

The Sanity of Survival: Reflections on Community Mental Health and Wellness

by Carl C. Bell, M.D.; Chicago, Third World Press, 2004, 534 pages, \$27.95 softcover

David Pollack, M.D.

Carl Bell has been an icon of community mental health for the past 25 years. His work has touched many of his colleagues, whether mentors, peers, patients, trainees, or supervisees, not to mention many members of the general community who have benefited from his effective public policy and media activities. The book *The Sanity of Survival: Reflections on Community Mental Health and Wellness*, a compendium of his greatest hits, demonstrates on multiple levels what a treasure he is to public-sector psychiatry, especially to patients and to the practitioners who work in cross-cultural settings. (Isn't that all of us?)

First, the book exposes us to the many areas of theory and practice that Bell has explored during his career. These range from diagnosis-specific epidemiologic and treatment reports to carefully considered prevention and early intervention strategies to novel and culturally relevant research initiatives to broader social and public policy treatises. Many of these papers are focused on the African-American population from whose broad and diverse culture he emerged and to whom he has dedicated his considerable energy, curiosity, creativity, insight, and problem-solving skills.

The book is organized into six sections: "Public Health and Community Psychiatry," "Intervention Research and Advocacy," "Violence and Victimization," "States of Consciousness," "Cultural Sensitivity and Racism," and "Health and Well-being." Each section contains selected papers that Bell has authored

alone or in collaboration since the late 1970s. Each paper includes a brief introduction describing its relevance to the section theme and a postscript, which updates the paper's apparent clinical, policy, and personal career impacts. Many of the papers provide explanations for phenomena that have been masked by cultural insensitivity. Two notable examples are his vanguard work on black-on-black violence and altered states of consciousness among African Americans.

On a second level, this book demonstrates the career path of a model community psychiatrist. It follows the trajectory of a young and dedicated clinician who adapts to his clinical and social environment. He maximizes the financial and collegial resources available to him at any particular time to parlay them into powerful research-based clinical and policy forces. We see him transform educated observations into impressive and credible research projects that establish justification for funding for patients (and corresponding treatment modalities) who have received little prior attention or support. We rejoice in the maturation of a caring researcher and clinician into a powerful and influential policy thinker whose substantial and charismatic leadership is balanced by a deep respect for and acknowledgment of the patients and colleagues with whom he has collaborated. Without question, Bell is the epitome of the effective combination of evidence-based thinking with assertive socially responsible advocacy, essential ingredients for success in the difficult arena of public mental health.

Third, *The Sanity of Survival* is a searing treatise on the impact of culture and racism in our society and our profession. Bell's primal and pri-

mary dedication to the African-American community is the vehicle through which we all can learn and relearn the basic lesson that good clinical practice must seriously and comprehensively take cultural and ethnic factors into account.

Some readers may find the book too long, some of the papers a bit redundant, and some commentaries overly self-referential. These apparent excesses can easily be excused and accounted for by seeing the book for what it is: a generous "how-to" book for young and aspiring public mental health professionals and an unintentional, but justly deserved, monument to an exemplary career and a remarkable human being.

Clinical Manual of Anxiety Disorders

edited by Dan J. Stein, M.D., Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2004, 187 pages, \$32 softcover

RuthAnn Rizzi, M.D.

For those of us looking for a clear, concise primer on anxiety disorders, *Clinical Manual of Anxiety Disorders*, edited by Dan J. Stein, director of the MRC research unit on anxiety and stress disorders at the University of Stellenbosch in Cape Town, South Africa, is a well-organized place to start. It refers often to the two most comprehensive sources of psychiatric epidemiologic information: the Epidemiologic Catchment Area study and the National Comorbidity Survey. Given their importance in the evolution of the concept of anxiety and anxiety disorders, this introductory explanation is a welcome review. Readers will likely find it a useful companion as they begin to digest information from the current National Comor-

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bidity Survey–Replication (NCS-R).

Disorder-based chapters follow the overview chapter, with most contributors seeking to further the explanation of the epidemiology of each major disorder, with some variable results. In fact, if there is a flaw in the manual, it is in the variability in the content and presentation among the various chapters. That being said, each chapter is consistently laid out around *DSM-IV-TR* criteria.

