

**Book Reviews**

**Reviewer Rating Scale/Échelle d’évaluation du réviseur**

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### Trauma


**Reviewer rating: Good**

**Review by Colin Cameron, MDCM, FRCPCC, Ottawa, Ontario**

“Man’s capacity for inhumanity is beyond normal comprehension,” begins Archbishop Desmond Tutu in his forward to this book. He continues, “Yet there is also within each one of us a potential for evil to dominate and possess us. By the grace of God, there is also in each of us a potential for overwhelming love.” I am sure these comments resonate for many of us who have worked with severely traumatized and tortured individuals; this book attests to the truth of these words.

This edited volume is very much the story of torture victims. Founded in 1992, this specialized polyclinic has treated hundreds of patients from the former East Germany and more than 30 countries in Africa, Asia, the Balkans, and the Middle East. Each chapter is written by a member of this clinic and is augmented by plenty of case material. These anecdotes and the excellent translation from German make the book quite readable, although some of the graphic case descriptions may be disturbing.

It is hypothesized in the book that the existence of such a treatment centre in Germany is no accident, given that country’s history (that is, its Nazi past and the experience of the Berlin Wall), which may contribute to a wider societal acknowledgement of the reality of torture than is found in North America. In this age of globalization, however, the German context does not limit the book’s relevance. The stories and case examples are certainly not dissimilar to those we encounter, although there are some aspects that may not apply (for example, the peculiarities of the German refugee and asylum claims process).

Although not a reference source for the latest theory and research in the field of severe posttraumatic stress, the book offers basic descriptions of object relations, cognitive, behavioural, humanistic, and psychobiological understandings of the impact of severe trauma and torture on individuals. Theory and research are not its strengths, however. These lie, rather, in the case material and examples.

Different chapters in the book emphasize different aspects of the problems faced by torture survivors, together with the Center’s overall approach. The Center advocates for a holistic approach that includes assisting torture survivors to obtain medical, legal, social, economic, cultural, psychotherapeutic, and spiritual support. It describes its strategy as “Integrative Psychotherapy,” which uses psychodynamic, cognitive, behavioural, psychodrama, Gestalt, hypnotic, art, somatic (that is, concentrative movement therapy), and family therapies.

Again, the book does not go into detail about how to assess and provide psychotherapy to torture victims. Through the cases described, however, it does give a broad overview that demonstrates the complexity of this work and why too narrow an approach is unlikely to meet with successful outcomes. It also repeatedly emphasizes the importance of prioritizing trust and maintaining clear and consistent therapeutic limits and boundaries.

The Berlin Center for the Treatment of Torture Victims is politically neutral; in Chapter 7 Christian Pross writes that it is important for therapists in this field to limit political involvement. Despite this, parts of the book display quite a bit of political editorializing. For example, Chapter 7 critiques the German refugee and asylum process and also advocates for public victim forums. Similarly, Chapters 10, 11, and the Afterword critique the German refugee asylum process, and Chapter 11 critiques the judicial system under which male judges may hear the cases of female victims of torture.

Chapters 9, 10, 11, and the Afterword give an excellent description of the problems legitimate refugee claimants often face, but the book’s failure to address the fact that some asylum seekers may indeed fraudulently claim to be torture victims is a shortcoming. The book seems to assume that denied refugee claims are mostly due to the system’s failure to take into account the biological, psychological, social, political, and cultural issues that prevent asylum seekers from giving an adequately detailed story. It would have been helpful if at least some attempt had been made to look at the issue of false claims and the problem of malingering.

Chapter 8 includes a particularly interesting perspective from Britta Jenkins, a translator and receptionist at the Center. She writes about speechlessness, language, and our tendency to try to minimize horror. She relates her personal experiences, describes their impact, and...
offers her approach to handling things: she speaks to others about what she has seen and heard. This viewpoint from a nonclinician working with trauma survivors does not often receive due recognition. It is one we should likely consider more in settings where trauma survivors are treated.

