In The Portable Lawyer for Mental Health Professionals, Bernstein and Hartsell admirably achieve their primary purpose: reviewing for psychiatrists and other psychotherapists a broad range of legal issues pertinent to modern practice. The book has many strengths, but also a few weaknesses.

The Portable Lawyer reviews in appropriate detail an astonishing number of important issues ranging from expected topics such as record keeping, confidentiality, duty-to-warn statutes, professional negligence, and supervision of trainees to unusual topics such as “insider information” obtained during therapy and then used to buy and sell stocks illegally. The book includes an excellent outline of the potential pitfalls of working with managed-care companies and covers other important economic issues such as fee structures and models of practice. Bernstein and Hartsell also include a number of useful forms, such as termination letters, consent forms, waiver forms, and model contracts for partnerships and corporations.

The writing is clear, straightforward, and pragmatic. The authors consistently remind the reader that laws vary from jurisdiction to jurisdiction and that the mental health provider should seek definitive information from a lawyer familiar with the law of the jurisdiction in which the provider practices.

However, The Portable Lawyer has some weaknesses. For instance, the text contains only rare references and an appendix with a few more references, but the vast majority of the book is not referenced.

Unfortunately, Bernstein and Hartsell also oversimplify some topics in a manner that could seriously mislead practitioners. For example, with respect to releasing a patient’s records, the book states, “Once you secure the client’s signature on a written consent form, the specified records or information can be disclosed with impunity as long as the disclosure is consistent with the scope of the written consent.” In fact, this is not always true. Two federal laws, the Comprehensive Alcohol and Alcoholism Prevention, Treatment, and Rehabilitation Act and the Drug Abuse Office and Treatment Act, limit the release of some drug and alcohol abuse treatment records even when the patient consents to release of the information. Practitioners who violate these laws can be fined up to $5000 for each infraction.

As another example, when discussing involuntary commitment, The Portable Lawyer urges practitioners to try to persuade committable patients to consent to hospitalization. In fact, doing so could violate the laws of some states in cases in which the patient is not competent to consent to hospitalization. In these cases, the practitioners could also run afoul of federal civil rights laws under the United States Supreme Court’s decision in Zinerman v Burch, 494 U.S. 113 (1990). The Portable Lawyer contains a few additional unfortunate oversimplifications.

Despite the occasional errors, The Portable Lawyer is a tremendously valuable book for the mental health practitioner. I am glad this book is a part of my library, although I will never rely on the book as the definitive word on a legal question. Rather, I will always follow the book’s general advice: When I am uncertain about a legal question, I will consult a lawyer qualified to answer it.

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Are dreams important or not? The answers are not obvious, but then again, the question itself is too broad to answer easily. Important for what, for whom, and evaluated by what standards? Dreams have certainly stimulated speculation throughout history about human nature, prophecy, and the supernatural. It was almost a hundred years ago that Freud wrote The Interpretation of Dreams, which aroused interest in dreams and supported the theoretical basis of psychoanalysis. Moreover, it was about 50 years ago that it was discovered that dreaming occurs predominately during rapid eye movement (REM) sleep, which suggested that dreaming may be a fundamental biological process found in all species. Since human adults spend about 20% to 25% of sleep time in REM sleep, we will have spent about 5 years of REM sleep dreaming if we reach the biblical 3 score years and 10. On the other hand, the importance of dreams and their interpretation has been dismissed as “junk,” meaningless, useless, or, worst of all, the province of charlatans and woolly headed thinkers.

This book attempts to demonstrate the importance of dreaming. The author, Ernest Hartmann, M.D., professor of psychiatry at Tufts University School of Medicine, brings impressive credentials for this task. Least of these, his father was a student and disciple of Freud, and he himself once sat on Freud’s lap at the age of 2 years. More importantly, Hartmann has spent his professional life in sleep and dream research, including studies on the basic neurobiology and functions of sleep, psychotherapy and psychoanalysis, and clinical sleep disorders. To briefly summarize his position, Hartmann rejects both Freud’s position that every dream represents a wish fulfillment and the hypothesis advocated by some neurobiologists that dreams are the meaningless products of brain stem activity during REM sleep. Instead, he proposes that dreams in essence provide a therapeu-
tic function by helping us deal with emotional concerns. Dreams do this by bringing together much material and producing a pictured metaphor of our concerns. In a more neuropsychological model, he proposes a theoretical network, a “connectionist” model of the mind and dreaming. He suggests that the connecting process during dreaming is broader than during wakefulness and is guided by the emotions and emotional concerns of the dreamer. In this picture-making process, dreams find a picture context for the dominant emotion of the dreamer, a process he calls “contextualizing” of emotion. Not surprisingly, Hartmann’s theory is strongly influenced by his extensive clinical work with patients who have undergone trauma or who suffer from posttraumatic stress disorder.

