Neuroscience and Neuropsychiatry

The Developing Mind: Toward a Neurobiology of Interpersonal Experience, *by Daniel J. Siegel. New York, Guilford Publications, 1999, 396 pp., $37.95.*

When I first received this book, I was seized by the impulse to return it to the editor, because I had no special expertise in the neurosciences. After musing for a few minutes, I felt a mild degree of bravado that was manifested in the attitude, Why not review it and, at the same time, learn something about a subject that has an important future? Furthermore, the subtitle implies that the book deals with vexing and puzzling questions about mind-body connections and nature-nurture controversies.

This decision was most fortunate for me and fulfilled my wildest expectations. Instead of laboriously struggling to learn about neurobiology, I found myself fairly effortlessly assimilating information because 1) the author is able to present his material in the context of interpersonal relationships in general and the treatment dyad in particular, and 2) the author is a master of lucidity, avoids pedantry, and succeeds in making his data clinically useful.

Dr. Siegel apparently has well-functioning right and left hemispheres, which accounts for the book's facile readability in spite of the enormous amount of information he presents and his scholarly and expansive survey of the literature. He stresses an operational definition of the brain that involves processing of information and high levels of energy.

It is impossible in the limited space of this review to discuss the contents of this book thoroughly. The brain has 100 billion neurons, so the complexities involved are enormous. I can only refer to some highlights.

The author focuses on development and points out that at first there are many neurons but relatively few synapses. The latter develop in the context of experiences with caregivers, and that is why this book is a treatise on interpersonal neurobiology. Everything that happens in the brain is related to experience.

For example, if there are inadequate stimulating and nurturing relationships, some neurons undergo what is called pruning. They fail to develop synapses, clusters, and circuits that will be related to adaptation and behavior. The brain continues to develop well into adolescence and young adulthood; therefore, it is a plastic structure that can be influenced anatomically and functionally by traumatic or salubrious experiences.

Dr. Siegel stresses Hebb's axiom that neurons that fire together link together, meaning that neural circuits and patterns are constructed involving emotion, memory, representations, states of mind, self-regulation, interpersonal connection, and integration. These subjects are briefly discussed in the introductory chapter and then become the subjects of separate chapters. The chapters on self-regulation and interpersonal connection are especially relevant to psychotherapists who treat patients whose psychopathology has disrupted their emotional development.

The brain is asymmetric, and the left and right hemispheres, although they functionally overlap, emphasize different processes. The right brain operates in an analogical fashion and concentrates on internal attention and action, whereas the left brain is linear and externally directed. Different forms of psychopathology involve one hemisphere more than the other; depression, for example, is associated with left brain impairment.

By stressing multiple causality, this book should finally lay to rest theories that create a gap between mind and body. Inasmuch as it details specific connections among anatomy, physiology, and experience, it also has treatment implications that do not create dichotomies like psychopharmacology versus psychotherapy. The brain and the environment are constantly interacting, and, as Dr. Siegel implies, the clinician and the scientist represent different facets of an approach devoted to the acquisition of knowledge and the healing process.

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Neurobiology of Mental Illness, *edited by Dennis S. Charney, Eric J. Nestler, and Benjamin S. Bunney. New York, Oxford University Press, 1999, 929 pp., $150.00.*

This comprehensive text regarding basic neurobiology and clinical neurobiological research is a very difficult book to review. There is greater emphasis in this text on mechanisms than actual treatment. A clinician looking for doses, what to prescribe, how to prescribe it, and how to manage side effects is likely to be disappointed. A student, resident, or more research-oriented clinician interested in the currently favored hypotheses regarding the basis of mental disorders, how drugs might work, and where research is headed, however, will find that this book has much to offer.

The book is divided into nine sections: Basic Neurobiology, Methods of Clinical Neurobiological Research, six sections defined by different psychiatric disorders, and a final section titled Special Topic Areas.

The first section consists of six chapters. The titles of these chapters reflect the current state of basic research: "Overview of Brain Development," "Neurochemical Systems in the Central Nervous System," "Electrophysiology of Neural Systems," "Principles of Signal Transduction," "Mechanisms of Neural Plasticity," and "Principles of Molecular Biology." These chapters are comprehensive and up-to-date.

There are eight chapters in section 2. These discuss epidemiology, clinical molecular genetics, clinical electrophysiology, clinical neurochemistry, clinical neuroendocrinology, clinical neuroimmunology, and neuroimaging methodologies. In addition, Dr. Heninger has written a very nice introductory chapter for this section, reviewing special challenges related to the investigation of the neurobiology of mental disorders.

The sections of the book that deal with psychiatric disorders discuss psychoses, mood disorders, anxiety disorders, substance abuse disorders, dementia, and psychiatric disorders with childhood onset. The section on special topic areas includes personality disorders, aggression, human sexuality,

social attachment, eating disorders, menstrual-cycle-related mood disorders, and sleep.

Each of the sections on psychiatric disorders is structured in a rather similar way, with chapters discussing diagnostic classification, the molecular genetics of the disorder, animal models of the disorder, neurochemistry of the disorder, abnormalities of brain structure, neuroimaging studies, and principles of pharmacotherapy of the disorder. These chapters are written by individuals who are well-known in their fields. A concerted effort was made to provide a structure to this text such that there is an evenness from chapter to chapter.

The referencing is quite up-to-date, and I found a number of references through 1999, the year of publication of this volume. The index seems quite useful. A textbook of this kind requires an excellent index because one is not going to use this as a textbook to read chapters as much as a reference source to find a pertinent reference or a topic area or some information about a particular topic area. Each of the chapters is exceeding well referenced, with approximately 50 references per chapter. There are several illustrations throughout the book. It is well laid out, and the very structure of the book makes it quite easy to read.

I commend the editors for producing this text. It is difficult to create such as book because of the rapid evolvement of the some of the basic methodologies that are its focus. The editors deserve tremendous credit for compiling a most useful reference text, and I am not aware of a similar textbook that is anywhere as comprehensive, up-to-date, or focused on the basic science of our field. I think this book would be an excellent resource for psychiatric residents, early doctoral students in neurochemistry and the neurosciences, and psychiatric researchers interested in the basic underpinnings of mental disorders.

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The Clinical Neuropsychiatry of Multiple Sclerosis, *by Anthony Feinstein. Cambridge, U.K., Cambridge University Press, 1999, 214 pp., £40.00.*

Multiple sclerosis is the most common neurological disorder of young and middle-aged adults. Dr. Feinstein has done an excellent job in reviewing and clearly presenting the diverse and plentiful literature on the behavioral disorders associated with multiple sclerosis. His review of the literature is critical and insightful, and if this were all, *The Clinical Neuropsychiatry of Multiple Sclerosis* would be a useful resource for clinicians. He has done much more, however: he has used the behavioral disorders of multiple sclerosis as a springboard for some very interesting discussions of subcortical dementia, the uses of imaging, and neuropsychological tests.