Another especially good contribution is offered by Johan Lansen, in Chapter 12. He eloquently reminds those of us who work in this field of the potential personal pitfalls, including vicarious traumatization, mood and anxiety problems, and burnout. However, he also describes the work’s potential benefits, including the inspiration it can bestow and its potential to elevate, humanize, and make us wiser. He suggests some practical ways to tip the balance in favour of the benefits by limiting workloads, taking short breaks between sessions, engaging in case presentations and discussions with peers, debriefing after particularly difficult occurrences, and obtaining formal supervision and consultation.

This is not a book for those who are looking for hard science and research to provide best practice and evidence-based care. It is, nonetheless, a valuable contribution summarizing the experience, perspective, and work of one of the world’s only centres entirely devoted to the care and treatment of victims of torture and political oppression. The writers are clearly a dedicated group whose stories and ideas are worth listening to.

In his forward, Desmond Tutu concludes, “May it [this book] also encourage those who are concerned for human rights to an even stronger commitment and zeal to oppose oppression.” I do believe that this volume can at least meet part of Archbishop Tutu’s wish; that is, to motivate, energize, and inspire those working in this field to continue and to engage others in this work.

### Substance Abuse

#### Drug Addiction and Drug Policy: The Struggle to Control Dependence.

**Reviewer rating: Good**

**Review by Nady el-Guebaly, MD, FRCPC, Calgary, Alberta**

A fascinating mix of fact and strongly held ideological tenets underpins approaches to the management of addictions. Clinicians dedicated to delivering care to individuals using drugs soon encounter the impact of social policies on their lives as well as on the available management options.

In the first chapter of this book, MH Moore outlines the distinction between “demand reduction” policies that attempt to reduce the flow of drugs and “supply reduction” policies that involve prevention and treatment efforts. The objectives of these policies may either be “zero tolerance,” aimed at eliminating illicit drug use, or “harm reduction,” aimed at reducing the adverse consequences of drug use. This matrix affects the implementation of prevention policies and the points of intervention. The prevention efforts discussed in the chapter are conceptualized as encompassing enforcement initiatives.

Brownsberger follows, with a demographic description of drug users and dealers. He discusses the measurement weaknesses of the current database on prevalence: both the Monitoring the Future survey of high school students and the broader National Household Survey rely on self-reports, which leads to underestimation. These surveys also fail to interview dropouts, a high-risk subgroup for drug use. While drug users come from all ethnic groups and socioeconomic strata, heavy users live disproportionately in poverty and have a high probability of criminal behaviour.

The next 3 chapters critique the meanings of addiction. Heymann discusses the concept of addiction as a chronic relapsing disease and suggests conceptualizing it as, rather, a matter of ambivalent drug use. Treatment-outcome studies showing high relapse rates are contrasted with community samples and naturalistic studies, such as one on Vietnam veterans, where addicts report significant recovery rates with some consistency.

SL Satel reviews the evidence provided by the “brain disease lobby” and marshals the evidence of its limitations. The purported limitations of pharmacotherapy (for example, Naltrexone) are contrasted with the promises of therapeutic communities such as Phoenix House. According to Satel, what is most needed is “enlightened coercion” that includes drug courts and contingency management.

GE Vaillant provides easier reading with his review of the last century’s evolving position regarding responsibility for drug abuse—a shift from moralism, to malevolent dealers, to the “powerful drugs,” to a guilty society. He also argues that coercion rather than blame has provided more successful outcomes, as exemplified by employee assistance programs, methadone therapy, and self-help groups. He suggests that a structured “carrot and stick” approach is more powerful than either coercion or care alone.

MAR Kleiman’s chapter discusses the current pessimism surrounding drug and correctional policies. Drug diversion involves offering a defendant options to incarceration. In drug courts, the judge acts as case manager. Drug diversion programs are examples of “coerced abstinence” rather than “coerced treatment.” Kleiman suggests that probationers and parolees should be subjected to twice-weekly testing and briefly incarcerated if they test positive. In this model,
compliance would be rewarded by reduced supervision. According to Kleiman, whether marijuana or alcohol should be excluded is debatable. Brownberger discusses the potential limitations of this approach: while the costs of coerced-abstinence screening programs are likely to be justifiable for serious offenders, the tedium and humiliation of frequent court visits would not be acceptable to defense counsels as a strategy.

