

Book Reviews

Michael H. Ebert, M.D., Editor

Substance Abuse: A Comprehensive Textbook, 3rd ed.

edited by Joyce H. Lowinson, M.D.; Pedro Ruiz, M.D.; Robert B. Millman, M.D.; and John G. Langrod, Ph.D. Baltimore, Md., Williams & Wilkins, 1997, 956 pages, \$162.00.

This outstanding book grew out of the editors' concern that a specialized volume was needed to integrate the major aspects of current knowledge in substance abuse given public and governmental focus on its impact on health, quality of life, and economic productivity of the young. The scope of this ambitious volume is well met by the excellent panel of contributors who have provided the most comprehensive text in the addictions.

The book has 12 sections that cover the following topics: (1) historical perspectives and epidemiology; (2) neuroscience, genetics, and psychological models; (3) specific substance-based reviews of the major drugs of abuse, including alcohol; (4) compulsive and non-drug addictive behaviors; (5) evaluation and treatment with an emphasis on interview- and laboratory-based diagnosis; (6) treatment approaches, from self-help to specialized therapies, and pharmacotherapies; (7) management of medical conditions associated with substance abuse; (8) human immunodeficiency virus infection and acquired immunodeficiency syndrome; (9) special populations such as women, children, adolescents, and various ethnic groups; (10) prevention and education including school and community programs; (11) medical education and staff training; and (12) policy issues including the role of advocacy groups, managed care, and workplace regulations.

Within these sections, individual chapters fill out the topic area. As such, this book is very easy to read since knowledge can be acquired incrementally through each chapter. Noticeably, the individual chapters have a unifying structure, and it is of great credit to the authors that the text reads well throughout with a consistent style, a nicely formulated conclusion, and a detailed list of citations. Since the original publication of this book in the early part of the decade, there has been an explosion of both basic and clinical knowledge in the addictions. Emphasis on biological mechanisms, sophisticated measuring tools such as neuroimaging, and insights into behavioral genetics have increased. New pharmacologic treatments for alcoholism and opiate addiction have been introduced. Hence, it is likely that a new edition of this volume will be in the offing within the next few years. However, this should not deter anyone from purchasing this book and in no measure detracts from the utility of this volume since all books are anchored in time with supplemental knowledge provided from peer-reviewed journals. What updates are needed can, therefore, be easily addressed by those who make some attempt to follow the literature. Importantly, this book is outstanding in its layout of the major tenets and principles in the field. There is consistent integration and cross-referencing within the sections, and the clinically based

sections are quite authoritative. Simply, no book in the field can match the scope, depth, and consistency of production of this volume.

In summary, this outstanding book is a major contribution to the addiction field. The editors have achieved the formidable task of assembling an enormous volume of knowledge and have presented it in an organized, informative, and authoritative text. At some time, the authors should consider a handbook of this volume so that it can reach a wider audience. Both scholars in the field as well as practitioners and students will benefit greatly from having this book, which should certainly be on the shelf of all addiction specialists.

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The Cultural Contradictions of Motherhood

by Sharon Hays. New Haven, Conn., Yale University Press, 1996, 288 pages, \$30.00; \$15.00 (paper).

Author and sociologist Sharon Hays describes the "cultural contradictions of motherhood" clearly and precisely. The dilemma for many women is one of attempting to be a warm and nurturing mother figure in a society that values competitive self-advancement. The powerful bond of motherhood is highlighted throughout the book, and the concept of "intensive mothering" is described. The modern view of children as being "priceless" and innocent, and mothers as the custodians of these virtues, sets the framework for this cultural contradiction of motherhood. The issue is how to achieve and maintain this commitment to intensive mothering in the self-interested and profit-driven society in which we find ourselves today.

The ideology of intensive mothering, Hays indicates, is "the dominant ideology of socially appropriate child-rearing in the contemporary United States" (p. 9). This ideology proposes that the mother assumes a pivotal role and that a great deal of time, energy, resources, and emotions are devoted to raising the priceless child in an expert-guided environment. All of this occurs in a society where professional success confers greater status than motherhood. This is the paradox that the author is describing.

The book traces the position of children in society from the Middle Ages in Europe to the present day. In Europe in the Middle Ages, children were viewed as demon-like and completely lacking in social worth compared with the modern-day image of the innocent child whose worthiness lies in his or her innocence. Ms. Hays includes information from interviews with a variety of mothers as well as ideas from history regarding child-rearing and contemporary child-rearing texts.

The negative attitude toward this cultural paradox is apparent throughout the book. However, on a broader scale, perhaps the reader should consider that the ability to achieve emotional diversity and to meet differing psychosocial obligations would seem to indicate a degree of success rather than be a potential problem or a negative situation. To be both nurturing in the home and competitive when called upon in the workplace could be viewed as having achieved great psychological stability. The "cultural contradiction" may then be thought of as being consistent with women's psychological growth and development through the ages. The "paradox" described by the author may be an indicator of emotional well-being and could signal women's great psychological strength in adapting to this situation. The book places too much emphasis on the plight of women when, in a broader sense, the "cultural contradictions" could be extended to include men. The traditional role of men has been to protect the home and family, whereas at work they are expected to be competitive in their pursuit of advancement. There are even those men who may want to be nurturing in the home, but society does not traditionally see them as nurturing figures. These too could be seen as paradoxes.

