What little detective work gets described is often relegated to the background. Assuming the reader can get past the ghastly writing, the book becomes a series of grisly murder stories, accompanied by sometimes gruesome and frequently poorly developed photographs.

This book is not the place to learn anything about profiling murderers. And if you want to be thrilled, read a good murder mystery.

---

*Dr. Fletcher is assistant professor of psychiatry and director of the behavioral sciences research core at the University of Massachusetts Medical School in Worcester.*

## Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors

edited by G. Alan Marlatt, M.D.; New York City, Guilford Press, 1998, 390 pages, \$40

David Greenleaf, Ph.D.

While most mental health and health professionals are familiar with such interventions for the addictions as needle exchange programs, methadone maintenance, and controlled drinking strategies, many are probably not so familiar with the concept that underlies these apparently disparate measures. The concept is harm reduction, which essentially refers to any systematic effort—whether clinical, social, or public policy—designed to minimize the harmful consequences and reduce the risks of alcohol and other drug use as well as high-risk sexual behaviors.

Readers of *Harm Reduction* will certainly come away with an understanding of this important concept, its many compelling examples, and the often logic-defying controversies surrounding it. Quite simply, this is an extremely important and valuable work, for it firmly, but rather modestly, points the way to a needed paradigm shift in how we approach some of our greatest societal ills—particularly the AIDS epidemic and illicit drug use.

The sobering message of this comprehensive book is that all too often our best intentions as clinicians and policy makers actually make matters worse when it comes to drug treatment and HIV reduction. Marlatt and the numerous contributors to this volume show over and over again that rigid adherence to a paradigm—for example, abstinence-only models of substance abuse treatment—does a serious disservice to our efforts to solve serious problems.

Marlatt himself wrote all three chapters in part 1, which provide an excellent overview of harm reduction. Included is a review of some of the in-

novative drug treatment programs in Australia, Canada, and parts of Europe. Particularly convincing is the Dutch model of harm reduction, exemplified by Amsterdam's Jellinek-centre. It offers a range of services from low-threshold programs involving a mobile "methadone bus" to high-threshold, abstinence-based inpatient programs. Needle exchange is commonplace in the pragmatic Dutch model, and the overarching treatment philosophy is one of meeting the client where he or she is and working from there. Let the client set the treatment goal whether it be abstinence or continued, but safer, use.

The book is packed with empirical evidence that consistently demonstrates that needle exchange programs, wherever they are, reduce HIV infection rates and do not encourage drug use. In fact, the opposite is often found. Needle exchange programs can serve as an entry point for substance abuse treatment. The addict's first encounter with a health professional is likely to be one characterized by compassionate nonjudgment. The addict may begin to see the value not only of clean needles but of using less heroin.

The book is largely devoted to the themes of illicit drug use and HIV-AIDS prevention, but the controversy of controlled drinking is also intelligently presented, as are harm-reduction strategies for nicotine and smoking. Another major strength is the section on matching harm-reduction strategies to black and Native American communities.

But this work is more than the title suggests. It can be a reference text for a variety of drugs and treatment approaches and their histories. For this reason alone, *Harm Reduction* belongs on the bookshelf of health and mental health professionals.

However, the real impact of this seminal volume is that it makes the

case for harm reduction as a powerful model for both treatment and public-policy innovations. The reader will likely wonder why harm reduction approaches are so controversial when they are so clearly cost-effective and clinically effective. An analogy is that most psychotherapists treating a non-substance-abuser would naturally start from where the patient is psychologically and would not tend to push for goals not shared by the patient. Yet rigid adherence to abstinence as a goal for alcohol abusers and drug addicts seems to do just that. The public-policy equivalent of this position is that of "zero tolerance," which is critiqued in the book as well.

Alan Marlatt apparently is not afraid to enter the fray of controversy, and in so doing he does us a great service. *Harm Reduction* is a needed eye-opener for clinicians, patient advocates, and policy makers alike.

---

**Handbook of Psychosomatic Medicine**  
edited by Giovanni A. Fava, M.D.,  
and Hellmuth Freyberger, M.D.;  
Madison, Connecticut, International  
Universities Press, 1998, 780  
pages, \$85

Don R. Lipsitt, M.D.

