

The American Psychiatric Publishing Textbook of Psychosomatic Medicine

edited by James L. Levenson, M.D. American Psychiatric Publishing, Arlington, Va., 2005, 1120 pages, \$174.00.

“What a piece of work is a man! how noble in reason! how infinite in faculty! in form and moving how express and admirable! in action how like an angel! in apprehension how like a god! the beauty of the world! the paragon of animals! And yet, to me, what is this quintessence of dust? man delights not me; no, nor woman neither, though by your smiling you seem to say so” (*Hamlet*, 2.2.115–117).¹

Earlier expressions of the relationships among human cognition, structure and function, emotions, and the imponderable quintessence of our molecular basis have never successfully integrated all the nuances of our beings. An abundance of novel achievements in the present text set it apart even from its antecedent version of a decade past.² Under Dr. Levenson’s skillful editing, which produced an evenly written, stylistically homogeneous volume, a highly qualified new generation of contributors updates and brings forward the best of the past, while respecting the need for a new vision. The title itself reflects the new American Board of Psychiatry and Neurology specialty status of the field, underscoring a matriculation from consultative and liaison roles to full independence as a medical science and subspecialty. The new order has arrived.

Still, the past is not forgotten. The primary structure of the text’s section headings and chapter organization conserves the best of the previous tome. Levenson uses 4 major sections to organize the didactics in a digestible manner that is well-suited for training and retraining residents, fellows, and practitioners: Part I: General Principles in Evaluation and Management; Part II: Symptoms and Disorders; Part III: Specialties and Subspecialties; and Part IV: Treatment. Throughout each section, the chapter authors have refined and brought closer to convergence the chaotic mix that constitutes this science. Psychosomatic medicine still strives to resolve how Psyche, mortal turned goddess by Zeus, interacted with Rhea, the mother of gods and from whom *flowed* the somatic symptoms, as in rhinorrhea, pyorrhea, galactorrhea, diarrhea, and even seborrhea. Is this book worth another \$175 to earn a place beside its predecessor on the shelf? Has the field advanced appreciably in 10 years, enough to justify such a revision of our teaching resources, our very frame of reference? Careful inspection and cross-comparison of the volumes give a resounding “yes.” The thoughtfully organized presentations advance the conceptual framework of psychosomatic medicine much further than would just superficial changes in nomenclature. Also, new scientific research from the past decade, the foundation of evidence-based medicine, really has taken a significant step forward and is incorporated into the old framework seamlessly. This highly readable, vitally necessary text now moves from the bookcase corner collection of consultation-liaison specialty volumes to the sweet spot behind my chair, where it is a treasured resource in daily encounters with patients who bring complex biopsychosocial issues, the issues for which every psychiatrist needs the best possible preparation. Dr. Levenson, kudos to you and your contributors. This volume provides both the depth and breadth of coverage that clinicians need in this harried life and that will carry us forth for the next decade. Even Hamlet would have found his courage, armed with a definitive guide to the interactions of all the humors, in a volume such as yours.

REFERENCES

1. Shakespeare, William. *Hamlet*. Available at: <http://www-tech.mit.edu/Shakespeare/hamlet/>. Accessed November 28, 2006
2. Rundell JR, Wise MG, eds. *Textbook of Consultation-Liaison Psychiatry*. Washington, DC: American Psychiatric Press; 1996

Ronald M. Salomon, M.D.

Vanderbilt University School of Medicine
Nashville, Tennessee

Shunned: Discrimination Against People With Mental Illness

by Graham Thornicroft, M.D. Oxford University Press, Inc., New York, N.Y., 2006, 301 pages, \$47.50 (paperback).

Graham Thornicroft, the Head of the Health Service Research Department of the Institute of Psychiatry in London, U.K., has given us probably the most complete recent synopsis of the ways in which persons with mental illnesses are discriminated against, particularly in developed countries, such as England and the United States. The book draws from extensive research studies and professional experience, and effectively utilizes quotes from users of mental health services. Topics covered include the reactions of family members, multiple housing problems, and issues with friendships and other social relationships, including marriage, divorce, and having/raising children. Practical issues such as problems obtaining drivers’ licenses, purchasing insurance policies, and obtaining voting rights are also addressed. Thornicroft points out that mentally ill persons are more often the victims of violence than violent, that in some societies they are still imprisoned and/or abused for their symptoms, and that many persons with more severe symptoms live in poverty or are homeless. Persons with mental illnesses also often feel put down by the health system that is supposed to serve them, including mental health staff, who are sometimes experienced as patronizing, punishing, or humiliating.

