

Book Reviews

Michael H. Ebert, M.D., Editor

Treatment Manual for Anorexia Nervosa: A Family-Based Approach

by James Lock, M.D., Ph.D.; Daniel Le Grange, Ph.D.;
W. Stewart Agras, M.D., F.R.C.P.; and Christopher Dare, M.D.
Guilford Press, New York, N.Y., 2001, 278 pages, \$35.00.

Effective treatment of anorexia nervosa is a complex integration of many disciplines and interventions. Anorexia nervosa in adolescents is best seen within the context of a family. To make changes in the family system is a critical component of the treatment of anorexia nervosa in adolescents. To date, there is very little empirical literature to support the value of specific forms of psychotherapy when treating adolescents. The most successful model is a family-based treatment model that was developed at the Maudsley Hospital in London, England. *Treatment Manual for Anorexia Nervosa: A Family-Based Approach* takes that successful approach and develops it into an effective treatment manual. This treatment empowers parents to help the adolescent overcome the intrusion of the anorexia nervosa in normal development and to successfully refeed their starving offspring. The Maudsley approach to family therapy for adolescent anorexia nervosa proceeds through 3 clearly defined phases.

First Phase: Sessions 1–12. The overall technique and main strategy is to engage the family in a sympathetic but warm manner about the seriousness of their daughter's condition. The aim is to raise parental anxiety and concern about the eating disorder so that the parents can take appropriate action to return the adolescent's weight to normal. The therapist acknowledges that the parents are demoralized and skeptical of their capacity to be supportive while enhancing parental authority around management of the crisis and defining the context of treatment. Thus, the first phase of treatment bolsters parental roles in the family system, particularly as related to the patient's eating behaviors. The family works out for themselves the best way to refeed their anorexic child. The remainder of the first phase keeps the family focused on the eating disorder and supports the parents in their efforts to refeed their daughter.

Second Phase: Sessions 13–17. The patient's surrender to the demands of the parents to normalize food intake, a meaningful increase in weight, and a change in the mood of the family signal the start of the second phase of treatment. The therapist advises the parents to accept that the main task here continues to be the return of their child to physical health. Although symptoms remain central in the discussions, regular meals with minimum tension are now encouraged. At this point, family therapy focuses on other family problems in relation to the effect these issues have on the parents' task of supporting steady weight gain in the patient. The task for the therapist here is to assist the parents and the adolescent in bringing about a careful and mutually agreed upon transfer of responsibility in this domain back to the adolescent. Once the eating ceases to be the focus of discussions, the family is able to engage in talking about adolescent issues that came to the fore during the time of weight restoration.

Third Phase: Sessions 18–20. The third phase is initiated when the patient maintains a stable weight, regular menses have

resumed, and any binge/purge symptoms have abated. The central theme here is the establishment of a healthy adolescent or young adult relationship with the parents in which the illness does not constitute the basis of interaction. This entails, among other things, working toward increased personal autonomy for the adolescent, more appropriate family boundaries, and the need for the parents to reorganize their life together after their children's prospective departure.

The theoretical underpinning of the Maudsley approach is the view that the adolescent is embedded in the family and that the parents are critical to the ultimate success in treatment. The eating disorder is seen to be interfering with regular adolescent development. Therefore, the parents should take an active role in their offspring's treatment while at the same time showing respect for the adolescent. This treatment pays close attention to adolescent development and guides the parents in assisting their adolescent with developmental tasks once the eating disorders have been removed. In doing so, any meaningful work on other family conflicts or disagreements has to be deferred until the eating disorder is out of the way. In summary, this manual on family therapy for adolescents with anorexia nervosa with a short duration of illness enables recovery without admission to hospital. Successful restoration of an adolescent's health through weight gain depends on the parents' ability to refeed their child in much the same way as the nursing staff would have if the patient had been admitted to a specialist inpatient unit. Controlled studies have shown that weight as well as psychosocial functioning can be restored for most adolescent patients in a relatively short period of time. This book—the first specific manualized approach available—is highly recommended for all professionals engaged in work with adolescents suffering from anorexia nervosa.

Wayne A. Bowers, Ph.D.
Arnold Andersen, M.D.

University of Iowa College of Medicine
Iowa City, Iowa

The Empathic Healer: An Endangered Species?

by Michael J. Bennett, M.D. Academic Press,
San Diego, Calif., 2001, 260 pages, \$44.95.

Does the profession of psychiatry have a heart (or is it all neurons)? What is the heart of psychiatry? Is it understanding the science of mental illness diagnosis and treatment? Is it political activism, in the broadest sense, on behalf of many suffering individuals whose voices may not be heard? Is it simply another branch of medicine whose practice should be "evidence-based"?

