

## Book Reviews

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Michael H. Ebert, M.D., Editor

### **Behavior and Medicine, 3rd ed.**

edited by Danny Wedding, Ph.D., M.P.H. Hogrefe & Huber Publishers, Seattle, Wash., 2001, 484 pages, \$34.95 (paper).

*Behavior and Medicine* has been a favorite choice of directors of behavioral science courses for first-year medical students since the first edition was published by Mosby-Year Book in 1990. Its unique blend of science, literature, and art made it a pleasure to read and a valuable resource to have in one's library. In addition, its expressed aim of assisting the student in preparing for standardized licensing examinations gave it immediate practical value. To keep up with the rapidly expanding knowledge base in the behavioral sciences, new editions would inevitably become necessary. The second edition, also published by Mosby, appeared in 1995. This second volume altered the sample question style to reflect the change from NBME to USMLE format, expanded the appendix on literature and medicine, and added a case study after every chapter. The addition of annotations to the suggested readings for each chapter was an excellent feature that should have more widespread utilization. The second edition was an even more effective text, but by the end of the 1990s, course directors were finding it in need of updating, especially in areas such as HIV/AIDS. In addition, the editor had rethought his original plan of not including a section on psychopathology. As some medical schools began to merge the traditionally separated first- and second-year courses, the omission of psychopathology was rendering the book insufficient as a single text.

The third edition has a new, international publisher, and the editor hopes that this will facilitate a broader distribution. The new book has more contributors, and although it has fewer pages, the heavier paper and larger print make it both easier to read and just as hefty as former editions. Twenty chapters and appendices return in updated or essentially unchanged form. The appendix on literature and medicine has again been expanded and updated, and the answer key has become an appendix with helpful explanations of correct and incorrect answers.

Eight chapters have had slight modifications in authorship and/or have been compressed into fewer chapters. Four chapters have received a rewrite by new authors, and 2 chapters have new authors who acknowledge borrowing heavily from the previous ones. Three chapters have been omitted, and there are 5 entirely new chapters (alternative medicine, disability, cancer, psychopathology, and psychopathology in primary care medicine). The adjective *beautiful* still applies to the book, as the editor has done his usual fine job with the literature and art. He continues to succeed in conveying the subthemes of the poignancy and beauty of life and its transitions and the privilege that is the practice of medicine.

Overall, the editing changes are much for the better, and the book is now again quite current. One may always debate how much or how little detail to provide beginning medical students. The book is nevertheless full of useful information, both basic and cutting edge, and the new highlighting and italicizing of key

concepts works well. The chapter on psychopathology will not substitute for an introductory textbook of psychiatry, but it provides a useful overview of the major Axis I disorders. The literature and medicine appendix remains a fine resource, although literature lovers will always regret the omission of one or another of their favorites (Abraham Verghese's *The Tennis Partner* and Robertson Davies' *The Cunning Man* come to mind). The *New Yorker* cartoon of questionable taste is happily gone, as is the lurid instruction on anal intercourse. An error has crept into the chapter on psychodynamics, as the newly formatted Box 8.1 has inverted the classical contributions of Winnicott and Mahler. The last page is a useful order form for additional copies, but the book price is not specified.

*Behavior and Medicine* has always competed well for the attention of directors of medical student education. It has also received wide acceptance from allied fields such as nursing, social work, and physician assistant training. The new third edition should please course directors and continue as a uniquely useful contribution to medical student education.

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### **School Violence: Assessment, Management, Prevention**

edited by Mohammad Shafii, M.D.,  
and Sharon Lee Shafii, R.N., B.S.N. American Psychiatric  
Publishing, Inc., Washington, D.C., 2001, 322 pages,  
\$49.95 (paper).

This book offers an excellent review of issues related to school violence and how to assess, manage, and prevent its occurrence. I received this book after the September 11 terrorist attacks and realized that, for most of us, prior to those events, the school shootings in my community in Colorado and in Kentucky, Oregon, Arkansas, Georgia, Oklahoma, and California had been foremost in our minds when we thought of violence and trauma. The change in focus to international terrorism and its impact on the men, women, and children of New York, Washington, D.C., and other communities where the victims lived should not make us lose focus on the seriousness of "terrorism" within our schools.

