

Understanding Trauma: Integrating Biological, Clinical and Cultural Perspectives

edited by Laurence J. Kirmayer, Robert Lemelson, Mark Barad;
New York, Cambridge University Press, 2007, 548 pages, \$100

Sandra L. Bloom, M.D.

This edited volume emerged from a series of workshops and conferences organized by the Foundation for Psychocultural Research. The intention of the three editors was to bring together a wide-ranging group of experts in neuroscience, behavioral science, and anthropology who could commonly address the subject of traumatic experience in order to undertake a creative exchange and make “significant steps toward the integration of diverse models and levels of explanation.”

To achieve this goal, the book is divided into three sections. The first section focuses on neurobiological perspectives of trauma and is largely concerned with basic science and thus is likely to present the most significant challenge to readers without a biological orientation. Recognizing the tendency of basic science research to rapidly outdate itself, the editors state that “some of the material presented in this section will no longer be cutting edge by the time this book appears in print.” The second section explores some clinical issues surrounding the treatment of traumatized individuals, with contributions from several notable figures in the world of traumatic stress studies. The focus of the third section is on cultural perspectives of trauma and the ways in which any comprehensive understanding of the subject must explore the cultural context and collective meaning—and memory—of any event. The contributors to this section are mainly anthropologists, who view the subject through the lens of their field experiences.

Although the stated goal of the volume is one of integration, a multiauthored book makes this task a challenging one, so the editors attempt to

Dr. Bloom is affiliated with Community-Works, Philadelphia.

compensate by beginning each section with a summary that places the individual contributions within the overall context and intent of the book. Their introduction neatly summarizes the challenges inherent in interdisciplinary integration. As with most edited volumes, there is variation in the readability of the various contributions, with some of the chapters pre-

Textbook of Men’s Mental Health

edited by Jon E. Grant, M.D., M.P.H., and Marc N. Potenza, M.D., Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 468 pages, \$80

Douglas Hughes, M.D.

This textbook is divided into three main sections. The first section is concerned with normal male development and comprises three chapters covering childhood, adolescence, and adulthood. The next section deals with assessment and treatment of several psychiatric disorders, including chapters on anxiety, depression, substance abuse, conduct disorder, antisocial personality, impulse control disorders, posttraumatic stress disorder, and sexual health. The final section encompasses several sociocultural issues for men. This section has seven chapters that address fathering, marriage, divorce, body image, muscularity, aggression, domestic abuse, culture, ethnicity, race, homosexuality, and the stigma of and barriers to treatment.

This book is well edited with a clear and easy-to-read style that is consistent and uniform throughout all the chapters. Each chapter begins with a believable case vignette, and the chapter content follows. The chapters end with a section of bulleted key points that reduces the chapter’s content down to two to four major important take-away messages. Most of the chapters also end with a

supposing greater knowledge of the subject than others.

Understanding Trauma is a textbook, not a book on trauma for the general reader. This volume is more for the specialist in psychological trauma who wishes to expand his or her knowledge and move into more interdisciplinary studies or for the specialist in transcultural psychiatry who wishes to know more about psychological trauma. Clinicians working with clients from diverse cultural backgrounds are likely to find material in this volume to be particularly helpful.

box of highlighted practice guidelines, which have three to five bulleted clinical points for therapists to be particularly mindful of when treating a male client with this particular illness or issue. Valuable tables are contained within many of the chapters. One example is the chapter on adolescence by Craig Erickson and R. Andrew Chambers, which presents a conceptual diagram of the developmental trajectories of gender-associated traits and psychopathologies emerging through this period. It sees males as being prone to cognitive-motor-motivational disorders, such as impulse control, substance abuse, attention-deficit hyperactivity disorder, tic disorders, antisocial personality, and suicide completion. In contrast, females are more prone to “cognitive-social-emotional disorders,” such as anxiety, depression, borderline personality, and suicide gestures.