The book has 10 chapters: "Multiple Sclerosis: Diagnosis and Definitions," "Multiple Sclerosis and Depression," "Multiple Sclerosis and Bipolar Affective Disorder," "Multiple Sclerosis and Pathological Laughing and Crying," "Multiple Sclerosis and Psychosis," "Cognitive Impairment in Multiple Sclerosis," "The Natural History of Cognitive Change in Multiple Sclerosis," "Detection, Management, and Significance of Cognitive Impairment in Multiple Sclerosis," "Neuroimaging Correlates of Cognitive Dysfunction," and "Multiple Sclerosis: A Subcortical White Matter Dementia?" There is a very useful summary at the end of each chapter.

The psychopathology associated with multiple sclerosis is considerable: the lifetime incidence of affective disorder is 50% among patients with multiple sclerosis, which means it probably is the highest incidence of affective disorder observed in any neurological disorder, and the rate of suicide among such patients is very high. It is of interest that patients who later develop multiple sclerosis are not at greater risk of affective disorder before they develop the illness. Treatments of the behavior disorders associated with multiple sclerosis are thoroughly discussed, and these treatments are noted to be as effective as they are with psychiatric patients who do not have multiple sclerosis. The author cites a clinical study noting a 20% risk of multiple sclerosis relapse in patients treated with ECT, a finding that, if replicated, has significant theoretical and practical implications.

Because multiple sclerosis has always been considered a disorder of the central nervous system white matter, sparing the gray matter, cognitive dysfunction was believed to be rare in multiple sclerosis. However, the data do not support this. Over 40% of the patients with multiple sclerosis have cognitive impairment. The cognitive symptoms are not the classical symptoms of dementia but are primarily manifested in decreases in attention, speed of information processing, memory, and executive functions. Although there is often a decrement in IQ, it relates more to the performance portion of the WAIS and often improves with remission of the multiple sclerosis. Dr. Feinstein notes, quite justifiably, that the commonly used Mini-Mental State is very poor in picking up the cognitive impairments manifested by multiple sclerosis patients. He goes on to discuss the utility of other neuropsychological tests. There is also a very useful review of other conditions where subcortical dementia has been observed, such as Huntington's disease, HIV infection, and Binswanger's disease. Comparing the findings in these conditions with those in multiple sclerosis, Dr. Feinstein he builds a good case for the concept of subcortical dementia.

This is a useful, well-written book that would be of interest to anyone concerned about cognitive dysfunction and the utility of neurological illnesses in illuminating the relationships between brain and behavior.

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FORENSIC PSYCHIATRY

Bad Men Do What Good Men Dream, *by Robert I. Simon, M.D. Washington, D.C., American Psychiatric Press, 1999, 362 pp., $16.00 (paper).*

Humankind's darker side lies at the core of this immensely enthralling book. The title of this powerfully absorbing book is also its overarching theme: bad men (and women) actually do what good men (and women) merely dream about. Drawing on his several-decades-long professional experience as a treating and forensic psychiatrist, Simon meticulously, and sturdily, lays the groundwork for readers' insights into their

own psychological frailties. For some, Simon's core theme—that all persons are born with emotional demons—may be quite unnerving and discomfiting, but for those who are stimulated to engage in introspective examination of their humanness, including its darker side, his bluntly revealing and sensitively written book offers wonderful opportunities for reparative insights into human behavior.

The current state of knowledge of human behavior is not complete. Simon is firmly intent on illumining the darker side of such behavior. In this riveting book, his very considerable writing talents, in synergy with his longstanding professional interest in human behavior, function, in effect, as a key unlocking the enigmatic, complex door to human violence and deviance. Simon hurls the reader unabashedly into the frightening world of human depravity. It is a world in which not-acted-on violence, aggression, and sadism are part of human normalcy. It is a world, moreover, in which the dark side of a person's humanity is, frankly, inextricable. The sobering, albeit instructive, message that Simon endeavors assiduously to impart is that rather than futilely, and mistakenly, denying the bestial part of one's humanness, one should instead honestly acknowledge one's darker impulses and strive to harness such impulses or even possibly channel them for good purposes.

The bleak figure of human normalcy adumbrated by Simon is etched over the course of 12 chapters and includes such appendages as psychopaths, stalkers, rapists, serial sexual killers, and perpetrators of sexual misconduct in the helping professions. Close descriptions of real-life crimes often interspersed in the text serve as effective illustrations. Even though the various topics, fleshed out in sometimes sordid detail, are complex in nature and incompletely understood, the underlying, unifying theme of the chapters is that even "good" people wallow at times in the depravity of violent fantasies and dreams. As seen through Simon's probing, candid eyes, the mental constitutions of the apparently good person next door and the blood-drenched human monster are remarkably, and possibly uncomfortably, similar.

Simon's provocative thesis that patent, inescapable dark forces are sewn into the pristine fabric of all humans at birth opens a Pandora's box of critical scrutiny. Can human nature, truthfully, be stripped down to the menacing figure envisaged by Simon? Terms central to his thesis (e.g., emotional "demons," "dark impulses," "dark side," and "dark forces") are psychological terms of art. Is a theme rooted in the soil of subjective, elusive-of-definition terms perhaps inscrutable and unprovable? Do Simon's musings fall into the category of sweeping generalizations that oversimplify human behavior? Can a thesis formulated on the basis of a subpopulation comprising individuals with whom Simon has been professional involved be reliably extrapolated to fit all of humanity?

It might be intellectually stimulating, and enlightening, to forge Simon's all-persons-have-a-"dark-side" thesis in the fire of critical examination by learned scholars of different persuasions drawn from outside the realm of psychiatry (e.g., scholars of different religions and philosophers).

Simon has accomplished the challenging task of crafting a book that is particularly well-tailored to fit laypersons and also fits clinicians and academicians interested in the enigma called human behavior. The book potentially is of immense value to students of human nature who are able and willing to be introspective and psychologically resourceful. Simon's fascinating book surely is a scintillating contribution to the literature on human behavior.

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Criminal Profiling: An Introduction to Behavioral Evidence Analysis, *by Brent Turvey, M.S. San Diego, Academic Press, 1999, 451 pp., $79.95.*

Henceforth, be forewarned: not everyone doing criminal profile work is doing it correctly. "Many dangerously unqualified, unscrupulous individuals [are in] the practice of creating criminal profiles" (p. xxix), declares Brent Turvey, which is why he wrote this book. It is his attempt at providing the solid foundation on which a standard of workmanship, ethics, definitions, practices, methodology, training, education, and peer review can be uniformly established so that criminal profiling can become a profession rather than a haphazard job for ill-prepared probers. This text documents the principles of proper criminal profiling and undertakes to establish definite criteria for professionalization.

What is criminal profiling? Whatever one has gleaned from films and fiction—with all due respect to Sir Arthur Conan Doyle and Sherlock Holmes—is misleading. The current loose definition describes criminal profiling as any process elucidating notions about a sought-after criminal. However, Turvey dismisses the popular myth that profilers are born with an intuitive gift. Instead, Turvey advocates a discipline that will necessitate the careful evaluation of physical evidence, collected and properly analyzed by a team of specialists from different areas, for the purpose of systematically reconstructing the crime scene, developing a strategy to assist in the capture of the offender, and thereafter aiding in the trial. In his schema, a criminal profiler is only one component, although an integral one, in the criminal investigation process.