As an infant psychiatrist and developmental researcher, I realize that the importance of relationships is the key to social-emotional development and the attainment of healthy affect and self-regulation. Good relationships help individuals to learn to value themselves and then value others. Unfortunately, when there are problems in this phase of development, too often individuals do not value themselves or others, making them more vulnerable to committing violent acts. Many of the chapters in this book make this point again and again.

The book is divided into sections on contributing factors, assessment and management, legal aspects, and prevention. I was initially concerned by the fact that the introductory chapter by James Garbarino was previously published in another volume. However, this is an outstanding chapter, in which he talks about "lost boys" who were abused and rejected, setting the background for the book. In addition to the boys' histories of developmental problems and school failure, as well as access to weapons, abuse and rejection led the boys to be vulnerable to the influence of peers and substances, all of which contribute to their violent behavior. Garbarino reminds us that these "lost boys" also turn to violence against themselves through suicide (as in the shooting at Columbine High School in Littleton, Colo.). The following chapter by Lois T. Flaherty focuses on school environmental issues that influence violence, describing both rich and protective factors and outlining some approaches to facilitating a less violent school environment. The chapter by Paul Kettl reviews the biological and social causes of school violence and focuses on the impact of television and video games. The following chapter by Kathleen Fisher and Paul Kettl discusses whether schools are safe: the bottom line is that schools are safer than the streets and neighborhoods around them, but preventive efforts obviously must continue.

The editors, Mohammad Shafii and Sharon Lee Shafii, begin the next section with a review of the legal responsibilities of treating dangerous children, providing a complete outline of psychiatric assessment and including a review of standardized instruments for assessing psychiatric disorders. They conclude with a review of treatment approaches. The following 2 chapters describe the experiences of authors who worked with children, families, and school personnel in Pearl, Miss., and Littleton, Colo. The chapter by Becky Rowan on the Mississippi shootings is a moving account of the experiences of a high school counselor caught in the shooting at her school and dealing with her helplessness in trying to save the life of a student. The chapter on Columbine High School is by a faculty member at my institution who was involved in efforts to study the impact of the shooting (Philippe Weintraub), the head of the mental health center whose staff was responsible for the clinical response (Harriet Hall), and an outside consultant experienced in research and intervention related to such tragedies (Bob Pynoos). They describe the events of April 20, 1999, at Columbine and the acute and long-term psychological impact on the victims and the community, then go on to discuss interventions and lessons learned and raise unanswered questions. The chapter by Christopher Layne, Bob Pynoos, and José Cardenas describes a school-based group psychotherapy approach for adolescents who witness violent trauma. It is a detailed chapter with a step-by-step approach to the process of working with traumatized students.

The section on legal aspects begins with a chilling chapter on "duty to warn" that all clinicians should read, but not late at night. The author, Michael Breen, makes his point again and again—that the United States is the most litigious culture in the history of mankind, and we, as clinicians, should be prepared to defend ourselves in case one of our patients commits a violent act. The following chapter by Robert Simon is more balanced and a good counterpoint. This author points out the perils in one's duty to warn. He notes that the management of duty-to-warn and duty-to-protect cases is primarily clinical, not legal.

The final section, on prevention, discusses efforts to prevent fatalities and injuries due to firearms (George Cohen), including descriptions of a specific school program in Philadelphia, Pa., to prevent school violence (Paul Fink) and strategies used in the Chicago, Ill., public school system (Carl Bell, Sue Gamm, Paul Vallas, and Phillip Jackson). The chapter on the Chicago

schools, in particular, emphasizes the importance of relationships and connectedness as part of preventive efforts. The chapter by Stuart Twemlow, Peter Fonagy, and Frank Sacco begins with a quote by René Spitz from his book *The First Year of Life*, which reminds us that "infants without love, they end as adults full of hate" (p. 300). The authors of this chapter describe a power-dynamics theory of school violence and discuss the important role of bullying and humiliation. They have developed a program that focuses on decreasing bullying, bystanding, and being a victim. The final chapter by Jan Arnaw focuses on our multicultural society as no longer being a melting pot, but rather a confluence of cultures. Ways to approach and encourage diversity are discussed to increase "harmony in the hallways."

This book has much to recommend it. Because of the book's subject, it is a painful read, and the chapter by Breen was anxiety provoking. However, there is excellent research and clinical wisdom in this book. We must not lose sight of the terrorism in our own schools and communities while we are looking outward from the events of 9/11/01.