The chapter on men, marriage, and divorce by Scott Haltzman, Ned Holstein, and Sherry Moss very sensitively covers male-specific issues in marital

Dr. Hughes is affiliated with the Department of Psychiatry, Boston Medical Center.

therapy and for divorced men. The consequences of divorce can be particularly devastating for men, with multiple losses—of spouse, primary guardianship of their children, the family home, financial stability, and often mutual friends. The chapter on the mental health of gay men by Michael King is exceptional. It gives a concise overview of the myriad of historical and current prejudices gays face in society and then addresses their mental health issues with a compassionate approach. King states that while “health service professionals are improving in their attitudes . . . many still need greater awareness of the gay lifestyle

and its association with health.”

Editors Jon Grant and Marc Potenza have conducted research and published jointly on impulse control disorders. Their considerable talents in this field are matched both by their editing skills and their selection of noted experts to contribute to this text. Many of the authors of these chapters are leaders in their respected fields. All of the authors have worked to produce a significant contribution to scientific literature. This textbook is mandatory reading for any therapist, regardless of discipline, who treats male patients. I plan on keeping my copy near my desk for easy reference. †

Culture and Mental Health: A Comprehensive Textbook

*edited by Kamaldeep Bhui and Dinesh Bhugra;
London, Hodder Arnold, 2007, 376 pages, \$180*

Pedro Ruiz, M.D.

The book *Culture and Mental Health* attempts to offer a thorough perspective of the role of culture in the most important aspects of mental health. This book goes beyond the boundaries of cultural psychiatry and is published during a very important historical period. The globalization process has reached all corners of the world, as well as all ethnic and racial groups. One of the core aspects of this globalization process is the cultural characteristics of all persons or population groups affected by or involved with it. This volume offers a unique opportunity to use a rich set of resources to address all relevant issues pertaining to mental health and mental illness among different population groups around the world.

An asset of this book is its editors. Bhui and Bhugra have spent several decades of their lives developing, delivering, and understanding mental health services systems in England that are directed to persons from different cultural backgrounds and so-

cioeconomic, ethnic, and racial subgroups. Additionally, their perspectives have been broad and encompass education, sociology, philosophy, anthropology, theology, and epidemiology, with strong emphasis on research and investigational perspectives. Culture, in this context, offers them the opportunity to link all of these topics within the scope of mental health. This, in my opinion, represents the uniqueness of this book, in addition to its creative alternative models to understand and treat, from a mental health point of view, different populations from all over the world.

Another positive aspect of this textbook is the international perspective that it offers. This book attempts to focus on all regions of the world with considerable success. Other books have been published previously on the topic of cross-cultural psychiatry with emphasis on different ethnic or racial groups living in a given country or geographical region, but these books do not focus on different ethnic or racial groups in their own environmental conditions or geographical areas.

I must, however, underline that this type of approach or model requires a deeper and more extensive focus and

review. Take, for instance, the four chapters dedicated to the Latin American region, South America and the Caribbean. Although quite good, these chapters do not represent all of the major contributions made in the field of cross-cultural psychiatry in this region. Actually, during the last two or three decades, Latin America has made major contributions in this field. I could also extend this opinion to the other regions of the world addressed in this textbook. Nevertheless, the authors have easily achieved their intentions in this regard.

The idea of dividing this text into two sections, one focusing on basic sciences and the other on mental health, is not only excellent for its educational applications but also offers a very informative comparative perspective between the two fields.

Finally, the authors selected as contributors to this book are all well-recognized scholars and experts in the fields of cross-cultural psychiatry, mental health, or both. I wish to congratulate Bhui and Bhugra for their excellent scholarly contribution, not only to the fields of cross-cultural psychiatry and mental health but to the field of psychiatry at large as well. †

Forensic Ethics and the Expert Witness

*by Philip J. Candilis, Robert Weinstock, and Richard Martinez;
New York, Springer Publishing,
2007, 212 pages, \$49.95*

John L. Young, M.D.