Turvey differentiates between inductive and deductive criminal profiling. The former involves broad generalizations and/or statistical reasoning—a subjective approach in Turvey's view. Turvey favors the deductive method of criminal profiling, in which the criminal profiler possesses an open mind; questions all assumptions, premises, and opinions put forth; and demands collaboration regardless of how distinguished the supplier of the input. Here, the emphasis is on the profiler's objectivity, self-knowledge (to overcome transference distortions), and critical thinking skills—plus an ability to try to understand the needs being satisfied by each behavior of the offender as well as the offender's patterns. Turvey places great emphasis on all forms of forensic analysis (e.g., wound analysis, blood stain pattern analysis, and bullet trajectory analysis), crime scene characteristics (including photos), victim and witness statements, and a thorough study of the characteristics of the victim—yes, the victim. He uses the crime scene characteristics to differentiate between modus operandi and "signature behaviors" (i.e., actions unique to the crime but not necessary to commit the crime), as well as to determine inferences about the offender's state of mind at the time of the crime, his or her planning, level of skill, victim selection, fantasy, motivation, and degree of risk taken. Turvey labels his process behavioral evidence analysis and considers it objective because it is based on facts rather than av-

erages and extrapolations from statistics. He acknowledges that criminal profiling is a skill rather than an art or science.

Turvey reminds the reader that no two cases are exactly alike; hence, the inductive method, with its "magical" quality, is great for Hollywood but is not the most effective practice. The criminal profiler's gut instinct, unless it can be concretely confirmed, tends to lead the criminal profiler astray and wastes valuable time. Not only do criminals think differently than most people, but Turvey points out that behavior has different meanings between cultures and from region to region. Necessarily, behavioral evidence analysis must be a dynamic process, ever-changing as the successful criminal's methods become more refined, or deteriorate, over the course of time.

As I understand it, a criminal profiler needs to be a monitor, coordinator, interpreter, and advisor to the different branches of the investigator tree—with a premium placed on facts rather than theories. The value of teamwork is crucial. Each team member must recognize the complementarity of all team members and be willing to share information. Historically, many unsuccessful investigations have been marked by a lack of interagency cooperation (secondary to politics, turf battles, etc.). Furthermore, there are differences in skill levels among team members, despite the number of years of experience. Since the criminal profile is vitiated whenever any part lacks merit, the criminal profiler must check all assumptions. Wound patterns, for example, are complex, and even well-trained medical examiners can miss and/or misinterpret them—thus, the need for multiple forensic scientists. In addition, the criminal profiler's competency can be compromised if he or she fails to visit the crime scene.

Although forensic psychiatrists can perform clinical interviews for the purpose of diagnosis, treatment, and courtroom competency/sanity assessment, they cannot do the work of a criminal profiler. A psychiatrist can contribute to the criminal profile but is only one member of a team. The same can be said of law enforcement agents, psychologists, sociologists, medical examiners, and detectives. Far more advanced training is required to become a professional criminal profiler, training that has heretofore been nonregulated—a situation that Turvey hopes to radically change, with this book as catalyst and guide.

The sections of the book that interested me the most are diverse. The preface, where the author relates those factors which led him to become a criminal profiler, is a sensitive, well-written, personal introduction. Then, as gory as is the chapter on wound analysis (color photos included—not meant for the squeamish!), I ultimately became convinced that the minute details described by the medical examiner rank as one of the most enlightening, mind-stimulating contributing factors in the effort to weed out a killer.

Intensive case examples in the appendixes of the book provocatively exercised my own detective mind. In appendix IIA, the Jon Benet Ramsey presentation includes a detailed autopsy description that evidently had not appeared publicly and, without stating it directly, unequivocally points to a particular suspect. To my chagrin, John Douglas, a highly respected criminal consultant, certainly seems to have goofed by basing his profile solely on his own conjoint 4.5-hour interview with the parents. Appendix I details more about the "Jack the Ripper" murders than one probably is familiar with and also permitted me the opportunity to think along as an involved investigator. Appendix IIIA presents an actual behavioral evidence analysis report, 56 pages worth, that is thorough and clear.

Most of the chapters are by Turvey himself. The writing and direction are consistent throughout—with the exception of chapter 21 by U.K. psychiatrist Dr. Diana Tamlyn, which reveals a lack of knowledge about what truly constitutes a professional criminal profiler and therefore made me wonder why these nine pages were included. Most chapters are mercifully brief, thus allowing for relief and frequent respites to assimilate the information. Unique, and more helpful than traditional footnotes, are numbered asides that appear in the more-than-ample margins. Wide borders also allow for spontaneous reader's notes, and I highly recommend this format for future books.

The chapters address investigative as well as trial strategies, ethics, alternate methods of criminal profiling, arson, serial rape/homicide, criminal behavior on the Internet, task force management, and more. This book is a text, reference source, and proselytizing attempt, all in one. A glossary, bibliography, and index abet this worthy contribution. One disappointment, though: Turvey (pp. 195, 448) incorrectly says that the only difference between a sociopath and a psychopath is that the former originates from social forces and early experiences. Not only is the etiology of both these entities unclear, but 40 years in psychiatry has taught me that the only distinction is that a psychopath commits violent crimes.

Certainly, quite a few of Turvey's opinions are subject to controversy. For instance, in chapter 24, he attributes society's interest in serial rape and serial homicide to venial excitement rather than considering it might be an attempt at self-protection and/or understanding for prophylactic reasons. I also object to his facile dismissal of less-than-scientific sources, such as handwriting analysis and polygraph tests, as psychological speculations. Although these have their limitations, when facts are lacking, as they often are, such intuitive offerings can prove useful. It seems to me that a conflation of both inductive and deductive criminal profiling, with the main emphasis on the latter, rather than Turvey's idealistic unitary bias, could be practical.

Criminal Profiling is not for casual or marathon reading. It requires the concentration and diligence possible only in short spurts of study. Remarkably, the redundancy throughout the book serves a didactic function by clarifying and reinforcing important points. Psychiatrists will be interested to know that behavioral evidence analysis techniques have no clinical purpose—they are not based on an interest in an offender's mental well-being but on the goal of protecting society. Turvey further adds, "Freudian theories…are not designed for investigative purposes" (p. 237). The primary goals of criminal profiling include the reduction of the viable suspect pool in a criminal investigation, assistance in the linkage of potentially related crimes, assessment of the potential for escalation of criminal behavior, provision of relevant leads and strategies, and keeping the investigation on track. The criminal profiler is not preoccupied with specifically naming the offender. Criminal profilers are advisors; detectives and investigators solve cases.

This book should be reviewed by anyone intent on becoming a professional criminal profiler. It would also be a good idea if such an aspirant possessed an ample cache of compul-

sive traits because the efficient criminal profile has to be so meticulous. The material contained in this book is only a beginning; prolonged first-hand investigatory experience under an expert's tutelage is mandatory.

