

Book Reviews

Michael H. Ebert, M.D., Editor

Boarding Time: The Psychiatry Candidate's New Guide to Part II of the ABPN Examination, 3rd ed.

by James Morrison, M.D., and Rodrigo A. Muñoz, M.D.
American Psychiatric Publishing, Inc., Washington, D.C.,
2003, 220 pages, \$29.95 (paper).

This book was new to me and I was surprised by how helpful it was. I had no such how-to-do-it guides available to me when I took the American Board of Psychiatry and Neurology (ABPN) examination in 1966, but it would have been comforting to have such a sage companion escort me through the process. Ironically, I was in the process of reviewing this book while serving as a senior examiner during a recent Part II Board examination (Boston, May 2004) and, reading it during some breaks, was impressed with the number of my team's examiners who spontaneously told me that they had used this book and found it extraordinarily helpful when they took the Boards. I found it personally helpful since it sharpened my focus on what is most relevant and increased my empathy with the candidates.

Not having read the 2 earlier editions, I cannot comment on how much has changed in this latest version, but it is clearly current with the Part II exams as they are today. The book is brief but pithy, containing 13 chapters and 5 very helpful appendices. The chapters encompass such subjects as why candidates fail, preparing for Part II, presenting oneself, a description of the examiners and Board etiquette, the psychiatric history, and the mental status exam. Other chapters include "The 30-Minute Hour," "Case Formulation," "Presenting Your Ideas," "Surviving the Videotape Session," and "What If You Fail?," concluding with a mock board interview. Each chapter is worthwhile for the incipient Board-taker, but it is the chapter and sections devoted to those who fail that I think are the most helpful. These segments are compassionate, sympathetic, and reassuring to the surely now-devastated candidate; they provide balm to those believing they have now been found out as wanting and are forevermore destined to wear the boardless badge of shame. Furthermore, the excellent appendices afford additional succor in their review of the lack of established correlations between certification and clinical competence. Not that the authors are disdainful of the Boards' value for the individual and the profession. Quite the contrary—it's just that they have a balanced perspective rather than an uncritical regard.

The only cautionary issue to be raised is not of the authors' making. Since the Boards are a constantly evolving, dynamic phenomenon, I think that a fourth edition will soon be in order. Rumors have been rampant of imminent profound changes in the Part II examinations. While these probable changes do not negate the value of this edition, they are likely to mandate some tinkering nonetheless. In 2005, it is likely that the Part II exam will utilize only 1 primary examiner per candidate plus, as is current, 1 senior examiner who covers 2 examinations per hour. This change will save an already financially strained ABPN considerable expense but will reduce the observer database per candidate from 2.5 observers per hour to 1.5. It will increase the

workload for the primary examiner and will make the senior more dependent on the sole primary examiner's estimation of a candidate's performance. Another likely imminent change will be a shift to a more quantitative rating system of a candidate's performance (utilizing an 8-point scale, with 1–4 as unacceptable and 5–8 as acceptable, for instance) in an effort to be more precise than Pass/Condition/Fail. These changes hardly warrant any significant changes in *Boarding Time*, however.

More significant, however, are possible changes in Part II, such as replacing the live patient with "standardized patients" (or, perhaps, OSCI-type [objective structured clinical interview] patient simulations). The use of brief clinical vignettes in lieu of the videotape examination has also been rumored. These major shifts will require Morrison and Muñoz to soon revise their book. Judging by what they have already done, I am confident that *Boarding Time*, 4th Edition, will be yet another M&M treat, as complete and satisfying as its predecessors.

But what if you were about to take the Part II Boards (or retake the Part II exam) and wondered if you should buy this edition? Would I recommend it? Absolutely! For one thing, there is no real competition; for another, the relevance of this edition will transcend any minor Board changes; for a third, we don't know how quickly the major changes will be implemented nor do we know if, and when, the authors will revise this edition (perhaps they will merely issue an "addendum to the third edition"). The third edition remains a great book, the best we have, and one that can stand on its own until the next train truly leaves the station.

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PsychoBible: Behavior, Religion and the Holy Book

by Armando Favazza, M.D. Pitchstone Publishing,
Charlottesville, Va., 2004, 432 pages, \$40.00.

In a masterful, scholarly sweep, Armando Favazza's *PsychoBible* offers a view of human psychology as gleaned from the Bible, the Judeo-Christian tradition, and modern theories of behavior. Although rich in cultural and theological material, the book's most useful feature for readers of *The Journal of Clinical Psychiatry* is its insight into important origins of human psychopathology. At a time when psychiatrists look primarily to neurobiological explanations of mental phenomena, *PsychoBible* challenges us to include religious themes as also being of major importance in understanding our patients.