The reader may want to consider the larger picture in which both sexes may be part of a "cultural contradiction," and one in which these circumstances could relate to the individual's emotional maturity rather than represent a troubled situation.

Overall, the book was both informative and refreshing, taking a closer look at the role of women in our society. For working mothers, it may provide an understanding of the ambivalence that they may be experiencing in their lives. For the psychiatrist, it sheds new light on what pressures and stressors mothers may experience and could be helpful in understanding psychopathology related to these issues. *The Cultural Contradictions of Motherhood* speaks not only to mental health professionals, but to a diverse audience including women and their husbands and children.

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The Developing Mind: Toward a Neurobiology of Interpersonal Experience

by Daniel J. Siegel, M.D. New York, N.Y., Guilford Press,
1999, 394 pages, \$37.95.

Daniel Siegel is a psychotherapist, and from what I know about him, an excellent one. He is also a child psychiatrist who is very knowledgeable about memory research, early attachment and its effects on emotional development, the latest neurobiological theory relating to cognition and emotion, and the way in which each of the latter may influence symptom formation and interpersonal relationships. I bought the book before I was sent a copy for review; I knew that this book was one I should keep handy when I wanted to improve my understanding of information on which the future science of psychiatry will be based.

The book consists of 9 chapters, each devoted to a specific topic. As the book evolves and new ideas are added about each subject, the author continuously integrates the information into a model of human development and psychopathology. The first chapter provides a brief overview of mind, brain, and experience. Subsequent chapters discuss memory, attachment, emotion, modes of processing and the construct of reality, states of mind and subjective experience, and self-regulation and how

these processes play out in terms of interpersonal relationships. The book is highly technical at times and is not one to be digested in a single sitting, but thanks to careful writing and judicious editing, it is understandable and clear.

There is one caveat for readers. Like many books that attempt to synthesize complex research and apply it to everyday life, there is always a danger that matters will be oversimplified and overgeneralized. The ideas expressed are reasonable and fit with what we have learned, but they are not necessarily the only way to view the world and ourselves. For example, hemispheric specialization is a fascinating topic, but we still have much to learn about its actual nature; neurotransmitters are important, but we may change our ideas about their role as we learn even more about them; and while our knowledge about brain and behavior is developing quite nicely, I expect it is primitive compared with what we will know in the future through noninvasive imaging technologies. The author warns us about this, but it is easy to forget his advice amid the exciting new frontiers discussed in the book. Perhaps Dr. Siegel will come back in 20 years or so and give us an update on the subject. I certainly hope so.

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Traumatic Grief: Diagnosis, Treatment, and Prevention

by Selby C. Jacobs, M.D., M.P.H. Philadelphia, Pa.,
Brunner/Mazel, 1999, 150 pages, \$19.95 (paperback).

By uncanny coincidence, on the eve of my planned reading of Selby Jacobs' monograph *Traumatic Grief: Diagnosis, Treatment, and Prevention*, I was called to do a consultation with a young man whose wife and young child had been suddenly and violently killed the previous evening by an out-of-control car. As a result, my reading of this dense brief for the acceptance of this new diagnostic entity was spurred by an urgency to find backing for my clinical judgment from research and someone more experienced in dealing with a situation I have rarely seen.

A Yale professor and Director of Connecticut Mental Health Center, Jacobs evidently has worked for many years with grieving patients and has published several articles characterizing reactions to death and outlining treatment strategies. Conceptualizing death of a significant other as a rupture in a sustaining attachment and the consequent grief as a form of separation anxiety, he proposes a diagnostic entity of traumatic grief combining separation anxiety with posttraumatic signs and symptoms. He stipulates that a duration of symptoms of 2 months and significant dysfunction in work, social, or other areas are needed to clinch the diagnosis. He systematically lists diagnostic criteria in DSM style, including (1) the occurrence of the syndrome after the death of a significant other, with significance determined by the patient; (2) intrusive, distressed preoccupation with the deceased with typical pangs of longing and often searching behavior; and (3) a list of symptomatic manifestations including several typical symptoms after trauma such as detachment, feelings of futility or emptiness, avoidance of reminders of the deceased, irritability or anger related to the death, and assumption of symptoms or behaviors of the deceased.

Jacobs compares his proposed delineation of pathologic grief as centered on disrupted attachment and separation anxiety with that of others, especially that of Mardi Horowitz, who focuses on the traumatic stress aspect of disordered grief. Many

studies Jacobs cites attest to the substantial frequency of pathologic grief configured in large part as he proposes. He anticipates objection to the diagnosis by those who fear that psychiatric approaches would interfere with natural or traditional processes of grieving and social support. Therefore, he takes great care to delineate pathologic from normal grieving. He has gathered formidable data on comorbidity with depressive, anxiety, and posttraumatic stress disorders and includes risk factors for traumatic grief such as violent death, loss of a spouse or child, a problematic relationship with the deceased, and inability to confront the death during a terminal illness.