Criminal Profiling would be of value to psychiatrists in two respects: 1) as a humbling experience in terms of recognizing the limitations of a psychiatrist in a criminal investigation and 2) as an intellectual expansion for those with polymathic proclivities.

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Mentally Disordered Offenders: Managing People Nobody Owns, *edited by David Webb and Robert Harris. New York, Routledge, 1999, 173 pp., $85.00.*

What do the British do with (and to) those who are both bad and mad? Like their American cousins, they largely don't know what to do, say the authors of this *Festschrift* for Herschel Prins, former director of the University of Leicester School of Social Work. Ten contributors, all influenced by Prins's humanistic and eclectic approach, tackle the perennial conundrum: when to treat, when to punish. Often, Webb and Harris report, we—our society in general, its official caretakers in particular—"get this hopelessly wrong, reflecting all manner of cultural and penological muddle-headedness." Even those mentally disordered offenders who are not confined "find that the far from tender mercies of 'community care' do little to address their needs for treatment and support" (p. 2). "Community care," writes Harris, is largely a "set of aspirations," a euphemism for what could be "more accurately designated 'pass the parcel'" (p. 10). Michael Preston-Shoot is equally disappointed: he says that community care is "a failing policy [with] inadequate resources…deeply flawed, confused and fragmented" (p. 73).

In two typical sentences, Webb sums up:

> Management implies the coordination of resources and service provision and the shaping of policy in order to meet desired objectives.…It need not necessarily refer to direct involvement with individual offenders. (p. 162)

Indeed, one meets hardly any individuals in this volume. Mentally disordered offenders appear mostly in the abstract, as if from afar—a gray, undifferentiated mass. If schizophrenia and dementia require different management, the reader will not learn about it here. Delusions, paranoia, alcoholism, depression, fear, anger, anxiety, hope, and recovery are terms that have their uses but, with rare exceptions, not in this book. Perhaps most surprising, the authors have virtually nothing to say about sex or violence, although sexual and violent crimes provide a high proportion of the men (and a few women) whose management is the book's subject. "One size fits all" is not the motto of Herschel Prins or his students, but it does tend to be the unwritten rule of institutional life, and it is a theme of this book to a greater degree than its authors may have wished.

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Legal and Ethical Dimensions for Mental Health Professionals, *by Patrick B. Malley, Ph.D., and Eileen Petty Reilly (Eileen Petty Deklewa). Philadelphia, Accelerated Development (Taylor & Francis Group), 1999, 340 pp., $29.95 (paper).*

The authors of this book identify their goal as to familiarize the reader with and create an understanding of the professional, legal, and ethical obligations of counselors, social workers, and psychologists. They have undertaken a Herculean task in a well-developed and logically orchestrated text. The central themes are the laws that are relevant to mental health professionals and the standards of responsibilities to which they are professionally held.

The authors arrange the text into six parts consisting of 12 chapters to provide a clear course though the legal labyrinth. Part 1, Historical and Helping Perspectives, includes chapters 1 and 2. Chapter 1 provides the text's foundation of mental health's historical roots based on historical perspectives, hypotheses, and theoretical orientations of clinical and counseling psychologists. In chapter 2, the authors advance the qualities and skills that the mental health professional brings to "the helping relationship," the cornerstone of the therapeutic intervention.

Part 2, Ethical and Legal Dimensions, is composed of chapters 3 and 4. Chapter 3 explores the tenets of ethical principles such as autonomy, justice, nonmaleficence, and fidelity. Examples of modern ethical theorists are provided, and Kohlberg and Gilligan are cited to convey a framework for client-therapist relationships. To punctuate the complexity of these issues, a brief discussion of ethical virtues, a controversial element of counseling that focuses on the actor not the act, is broached. Chapter 4 provides the mental health professional with an overview of the legal domains of constitutional, statutory, and case law. The authors provide a glimpse into the intricacies of civil, criminal, and mental health law and review the procedural steps in the evolution of a lawsuit. The authors also provide insight into practical issues in counseling relationships, such as malpractice, professional policy (advertising, client records, dual relationships, liability insurance), special relationship issues (informed consent, release of information, confidentiality, privileged communication), and issues related to deposition and courtroom witnessing.

Part 3, Multicultural Context, is addressed in chapter 5, which discusses the challenges posed for mental health professionals by the changing demographics of the United States and the impact of culturally diverse clients. A critical assessment of the psychological theories and research practices of Western versus non-Western psychological structures is offered. The need for mental health professionals to acquire and develop the skills of to be responsive to cultural changes is a central issue.

Part 4, Relationships With Special Populations, includes chapters 6, 7, and 8. Chapter 6 addresses issues of training, ethical/legal mandates, and characteristics of potentially suicidal clients. The authors provide suggestions for interventions and strategies for the general population as well as particular populations. Readers are introduced to the numerous ethical and legal dilemmas therapists face (*Tarasoff,* the client with HIV, and AIDS). Chapter 7 acquaints the reader with the issues of child abuse (physical, sexual, and emotional), the role of mandatory reporters, and specific issues pertaining to

the assessment of sexual abuse and how to counsel the victims. Pertinent issues related to the gay and lesbian client are discussed. Chapter 8 addresses a multitude of "special relations" the therapist may enter into with "special clients" (minors, as a consultant, in the managed care setting, substance-abusing clients) and the complexities of such relationships.

Part 5, Considerations in Schools, Groups, Marriages, and Families, includes chapters 9, 10, and 11. Each chapter addresses specific elements and issues unique to each setting. The authors note that because of the ethical and legal implications of the many issues relevant to these settings, recognition of the competency and expertise of the counselor is at a critical juncture.

Part 6, Considerations in Training, is composed of one closing chapter, which focuses on the strides taken and more directly the shortcomings of mental health professional training programs. Issues of training, supervision, credentialing, and the problematic dual relationships of supervisor and trainee are noted. The aforementioned is not a condemnation but a constructive criticism. The final summary proposes recommendations for improvement of training of mental health professionals.

The authors' educational objectives are reinforced by the structure of the text. Each chapter concludes in a summary followed by a learning facilitation and focus section. This section provides the reader with the opportunity to recapitulate primary concepts of the chapter and apply them to exercise scenarios, creating a reinforced learning experience.

At the outset of this review, I referred to the breadth and expanse of the topic of legal and ethical issues pertaining to mental health professionals as a Herculean task. The publisher describes *Legal and Ethical Dimensions for Mental Health Professionals* as a "complete guide" and a "comprehensive look." The adjectives "complete" and "comprehensive" are oxymoronic when applied to a work addressing such vast and complex dimensions. This book masterfully serves as a vehicle that familiarizes the reader with and heightens the reader's awareness of the complexities of the ethical and legal nuances pertaining to the mental health professional. As such, it accomplishes the authors' objective and offers a valuable addition to the mental health professional's library.