The search for a core understanding of the nature of psychiatry as a medical subspecialty that is focused on the diagnosis and treatment of not very well-defined disorders has occupied many authors, but psychiatry is also a philosophical and

psychological understanding of normal human growth, development, and experience. In recent years, an economic dimension has been added to the search: how to provide care for patients (some of whom have the most serious and intractable of all illnesses) with diminishing financial resources and unreasonable time constraints.

In a "must-read" book that traces the evolution of psychiatric practice from the psychoanalytic movement into managed care, Michael J. Bennett, a Harvard-trained psychiatrist who played a major role in the early development of idealistically driven managed care health systems, argues that the heart (and soul) of psychiatry is human empathy. Dr. Bennett defines empathy as follows: "Empathy refers to a mode of relating in which one person comes to know the mental content of another, both affectively and cognitively, at a particular moment in time and as a product of the relationship that exists between them" (p. 7).

Without empathy, there can be no true healing, despite our recent neurobiological and psychopharmacologic advances. In fact, Bennett argues that some of these advances have contributed to the growth of health care systems and treatment programs that abjure empathy. It is as if the modern psychiatrist needs only a copy of *Diagnostic and Statistical Manual of Mental Disorders*, a rating scale, and a prescription pad. Anyone can do it!

Bennett understands the need for changes in the care of psychiatric patients. He is critical of the earlier analytic movements for excess orthodoxy over patients' reality. He is also critical of rubber stamp outpatient clinics where psychiatrists rarely have time to develop a relationship with their patients and are even less likely to know of their troubles outside the symptom complaints.

The Empathic Healer leads the reader into the world of human understanding and reminds us of the essential nature of our practice: understanding and helping another human being whose subjective experience is disordered. Bennett begins with a history of empathy, a chapter that surely should be read by all residents in training. Starting with Freud, who considered empathy as a process essential to understanding and interpreting another's mental life, the concept and use of empathy are traced through the development of psychoanalytic theory and practice to recent theorists such as Rogers, Winnicott, Sullivan, Buie, and Havens. Numerous clinical examples are provided to illustrate the importance of empathy in deciphering the meaning of a patient's symptomatic experience. Bennett concludes that "the empathizer must have tolerance for ambiguity, the discipline of avoiding premature closure, and the willingness to listen and learn" (p. 45).

But current managed care, the growth of health care systems, and contemporary psychiatry's shift from therapeutic investigation to rapid diagnosis and quick-fix, symptom-based treatment relegates empathy to the category of *interesting, quaint, but irrelevant* history of our profession. Bennett's own pain about this shift is palpable: "If we are to treat illness rather than only disease, we must be able to address the subjective as well as the objective aspects of our patients' pain The empathic process represents a particular form of attunement to the patient's world for a specific purpose: to diminish barriers to healing" (p. 64).

Bennett offers us a possible road back to empathic healing in the face of economic and time restrictions. He describes how psychotherapeutic approaches, combined with the intelligent use of new biological therapies can still rely on the core empathic values of therapy. He describes a "focal psychotherapy" (p. 194) system, "a pattern of discontinuous, eclectic interventions keyed to a patient's place in the life cycle" (p. 194), and illustrates its application with brief clinical vignettes. He concludes: "The key to performing focal psychotherapy is in entering the patient's world, finding meaning in disease, and bridging the objective and subjective dimensions of the presenting dilemma. This is not a one-time phenomenon, but a recurrent

one through an episode of care . . . empathy may be crucial in establishing a helping relationship, identifying the 'why now?' and constructing a formulation from which the (therapeutic) focus may be derived" (p. 209).

Even if readers do not agree with this approach (and many psychoanalysis and long-term psychotherapy practitioners may not), the central role of clinical empathy is once again brought to the center of the therapeutic stage.

If there is a relative weakness to this brilliant meditation on psychiatric care, it is in the chapter that focuses on recent neurobiological developments. Bennett appears to strain to link recent genetic and neurochemical discoveries to empathic psychotherapy. There is nothing inaccurate in his writing, but the chapter feels unnecessary. The rest of the book is so insightful, wise, and useful that a detour into modern brain mechanisms and cognitive neuroscience is almost a distraction.

I strongly recommend *The Empathic Healer: An Endangered Species?* to all psychiatrists. It is a beautifully written, clinically wise meditation on an essential aspect of our clinical practice that has become eroded in recent years.