Panic disorder and agoraphobia have concise epidemiologic and treatment sections and a slightly overinclusive section on neuroanatomy; this section would have been more helpful if subsequent chapters had followed a similar format for comparison. The various pharmacologic and psychotherapeutic treatment options are well referenced, a consistent feature throughout the manual. The chapter on specific phobia is thorough, although less so in the treatment review. Social phobia is given a more extensive review of ratings instruments and a broader review of treatment options than disorders in the preceding chapters.

Ratings scales are surprisingly

much less thorough in the section on obsessive-compulsive disorder, although there is an excellent narrative review of the various psychotherapies applicable for this disorder (the algorithm pales next to it) followed by a concise table of available pharmacotherapies. Posttraumatic stress disorder (PTSD) receives a useful discussion of nomenclature, a subject often fraught with semantic confusion in this disorder.

Perhaps the most useful concept is the allowance for major depression following trauma, taking the burden off PTSD as the sole clinical category of response to trauma. Again, various available psychotherapies are excellently explained. The strength of the chapter on generalized anxiety disorder lies in its real-life examples of the most common differential diagnoses.

Practicing clinicians are most likely to benefit from this manual, because its depth exceeds that of a general overview and can be further supplemented by its extensive references. It is a timely addition to clinical manuals, because the NCS-R highlights the high prevalence of anxiety disorders in society.

young. Consequently, Ms. Oliver's recovery of her father's life unfolds as an organic process. Slowly, by interviewing people who knew him, reading his journal, and visiting places where he lived, an image of the man evolves. Evolves is the critical word because each new piece of information gives the author and the reader a changing and increasingly more complex idea of who her father was. At one point she comments, "I'm building my father one anecdote, one image, one scrap of evidence at a time." Her slow process of gathering information allows for the constant transformation of her father. He is not static like so many parents who die young. Instead he changes, he develops, and, in a paradoxical way, he lives.

Because the author is a gifted writer, the chronicle develops like a good detective story. There are clues and a cast of fascinating characters along the way that enliven the story. But at its heart, this is not a piece of clever fiction. *Assembling My Father* is a daughter's attempt to know her father and in so doing to construct her own authentic identity. The book tackles the always elusive question of how we become the people we are. As the image of her father "shifts, moves and feints" so too does the identity of the author. Ms. Oliver goes through several profound changes until she comes to rest in a place that not only ties her to her father but seems right for who she has become as a result of her odyssey.

The book is its most poignant when the author writes to her father about what his loss has meant to her and to other people who loved him. How does anyone understand a suicide? How does anyone forgive the willful abandonment of a young family? Ms. Oliver has struggled to know her father and has found a way to grant him the peace of forgiveness. He would have been fortunate to know such a remarkable daughter.

Reference

1. Harris M: *The Loss That is Forever: The Lifelong Impact of the Early Death of a Mother or Father*. New York, Dutton, 1995

Assembling My Father: A Daughter's Detective Story

by Anna Cypra Oliver; New York, Houghton Mifflin, 2004, 355 pages, \$25

Maxine Harris, Ph.D.

In her wonderful and courageous reconstruction of her father's life, *Assembling My Father: A Daughter's Detective Story*, Anna Cypra Oliver does what so many people who lose a parent in childhood never have a chance to do: she moves beyond the frozen and superficial image of a man who committed suicide when he was only 35 and his young daughter was only five years old. For many, the early death of a parent has the effect of freezing the image of that parent forever. The

young energetic mother never ages; the athletic hopeful father never experiences the disappointments of middle age. The parent remains as he or she was on the day that tragic and unwelcome death took him or her away (1). By her process of psychological and literal sleuthing, the author of this moving and beautifully written chronicle comes to know her father just as a daughter might face the reality of a living father, "in excruciating little bursts."