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SUICIDE

The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors, *by Shawn Christopher Shea. New York, John Wiley & Sons, 1999, 235 pp., $47.50.*

This outstanding book is informative, interesting, and clinically useful. Shea emphasizes that suicide is a major public health concern. It is the ninth leading cause of death in adults and the third leading cause in the 15–25-year-old age group; from 1952 to 1992, the adolescent and young adult rate tripled. Prevention of suicide depends on the timely assessment of suicide risk. Shea says that timely assessment depends on clinicians' overcoming their own fixed ideas and basing their assessment on three pillars: analyzing the risk factors and predictors, uncovering and understanding suicidal ideation, and developing prevention strategies.

Although the well-known sociodemographic and family history risk factors are "harbingers of death," they are characteristics of groups of people who have committed suicide and, alone, are not reliable predictors of dangerousness for an individual. In contrast, a risk predictor is a characteristic of an individual such as mental illness, especially psychosis, that indicates the likelihood of imminent suicide. Shea's case histories point out a lethal triad: the patient is seen immediately after making a serious suicidal attempt, manifests psychotic processes suggestive of lethality, and shares suicidal intent or planning.

The second pillar, uncovering suicidal ideation, is the essence of the assessment. Too often, however, suicidal ideation is incompletely evaluated because of myths about it, taboos, and such countertransference issues as the psychiatrist's biases, fear of provoking an attempt, and anxiety about the patient. Shea views the uncovering of suicidal ideation as opening a window on the patient's intent and plans and cites Thomas Kuhn's famous statement: "The answers you get depend upon the questions you ask."

The fundamentals of the assessment of suicidal ideation are six validity techniques: 1) behavioral incidents, 2) shame attenuation, 3) gentle assumption, 4) symptom amplification, 5) denial of the specific, and 6) normalization. Clinical vignettes point out the importance of asking about specific behavioral incidents and such concrete behavioral facts or trains of thought as, "Exactly how many pills did you take?" or "When you placed the gun in your mouth, did you take the safety off?" and "In the past 2 weeks, have you had even a single thought of killing yourself, even for a fleeting moment?" Unfortunately, many interviewers focus on the patient's feelings at the expense of information about behavior intrinsic to suicide. Also, symptom amplification questions, such as asking whether the patient ever drank a fifth or more of liquor or spends as much as 80% or 90% of the day thinking about suicide reveal the clinical facts about what has been happening.

The interview strategy is built on Shea's chronological assessment of suicide events, an approach that he developed in a busy urban emergency department. The focus is on the patient's presentation, the recent (preceding 8 weeks) and the past suicidal ideation and behaviors, and the immediate and future plans for its implementation. The 2 months preceding an attempt is the critical time period. Asking about a series of behavioral incidents and maintaining good eye contact can bring to light specific data about suicidal ideation and attempts that, coupled with knowledge about the risk factors and predictors, are the two databases for strategic clinical decision making. Shea emphasizes, "People who can talk about it tend not to do it. It's when you don't talk about it that it becomes more dangerous."

The third pillar is the "putting it all together," the case formulation and critical decision making that complete the assessment. The chronological assessment of suicide events approach uses cognitive therapy principles to transform dangerous suicidal ideation into reconstructive intervention.

Shea confronts the many difficulties of suicide assessment. Case histories deal with such practical situations as as-

sessing an unknown patient in the emergency room, working with patients who have borderline personality disorder, and the need for ongoing suicide assessment of our own patients in therapy.

Shea's well-written, interesting book, with its excellent case vignettes and specific clinical pointers, includes a short historical case study of Elizabeth Siddal, Dante Gabriel Rossetti's first wife, who killed herself after she delivered a dead baby and then was unable to obtain a wanted adoption. Shea's quotations of Edgar Allen Poe's "Descent Into the Maelstrom," and Anne Sexton's lines—"But suicides have a special language. Like carpenters they want to know which *tools*. They never ask *why* build" (p. 143)—enliven the book and its deadly topic. I recommend it highly. It is a reasonably short, direct clinical guide that is a testimony to the author's extensive clinical and teaching experience and his ability to take us into the mind of the suicidal patient. It will be meaningful and helpful to experienced practitioners, residents, other mental health clinicians, and students.

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Psychiatry and the Humanities

The Wounded Body: Remembering the Markings of Flesh, *by Dennis Patrick Slattery. Albany, State University of New York Press, 1999, 384 pp., $68.58; $22.95 (paper).*

There once was something pure, perhaps even naively noble, about psychiatry's focus on the ethereal mind. Nowadays our thoughts turn to the magisterial brain. The body has never really been our thing. It bleeds when stuck. It excretes foul substances. It oozes puss when infected. It is prone to hideous malformations, hairy moles, crusty growths. We tend to ascribe a higher value, a greater purpose, to our "inner" life of thoughts and feelings and spirituality, but our "outer" life is more than just a shell or a vessel or a machine. A net of nervous tendrils enmesh the brain with the entire body. Typically we believe that the mind-brain gives meaning to the body, but the relationship is reciprocal. In fact, the body must endure the insults of twisted thoughts, chaotic emotions, and demonic spirituality when the mind-brain sputters and goes awry. The body must have its due and the wounded body its respect.

For two decades I have been a connoisseur of self-inflicted wounds, some the product of psychopathology and some the product of culturally sanctioned rituals that tap into profound experiences of salvation, healing, and orderliness. *The Wounded Body,* by Dennis Slattery, examines all sorts of wounds—accidental, naturalistic, and self-inflicted—described in literary works. His premise is,

> The wound is where something bruised or hidden splits open, breaches, and reveals a memory, a site of pain, of suffering and death, but it can also include a joyful sense of new freedom as well.…Our wounds, scars, and markings may be the loci of place that put us in the most venerable and vulnerable contact with the world, with divinity, with one another, and with ourselves. As such, the body may invoke an entire cosmology; it is cosmic in its symbolic nature. (p. 16)

Just after being named by his grandfather, Odysseus was gored deeply on the thigh by a wild boar. Like a rite of passage that marks the end of innocence, the boar's gore opened Odysseus to the world of animal appetites and set his destiny. After 20 years of adventure, plunder, and deceit (Dante placed him in hell), Odysseus matured and wove his way home to find a group of suitors lusting after his wife. So greatly had he changed that his identity was established only when an old maidservant recognized his scarred thigh as she washed him. The suitors called him a "wild pig," and then he killed them all.

The "wound" of Jean Jacques Rousseau, whose *Confessions* mark the first full modern literary expression of self-consciousness, was a congenitally malformed bladder. Rousseau's purpose in writing was to display a word portrait of himself that was in every way true to nature and to bare his secret soul and character. Although he exposed his own imperfections, he also exposed the imperfections of others. He was repelled by the imperfection of a beautiful prostitute when she removed her clothes: "I saw as clear as daylight that instead of the most charming creature I could possible imagine I held in my arms some kind of monster rejected by Nature, men, and love. I carried my stupidity so far as to speak to her about her malformed nipple." Embarrassed by this cruel honesty, the prostitute told him to forget women and to study mathematics instead. Slattery cannily links Rousseau's desire to come clean of his self-offal ("Anthropology becomes linguistic detox," p. 11) to the contemporaneous construction of the Parisian sewer system. In truth, Rousseau was terrified of dying an agonizing death because of the urine, gravel, and stones that polluted him. He had to catheterize himself often to open up his system and purify his body just as his confessions purified his soul.