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### **A Pocket Reference for Psychiatrists, 3rd ed.**

by Susan C. Jenkins, M.D.; Joyce A. Tinsley, M.D.;  
and Jon A. Van Loon, M.D. American Psychiatric Press,  
Washington, D.C., 2001, 332 pages, \$29.95 (paper).

Clinical manuals and pocket references provide comfort for medical students, psychiatry residents, and other trainees who are faced with the overwhelming challenge of integrating vast amounts of new information into psychiatric practice. Collections of index cards, spiral-bound manuals, and even hand-held computers rest quietly in white coat pockets, waiting to be called on to provide the latest data for clinical rounds. Many clinical manuals and Internet-accessible databases compete for a place in the physician's coat pocket. One of the most common resources is *A Pocket Reference for Psychiatrists*, now in its third edition.

In the authors' preface, the book is described as a "compendium of tables and lists to be used by persons already familiar with the clinical practice of psychiatry . . . not a house officer's manual in the usual sense," emphasizing that it is a "concise reference" and not a "textbook" (p. ix). In truth, the latest edition is somewhat more than a compendium of tables (although that remains a major strength), and, in my view, it would serve house officers quite well.

The book begins with a section on assessment that includes the elements of a psychiatric history and mental status exam, including sample items. There is a section on laboratory screens in psychiatric patients that would benefit from a brief statement on the rationale for the tests. For example, next to "serum copper and ceruloplasmin," a reference to Wilson's disease would be helpful to guide the new clinician. The authors do highlight those tests that are useful for the evaluation of dementia, and it would be of value to do the same for depression, anxiety, new-onset psychosis, and other common psychiatric disorders. Also, the excellent table on differentiating medical and psychiatric conditions would be better placed in this section rather than at its present location later in the book. The assessment section contains a concise overview of commonly used psychological tests, which should be required reading for all psychiatrists.

A section on treatment follows that contains tables with the names of medications, doses, and pharmacologic actions.

Although the information contained in this section is excellent and comprehensive, some of the tables are too long for this format. For example, a table listing medications, doses, and drug properties is 38 pages in length. Although some sections, such as the one on therapeutic drug monitoring, seem out of place, most of the other sections are clearly organized by drug class and are easy to use. The antipsychotic section contains tables on comparative adverse effects, receptor affinities, management of common adverse effects, tardive dyskinesia, neuroleptic malignant syndrome, drug interactions, and the Abnormal Involuntary Movement Scale. Similar sections on antidepressants, mood stabilizers, benzodiazepines, stimulants,  $\beta$ -adrenergic blockers, herbal remedies, and electroconvulsive therapy follow.

The final sections contain tables and lists pertinent to various specialty areas, such as emergency, forensic, medical, reproductive, and child psychiatry. Eating, sleep, and substance use disorders are also covered. The substance abuse section should be very helpful to house officers because it addresses the most common clinical conditions that the physician is likely to encounter. A useful addition would have been the inclusion of the Clinical Institute Withdrawal Assessment for Alcohol Scale-Revised, a widely used clinical scale to guide dosing in alcohol withdrawal.

The third edition of *A Pocket Reference for Psychiatrists* is an excellent compilation of tables and brief outlines that address clinical management of psychiatric patients. It should be of value to medical students, psychiatry residents, and practicing psychiatrists who require a concise reference for commonly used medications and guides to clinical evaluation of common disorders.

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### **Concise Guide to Geriatric Psychiatry, 3rd ed.**

by James E. Spar, M.D., and Asenath La Rue, Ph.D.  
American Psychiatric Publishing, Inc., Washington, D.C.,  
2002, 352 pages, \$27.95 (paper).

In a world rapidly turning to handheld devices for readily accessing information, the future of short reference books is uncertain. For those who do not desire to make this transition, or find turning a few pages as easy as tapping a touchscreen, the *Concise Guide to Geriatric Psychiatry* will be appreciated.

This book has several strengths, the most important of which is its focus on practical patient care issues. The chapter on competency issues, for example, goes into useful detail regarding how one can approach this common clinical problem. Specific situations, such as capacity to make an advance directive, agree to research, enter into contracts, and participate in medical decisions are discussed, as are the advantages and disadvantages of available medications for depression. The sections on dementia and mood disorders, 2 areas of geriatric psychiatry that have special importance, are well written and include such practical information as specific advantages and disadvantages of the myriad antidepressant medications, a flow diagram regarding deciding how and where to use these medications, and a list of useful references for dementia caregivers. Throughout the book, the authors are careful to give specific dosing guidelines for all medications and helpful tips, such as antipsychotic medication dose equivalencies.