As a child, Ms. Oliver knew very little of her father. Death took him away, but before that, her mother, part of the nomadic hippie culture of the late sixties and early seventies, left him when the author was quite

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Cultural Competence in Forensic Mental Health: A Guide for Psychiatrists, Psychologists, and Attorneys

edited by Wen-Sing Tseng, M.D., Daryl Matthews, M.D., Ph.D., and Todd S. Elwyn, M.D.; New York, Brunner-Routledge, 2004, 322 pages, \$49.95

Liya Xie, M.D., Ph.D.

Cultural competence is the application of knowledge, skills, experience, and personal attributes to respond respectfully and effectively to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes, affirms, and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each. As immigration has increased, so too has the need for clinicians to be able to adapt to the change. *Cultural Competence in Forensic Mental Health: A Guide for Psychiatrists, Psychologists, and Attorneys* presents a complete and contemporary overview of cultural issues with cultural perspectives in the practice of forensic clinical work. This book is organized in such a way as to cover various topics widely and comprehensively to serve as an introductory guide to provide culturally relevant and effective forensic mental health services. It is useful to a broad range of disciplines—psychiatry, psychology, nursing, social work, and law.

Culture is an organized system of knowledge and beliefs that guides and motivates behavior and largely determines the course of our lives. The legal system is a part of the larger sociocultural system, and the legal process is significantly influenced by the cultural backgrounds of the parties involved. The book discusses how cultural factors influence legal systems, legal procedures, and the practice of forensic psychiatry. The authors suggest cultural considerations in psychological assessment and forensic evaluation. They examine cultural aspects of various psychiatric disorders, crimes, and behavioral problems in forensic assessment.

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They recommend how to carry out culturally competent forensic evaluation in various types of criminal cases, civil matters, and family-court issues. The specialized subjects of competency, insanity, risk of violence, disability determination, and child custody are reviewed. Cultural aspects of civil commitment, maintenance of professional boundaries, and ethical issues are discussed. Most interestingly, 28 forensic cases are analyzed to illustrate the importance of cultural competence.

This book has one major error: it fails to fully understand the forensic psychiatry in contemporary Japan and China by stating that “[in] China and Japan, the legal system does not recognize psychological stress at the time of a crime but may recognize diagnosable mental disorders. So long as there is proof that the defendant suffered from a mental disorder, clarification of his or her state of mind during the criminal action may not be required.” In fact, “mental forfeiture” is not a name of a psychiatric diagnosis. It is a legal term equivalent to NCR (not criminally responsible on account of a mental disorder), which implies that the defendant was unable to appreciate the nature or quality of his or her act at the time of the offence or to know right from wrong. Certainly, some diagnoses are more likely related to “mental forfeiture” (NCR) than other diagnoses. Given the same diagnosis, however, psychiatrists may arrive at different opinions about the extent of “mental forfeiture.”

Cultural competence is a continual process of seeking cultural sensitivity, valuing diversity, and knowing about cultural mores and traditions of the populations being served. We should improve our cultural competence by upgrading our knowledge of various beliefs, attitudes, and values and using these skills to serve our clients more effectively.

Psychiatric Treatment of Sexual Offenders

edited by Jamsbid A. Marvasti, M.D.; Springfield, Illinois, Charles C. Thomas, 220 pages, \$49.95

Robert Hilt, M.D.

Fabian Saleh, M.D.

Psychiatric Treatment of Sexual Offenders aims to be a concise, yet thorough, resource on the current state of treatment of sexual offenders with a humanistic approach. It is generally successful at this goal. What the book does well is provide summaries of the literature in such a way that readers feel as though they are hearing from a full range of voices on each topic. References are used so frequently that it is unusual for a page of this book to contain less than four different sources. At each point of interest Dr. Marvasti quotes several authors' opinions and generally creates a good narrative flow. Given the volume of literature reviewed, this was no small task.

Unfortunately, in creating a good narrative flow, what can be lost is a critique of the quoted sources. Data are rarely provided, and when they are it is usually the number of patients in the study and the frequency of comorbidity. We found ourselves often wondering more about the quoted sources, especially when it came to treatments. The descriptions of therapies for sexual offenders are intriguing intellectually, but no data are given to support the effectiveness of any of these treatments. After 30 pages of descriptions of nonbiologic sexual offender treatments, Dr. Marvasti mentions that no program has been able to prove success at reducing recidivism and finally begins to address our question on page 95.