The rest of the book discusses purely fictional characters, including Oedipus (a.k.a. "Swollen Foot"), Zossima (the decaying corpse) in *The Brothers Karamazov*, Queequeg, Ahab, and the white whale in *Moby Dick*, Chekhov's *Ivan Ilych*, Flannery O'Connor's Ruby Turpin (*Revelation*), O.E. Parker (*Parker's Back*), and Toni Morrison's *Beloved*.

Although the book is in the State University of New York Psychoanalysis and Culture series, it contains very little of things psychoanalytic. It certainly is not a clinical text, and the brief concluding chapter is a bit of a letdown. Yet I thoroughly enjoyed the book. Maybe I am just tired of struggling to add some meaning to addled neurotransmitters. Or maybe the book stirred up exciting undergraduate memories when the study of great poetry and fiction expanded my world view. Perhaps I'll even take some time to reread the classics (I can't even remember if I got through all of *Moby Dick* the first time around). Perhaps I'll be a better person for doing so and, just maybe, a better psychiatrist too.

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Fits, Trances, and Visions: Experiencing Religion and Explaining Experience From Wesley to James, *by Ann Taves. Princeton, N.J., Princeton University Press, 1999, 448 pp., $65.00; $22.95 (paper).*

Fits, Trances, and Visions is a history of religion, predominantly in the United States, from around 1740 to around 1910. In the introduction, Ann Taves describes periods of being uncertain of her aim in writing the book and some changes in direction. This comes through; it is long and meandering and very detailed, and the style is ponderous, which makes it user unfriendly.

The title, *Fits, Trances, and Visions,* is engaging, especially to psychiatrists, but, from the psychiatric perspective, there is almost no phenomenology. Taves uses involuntary experiences, "enthusiasm, mesmeric states, and the subconscious," as the path by which to reveal the thinking and actions of religious, psychological, and medical professionals over the centuries.

This manuscript by a highly credentialed religious scholar would be riveting for a student of religion but is of less pressing interest for the psychiatrist, as would be expected. It contains a host of interesting material, however. For example, Taves reveals that the term "enthusiasm" (a favorite of mine) was coined as recently as the seventeenth century and is derived from the Greek *en theos,* meaning to be filled with or inspired by a deity. It came into use to describe attacks of "false religion," which included calling out, falling down, visions, and other behaviors during religious ceremonies. This pejorative term was employed by those of different religious persuasions out of concern for social order (and, perhaps, loss of members).

There is much of interest concerning Mesmer and those who used his animal magnetism for religious, medical, and secular purposes. This led to Spiritualism, which claimed a common ground between science and religion.

Taves states that "Anglo-American neurologists, intent on establishing themselves as a recognized subspecialty within the medical profession, attacked Spiritualism in a largely successful bid to secure a secular understanding of trance as a foundation for their own neurological science." Whether this accurately reflects the motivation of the neurologists of the day is unclear; however, Taves points out that "their learned talk about hysteria…was derided in the papers," which has the ring of truth.

There are two mentions of the DSM: one in the introduction and the other in the conclusion. The author concludes that enthusiasm, mesmeric states, and the subconscious are parallel constructs, and most psychiatric readers could feel comfortable with this conclusion. This is a book for religious college libraries. It has a place in psychiatric libraries where there is a particular interest in related areas.

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TPH: History and Memories of the Toronto Psychiatric Hospital, 1925–1966, *edited by Edward Shorter. Toronto, Wall & Emerson, 1996, 320 pp., $35.00 Canadian (paper).*

Edward Shorter is a historian who specializes in the history of psychiatry. One would wish he had given this slim volume a less local title because its contents are of broad interest to the mental health professions as well as to the general reader. This book would be of special interest to readers of *The American Journal of Psychiatry* because most of the chapters of this multiauthored book revolve around a central character, Clarence B. Farrar (1874–1969), who was not only the Director of the Toronto Psychiatric Hospital (and University Chair of Psychiatry) from 1925 to 1947 but also the eighth Editor-in-Chief of the *Journal,* from 1931 through 1965. In a journal whose editors have all enjoyed felicitous longevity, C.B. Farrar has outtenured and outlived, thus far, everyone. In his 91st year, Farrar was replaced by Francis J. Braceland as Editor-in-Chief; he served 4 more years as Editor Emeritus until his death at age 95. The C.B. Farrar Archives, maintained by his widow, Joan Farrar, contain every issue of *The American Journal of Psychiatry* from its inception in 1844 as *The American Journal of Insanity.*

In his chapter describing Farrar's association with the *Journal,* extending from 1927 to 1969 in all, Peter Faux describes the evolution of North American psychiatry during a historical period of tidal changes. A side note of interest: *The American Journal of Insanity* became *The American Journal of Psychiatry,* volume 1, in 1918. In 1933, it was at volume 15. Farrar changed it to volume 91 in 1934, reinstating its historical heritage.

According to Faux, Farrar worked 7 days a week at editing. He rarely used the telephone, preferring to correspond in writing. An American, Farrar was apparently always viewed with suspicion by Canadian Customs officials, who regularly censored the volume of suspicious incoming foreign mail addressed to the editorial office. Five boxes of Farrar's correspondence are currently housed in the APA Archives. Faux sums up Farrar's criticism of American psychiatry during this period as "sharply divided into…schools, centered on prominent men with distinctive views," an appraisal that, 40 years later, appears precise and accurate. On psychotherapy, Farrar wrote a classic article in 1957 (1) in which he included a vignette of John Stuart Mill being cured of mental disorder by reading a Wordsworth poem. Farrar concludes with the message, quoted from *Anatomy of Melancholy* (his style was to hide behind other men's words), "He doth the best cures, according to Hippocrates, in whom most trust," a truth to make twenty-first-century American psychiatry pause.

There is much to reflect on in this volume besides the wisdom, in his maturity, of Farrar. Initially, he was very much caught up in the vogues of the day: S. Weir Mitchell's rest cure (isolation from family, bed rest, milk diet, massage, electroshock); Paul Dubois' psychotherapy of rational persuasion; "resting" jackets for menstrual "excitement"; Henry Cotton's surgical cures of "reflex" problems (removing teeth, uteri, colons); the eugenics movement (sterilization of "mental defectives"); warm baths; insulin coma; Metrazol shock; leucotomy. He was not, however, caught up with Freud: "the shadows of Freud linger as the last touch of mysticism in medicine." This disbelief became a problem for Farrar's reputation when, by the 1950s, the chairs of all the best psychiatry departments in the United States (although not Canada) were psychoanalysts.