Carl Salzman, M.D.
Harvard Medical School
Boston, Massachusetts

Handbook of Developmental Psychopathology, 2nd ed.

edited by Arnold J. Sameroff, M.D.; Michael Lewis, Ph.D.;
and Suzanne M. Miller, Ph.D. Kluwer Academic/Plenum
Publishers, New York, N.Y., 2000, 813 pages, \$95.00.

Much praise is warranted for the editors' masterful work in updating their fine second edition of the *Handbook of Developmental Psychopathology*, which was published by Kluwer Academic/Plenum Publishers in 2000. This newly reworked edition of a classic text, which was originally edited approximately 10 years ago by Michael Lewis, Ph.D., and Suzanne M. Miller, Ph.D., has added an editor, Arnold J. Sameroff, M.D., to expand the presentation of developmental psychopathology. Chapter authors define developmental psychopathology as "the study of change and development in maladaptive behavior and process" (p. xi). It involves transformations and individual differences in outcomes. Important to understanding features of developmental psychopathology are that "behaviors that underlie a given construct can change as a function of age" and "multiple models of development are possible when utilizing a perspective of psychopathology" (p. xii).

The second edition emphasizes the necessity for understanding childhood behavioral disturbances and how these early deviations lead to adult psychopathology. The editors review a paradigm shift from a trait perspective that leads to adult psychopathology to an early contextual or ecological perspective in which the context of children's lives and changes in contexts determine factors of subsequent pathology. Lewis defines developmental psychopathology as "the study and prediction of maladaptive behaviors and processes across time" (p. 3). The editors especially hoped that this comprehensive handbook would serve as a reference to educate and inform academicians and clinicians by presenting multiple issues of theory and diagnostic and treatment practice. They have achieved this aim!

In the first section, which discusses conceptual and theoretical issues, a model is proposed that highlights ways a child and his or her environment interact and how each is transformed and changed by the other. The subsequent sections focus on biological aspects of clinical disorders and the management

of psychopathology. Specifically, Part I involves issues and theories exploring models of psychopathology. For example, trait or state models are useful in considering genetic or biological causes of subsequent psychopathology. An environmental model, in which exogenous factors influence development, suggests that children's behavior is a function of the environment in which the behavior occurs. Interactional models suggest that "behavior is shaped by adaptive ability and that this ability is related to environments" (p. 12). This model suggests that a trait and a behavior interact to produce a new set of behaviors. The first section also offers definitions and descriptions of processes and features leading to the difficult task of prediction of psychopathology. This section includes discussion of developmental epidemiology, an important discipline that can help understand the causes and prevention of psychiatric disorders. The chapters focus on the importance of viewing developmental processes while applying preventive science. Emphasis is on the importance of disturbances in early interpersonal relationships as markers for later psychopathology. The focus on prevention science includes discussion of risk and protective factors as targets for prevention interventions.

Part II involves context and mental health, with chapters focusing on the family, school, and peer contexts. Highlights about minorities and culture and their relationships to psychopathology are presented. Part III involves biology and mental illness. Its chapters review developmental behavioral genetics, excessive aggression, and serotonergic dysfunction as described in nonhuman primates; temperament; chronic medical conditions; attachment disorders; sleep; crying; failure to thrive; and the early caregiving environment.

Part V involves disruptive behavioral disorders, and Part VI involves emotional disorders, including depressive and anxiety disorders. Part VII involves control disorders, including alcoholism, development of drug use and eating disorders, and dis-

orders of elimination. Part VIII involves pervasive developmental disorders including autism, mental retardation, and gender identity disorders. Part IX involves trauma disorders, including child maltreatment, traumatic stress, and dissociative disorders.

This is an excellent resource. This second edition offers significant advances in understanding the vast complexities of development and psychopathology. Sameroff summarizes 3 aspects of developmental psychopathology as "an adaptational process, a linkage between constitution and experience, and a linkage across time" (p. 38). The important principles for understanding these issues are presented in the initial sections, which are the most innovative features of this book. This book achieves its aims in providing current insights into the relationships between development, biology, context, and protection against psychopathology. It offers clinicians and researchers a framework for conceptualizing psychopathology, not as a static disorder with specific signs and symptoms, but rather as a disorder arising from the transformations in biology, behavior, and contexts at different periods of time. As a result, an important facet of this book involves the realization for a need to take new steps in research and clinical application of principles presented in this book. There is also a need to go beyond our current diagnostic classification of psychopathology and to consider adaptations and maladaptations as part of the processes of evolving psychopathologies. This conceptual framework provides a basis for characterizing the relationships between etiologic components of psychopathology. *Handbook of Developmental Psychopathology, Second Edition* is recommended as an essential volume in the personal libraries of all mental health clinicians and researchers.