The chapter on pharmacotherapy and surgical treatments is impressive in both its thoroughness and its

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brevity. As a psychiatrist, Dr. Marvasti would likely know this area best, although he has reportedly worked primarily as a therapist at a clinic specializing in treatment of sexual offenders and their victims for the past 16 years.

Some redundancy is in the book, such as chapters 1 and 2 starting prominently with definitions of paraphilia and pedophilia and other overlapping content. Both of the first chapters tend to be definition heavy and relatively dry to read, especially

given the attention-grabbing subject matter.

As relative newcomers to this field, we found the book to be a helpful introduction to current biologic and nonbiologic treatments for sexual offenders. What is lacking is some further editing to make the book more coherent as a whole, more critical comments from the author about his quoted sources, or at least selected data which would have allowed the readers to provide their own critiques.

must learn to use “mindful awareness” in order to avoid the “mania” caused by excessive wants. Whybrow’s prescription includes being mindful of time, of technology, of natural appetites, and of balancing activity and exercise. These are again not new ideas, but the way he interweaves them with neurobiology is very interesting for those of a scientific bent.

This book does not have practical clinical application in treating patients, but it will be a worthwhile read for anyone who is interested in neuroscience and in the creation of the American society in which we live today. The prose is clear and concise, yet very creatively descriptive and easily readable. I have been inspired by this book to read some of this author’s earlier works.

American Mania: When More Is Not Enough

by Peter C. Whybrow, M.D.; New York, W. W. Norton, 2005, 338 pages, \$24.95

Sara Goldman, M.D.

In his newest book, *American Mania: When More Is Not Enough*, Peter C. Whybrow, M.D., bases his argument about the dangers of current American society upon an innovative and interesting premise. He uses his expertise as director of the Neuropsychiatric Institute and as professor of psychiatry at the University of California, Los Angeles, to compare the rise and fall of the quality of life in America with the cycles evident in bipolar disorder. He views the American search for happiness as having been “hijacked by a discomfiting and frenzied activity . . . reminiscent of mania,” and his stated goal in this book is to provide the reader with the tools necessary to “make conscious life choices that can mitigate the strain of our American mania.” He achieves this goal through intertwining basic philosophies about society with studies of human neurochemistry.

Whybrow’s book is divided roughly into thirds, with each third devoted to a different aspect of his argument. In the first third of the book, he explains his proposal that commerce and resultant personal debt

have caused the sacrifice of time for money. Although this may not be a new idea, the way Whybrow links this with the origin of American society as migrants is an interesting twist. The theme of how American society differs from other modern societies in terms of both behavior and genetics, because of its migrant origins, is a theme he explicates throughout the book. The early pages of this section are devoted to a somewhat lengthy explanation of Adam Smith’s theory of economics as it pertains to American society. I found this somewhat difficult reading, but the rest of the section is fascinating, particularly in its discussion of the dopamine reward system as it pertains to the natural selection of migrants for risk-taking and novelty-seeking behaviors.

The second and third sections of the book discuss the paradox of American society as a place of privilege in the world, yet abounding in high stress and resultant ill health. Whybrow compellingly compares the cycle of hypomania, mania, and depression to the rise and fall of e-commerce and the current dissatisfaction of many Americans today. I particularly enjoyed his observation that in the excesses of American society, “There’s no automatic shut-off when the gas tank is full,” so we

Handbook of Self-Regulation: Research, Theory, and Applications

Edited by Roy R. Baumeister, Ph.D., and Kathleen D. Vohs, Ph.D., New York, Guilford Press, 2004, 574 pages, \$70

Ellen B. Tabor, M.D.

Among the various models available for describing how the mind works, let us now add regulation. That is, a major task of development, and the practical definition of maturity, is the exercise of self-control. Our society looks down on those without self-control (the obese, the gambler, the addict, the thief) partly because of the disruption such behavior causes to society as a whole and partly because to be controlled in action and emotion is, in our culture and society, a sign of mental strength. To state this is obvious, but the editors of this book have gone below the surface and into the brain to examine the sources of various self-regulatory abilities and

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have then provided practical ramifications of being either strong or weak in the area of control.