This book is multidisciplinary, with contributions from all mental health professions and from a patient. The chapter by Peter Keefe, which sets a patient's memories beside excerpts

from her hospital chart, is brilliant and beautifully written. Although intended to commemorate Toronto Psychiatric Hospital as a model of interdisciplinary harmony, the book demonstrates by its contents and its emphases the ascendancy of psychiatry over other mental health disciplines. This has not changed much over the years. In sum, the story of the birth and death of Toronto Psychiatric Hospital, as portrayed in these pages, is the story of psychiatry, concealing its adolescent embarrassments under progressive layers of modified nomenclature, geographic moves, administrative changes, philosophical revisions, and procedural renewals but retaining inexplicably its nostalgia for an idealized past.

Reference

1. Farrar CB: Psychotherapy. Am J Psychiatry 1957; 113:865–870

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PSYCHOTHERAPIES

On the Therapeutic Process: Essays and Lectures, *by Karen Horney; edited by Bernard J. Paris. New Haven, Conn., Yale University Press, 1999, 272 pp., $30.00.*

Karen Horney is not one of the mainstream psychoanalysts whose writings are taught and read in most American psychoanalytic institutes. Her theory of personality styles and neurotic trends is taught almost exclusively at the American Institute for Psychoanalysis, of which she was one of the founders and which is known familiarly as the "Horney Institute." Nevertheless, Bernard Paris, a professor of English at the University of Florida, seems determined not to allow her work to be totally forgotten. He has published a biography of Horney (1), and in one book (2) has applied her theories to literary criticism, exploring the "personality" of fictional characters. He has also founded the International Karen Horney Society, which he directs.

Horney was involved in the development of psychoanalysis from the early days and was generally outspoken when she disagreed with the mainstream. Her early papers on feminine development critiqued Freud's phallic-centered notions of how women (and men) come to know and value their own gender. Her 1936 paper on the negative therapeutic reaction is still one of the best explorations of that puzzling phenomenon in psychotherapy. When some of her writing seemed almost too "popular" both in tone and appeal, and her deviance from the rather rigid orthodoxy of psychoanalysis in the United States forced a showdown, she left the New York Psychoanalytic Society and continued to develop her own ways of thinking, eventually summarizing her ideas on the development of "neurotic trends" in her final book, *Neurosis and Human Growth* (3). However, she died rather young, and many feel that much of her thinking, particularly in the area of psychoanalytic technique, was unfinished. A small volume, based on her last lectures to candidates at the American Institute for Psychoanalysis (4), was originally published in 1987.

Paris has attempted in this book to bring all that is available about Horney's thinking on analytic technique together, and it is unfortunate that the result is rather like viewing the ruins of a Greek temple: a pillar here, a wall there, a carving over there; the elements of a beautiful building are there, but one would like to have been able to see the whole thing all together. Paris has collected published and unpublished papers (including the negative therapeutic reaction paper). In addition, he has mined the back issues of the *American Journal of Psychoanalysis* (published by the "Horney Institute") for reconstructions of some of her last lectures by her students, including Ralph Slater, Morton B. Cantor, Louis A. Azorin, Emy A. Metzger, Joseph Zimmerman, Wanda Willig, and Sara Sheiner. The outline of a possible book on technique is thus sketched, but really only sketched. Horney's writing in English was clear and down-to-earth, easily readable and devoid of psychoanalytic jargon. She made her ideas accessible, and if she had lived to pull together her thinking about how to do psychoanalytic therapy, one can imagine that the result would have been a clear and readable account.

What is apparent is that Horney saw the relationship between analyst and analysand, therapist and patient, as central to any theory of technique and that her thinking foreshadowed what is now being taught as "intersubjective" theory. As Paris points out,

> Horney's model of the therapist-patient relationship [was] mutual, cooperative, and democratic. Ideally, it is not only the patient who is associating, being analyzed, and growing but the therapist as well. "How much can have happened with the patient in analysis," Horney asked, "if nothing happened to the analyst while working with him? In a successful analysis, something happens to both people.…" Horney's model is not one in which therapists and patients analyze each other but rather one in which therapists continually analyze themselves while helping their patients toward self-understanding and growth. (p. 170)

Horney devoted considerable time in her lectures, apparently, to the quality of the analyst's attention, emphasizing not a bare "evenly hovering attention" but virtues such as "wholeheartedness," "comprehensiveness," and "productiveness." In one of the reconstructed lectures ("The Analyst's Personal Equation"), she describes both the assets and the liabilities inherent in any analyst's neurotic trends. The "narcissistic analyst," for instance, may initially make his or her patients feel accepted by being warm, charming, and vivacious, but "because of his need for quick understanding, he tends to generalize too much and to categorize his patients rather than seeing them as unique and complicated human beings" (p. 194). This attitude toward countertransference—as inherent to the human relationship of analyst and analysand and as including both constructive and destructive aspects—is generally accepted by today's psychoanalysts but would have been controversial in the 1950s.

This book is a work of scholarship and should be read by anyone who wants to be a good psychotherapist. Horney's clear style of writing makes her ideas accessible; her insistence on self-understanding and emotional honesty is challenging. Her ideas deserve a chance to rejoin and enrich the mainstream of psychodynamic therapy and psychiatry, and perhaps Paris' delving into archives will give some impetus to a revival of interest in her work.

References

1. Paris BJ: Karen Horney: A Psychoanalyst's Search for Self-Understanding. New Haven, Conn, Yale University Press, 1994
2. Paris BJ: Imagined Human Beings. New York, New York University Press, 1997
3. Horney K: Neurosis and Human Growth: The Struggle Toward Self-Realization. New York, WW Norton, 1991
4. Horney K: Final Lectures (1987). Edited by Ingram DH. New York, WW Norton, 1991

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Countertransference Issues in Psychiatric Treatment, *edited by Glen O. Gabbard, M.D. Washington, D.C., American Psychiatric Press, 1999, 127 pp., $27.50 (paper).*

Countertransference, the clinician's emotional reaction to the patient, is constantly present, strongly influences the therapeutic relationship, but often is overlooked. It is not limited to psychoanalytic treatment but exists in pharmacotherapy, consultation-liaison, forensic, and hospital psychiatric settings. For those psychiatrists who are not familiar with the newer developments in countertransference theory, this book, part of volume 18 in the Review of Psychiatry series edited by John M. Oldham, M.D., and Michelle B. Riba, M.D., will help them become acquainted with how their reactions to patients can be a potential problem but also how it can be extremely useful in treatment and consultation.

Many therapists are mostly familiar with Freud's early work, in which he discussed the emotional reaction of the analyst to the patient. Freud saw countertransference narrowly and subjectively as stemming from the transference of the analyst's unresolved issues onto the patient and thus an obstacle to treatment. This concept was in keeping with Freud's one-person psychology, with the analyst needing to be objective and serving as a blank screen. Freud attempted to establish universal rules from which deductions could be made. This was in keeping with nineteenth-century thinking, which was linear and mechanistic.