Once an obscure subspecialty, the discipline of forensic psychiatry has progressed rapidly. Once marginal and even controversial, it has become increasingly pervasive and widely accepted. It is not quite universally respected yet, but it is clearly maturing, a fact to which the volume reviewed here provides compelling

Dr. Young is clinical professor of psychiatry, Yale University, and attending psychiatrist, Whiting Forensic Division, Connecticut Valley Hospital, New Haven.

Dr. Ruiz is a professor and vice-chair of clinical affairs, Department of Psychiatry and Behavioral Sciences, University of Texas, Houston.

evidence. It also provides worthwhile material for profitable reflection by professionals across mental health disciplines.

By indicating in his introduction to the book that the usual rules of medical ethics do not apply in forensic work—and by focusing on the central issue of relationships—Paul Appelbaum might be opening the doors more widely than he intended. Reflection on the central place of relationships in order to discern what is ethical in practice forms the core of this volume's contribution. The authors carefully build on this firm foundation and present "a new integration of thought," as their acknowledgments section affirms.

The integration of thought begins with a broad and concise tour through an essential history lesson, beginning with the ancients and building on epistemological contrasts between natural science and the law to reach a lively and illuminating review of key ethical developments and debates that began with the emergence of forensic psychiatry and still continue. A brief contrasting account of the undisputed elements of ethics in this field follows. This sets the stage for an introductory summary of the two newer elements forming the heart of the authors' contribution: the emerging awareness of the ethical importance of culturally sensitive narrative and the development of a robust integrating professionalism. In preparation for treating each of these in detail, the authors provide a worthwhile set of illustrative case examples and typical probing ethics questions and answers—or at least opinions—followed by a brief yet comprehensive and useful summary of the current accepted ethics theories, both popular and somewhat lesser known.

As readers pursue the authors' developments of both narrative ethics and robust professionalism, I believe most will notice an interesting surprise. The concepts being exposed are of at least equal value regardless of one's particular professional focus. The discovery is clearer for following the carefully drawn distinction between the roles of clinician versus ex-

pert witness. The concepts could also be utilized fruitfully to evaluate research proposals involving human subjects. In this light the appendix of ethics codes from four professional organizations is not a mere appendix at all, but rather a set of starting points for developing one's expertise in ethics in ways that advance the ethical quality of one's practice.

The three collaborating coauthors invite readers to further study their broadly ranging sources, including some undeservedly overlooked literary works. Some important points are undertreated or omitted, but the 50-

page concluding section bridges many inevitable gaps. Using a seminal and controversial essay followed by a series of commentaries and discussions, the authors take their readers on a magnificent tour that prompts profound reflection in one moment and instructs on logical fallacy in the next. Thus the reader is prepared for a soft landing cushioned by a salutary humility in realizing the breadth of our professional interdependence. This book deserves and will amply repay attention from a wide audience, including all the mental health disciplines. ' "

Healing Body and Mind: A Critical Issue for Health Care Reform

by Roger Kathol, M.D., and Suzanne Gatteau; Westport, Connecticut, Praeger Publishers, 2007, 216 pages, \$49.95

Leslie R. Pyenson, M.D.

Almost any American can recite an example of how the U.S. health care system has caused personal stress and frustration. The urgent need for health care reform is debated regularly in the press, on television, in blogs, and in movie documentaries. Roger Kathol and Suzanne Gatteau offer a solution to an important aspect of the problem through an examination of "a fragmented health system, in which treatment of the mind (mental health) is severed from the body (physical health), resulting in mindless health care." Following the recommendations of an Institute of Medicine committee report (1), Kathol and Gatteau outline a program to integrate the treatment of physical and behavioral problems, which addresses concerns of patients, health care providers, and health plans.