It is not every day that a serious text on psychosomatic medicine reaches the professional bookstore. It was therefore with some excitement that I anticipated the publication of this volume in 1994, when it was first announced by Karger Publishers. Ultimately published by International Universities Press in 1998, it has been worth the wait. However, little has changed from its initial proposed table of contents in 1994, except for the elimination of a section on psychobiological mecha-

---

*Dr. Lipsitt is medical director of the Institute for Behavioral Science in Health Care at Mount Auburn Hospital in Cambridge, Massachusetts, and professor of psychiatry at Harvard Medical School.*

---

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

nisms and the addition of a 14-page appendix on diagnostic criteria for use in psychosomatic research. Nothing is said of the delay, but with a topic as broad and deep as the whole field of psychosomatic medicine, it is possible that the editors thought long and hard about what to leave in and what to excise; furthermore, the ways of the publishing business are sometimes mysterious.

Nonetheless, what we now have is a well-constructed, thoughtfully edited, and appealingly designed book with a spectrum of chapters. All are papers reprinted from the journal *Psychotherapy and Psychosomatics*, a publication with which both editors are affiliated, Fava as editor-in-chief. The papers are surprisingly consistent in style for such a diversity of writers, numbering among them many prominent names in the field.

The first of the book's three main sections, on "fundamental issues," contains 11 chapters with prefatory material suggesting, perhaps unintentionally, that the editors were ambivalent about whether the content reflects "trends" or "issues." Because the predominance of references are prior to 1993, the "reassessment of the psychosomatic field of the nineties" aspired to by the editors could not be achieved.

The second section contains 12 chapters on "clinical issues," including interesting and comprehensive discussions of the usual psychosomatic fare of gastrointestinal, cardiovascular, renal, and endocrine diseases. Less commonly found in psychosomatic texts are the intriguing chapters on psychodermatology, psycho-oncology, the psychosomatics of otorhinolaryngology, and the temporomandibular joint syndrome. An excellent chapter on psychological reactions to medical procedures will enhance the work of consultation-liaison psychiatrists, health psychologists, and others working in general medical settings; it is important that at a time when medicine is accused of becoming more impersonal, the focus is kept on the patient's experience of "patienthood."

The third section addresses treatment and, of necessity, is somewhat truncated in the seven chapters allotted to it. And it is bound to have some redundancy with the section on clinical issues. The section does, however, emphasize some of the "newer" modalities—of the sixties, seventies, and eighties—like cognitive-behavioral approaches, hypnosis, and psychopharmacotherapy. Chapters on compliance and supportive psychotherapy will add appreciably to the armamentarium of beginning mental health professionals working at the interface of psychiatry and medicine.

I have saved the best for last, like a rich dessert after a fine meal, although it appears as the introduction to the book. It is the tour de force by George Engel, writing with his usual perspicacity, clarity, and charm. In a gem of lucid prose, Engel asks, "How much longer must medicine's science be bound by a seventeenth century world view?" Besides its intensely human autobiographical content, the chapter is itself a treatise on the scientific method, with arguably more rele-

vance to research than the book's appendix intended for that purpose. It is somewhat curious, and even amusing, that this major figure in the development of psychosomatic medicine has managed to write his entire chapter without once using the phrase (unless I missed it) "psychosomatic medicine."

One last carping criticism. My dictionary says that a handbook is "a concise reference book covering a particular subject or field of knowledge" or "a manual capable of being conveniently carried as a ready reference." Weighing in at 780 pages, *Handbook of Psychosomatic Research* is neither concise nor easily carried, not to mention the difficulty of reading it in bed.

It is, nonetheless, one of the better volumes reflecting the richness, complexity, and endless research opportunities for the interested student of mind-brain-body relationships. For anyone unable to keep up with all the periodicals, which is most of us, having these papers bound together as an available reference is a useful and valuable resource for which the editors are to be congratulated.

---

### Extending EMDR: A Casebook of Innovative Applications edited by Philip Manfield, Ph.D.; New York City, W. W. Norton, 1998, 292 pages, \$37

Donnah Nickerson-Réti, M.D.

Evaluate the message, not the messenger. This tends to be my usual response when asked for my opinion of EMDR, or eye movement desensitization and reprocessing. Much of what is written about EMDR theory and treatment is cloaked in the rhetoric of the proselytizing door-to-door salesman and leaves me wishing for something more inviting. *Extending EMDR: A Casebook of Innovative Applications*, edited by Philip Manfield, offers a fresh and intelligent delivery of both the process and the utility of a still-evolving but little-understood and underused treatment method.

Dr. Manfield's book offers a win-

dow into methods of incorporating EMDR into other therapeutic work with patients. He encourages a synthesizing use of EMDR techniques while maintaining the basic tenets of the theoretical frame through which the reader usually approaches doing therapy.