The fine chapter by Glenn Gabbard reviews the work of Kleinian analysts, who embraced a two-person interactive psychology and established a broader or objective view of countertransference. They and others noted how some patients needed to induce the therapist through projective identification into unconsciously enacting aspects of the patient's internal world of object relations. Now the rest of psychoanalysis has adopted this inductive empirical stance, which encompasses intrapsychic as well as interpersonal, family, group, cultural, and neuroscientific perspectives. Gabbard considers that the two forms of countertransference are not sharply demarcated, since the patient's projective identification needs to find a hook in the therapist's personality. This furthers the interpersonal approach, suggesting that countertransference is jointly created. Bion noted that in early child development the mother contains and detoxifies the infant's behavior before the infant reinternalizes it. This seems to be the same process that occurs in psychotherapy, where the therapist contains, processes, and interprets countertransference, which then can be worked through verbally. If enactment by the therapist occurs, the patient's pathology is reinforced and boundary violations can occur.

The chapter by John Maltsberger provides helpful information in treating the difficult problems with the suicidal patient with borderline personality disorder. These patients use splitting and projective identification to get rid of an aspect of the self and strive to induce clinicians to experience and enact this aspect as if it were their own. When seduction or idealization of the therapist occurs, it could lead to boundary violations; when provocative and demeaning behavior is expressed, it could result in the therapist being cruel or rejecting and lead to suicide. Another danger the author discusses is that these patients can try to give the therapist the responsibility for keeping them alive, which, if accepted, can lead to coercive bondage.

The chapter by Marcia Goin on countertransference in general psychiatry is useful in its discussion of a wide variety of psychiatric issues such as medication compliance, split treatment, hospitalization, assaultive patients, consultation-liaison, forensic psychiatry, reimbursement, and when the psychiatrist is ill. Countertransference issues exist even though the psychiatrist may not be aware of them, and sensitivity in dealing with them is crucial.

The chapter by John Lion on countertransference in the treatment of the antisocial patient deals with the vicissitudes of working with violent, narcissistic, and drug-addicted men as well as antisocial women. This is especially useful to the young clinician, who may be naive, may overidentify with, or be rejecting of these difficult patients.

The chapter by Francis Varghese and Brian Kelly deals with countertransference and assisted suicide. They point out the complexity of this situation, which cannot be solved by simply evaluating the competence of the patient. Evaluation alone limits the psychiatrist and undermines the frame so that further exploration of the motivation for wanting suicide is obstructed. Many of these patients are inadequately treated for pain or depression or feel abandoned by their social network. The countertransference of the physician may result in the wish to see the patient dead as a result of feeling helpless or the wish to achieve an illusion of mastery over death.

This is a clearly written and informative book that reviews the theory and technique of dealing with countertransference and contains much helpful information for the beginning and experienced psychiatrist and psychoanalyst. It deals with countertransference not only in analytic or psychodynamic therapy but also in a wide variety of other psychiatric settings. The book helps to sensitize the clinician and provides information regarding the recognition and treatment of the ever-present phenomenon of countertransference.

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Knowing Feeling: Affect, Script, and Psychotherapy, *edited by Donald L. Nathanson. New York, W.W. Norton & Co., 1996, 448 pp., $45.00.*

The chapters in this edited book are written by experts in specific therapeutic techniques whose goal is to provide insights into human diversity based on the Tomkins-Nathanson theory of affects. The book contains an adjuration for therapists to focus on the patient's affect, and there is continuous reference to the theory supporting this.

Is affect really neglected by most therapists who have not been indoctrinated in affect theory? Do they focus mostly on the patients' thoughts rather than feelings? I don't think so. Most therapists I know are very interested in the affective component of the therapeutic dialogue. The editor states that there has been a rapid evolution in the clinical application of the affect theory of Silvan Tomkins (1–4). The reader is further informed that the attention paid to this "rigorous,…complex and demanding theoretical system" is in itself remarkable, and many clinicians have made the journey to enlightenment since the theory was first published. Such understanding of affect theory is presented as essential for those of us who uncomfortably survey our own therapeutic failures. In an informal survey I made of 12 psychiatric friends, however, I found only one colleague (a polymath) who knew about Tomkins' work.

I could not find any beginning in this book to lead me to understanding Tomkins' work. The first chapter, "About Emotion," states that Tomkins disengaged emotion and cognition (I assumed only conceptually; emotion is in mutual embrace with cognition). The chapter author stumbles on some neurophysiology (a statement that the objects in the visual field miniaturized on the retina are transported as images to various areas of the brain, not a common metaphor). Also, perhaps to make Tomkins' argument easier for the reader, the author discusses human motivation as guided by affect through the tangle of information bombarding the organism—a view held more or less by most mental health professionals I know. My difficulty is not with Tomkins; rather, my problem is with this book, which I hoped would explain Tomkins to me.

I understand that the theory has some neurophysiological base, but I could not find much in the way of explanation of that basis. The Tomkins theory is continuously celebrated as opposed to cognition, and affect, aside from being "responsible for all motivation," is characterized as making "good things better and bad things worse." I understand that in the simplest terms—but that does not qualify as a rigorous definition. Are "bad" versus "good" judgments not dependent on judgments derived from an affective/cognitive state? There are other such confusing boggles. The affect versus cognition battle is iterated often and is confusing—who set up that warring dichotomy anyway? I could not find any basic explanation of affect theory, no starting point in the journey toward the promised change of view. "Script" theory appears as part of the book's title, but the one chapter devoted to the subject is a glossary written by Donald S. Mosher. I found the pages of definitions numbing; not much emerged that gave me an idea of script theory.

Of course I was interested in a theory that promised to illuminate my darkness. I had assumed that I knew what affect is (I use the word synonymously with feeling or emotion), but I was ready to learn, ready for the promised "rigorousness" and the "demanding quality" of the theory. I found myself irritated, not with a theory that challenged previous assumptions, but at this book, promised as a guide but withholding what I needed. I worked at it, thinking the explanation had escaped me during a moment of inattention during an eye blink or yawn.

The final half of the book has a bit more of the bare beginning of information on this theory but nothing to hang your hat on—there is more encouragement to pay attention to affect, but no system is elaborated that is usable. Donald Nathanson finishes the book with a chapter, "Some Closing Thoughts," which again lauds Tomkins' theoretical contribution but does little to explicate it.

Perhaps the editor could not tame his authors (the writing is often repetitive; the theme does not advance). This could be a book for those who already know affect theory, or perhaps there is the assumption that all of us know it. Readers should be encouraged to try for themselves—my lack of understanding could stem from my own deficit. It took frustrating effort for me to try to find the book's center, and I failed to find any coherent explanation of the theory needed by the uninitiated.

References

1. Tomkins S: Affect, Imagery and Consciousness, vol 1: The Positive Affects. New York, Springer, 1962
2. Tomkins S: Affect, Imagery and Consciousness, vol 2: The Negative Affects. New York, Springer, 1964
3. Tomkins S: Affect, Imagery and Consciousness, vol 3: The Negative Affects Anger and Fear. New York, Springer, 1991
4. Tomkins S: Affect, Imagery and Consciousness, vol 4: Cognition. New York, Springer, 1992

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Reprints of Book Forum reviews are not available.