About 1.5 million people are arrested in the US every year for drug-related violations. VP Caulkins and Heymann focus on the million or so “low-level” dealers who move drugs from “kingpin” dealers to consumers. In the US, about 100,000 are sent to prison, with an average time served of 33 months but with enormous heterogeneity in the sanctions. How tough should society be, and with whom? As an alternative to the current practice of “muddling through,” these authors propose a shift to sentencing at the local level, with tougher sentencing guidelines for the subset of dealers with “unusually destructive patterns” of dealing.

The last chapter, by D Boyum and P Reuter reframes the conventional “cops vs docs” debate. What priority should be given to the roles of criminal justice and health care? Should strategic objectives be expanded to include social assistance? For example, what proportion of public assistance should be spent to support drug habits? These authors argue that drug policy-makers should pay more attention to programs such as job training or providing public housing where drug use is not central.

Overall, the book aims to demonstrate that building walls between prevention, treatment, and law enforcement creates misleading distinctions. Yet, although it purports to offer thought-provoking insights into all aspects of drug management in the US, the book is mostly an analysis of the potential range of enforcement policies available. Coercion, enlightened or not, is still coercion. The disease premises underpinning demand-reduction programs are dismissed as a lobbying effort by clinicians. To this clinician, the book—while providing for some dry reading—is a good review of the literature supporting the criminal justice efforts. The middle chapters critiquing the “disease” concept are negatively selective in their references. The authors, half of them from Harvard, appear mostly to be criminal justice policy analysts, and the 3 chapters by clinicians present a selective critique. The data are from the US, and there is little attempt to present other countries’ experience. Harm-reduction tenets, including the rights of addicts, are not considered. Like many multiauthored books, the readability varies. At the price, it is a valuable addition to libraries specializing in addiction and useful to those who study a range of drug strategies.

Schizophrenia


Reviewer rating: Excellent

Review by David Whitehorn, PhD, RN, MsCN, Lili Kopala, MD, FRCPC, Halifax, Nova Scotia

Fifty years ago, schizophrenia and related psychotic disorders were essentially untreatable. There was little that a clinician could do for a person with psychosis. Up to that time, generations of young people had been diagnosed with dementia praecox, and many spent the rest of their lives in institutions.

As we enter the 21st century, the situation has changed dramatically. A range of effective, albeit imperfect, treatments are now available. Nearly all persons with these disorders are able to live in the community, and yet many clinicians, as well as the general public, continue to believe that psychotic disorders have a uniformly poor outcome. As well, recent studies demonstrate that few patients receive what would be termed “optimal treatment” (1).

While treatment improvements remain an important goal, a more immediate problem is how patients can actually receive the comprehensive programs of care that we now know to be effective. Helping to bridge the gap between what we know and what we do is the motivation behind this excellent new book.

The editors are well known and well respected in the field of schizophrenia. Both have published widely. Lieberman, currently at the University of North Carolina, was among the first to study clinical response in a first-episode population. Murray, at the Institute of Psychiatry in London, has been instrumental in contributing to the understanding of schizophrenia as a neurodevelopmental disorder.

In the title of the preface, Lieberman and Murray state their goal for this new book: “Bridging the Gap Between Optimal Treatment for Schizophrenia and the Treatment Most Patients Receive.” They note that patients with schizophrenia are often viewed as a low priority in the health care system. They note also that “far too often the prevailing dynamic is to leave well enough alone rather than trying to find the best treatments and continually seek further improvement in the patients’ conditions.” With this book, which brings together contributors from both side of the Atlantic to present a wide range of topics, the editors hope to bridge that gap—to bring actual care closer to the potential optimal care.

There is little doubt that anyone who shares this goal will benefit from the material made available here. This attractively produced and quite readable book contains several unique and thoroughly first-rate chapters. Further, its chapters...
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have themselves written a chapter bringing together the information in a coherent view of optimal care.