The introductory chapters of this handbook ought to be read first, because they lay the foundation for what follows. They begin with chapters that discuss various aspects of basic regulation. They define many terms that we probably take for granted, and break down motivation into two main classes, nurturance related (for example, eating and drinking) and safety-related (for example, risk-taking behaviors). They go on to discuss the different mechanisms of striving toward these goals, which are quite opposite; nurturance-related behavior is engaged in until satisfied, whereas safety-related behavior tends to center around avoiding harm. Right away we see the pathologies that arise out of disturbances in the function of either behavior. The nurturance function and safety function can and often do operate independently but are based in the affect-laden anterior cingulate gyrus, with its connections to the limbic. Temperament can decide the loci of difficulty.

Self-regulation and self-control are related but not the same, and the distinction is interesting. Self-regulation refers to both conscious and unconscious processes that have an impact on self-control, but regulatory activities take place more or less constantly to allow us to participate in society, work, family life, and so on.

After a theoretical and experimental discussion of self-regulation, including discussions of psychological testing and fMRIs, the editors include articles concerning practical ramifications of deficits in self-regulation. Each article distinguishes between self-regulation (unconscious) and self-control (at least partially conscious) and relates deficits in self-regulation to disorders as diverse as attention-deficit hyperactivity disorders, eating disorders, substance abuse, gambling, and so on. It is clear that addictive disorders can be conceptualized as disorders of self-regulation as much as disorders of self-control and that the ability to resist temptation is a combination of con-

scious will and unconscious factors, such as temperament, development, "ego strength," and the strength of internalized selfobjects.

Clinical applications of the theory of self-regulation stem from the belief of most, if not all, of the authors that whatever differences and deficits exist in the ability to self-regulate, either innate or learned during development, can be modified by additional learning. Particularly and not surprisingly, they refer to cognitive-behavioral therapy as an especially useful treatment, one directed precisely at the problem, the lack of self-regulatory strength.

An especially interesting chapter looks at gender and self-regulation. Rumination is discussed as the tendency to think about the problem as a problem rather than to try to solve it. Rumination occurs for several reasons, including a tendency of women to feel more responsible for their emotional state than do men and to feel less control over their emotions and their lives than do men, leading to more thought and less action. Yet it also notes that because "women appear more likely than men to use rumination to regulate their negative moods," they are somewhat less likely

to use alcohol and other substances. However, many women use eating in precisely the same way that men are reported to use alcohol: to numb, to distract, and to soothe.

This book is quite a comprehensive handbook. It does not lend itself to casual reading and uses psychological jargon that is not always clear, at least to this reader, a non-research-based psychiatrist. The terms seem to have precise meanings in the psychological field, but in the book they were not always so useful in understanding the material and at times seemed to obfuscate it. In addition, the chapters reflect the increasingly popular but annoying practice of listing each reference by its entire roster of collaborators rather than by a number, which makes for choppy reading. However, I believe that the concept of self-regulation provides yet another useful model and framework for understanding human development and the development of human psychopathology, particularly with reference to addictive and impulse-control disorders. This fascinating compendium is a worthwhile reference for everyone interested in various explications of human behavior.

Framing ADHD Children: A Critical Examination of the History, Discourse, and Everyday Experience of Attention Deficit/Hyperactivity Disorder

By Adan Rafalovich; Lanham, Maryland, Rowman & Littlefield Publishing Group, 2004, 208 pages, \$75

Maureen Kaplan, L.I.C.S.W.

Adam Rafalovich's *Framing ADHD Children: A Critical Examination of the History, Discourse, and Everyday Experience of Attention Deficit/Hyperactivity Disorder* offers an effective example of how real-life narratives provide richness and multidimensionality to a topic, broadening his original hypothesis

about attention-deficit hyperactivity disorder (ADHD) from the specific to the general. Rafalovich, assistant professor of sociology at Texas Tech University, demonstrates in highly readable fashion how "the experiences people associated with ADHD have are connected to the various and sundry ADHD discourses that are found in the medical and popular literature."