The book covers a broad range of topics, including the biological basis of dreaming, creativity, the role of emotion in producing dreams, the functions of dreaming, the evolution of dreaming, the comparison of his views with those of Freud and Jung, and the relationship of dreams to myth, religion, and culture. He also discusses some of these research interests, including the concepts of “thin” and “thick” psychological boundaries. Hartmann writes well, and his book can be read and understood by the researcher, clinician, and interested layperson alike.

It is somewhat surprising that Hartmann does not discuss the well-founded observation that monoamine oxidase inhibitors completely suppress REM sleep in depressed patients. Patients have been followed for months, even for over a year in some cases, without subjective dreaming and without REM sleep when recorded in the sleep laboratory. Since the patients recovered from depression during antidepressant treatment, they showed no negative effects specifically related to the absence of REM sleep and dreaming. In reality, no functional abnormality is currently known to result from loss of REM sleep in humans. If dreams serve specific functions, it appears that dreams are sufficient but not necessary for these functions. In other words, dreams can help with the therapeutic or cognitive processes advocated by Hartmann, but they are not necessary to them.

How well has Hartmann succeeded in proving his point that dreams are meaningful and have served fundamental functions in evolution? The various positions on these issues are sufficiently hardened that it is unlikely that this book—and perhaps any book—is likely to completely convert the unbelievers. Nevertheless, this is a comprehensive book that should be read by anyone seriously interested in dreams and their functions.

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John Forbes Nash, Jr., was awarded the Nobel Prize in 1994, at age 66, for 2 seminal papers on game theory that he wrote at ages 19 and 21, respectively, as a graduate student in mathematics at Princeton. These papers have been considered by some to be among the most influential papers of this century in the social sciences, because they greatly enhanced the utility of game theory for economics, military strategy, political theory, sociology, biology, and many other areas of human thought and endeavor. Furthermore, over the next decade, Nash wrote a series of papers in mathematics that led to his international recognition as one of the most brilliant and creative mathematicians of his era. He married at age 27 and was an expectant father at age 29 when he became grossly psychotic with paranoid ideation, auditory hallucinations, and Schneiderian first-rank symptoms.

Over the next 30 years, Nash had intermittent periods of psychosis followed by recovery, during which he was able to produce some new research in mathematics but not up to his previous level of accomplishment. At no time, to our current knowledge, did his psychosis appear to be bipolar in nature; indeed, other than the late onset, the pattern was of classic schizophrenia. Nash apparently found antipsychotic drugs to be aversive and so was usually noncompliant after hospitalizations. In his late 50s and early 60s, despite no medication, he experienced a major remission including cessation of the grossly psychotic periods and possibly all forms of psychosis. Detailed information about his illness, which would be of great interest to psychiatrists, is sparse in this book, which was not written with the help of or approval of Nash. Information from the physicians who treated him is also quite limited. Much of what is provided is based on the reports of his ex-wife, Alicia, with whom he still lives, and friends and colleagues. It is noteworthy that his son by that marriage has also been diagnosed with paranoid schizophrenia and that he, too, is an outstanding mathematician. A son he fathered from a prior relationship has shown no signs of mental illness. It was long after his remission that the Nobel Committee which awards the prize for Economics, no longer fearing embarrassing behavior at the Stockholm ceremony, was willing to award the Nobel prize to Nash, an honor he had so clearly deserved for many years.

Nash was able to give a seminar on his research as part of the Nobel ceremony and has since spoken and lectured about mathematics in a variety of venues. He is remarkably intact with full awareness of his former delusions and hallucinations. He rejects the former and no longer appears to experience the latter. Nash’s experience demonstrates unequivocally that whatever the etiology and pathophysiology of schizophrenia, it is not incompatible with great genius and creativity and that the course is not irrevocably downhill. Clearly, there was no major dysfunction, if any, in neural circuitry prior to his psychosis, no neuronal degeneration of major consequence of the apoptotic or nonprogrammed type in this man who was able to work on the most complex mathematics, and no significant negative symptoms. He was intensely involved in his work and social relationships before becoming ill. He is currently participating in academic life at Princeton and elsewhere, and is a devoted father and companion to his ex-wife, Alicia.

This reviewer has had frequent contact with Professor Nash since the award of his Nobel Prize and can attest to the remarkable recovery he has experienced. The book by Sylvia Nasar provides an absorbing narrative of his youth, the milieu in which he did his outstanding creative work, and the years of psychosis that ensued. There is much that a psychiatrist would like to know about Nash’s life not covered by this book, but one can still be grateful to the author for the high level of scholarship that is evident throughout this book. Anyone interested in genius and schizophrenia, 2 entities rarely linked, will find this book outstanding reading.

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