Dr. Favazza is known worldwide for his pioneering work in cultural psychiatry. He has followed his mentor, Margaret Mead, in bold engagement of complex behaviors. Following a compelling introduction and overview, Favazza introduces us to the history of God and the Devil as revealed in Scripture and

over the past several thousand years. This first chapter defines the tension between good and evil, or healthy behavior versus psychopathology. After reviewing various attitudes toward women expressed in the history of the church (such as St. Bernard's sentiment in the 12th century that "a beautiful woman is like a temple built over a sewer"), Favazza offers several Biblical views of homosexuality. Alcohol and alcoholism are examined in the chapter "God in a Bottle," a paradigm that stems from a quote from the founder of Alcoholics Anonymous: "Before AA we were trying to find God in a bottle," which connects the themes of religion and disordered behavior. Various attitudes toward alcohol consumption from throughout recent history are presented. Overall, the author concludes that moderation is in accord with Judeo-Christian tradition, with certain abstemious exceptions. The animal (evil) nature of man is explored in a subsequent chapter, which is a fascinating and delightful read.

In a revisiting of *Bodies Under Siege*, his highly acclaimed earlier work, Favazza illuminates how body image and self-mutilation are enmeshed in Biblical themes. He suggests that self-destructive acts may represent a form of atonement. This brilliant observation is further explored in his last chapter, "Back to God and the Bible." In perhaps his most riveting chapter, Favazza describes the spiritual marketplace as too often a deceptive realm of hucksters and charlatans. Throughout the book, we see the linkage of religion and mental health through a cultural lens.

What mental health professionals will take away from this is that, at some level, religious culture has shaped behavior in clinically relevant ways. A good psychiatric evaluation will thus include some inquiry about the patient's spiritual history and current beliefs in the context of presenting symptoms. In no way should this inquiry vitiate a general clinical examination; it should provide breadth to our understanding of the patient.

The book should also be of interest to clinicians wishing to know more about the Bible, which they might never have read. *PsychoBible* will allow mental health and religious professionals some common language. There will be clarification to both groups of how synthesis of their disciplines will provide deeper understanding of human behavior.

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Long-Term Psychodynamic Psychotherapy: A Basic Text

by Glen O. Gabbard, M.D. In book series:

Core Competencies in Psychotherapy.

Gabbard GO, ed. *American Psychiatric Publishing, Inc., Washington, D.C., 2004, 210 pages, \$33.95 (paper).*

This is the first of 5 upcoming volumes in the new American Psychiatric Publishing, Inc., (APPI) series, *Core Competencies in Psychotherapy*. Glen O. Gabbard was appointed series editor in 2002, on the heels of the Psychiatry Residency Review Committee's (RRC) mandate that all psychiatric residency training programs should provide an education leading to basic competency in 5 types of psychotherapy: long-term psychodynamic, supportive, brief, cognitive-behavioral, and combined psychotherapy/pharmacotherapy. (At the time of this review, the first 3 mentioned are available.) Both psychiatric educators

and residents alike received this mandate enthusiastically. They, along with Board examiners and many others, have been concerned that psychotherapy education was becoming a backburner issue. (Training directors seldom hear an applicant for psychiatry residency say that he or she wants to enter the field in order to do 15-minute med checks!) Although the task of determining, or even defining, competency in psychotherapy is daunting, the direction seems right for psychiatry at this point in time. The series will inevitably become standard in residency programs. For this reason, and because of the reputation of the series editor, this reviewer both expected and hoped that the first volume covering long-term psychodynamic therapy would be of high quality. It does not disappoint. This volume, especially if used in conjunction with Gabbard's third edition of *Psychodynamic Psychiatry in Clinical Practice* (APPI 2000), will provide a firm foundation for a second-year residency course. The text is intended as well for an audience broader than training directors and residents in psychiatry. Other mental health professionals learning this form of therapy will also find this a useful beginning text.

Long-Term Psychodynamic Psychotherapy: A Basic Text is divided into 11 chapters, one of which grapples with the definition and evaluation of competency. As to definition, the chapter draws from the Task Force on Competency of the American Association of Directors of Psychiatric Residency Training (AADPRT), with its emphasis on knowledge, skills, and attitudes. Evaluation is seen as possible from a number of vantage points (e.g., case write-ups, oral exams), and the unique advantages and limitations of each method are described. This chapter, in conjunction with the chapter on supervision, will be especially valuable to course and training directors.

The 9 chapters covering the meat of the subject draw upon several theoretical models and contain both old and expected friends (assessment and formulation, dealing with resistance and countertransference, working through, etc.) and some pleasant surprises (use of dreams and fantasies and explanations of therapeutic action). Throughout, the book is up-to-date, clear in its meanings, and free from arcane language. It uses clinical examples effectively and economically to demonstrate typical situations that will confront (and confound) beginning therapists. It instructs and reassures the beginner about nuts and bolts issues such as personal questions, boundary crossings, gifts, calls from family members, etc. It informs even the experienced reader about contemporary concepts such as reflective function and mentation, projective identification and countertransference enactment, patient and therapist cocreated intersubjective matrix, analytic space, the role of witness, and contributions from neuroscience.

Long-Term Psychodynamic Psychotherapy: A Basic Text is certainly not the last word on its subject. The author notes that some readers will disagree with his perspectives on one thing or another, but these disagreements will merely become fuel for classroom discussion and invitation for in-depth considerations of the issues. The author has hit the mark with this opener of the series. This handy little book will quite likely and appropriately become widely used in psychotherapy education. It would please this reviewer to know that our program's graduates have mastered this material.

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