The authors' evidence-based accounts of patients with familiar health

complaints illuminate the problem: segregating treatment of behavioral issues from medical issues results in persistent health problems, increased costs, and a decline in employee productivity. The authors note that patients with frequent somatic complaints make excessive doctor and emergency room visits, resulting in two million unnecessary hospital admissions per year, and adding an estimated annual cost of \$10 to \$20 billion (2). Additionally, the cost to businesses in the United States because of alcohol- and drug-related disorders totals more than \$100 billion a year. Despite high expenditures on services, in terms of quality of health care, treatment for alcohol dependence ranks last (3).

Rapidly rising health costs precipitated the development of a managed care system to replace traditional fee-for-service insurance. The managed care system was designed not only to deny coverage to patients who use services excessively but also to eliminate unnecessary procedures and tests. Unfortunately, this new system shifted decision-making power from clinicians to health plan administra-

Dr. Pyenson recently retired as chief of medical and psychological analysis at the Central Intelligence Agency and is currently a clinical consultant with SpecTal, LLC, Reston, Virginia.

tors. Medicine became a business focused on quarterly profits and a favorable short-term expense-to-income ratio, rather than on the long-term strategic goal of improving overall health. The emphasis on treating physical illness took precedence over treating behavioral problems, which were historically perceived as unrelated to physical illness, overdiagnosed, and unprofitable.

The authors describe the flaws in those perceptions. They outline a new paradigm based on employer commitment, coordinated communication among health care providers, and consolidated administration of medical and behavioral health plan coverage, which would include equitable reimbursement for behavioral health personnel based on coding procedures used in physical medicine. They point out that adopting their paradigm would decrease utilization of services, lower health costs, increase employee productivity, and improve overall health.

Dr. Kathol is an adjunct professor of internal medicine and psychiatry at the University of Minnesota and president of Cartesian Solutions, an integrated health care consulting compa-

ny. He is a past president of the American Academy of Clinical Psychiatry, the Academy of Psychosomatic Medicine, and the Association of Medicine and Psychiatry. His coauthor, Suzanne Gatteau, is a freelance writer.

Kathol's experience and Gatteau's writing skills have resulted in a book that offers a logical, rational solution to a complex health care problem. Health professionals, health plan administrators, consumers, and legislators seeking a solution to problems resulting from fragmented health care will find this book informative and practical. Its publication is especially timely in a presidential election year. ' "

References

1. Institute of Medicine: Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington, National Academies Press, 2005
2. Feldman MD: Playing Sick? Untangling the Web of Munchausen Syndrome, Munchausen by Proxy, Malingering, and Factitious Disorder. New York, Brunner-Routledge, 2004
3. Lewis DC: Alcohol screening fulfills important duty to patients. American Medical News, March 6, 2006

Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities, 2nd edition

edited by Nick Bouras and Geraldine Holt; New York, Cambridge University Press, 2007, 438 pages, \$85

Pamela Hoyt, M.D.

This book is a concise and well-written collection of chapters on the assessment and treatment of psychiatric and behavioral disorders among individuals with intellectual and developmental disabilities. It is broken up into four sections: assessment and diagnosis, psychopathology and special topics, treatment and therapeutic interventions, and policy and service systems. An international

group of contributors writes in a manner that is accessible to a variety of readers. They focus on multidisciplinary treatment, with strong contributions from the most current research. Although a relatively short book—424 pages with an index—considering the broad range that is covered, I found it to be comprehensive and very useful as a teaching guide and reference source.

Each of the 25 chapters is carefully constructed with an introduction, body, conclusion, and summary points, all with extensive references. This allows each chapter to stand on its own

as a useful reference in this notoriously complicated area of psychiatric care. It also gives readers rapid access to the specific information they desire.

The book covers a wide spectrum of topics, including diagnostic and assessment tools. Other chapters cover the topics of children, depression, anxiety, personality disorders, psychotic disorders, dementia, and forensic issues. Specific information on patient management includes some case examples, and the frequently encountered problem of self-injurious behavior is extensively reviewed. Psychopharmacology, which can be thorny in this population, is covered in depth as well.