Cynthia R. Pfeffer, M.D.

Weill Medical College of Cornell University
White Plains, New York

UNITED STATES POSTAL SERVICE
Statement of Ownership, Management, and Circulation

1. Publication Title: THE JOURNAL OF CLINICAL PSYCHIATRY
2. Publication Number: 01160166819
3. Filing Date: 09-26-01
4. Issue Frequency: MONTHLY
5. Number of Issues Published Annually: 12
6. Annual Subscription Price: \$77.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4): 3175 LENOX PARK BLVD., SUITE 409 MEMPHIS, SHELBY COUNTY, TN 38115
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer): 3175 LENOX PARK BLVD., SUITE 409 MEMPHIS, SHELBY COUNTY, TN 38115
9. Full Name and Complete Mailing Address of Publisher, Editor, and Managing Editor (Do not leave blank):
Publisher (Name and complete mailing address): John S. Shelton, Ph.D., 641 River Trail, Memphis, TN 38120
Editor (Name and complete mailing address): Alan J. Gelenberg, M.D., Professor and Head, Department of Psychiatry, Arizona Health Sciences Center, 1501 N. Campbell Avenue, Tucson, AZ 85724
Managing Editor (Name and complete mailing address): Marguerite Waters, 1881 Akerswood Cove, Germantown, TN 38138
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a proprietor, give the name and address.)
Full Name: Physicians Postgraduate Press, Inc.
Complete Mailing Address: 3175 Lenox Park Blvd., Suite 409 Memphis, TN 38115
John S. Shelton, Ph.D., 641 River Trail, Memphis, TN 38120
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box: None
Full Name: Complete Mailing Address:
12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one):
 Has Not Changed During Preceding 12 Months
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)
PS Form 3526, October 1999 (See Instructions on Reverse)

13. Publication Title: THE JOURNAL OF CLINICAL PSYCHIATRY
14. Issue Date for Circulation Data Below: October 2001
15. Extent and Nature of Circulation:
a. Total Number of Copies (Net press run): 34,414
b. Paid and/or Requested Circulation (Sum of 1b(1) through 1b(4)):
(1) Paid (Requested Outside-County Mail Subscriptions Through Form 3541, include advertiser's proof and exchange copies): 23,554
(2) Paid to County Subscriptions Stated on Form 3541 (Include advertiser's proof and exchange copies): -0-
(3) Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution: -0-
(4) Other Classes Mailed Through the USPS: -0-
c. Free Distribution by Mail (Sum of 15c(1) and 15c(2)):
(1) Outside-County as Stated on Form 3541: 10,592
(2) In-County as Stated on Form 3541: -0-
(3) Other Classes Mailed Through the USPS: -0-
d. Free Distribution Outside the Mail (Carriers or other means): -0-
e. Total Free Distribution (Sum of 15c and 15d): 10,592
f. Total Distribution (Sum of 15b and 15e): 34,166
g. Copies not Distributed: 268
h. Total (Sum of 15a and 15g): 34,414
i. Percent Paid and/or Requested Circulation (15b divided by 15a, times 100): 68%
16. Publication of Statement of Ownership: Publication required. Will be printed in the October 2001 issue of this publication. Publication not required.
17. Signature of the Publisher, Business Manager, or Owner: [Signature] Date: 09-26-01
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

Instructions to Publishers

- Complete and file one copy of this form with your postmaster annually on or before October 1. Keep a copy of the completed form for your records.
- In cases where the stockholder or security holder is a trustee, include in items 10 and 11 the name of the person or corporation for whom the trustee is acting. Also include the names and addresses of individuals who are stockholders who own or hold 1 percent or more of the total amount of bonds, mortgages, or other securities of the publishing corporation. In item 11, if none, check the box. Use blank sheets if more space is required.
- Be sure to furnish all circulation information called for in item 15. Free circulation must be shown in items 15d, e, and f.
- Item 15h. Copies not Distributed, must include (1) newspaper copies originally stated on Form 3541, and returned to the publisher, (2) estimated returns from news agents, and (3) copies for office use, leftovers, spoiled, and all other copies not distributed.
- If the publication had Periodicals authorization as a general or requester publication, this Statement of Ownership, Management, and Circulation must be published; it must be printed in any issue in October or, if the publication is not published during October, the first issue printed after October.
- In item 16, indicate the date of the issue in which this Statement of Ownership will be published.
- Item 17 must be signed.

Failure to file or publish a statement of ownership may lead to suspension of Periodicals authorization.
PS Form 3526, October 1999 (Reverse)