The book opens with a history of what we now know as ADHD, tracing its roots back to the 19th century,

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when the disorder was called “idiotcy” and “imbecility.” Rafalovich then describes his study, in which he recruited 90 participants constituting groups of clinicians, teachers, parents of children with ADHD, and the children themselves to participate in structured interviews about their experiences with the disorder.

One theme that runs throughout the book is how ADHD is conceptualized by each group, which in turn influences the outlook of other groups. Another theme is the persistent ambivalence that exists within each group, driving home the lack of any consensus on the issues surrounding ADHD. Clinicians battle between psychodynamic and neurologic explanations. Teachers act as middleman between the clinician and the parent, demanding intervention to successfully perform their jobs. Parents become informal experts, seeking to understand the labyrinth of questions about the cause of the disorder, diet, medication, therapy, and social stigma. As in many debates, all points of view deserve careful consideration, and Ravalovich leads readers through the maze.

Rafalovich concludes that “ADHD is a socially negotiated phenomenon,” a disorder “riddled with reliability and validity problems, shown in the plurality of ways ADHD is understood.” What mental health professionals already know about the desire for the quick fix is reconfirmed: “rapid fire culture fails to ponder ADHD in any critical way because it lacks the time,” and thus for “children who cannot successfully negotiate the experience of rapid fire culture, the care they receive is pharmacological.”

Throughout the book, the reader is presented with a succession of study participants grappling with unanswerable questions. One cannot ignore the faint tick-tock of a giant clock reminding us of the need for a timely consensus on how best to approach ADHD. In the meantime, we are left to struggle with the guilt stirred up by the words of a pediatrician, who states “our society is not geared to children; it hates chil-

dren, it sees them as a necessary nuisance.”

Rafalovich supplies a helpful reminder of the issue’s scope: that, according to the American Academy of Pediatrics, currently four million schoolchildren in the United States

have been given a diagnosis of a form of ADHD. This provocative book has a place on the shelf of doctors, psychiatrists, psychologists, social workers, teachers, and parents—all those who are in a position to make a decision in the best interest of those chil-

Fatal Flaws: Navigating Destructive Relationships With People With Disorders of Personality and Character

by Stuart Yudofsky, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 512 pages, \$33.95 softcover

Thomas A. Simpatico, M.D.

Stuart Yudofsky’s remarkable cross-over book *Fatal Flaws: Navigating Destructive Relationships With People With Disorders of Personality and Character* opens with a pithy statement, a parable with dual endings, and an analogy. The statement defines fatal flaws as “brain-based dysfunctions of thinking and impulse that lead to persistent patterns of personality and behavior that betray trust and destroy relationships.” The parable tells us of a couple and their California dream house, which precariously rests over a geologically active cliff. Ending 1 provides the unhappy result of the couple’s attempt to live their lives oblivious to the danger; ending 2 shows how reality-based hard work can lead to stability and ultimately greater joy. Sounds easy enough but, as the analogy provides, as vast and as powerful as the San Andreas Fault is, you can be standing right on top of it and never see it.

Dr. Yudofsky is an internationally renowned leader in both the art and science of psychiatry. He is D.C. and Irene Ellwood professor and chairman of the Menninger department of psychiatry and behavioral sciences at Baylor College of Medicine, is chief of psychiatry services at the Methodist Hospital in Houston, and is re-

sponsible for oversight of academic activities in psychiatry for a network of affiliated teaching hospitals. As I learned during the time that he chaired the department of psychiatry at the University of Chicago during the last year of my residency training, Dr. Yudofsky is also one of those rare and gifted teachers who inspires by embodying wisdom while expertly guiding us to see both the science and humanity of psychiatry.

Fatal Flaws provides us with a user-friendly instrument to help us perceive personality flaws (fatal and otherwise) in ourselves and in others, and it quickly presents us with nine principles for safely interacting with people who have fatal flaws. The body of the book then follows with broadly accessible chapters on several personality disorders: hysterical (histrionic), narcissistic (in particular detail), antisocial, obsessive-compulsive, paranoid, borderline, schizotypal, and addictive. Each chapter leads with a captivating clinical vignette and then presents the available knowledge and wisdom on the subject that at once is valuable to clinicians at all levels of experience and gives practical and effective help to the lay person in understanding and changing their destructive relationships with people who have severe and persistent personality disorders.