By looking at data on psychopharmacologic and psychotherapeutic treatment of separation anxiety disorders in children as well as pathologic grief and posttraumatic stress disorder in adults, Jacobs develops evidence to authorize the treatment algorithm he proposes. He suggests that suicidal ideas, fear of loss of control, and severe functional disorder mandate more aggressive treatment. Four concise but vivid case examples help clarify both diagnostic and treatment proposals. He aptly includes self-help groups as useful. A center focused on grief and loss, like one in my area, may be an important pathway for intervention in high-risk cases without a requirement for psychiatric diagnosis. I wish Jacobs had included some discussion of countertransference or therapists' reactions. I found my own anxiety and feeling of responsibility or even guilt activated in the case of the traumatic deaths I cited.

In summary, the dry repetitive quality that may be appropriate to presenting a formal proposal for a new diagnosis makes the reading labored and tedious unless one has an immediate need for help as I did. However, Jacobs should be commended for clearly formulating a significant diagnostic entity and marshalling a strong case for its inclusion on conceptual, clinical, and public health grounds.

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Risk Factors for Posttraumatic Stress Disorder

*edited by Rachel Yehuda, Ph.D. Washington, D.C.,
American Psychiatric Press, 1999, 250 pages, \$42.50.*

Rachel Yehuda, director of the Traumatic Stress Studies Program at the Bronx (N.Y.) VA Hospital, has compiled a useful series of articles summarizing what is and what is not known about risk factors associated with the development of posttraumatic stress disorder (PTSD). A potential challenge in any edited book is to avoid redundancy and promote cohesion; Dr. Yehuda has succeeded. She chose 8 distinct areas of focus for the contributing authors (for example, epidemiologic, genetic, familial, or psychophysiologic risk factors). With Phillip Harvey, her colleague at Mt. Sinai, she coauthored an introductory article that sets the tone for the rest of the volume, telling the history of trauma studies in the last 40 years, identifying important areas of inquiry, and cautioning readers about the limits of current data.

The contributors stay within this careful framework. The modesty of their claims and their sensible explication of research challenges will be helpful to clinicians interested in the field of PTSD studies. In short, the authors let the data speak for themselves.

Drs. Harvey and Yehuda explain at the outset the advantages and disadvantages of applying a stress-diathesis model to the study of PTSD. They note the problem quantifying stressors and characterizing a victim's state of mind at the time of a traumatic event. They define advisable strategies for separating the consequences of trauma from any predisposing factors, such as previous trauma, developmental experiences, prior psychopathology, personality, cognitive and intellectual factors, and physiologic reactivity. They point out that the results of retrospective and cross-sectional epidemiologic studies are vulnerable to misinterpretation—while they are useful for hypothesis generation, they cannot be counted on for determining cause and effect.

Another major theme of the book, well described by A. C. McFarlane and echoed by others in the volume, is the important observation that the majority of individuals experiencing trauma do not develop PTSD. Dr. McFarlane understands that the diagnosis is a descriptive construct and that no particular diagnosis (like PTSD) has special status. Logically, then, PTSD does not occupy a unique place as a response to trauma. Since biological systems and psychological processes form the foundations of the acute stress response, he argues that we can better understand the psychopathology that arises in the wake of trauma by studying these generic processes.

The final chapter, written by Matthew Friedman of Dartmouth, places PTSD in perspective by reviewing the recent history of the diagnosis. The DSM-III (1980) criteria for PTSD represented an effort to destigmatize responses to trauma. He writes: "But for the grace of God, the DSM-III seemed to say, anyone might be in the wrong place at the wrong time—anyone might develop PTSD" (p. 223). That perspective now yields to data showing that some individuals are more vulnerable and others are more resistant to traumatic stress. One important goal of future research is therefore to define the specific factors governing the response to trauma, with the aim of finding effective treatments, both preventive and ameliorative.

Huge obstacles need to be overcome in order to achieve this worthy aim. The authors all emphasize that logistically difficult, prospective, longitudinal studies are necessary, and the number of variables to consider is enormous. Again, to quote Dr. Friedman, to what extent do traumatic reactions "stem from genetic, experiential, neurocognitive, psychophysiological, or characterological factors, or from all of the above in a bewildering array of permutations" (p. 226)? The value of this volume is that the authors, understanding the limits of the data, do not overreach and are careful to separate reasonable conclusions from speculation.

Although for the purpose of this review I have focused on general themes rather than specific findings, the book is worth mining for its good summaries of specific research data. It contains a reasonable balance of the contributors' own work and reviews of the literature. Dr. Yehuda's description of her study of the offspring of Nazi Holocaust survivors is but one good example of how well-designed research can surprise us and change our assumptions. Although some of the authors do better than others at organizing and presenting the studies in their areas, for the most part *Risk Factors for Posttraumatic Stress Disorder* is a well-written and unusually coherent collection of papers. It is recommended for any clinician interested in a guide to current PTSD research.

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