In most training programs little time is devoted to this special population, which makes this book a valuable tool in the treatment of this diverse group of people. ' "

Patient Compliance With Medications: Issues and Opportunities

by Jack E. Finchan, Ph.D.; Binghamton, New York, Pharmaceutical Products Press, 2007, 232 pages, \$59.95

Sarah Guzofski, M.D.

Health care, including most psychiatric care, is largely organized around prescribing medication to manage illness, but while so much energy is focused on prescribing, more often than most providers consider, patients never fill or only occasionally take the prescribed medication. Although we have known about this problem for decades, the issue remains underaddressed. *Patient Compliance With Medications* takes a very thorough and thoughtful look at this issue, addressing the scope of noncompliance, what we know about the factors that contribute to noncompliance, theoretical models that

Dr. Guzofski is a psychiatry resident at the University of Massachusetts Medical School, Worcester.

Dr. Hoyt is an attending psychiatrist at Westborough State Hospital and Riverside Community Care outpatient clinic, Norwood, Massachusetts.

have been applied to this problem, and the current state of knowledge regarding successful interventions. The author, Jack Finchan, is a pharmacist who has written extensively on the issue of medication compliance and who has received numerous honors for his contributions to this field. He constructs a clear and comprehensive volume with a balance of theoretical and practical information likely to appeal to many readers.

The book opens with the author's introduction to the scope of the problem, describing noncompliance as a systems-level problem, rather than the patient's problem. He highlights the roles of the physician, pharmacist, and health system in addressing this issue. A particularly helpful chapter describes in some depth medication-related, patient-related, health professional-related and health system-related attributes that contribute to noncompliance. Another chapter describes the costs of noncompliance to the health system as a whole and in specific disease states. Definitions of noncompliance and theoretical models often applied to this issue, such as the health belief and stages of change models, provide a conceptual framework for the problem.

The author describes paths to addressing noncompliance, including the importance of open discussions

about the degree and reasons for non-compliance, as well as the need to address barriers, such as economic issues, fear of adverse effects, and hopelessness about recovery. The book closes with a chapter that emphasizes the prescriber's role in being thoughtful about compliance each time he or she adjusts or adds medications. It provides the reader with ten specific questions to be asked before prescribing a new medication for a patient, which are intended to increase the likelihood that any new medication is added only if it is truly warranted.

Noncompliance is a universal issue in health care, and, as this book describes, one that prescribers often leave unaddressed. This book would be readily accessible to a wide range of health care professionals, including physicians, advanced practice nurses, pharmacists, nurses, and students. Notably, although this book does not focus specifically on adherence to psychiatric medications, special attention is paid to the impact of psychiatric disorders on compliance and the importance of compliance in the treatment of serious mental illness. The theoretical and practical information described can be readily applied to addressing compliance with both psychiatric and nonpsychiatric medication in most practice settings.

of their scope. Not only do they focus on theoretical issues, but each chapter includes a clinical vignette or two relevant to the topic at hand, as well as activity sheets, homework assignments, assessment tools, clinical caveats, and bibliographies. Early in the preface it is evident that these volumes are the editors' labor of love and are meant to provide a safety net and cheering section for clinicians who are willing to engage their psychotherapy clients in a manner that does not shy away from spiritual concerns.

The editors and contributors are clear that not all clinicians are personally called to this kind of a approach because of their belief stance and that others, despite being "believers," might be ill suited to engage their clients on spiritual matters. Clinicians are admonished to have their own spirituality nourished and well grounded before venturing into this arena. Toward this end, several chapters in volume 1 address clinicians' spiritual health and self-assessment. The fact that these volumes do not advocate turning psychotherapy into "spiritual direction" or pastoral counseling is also made quite clear.