Approaching the book from the point of view of such a clinician we note that, although each chapter contains excellent information, the integration and synthesis of this information into a comprehensive approach to care is not directly addressed. If we were to suggest a single improvement to this otherwise outstanding book, it would be for the editors to have themselves written a chapter bringing together the information in a coherent view of optimal care.

To address this concern in part, we sug-
gest that readers approach the chapters in an order different from that in which they are presented.

We suggest first reading chapter 23, “First Person Accounts.” Introducing 5 personal accounts, John Hsiao notes that “clinical research is carried out on groups of patients and clinical guidelines are for the aggregate of patients. But in fact, there is no such ‘average’ person with schizophrenia. Each individual and each family has a unique history, personality and circumstance.” We argue that comprehensive care begins by recognizing this individuality and recognizing, as well, our own tendency as clinicians and professionals to lump patients together under categories. (On a very positive note, nowhere in the book are people with schizophrenia referred to as “schizophrenics,” a term that clearly indicates both a lack of understanding of the individuality of persons with schizophrenia and a confusion of the person with the illness.)

While it is laudable that the editors have included personal accounts, it is unfortunate that the accounts are buried at the back of the book—as so often happens with the actual experience of persons with psychosis. As well, these personal accounts have all been previously published in the Schizophrenia Bulletin; the most recent is from 1995. It would have been helpful to have more up-to-date first-person stories, reflecting the recent changes in attitude and treatment modalities.

From the point of view of a comprehen-
sive clinical approach, we suggest that the reader turn next to Chapter 7, “Clinical Interactions with Patients and Families,” by Diane Perkins, Jennifer Nieri and Janet Kazmer. This is a marvellous chapter, filled with the kind of practical information and attitudes that clinicians need. The authors use a timeline framework to discuss issues arising prior to illness onset, during the apparent prodrome, at first episode, and in chronic illness. The importance of providing straightforward information to patients and their families is demonstrated at each stage. This chapter represents a refreshing acknowledgement of the importance of comprehensive care of the family as well as the patient, together with an appreciation of the way in which both patient and family experience psychosis. It also includes a brief outline of the range of treatment modalities required at each stage. The stigma associated with a diagnosis of schizophrenia is noted. This chapter is perhaps the best in terms of helping a clinician interested in organizing comprehensive care for persons with schizophrenia.

The next chapter for clinicians to read might be “The Outcome of Psychotic Illness,” written by Jane Kelly, Robin Murray and Jim van Os. It begins with the questions that families ask: “What will happen to our child? Will our child be able to lead a normal life? Will our child get sick again? Will our child end up in an institution?” The information in the chapter provides a basis for clinicians to formulate answers to these important and difficult questions. From the start, the chapter emphasizes the heterogene-
ity in outcomes and the heterogeneity in symptom presentation. The rule of thumb still applies: one-third of patients do extremely well, one-third do relatively well, and one-third do poorly. The difficulty is that we currently do not have the means to accurately predict at first episode which patients will fall into each of these outcome categories.

The authors offer an overall model taking into account several risk factors and their association with outcome. It is interesting that this chapter uses the term “psychotic illness,” rather than schizophrenia. In this regard, the outcome model includes a dimension that differentiates psychosis associated with affective disorders from psychosis associated with schizophrenia.

The term “psychosis,” rather than “schizophrenia,” is also central to Patrick McGorry’s chapter, a stunning summary of his current thinking on prevention. The chapter is passionate and challenging. For those who have not previously encountered McGorry’s work in early psychosis, this chapter introduces the idea that psychotic disorders might in some way be preventable.

For example, after developing a pioneering early-psychosis program for patients with a first episode of psychosis (the Early Psychosis Prevention and Intervention Centre [EPPIC]), McGorry and his colleagues in Melbourne took the additional step of looking back to the early course of psychotic illness to offer care and to conduct research with health-
seeking young people who appeared to be at ultra-high risk of developing a fully diagnosable psychotic disorder. Perhaps nowhere else in the field of psychiatry is the possibility of prevention being so systematically explored.

The fact that some of the chapters use the term “schizophrenia,” while others talk of “psychotic disorders,” reflects an important ongoing debate within the field.