To effectively use this book, however, one must get used to its organization, which in some areas makes important topics

such as elder abuse (hidden within the section on Alzheimer's disease) difficult to find. The appendix of clinical assessment instruments is somewhat incomplete (for example, the Instrumental Activities of Daily Living Scale is included, but not the Activities of Daily Living Scale) and could be better organized to make the instruments of interest easier to locate. Even with these organizational issues, the book achieves its stated goal of providing practical information in a concise format that will be quickly accessible by students and residents, as well as providing a source of quick reference for practicing physicians.

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### **In Search of Madness: Schizophrenia and Neuroscience**

by R. Walter Heinrichs, Ph.D. Oxford University Press,  
New York, N.Y., 2001, 347 pages, \$39.99.

There are numerous books about schizophrenia, most of which are edited volumes with multiple authors focusing on different topics. This book by Heinrichs is one of the most scholarly treatises by a single author that I have read in the past decade. What makes it unique is that it is written by a research neuropsychologist and that it attempts to integrate a vast array of clinical and research findings regarding the etiology and pathophysiology of schizophrenia. Further, the author's cognitive science background endows the entire book with a unique flavor and a rigorous methodological bent that will appeal to neuroscientists and clinicians alike.

The author takes his readers on an extensively referenced tour (and tour de force) of this most disabling and enigmatic brain disease. The 9 chapters span (1) the fascinating nature of the clinical symptoms, the pathogenesis of which remains a mystery, (2) the neurobiological markers that have been reported in schizophrenia, (3) the multiple lines of evidence that indict an impaired frontal lobe as a key lesion in the schizophrenic brain, (4) the central role of temporal dysfunction in the language and thought disorder in schizophrenia psychopathology, (5) the neurochemical "tempest" of various neurotransmitters gone awry in psychosis, (6) the multilayered neurodevelopmental model that attempts to explain not only the possible etiologies but also the behavioral and neurophysiologic stigmata of schizophrenia from infancy to the first clinical episode of psychosis, and (7) the dueling theories that have dominated the field in the recent past and the testable hypotheses they still offer researchers to tackle.

This book will be a treat for schizophrenia researchers in particular and clinical neuroscience researchers in general. It will serve as an excellent reference for students and trainees in psychiatry, psychology, neurology, and cognitive science. Although intensely evidence based, the book is highly readable and unfolds its content in an intellectually pleasing, systematic approach. For those seeking an overview of treatments, this is not the place to look, but for those in search of a coherent and comprehensive understanding of the major modern themes of schizophrenia research, this is a highly worthwhile book to own and to refer to repeatedly.

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## Traumatic Relationships and Serious Mental Disorders

by Jon Allen, Ph.D. John Wiley & Sons, New York, N.Y., 2001, 460 pages, \$75.00.

This is a serious book about a serious subject. Jon Allen is a senior staff psychologist at the Menninger Clinic in Kansas City, Mo., and director of its Child and Family Center. What he has written is a comprehensive, scholarly, and meticulous consideration of psychopathology resulting from traumatic relationships.

Everything about the book speaks great care: the title, specifically addressing this particular subset of traumatic experience and its relationship to major psychiatric conditions; the organization, proceeding from the conceptual to the developmental to the therapeutic to the educational; the dense but consistently clear writing; and the extremely rich and highly current documentation (of the book's 460 pages, 77 pages are references, most from the last 10 years and many from 1999 and 2000). Further, it is clearly printed and handsomely bound in glossy hardcover (with eye-catching artwork), thus eliminating the fragile dust cover and making the book both elegant and durable.

Allen takes a middle-of-the-road approach to interpersonal trauma, its effects, the therapeutic approaches to it, and the controversies regarding recovered memories, eye movement desensitization and reprocessing, and the value of recalling and relating traumatic experiences. There are no easy cures, no shortcuts, no panaceas, but there is real hope for substantial improvement with therapy. In general, Allen avoids dynamic theories and approaches but gives attention to repression and unconscious,

especially dissociated, processes. He finds clinical application for all the areas covered and concludes each chapter with a section titled "Educating Clients About (title of chapter)." The chapter titled "Psychoeducational Approaches" expands the approach to include adolescents, family members, and significant others. The final chapter very properly addresses therapists at risk and brings the circle around with the simple but profound thought, "To care for our clients (or anyone else), we must care for ourselves" (p. 380).