What is recognized is twofold. First is that clients' spiritual histories and "baggage" can potentially be major millstones around the neck of their emotional health if not addressed. Second, and more frequently, their spiritual resources can be a driving force for change and a source of energy on the journey to health or recovery. The editors posit that mutually beneficial relationships can be developed between clergy and therapists who are open and are known for their willingness to include spirituality in therapy. The clergy can potentially become an active source for psychotherapy referrals, and therapists can refer clients with fundamental spiritual issues to clergy they know and respect. In addition, clergy and therapists who know and trust one another can provide consultation to each other in their respective disciplines as need arises.

Volume 1 of the set is more general and not as tightly organized as volume

The Therapist's Notebook for Integrating Spirituality in Counseling, Volumes 1 and 2

edited by Karen B. Helmeke, Ph.D., and Catherine Ford Sori, Ph.D.; New York, Haworth Press, Inc., 2006, 720 pages, \$79.90 softcover

Dennis Martin, R.N., L.I.C.S.W.

Regardless of the discipline, most training programs today espouse patient care or a treatment focus that is holistic—aimed at treating the complete person. Despite this, spiritual concerns typically receive short shrift in psychotherapeutic education and are often looked at as potential

clinical quicksand, fraught with danger and to be explored no more than ankle deep. The two-volume set, *The Therapist's Notebook for Integrating Spirituality and Counseling*, is mindful of this historical bias and addresses it directly, to include the potential pratfalls of psychotherapists entering this arena in the traditional 50-minute hour.

What makes these volumes extremely helpful is the completeness

Mr. Martin is affiliated with the crisis intervention team, Corrigan Mental Health Center, Fall River, Massachusetts.

2. Volume 1 opens with essays on the therapist's preparation to engage the client's spiritual concerns and addresses ethical issues and the dangers of letting one's religious beliefs potentially get in the way of clinical neutrality or objectivity. Tools are offered to enable clinicians to assess their clients' spirituality and to better understand their images and understanding of a deity. An interesting essay reviews how to use a genogram to assess a client's family faith history and the degree to which it has shaped a client's own belief system. Volume 1 ends with seven essays exploring applications of different faith systems to spiritual and existential concerns. These range from more common Judeo-Christian faiths to Eastern beliefs as well as an essay on an African Ntu spiritual perspective.

Of the two volumes, the second is more satisfying, because it is more tightly edited regarding practice concerns, defined target populations, and life-journey existential issues. Very specific essays are offered on how to integrate spirituality in work with children and adolescents and the elderly population, and detailed essays address engaging ethnic minority, gay and lesbian, Jewish, and Catholic populations. Volume 2 ends with a particularly compelling selection of essays about integrating spirituality in working with core life issues: illness, trauma, loss, and death. One essay that stands out is about working with fathers as they coped with fetal demise and miscarriage.

These two volumes are a very useful addition to the practice literature in the psychotherapy field. They are

so generously filled with vignettes and clinical tools that to call them how-to manuals would not be an exaggeration. It is clear that the editors hope to encourage clinicians to become more confident not only of the appropriateness of integrating spirituality into psychotherapy but also in their competence to do so. The sacred and the secular realms, although profoundly different in many respects, do have a core overlap. Suffering, birth, death, loss, and searching for identity and meaning are not only Biblical and existential issues but precisely the kinds of things that often bring people to the 50-minute hour. In the hands of a skilled and sensitive clinician, an openness to a spiritual perspective would appear to provide a powerful tool for healing in a holistic sense. †

Additional Book Reviews Available Online

Reviews of two additional books are available as an online supplement to this month's book review section on the journal's Web site at ps.psychiatryonline.org:

- † Mohit Chauhan, M.D., reviews *How to Fail as a Therapist*, by Bernard Schwartz, Ph.D., and John V. Flowers, Ph.D.
- † Jason Strauss, M.D., reviews *Mom's OK, She Just Forgets*, by Evelyn D. McLay and Ellen P. Young