This debate over the use of the terms “schizophrenia” and “psychosis” casts a different light on Richard Wyatt’s chapter on schizophrenia diagnosis. Wyatt includes an extensive table illustrating the myriad interactions of psychiatric and medical conditions, genetic syndromes, environmental toxins, and medication side effects that can result in psychosis.

He carefully and thoughtfully traces the history of the diagnostic criteria for schizophrenia that culminates in the current DSM-IV and ICD-10 systems. He concludes with a table of the currently recognized subtypes.

Of importance to clinicians, but not addressed in Wyatt’s chapter, is the real-life issue of how a schizophrenia diagnosis is used, along with its meaning to clinicians, patients, and families. Despite the heterogeneity in its presentations and outcomes, some clinicians—and many patients and families—view schizophrenia as a monolithic illness with a universally poor outcome. Because of these misconceptions (not to mention the mass media’s use of the term to describe persons with “multiple personalities”), many clinicians prefer the term “psychotic disorders.” This term conveys the idea that we are not dealing with a single disorder (schizophrenia) but with a family of related disorders that may vary in their presentations and outcomes.

“What causes psychosis?” is another question frequently asked by patients and their families. In the chapter entitled “Pathobiology of Schizophrenia,” John Waddington and Maria Morgan provide the background information that clinicians need to supply patients and families with information regarding the disorder’s causes. Here, the authors present a strong argument for a unified developmental etiology. They review important evidence, including the excessive presence of minor physical anomalies in persons with schizophrenia, and they explore the subtleties and misconceptions associated with the term “neurodevelopmental.” They introduce the concept of “lifetime trajectory,” emphasizing that brain development continues in many stages throughout the lifespan.

Clinicians will also benefit greatly from the chapter, “Substance Abuse Comorbidity,” by Robert Drake and Kim Mueser. Drake and Mueser directly address the issue of service organization, noting that “by the end of the 1980s, clinicians, advocates and researchers called for the formation of integrated programs that combine mental health and substance abuse services,” and proceed to describe the nature of integrated treatment programs. That so few integrated programs exist again demonstrates the gap between optimal care and actual care.

This book also contains several chapters that are related less to the specifics of optimal care and more to the issue of organizing optimal services. In this regard, Robert Rosenheck and Doug Leslie provide a readable introduction to economic analyses of schizophrenia treatment—clearly a key topic in terms of bridging the gap between optimal and actual care. This chapter clarifies methodological issues. Of particular interest is the observation that the results of economic studies of the newer and more expensive antipsychotics depend upon the patients’ pre-study service use: cost savings may be found for patients with high service use, particularly if their care involves inpatient services. Conversely, introducing the more costly medications may lead to an overall cost increase for patients with relatively low service use.

In “Systems of Care for Persons with Schizophrenia in Different Countries,” T Scott Stroup and Joseph Morrissey conclude that no country has yet developed a comprehensive plan for the care of persons with schizophrenia. They conclude as well that “services for persons with schizophrenia are sub-optimal worldwide, expect for a few model programs.” The authors express concern that persons with schizophrenia “will not fare well in wage-based economies that use market forces to allocate health care resources.”

Providing optimal care to patients with psychotic illness will require 2 approaches. Clinicians need to be competent in the latest treatment modalities, recognizing that optimal care must be comprehensive and include a range of modalities to address a spectrum of issues. At the same time, those who direct the funding and organization of clinical services need to structure health care delivery to allow clinicians the resources to provide optimal care.

This volume is an important and unique step forward in advancing the cause of optimal care for persons with psychosis. As the editors state in the book’s dedication: “We hope that it may help to ensure that more people suffering a psychotic experience receive the good care that they deserve.”

Reference

The following books have been received; the courtesy of the sender is acknowledged by this listing. Books of particular interest to readers of the *Journal* will be reviewed by selected individuals. Not all books are available for review.


**Catalysts For University Education in Developmental Disabilities.** Bruce D McCreary, Patricia Pippin Barbara Stanton, editors. Kington (ON): Queen’s University; 2001. 219 p. CAN$30.