Ultimately, *Fatal Flaws* provides a message of hope. In many ways, this message it is not unlike what we find in other important works ranging from religious teachings to literature

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to moral philosophy or in resonant works of popular culture: always treat people with empathy, respect, and kindness, but remember to do so in a way that protects us from having serious and persistent relationship problems with those who may otherwise have many attractive qualities and positive attributes.

Drawing on the likes of Shakespeare, T. S. Eliot, Peter Yarrow, and

Carly Simon, among others, Dr. Yudofsky shows how all of us can learn about the relationship between psychological well-being and emotional distress. Part text book and part self-help manual, this insightful and fascinating work guides us to master our passions rather than be enslaved by them so that we can become more humane and build a happier, more caring society.

Closing the Chart: A Dying Physician Examines Family, Faith, and Medicine

by Steven D. Hsi, M.D., with Jim Belshaw and Beth Corbin-Hsi; Albuquerque, New Mexico, University of New Mexico Press, 2004, 224 pages, \$23.95

David J. Elpern, M.D.

There is a place in our busy lives for spending a little time with a dying patient. When I have taken such time, I have seen painful things and good things. My patients have expressed their anger and their hopes to me. And I hoped with them, for a cure, and for an end to their pain, and for peace.

I laughed with them, too. They faced death as I had faced it. We had nothing to lose by laughing. Quirky, eccentric funny—my patients were a joy to be with and I cherish the time I spent with them.

At age 40, when most physicians are just hitting their professional stride, Dr. Steven Hsi, a young family practitioner in Albuquerque, New Mexico, was diagnosed with Takayasu's arteritis—a rare, poorly understood multi-system disease that mainly targets the aorta. At that moment, he entered a parallel universe as a patient with a serious illness. Over the next four years, he chronicled his life as the disease and the effects of three cardiac surgeries and numerous drugs played themselves out. After his death in 1997 at age 44, his wife, Beth Corbin-Hsi discovered her husband's extensive narrative journals about his illness. She and a journalist friend Jim Belshaw fashioned these writings into a remarkable book, *Closing the Chart: A Dying*

Physician Examines Family, Faith, and Medicine, as a tribute to Dr. Hsi—a true labor of love.

There are lessons on every page, lessons to make us better caregivers, more discerning patients, and better advocates for family members and friends who are sick.

For years, I had engaged in perilous denial that would have resulted in a finger-wagging lecture from me had I seen such behavior in one of my patients. When denial finally crumbled and treatment began, medicines flowed into my body that changed me physically and psychologically until I raged at the most inconsequential acts of my children and imagined slights by my wife.

Recently, I spoke with a colleague whose partner has colon cancer. To get a second opinion, they traveled from their small town to a prestigious urban teaching center that enjoys an international reputation. My colleague said that he and his wife were treated coldly and impersonally there, and the treatment recommendations did not differ substantially from those obtained locally.

Hsi learns these same lessons when he travels to a university medical center in California. He undergoes surgery not available in New Mexico but at the price of being treated as an "it" rather than as a person. If my colleague's partner and Dr. Hsi were treated in this way, one can only won-

der how people with no professional affiliations are cared for in these so-called centers of excellence.

Dr. Hsi's journals reveal great sadness through his cries of loss, but they also lead him to a new appreciation of his spiritual self; a side many of us ignore until we need it.

*Waking or asleep,
Thou of death must deem
Things more true and deep
Than we mortals dream,
Or how could thy notes flow in
such a crystal stream?²
We look before and after,
And pine for what is not:
Our sincerest laughter
With some pain is fraught;
Our sweetest songs are those that
tell of saddest thought.*

Medical care is only one variable in the healing equation. Family is another, community a third. In my years of practice, I previously had not considered the importance of community. The Hsis were members of a Presbyterian congregation that came together to aid them in their time of need. The congregation started a Thank God It's Fellowship (TGIF) circle to help with meals, chauffeuring kids, and prayer circles (which Hsi at first rejected). A patient's community is one part of the care system that most physicians (at least) are oblivious to.