So, who stands to benefit from this book? Essentially any student of human behavior and anyone involved in therapeutic work. So pervasive is psychic trauma and its consequences that it is almost inconceivable for anyone engaged in therapy not to come across it in some shape or form. Even well-informed students of the field will be rewarded by reading any section, let alone the whole book, because of the clear writing, rich documentation, and detailed exploration. This brings up the question of reading the whole book or using it as a reference. The answer is that it is good for both purposes.

Everything has been thought out and often expressed in elegant, memorable language. To give an idea of the content and flavor of the writing, I've provided excerpts of chapter titles and quotes below.

I found reading the entire book challenging because of the density and seriousness of the material (nothing here to skim over). I also found it greatly rewarding and enriching. This is an excellent book.

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### Excerpts from *Traumatic Relationships and Serious Mental Disorders*

**Developmental Approach to Trauma:** "The essence of trauma is feeling terrified and alone . . . interpersonal trauma is at one end of the spectrum and trauma in attachment relationships—what I will call attachment trauma—is at the other end" (pp. 4–5). "Lack of control and unpredictability [are] core aspects of stressful experience with traumatic effects" (p. 7). "Thus a trauma history may not only sensitize an individual to the stress of harassment but also may increase the risk of exposure to harassment" (p. 16).

**Trauma in Attachment Relationships:** "The fundamental relationship between caregiving and reproductive fitness is chillingly illustrated by the hundredfold increase in neglect and abuse associated with stepparents as compared to biological parents" (p. 21). "The neglect of neglect is especially troubling in light of evidence that its adverse impact may equal or even exceed that of abuse" (p. 31). "It is not uncommon for patients with a history of traumatic abuse to report that feeling unloved was the worst part" (p. 41).

**Attachment, Relationships, and Reenactment:** "Attachment is the foundation for distress regulation" (p. 44). "Opioids mediate the comforting experience of attachment . . . and it is little wonder that narcotics can be a powerful substitute for attachment"

(p. 45). "Main and Hesse (1990) proposed that the essential determinant of infant disorganization is frightened or frightening behavior on the part of the caregiver . . . the safe haven is alarming" (p. 52). "Enormously important for clinical purposes is the finding that an opportunity to form a close relationship with a responsive caregiver offers the possibility of change from insecure to secure attachment" (p. 56).

**The Traumatized Self:** "Trauma can shatter 3 fundamental assumptions: the world is benevolent, the world is meaningful, and the self is worthy" (p. 92). "Inferring that their badness was responsible for their plight was preferable to a view of their world as utterly meaningless and unpredictable" (p. 93).

**PTSD and Traumatic Memories:** "Exposure to traumatic events can result in an illness that is continually re-traumatizing—day and night" (p. 103).

**Traumas as Chronic Physical Illness:** "I present PTSD flatly as a chronic physical illness" (p. 139).

**Dissociative Detachment and Compartmentalization:** "The concept of mental flight is one of the quickest ways to convey the essence of dissociation to clients" (p. 177). "Just enabling your client to feel angry or frightened without wrenching alterations of consciousness may be a major integrative feat" (p. 183).

**Posttraumatic Depression:** "Our clients do not usually come for therapy stating that they have a history of trauma and wondering if they have PTSD. More often they seek treatment because they are depressed" (p. 234). "Unfortunately, because of the catch-22s, there is no way around having to force oneself out of depression" (p. 254).

**Posttraumatic Personality Disorders:** "Researchers are a long way from demonstrating that any specific forms of childhood trauma relate to specific types of adulthood psychopathology" (p. 267). "Encouraging traumatized persons to view themselves as survivors and not just victims reinforces active coping in place of passive surrender" (p. 281).

**Containing Trauma:** "The goal of therapy—be it psychodynamic or cognitive behavioral—is to help clients remember trauma instead of re-experiencing it" (p. 309).

**Narrating Trauma:** "Treating attachment trauma entails fostering narrative capacity rather than discovering and eliminating any particular narrative content" (pp. 324–325).

**Psychoeducational Approaches:** "I find that shifting gears between support, exploration, and education can be as smooth in individual work as it is in groups" (p. 359).

**Therapists at Risk:** "Like our clients, we must accommodate ourselves to modest goals and slow progress" (p. 381).