The book is a collection of case studies offered by writers from widely divergent theoretical backgrounds and experience, including classical psychoanalysis; object relations; ego and self psychology; Reichian, Jungian,

---

*Dr. Nickerson-Réti is clinical instructor in psychiatry at Tufts University School of Medicine in Boston.*

and gestalt psychologies; cognitive-behavioral therapy; hypnotherapy; and Vipassana meditation. The contributors offer a wide range of therapies in public-sector, academic, and private-practice settings, and several have been EMDR trainers.

Each case begins with the writer's biographical declaration of his or her experience with patients, theoretical stance, and use of EMDR treatment and includes the writer's assessment of how well the various treatment strategies work in concert. In general, the contributors succeed in presenting some difficult and interesting cases and in synthesizing EMDR with other modalities to achieve beneficial results in treatment.

Although a casebook such as this is generally written for the therapist who already has experience using the

method discussed, Dr. Manfield begins with a presentation of EMDR terms and a brief discussion of various techniques used in the therapy. His effort both to explain EMDR and to provide a context for the non-EMDR-trained clinician is helpful and appreciated, but of dubious value. It does not go far enough for the complete novice to make sense of the EMDR process, and it is not vital to those already skilled in the methodology. For a true appreciation of the creative and innovative work that Dr. Manfield and his colleagues offer here, one should have at least the equivalent of level 1 training in EMDR.

Overall, I found this to be a highly readable volume and recommend it to clinicians interested in using EMDR for an expanding range of patient concerns.

gray area. Other strong chapters include those on psychological approaches to understanding obsessional problems, personality and obsessive-compulsive disorder, and assessment. The area of psychotropic medications is well handled. The best of the book's sections are clear; the worst can be hard to get through.

I think that this book, with some overviews added in later editions, could provide a "serious center" to balance the serotonin-hypothesis lectures and the self-help books that oversimplify and polarize the issues. The rapid acquisition of medications that work, even if not perfectly, and our increased understanding of how behavioral therapy helps are among the major achievements in mental health treatment in the last two decades.

*Obsessive-Compulsive Disorder: Theory, Research, and Treatment* is important for anyone who wants to read about the scientific advances that have changed the way we treat patients with this disorder. As anyone who accesses the relevant Web sites can tell you, its information will quickly be outdated. Don't expect it to read like the popular books that can be found in psychology sections of general book stores. It's a scientific work, with many references and few case histories. Some of the chapters contain useful summaries clarifying issues that otherwise would be difficult to absorb; some don't.

However, if you treat patients with this disorder— and who doesn't, with word spreading rapidly that it's treatable?— this book should be on your shelf. It may help you answer the questions that arise about this mysterious affliction and the people who suffer from it.

---

## Obsessive-Compulsive Disorder: Theory, Research, and Treatment

edited by Richard P. Swinson, M.D., Martin M. Antony, Ph.D., S. Rachman, Ph.D., and Margaret A. Richter, M.D.; New York City, Guilford Press, 1998, 478 pages, \$50

Bruce Hershfield, M.D.

Those of us who work with patients suffering from obsessive-compulsive disorder often have trouble figuring out how best to treat them. Textbooks quickly go out of date. Several good books written for the lay public have appeared in recent years, but they lack the documentation and data that support scientific advances. I believe that some also tend to overly dramatize the successes of the approaches advocated by the authors. Web sites, 16 of which are listed in a useful appendix in this book, are up to date, but the information is hard to place in a useful context. I have my doubts about symposia sponsored by drug companies. Where can we turn?

*Obsessive-Compulsive Disorder: Theory, Research, and Treatment*, edited by two psychiatrists and two psychologists from Ontario, tries to fill this gap. Chapters in the first section describe the biological, genetic, and psychological approaches to the understanding of obsessive-compulsive disorder. The second section addresses assessment and treatment, and the last one discusses disorders of the obsessive-compulsive spectrum.

Practicing mental health clinicians can find a lot here, though the quality varies. For example, I found the section on psychological testing particularly worthwhile. The last section of the book, having to do with disorders often considered part of the obsessive-compulsive spectrum, such as impulse control disorders, tic disorders, and eating disorders, is a very sensible approach to what is still a

---

*Dr. Hershfield is assistant professor, part time, at Johns Hopkins University in Baltimore and an associate at the University of Maryland School of Medicine in Baltimore.*