How should we honor Steven Hsi, his family, and his book? By spending a little time with him. You will come to see painful things and good things, too. You will value the time spent with Steven, Beth, his family, friends, and church.

Every reader will take away different lessons from this book based on his or her role, age, and experience. This would be an ideal book for group study by medical and nursing students with some senior physicians, patients, and family members. What a great learning experience for all participants!

If I haven't been able to convince you to read *Closing the Chart* by now, I doubt more verbiage will help. I exhort you to pick up and read this humble story. Nothing I have encountered in the medical narrative genre has been more worthy of my time.

Dr. Elpern is the cofounder of Alliance for Humane Dermatology.

Cinemeducation: A Comprehensive Guide to Using Film in Medical Education

edited by Matthew Alexander, Patricia Lenahan, and Anna Pavlov; Oxford, United Kingdom, Radcliffe Publishing, 2005, 247 pages, \$49.95 softcover

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In a contemporary culture that has increasingly utilized visual media products—film, television, Internet images and interactive study courses—for instruction in many fields, it is hardly surprising that films have been incorporated into medical education. This is the theme of *Cinemeducation: A Comprehensive Guide to Using Film in Medical Education*, a work that is full of useful, specific information to enable medical educators to obtain films and brief film clips for teaching purposes. The emphasis is on fictional feature films and for good reason. Such films in particular are rife with dramatizations of individual psychopathology, responses to adverse events, and human encounters and conflicts, including treatment relationships. At their best, movies can portray behavioral and mental health themes with both realism and emotional punch to engage viewers more effectively than so-called “educational” films, which can numb an audience with heavy didacticism. In a word, fictional movies are viewer friendly. Logistics, confidentiality, and cost may also favor use of film instead of real or standardized (actor) patients in many teaching situations.

The book's editors (two psychologists and a social worker) direct behavioral medicine training programs for family practice residents, to whom the text is specifically ad-

dressed, although much of the content in this book is equally appropriate for mental health personnel. After two introductory chapters, 400 film clips from 125 movies are listed. Times are given for locating clips using a time counter on a VCR or DVD player, and questions to trigger discussion are proposed for each. Films and clips are organized within four broad themes: the individual and family life cycle, adult diagnostic categories, the doctor-patient relationship, and specific populations. Under each theme, chapters, prepared by various authors, are devoted to more specific topics. For example, for the individual and family life cycle, seven chapters cover child and adolescent development, adult development, family dynamics, sexuality, chronic illness, geriatrics, and end-of-life issues.

The adult diagnostic categories address specific mental disorders: post-traumatic stress disorder, anxiety and depression, chemical dependency, family violence, schizophrenia and bipolar disorders, personality and dissociative disorders, and eating disorders. One can always find details of particular entries to quarrel about in a lengthy filmography like this one. For example, the alcoholic protagonist in *Leaving Las Vegas* was certainly aware of his suicidal bent, contrary to what is suggested here. The depiction of visual hallucinations in *A Beautiful Mind* bears almost no resemblance to the actual visual experiences reported by patients with

schizophrenia. One problem with clips is that, when taken out of context, they may inadequately or wrongly depict clinical subtleties that are best appreciated by viewing the entire film. Obviously, teachers always need to preview films and clips for clinical and narrative authenticity.

Several recent books survey feature films of value for mental health education. Each has its strengths and weaknesses. The strength of *Cinemeducation* is its extensive clip listings and excellent organization of them according to a broad array of topics. Engstrom's (1) book gives far more detailed lesson plans for use with film clips but covers fewer topics and films. The classic by the Gabbards (2) focuses exclusively on psychotherapists, while Robinson (3) lists films covering most of the disorders in *DSM-IV* but doesn't address treatment. Wedding and colleagues (4) also primarily emphasize film illustrations of mental disorders, and they provide the most complete discussions of topics illustrated by the films. *Cinemeducation* should, with these others, find a place on the shelf of any educator who wants to use feature films in teaching mental health themes.

References

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