In an especially helpful chapter on the significance of work for persons with mental illnesses, Thornicroft notes the importance of work to self-esteem, the problems of symptoms in the work environment, and the discrimination against mentally ill persons in finding and keeping work. However, it is acknowledged that the desire for work of a mentally ill person sometimes is at odds with the actual requirements of specific employment. Welfare benefits also often act as deterrents for mentally ill persons to work.

An extensive chapter is devoted to the potential for violence of persons with mental illness. The chapter points out that persons with schizophrenia, antisocial personality disorder, and, especially, drug and alcohol abuse are more prone to violence than the general population. However, Thornicroft emphasizes that the risk is small and even less when appropriate treatment is provided and accepted.

According to Thornicroft, the lack of accurate information about mental illnesses in public discussion is “stunning,” and the author documents well the general negativity of the press, television, and film in this regard and the inappropriate tendency of the media to depict persons with mental illnesses as violent. The media’s focus on entertainment versus education is cited as the primary reason for such inaccurate portrayals.

Stigma, along with its associated negative processes of labeling, stereotyping, separating, and status loss/discrimination

as the end results, is the major topic of the final chapters. Stigma is difficult particularly for those persons with schizophrenia, drug and alcohol problems, and developmental disabilities. Stigma may, according to the author, be either "enacted" or "felt" and involves problems of knowledge (ignorance), attitudes (prejudice), and behavior (discrimination). Its manifestations vary among cultures, and it often exists within persons with mental illnesses themselves. Issues of if, how, and when to share information about one's mental illness, psychoeducation, and self-management strategies are addressed as options for dealing with stigma.

Several local strategies for reducing the behavior of discrimination are discussed in the final chapter, including supported work, education, and work with key community providers such as police, teachers, and health care staff. Education, legal protections, legislation for treatment benefits and financial entitlements, media accuracy, research, and globally agreed-upon human rights protections are proposed as national and worldwide initiatives and potential solutions.

If there is a weakness in the book, it is the lack of a detailed discussion of the practical problems that symptoms of mental illness cause for families, friends, employers, and society in general, and the difficult and complex issues of acceptance and continuation of mental health treatment, as well as possible solutions to these problems and issues.

Shunned provides a comprehensive look at stigma, prejudice, and discrimination against persons with mental illnesses. It is well written and easy to read. The references, including Internet sites, are extensive. The many personal anecdotes add poignant reality to the documented research information. The book should be read by anyone who is concerned about the status, conditions, and rights of persons with mental illnesses and particularly by policy and decision makers who have the opportunity to make changes in the many negative and discriminatory ways in which mentally ill persons are treated.

Scott H. Nelson, M.D., M.P.H.
Santa Fe, New Mexico

Freud: A Life for Our Time

by Peter Gay. W. W. Norton, New York, N.Y., 2006, 864 pages, \$21.95 (paperback).

This volume is a reprinting of a biography originally published in 1998 with a new short foreword. Its value will be for those who did not read the initial volume, which has become the standard for biographical perspectives on the life of the founder of psychoanalysis. Gay writes as a biographer with an explicit and positive bias regarding Sigmund Freud's contribution to modern thought, but also as an extremely well-informed historian who presents the complexities and unwanted and inconvenient aspects of Freud's life and personality without rationalization or diversion. Therefore, one receives a much more balanced and "authentic" appreciation of Freud than one would

receive from reading biographers who were too close in time or too captured by their idealization of Freud.

For those readers with a general interest and appreciation of Freud's contributions to psychoanalysis and psychiatry as well as his worldview, this reviewer would suggest picking a theme or topic of interest and then pursuing it through the text rather than following a linear reading. For me, a fascinating (although somewhat frustrating) experience was to trace Freud's conflicted relationship with religion and spirituality through the perspective provided by Gay.

The author focuses on Freud's interest in religion as a specific and perhaps singularly important use of the psychoanalytic method to understanding important human constructs of culture beginning with Freud's *Totem and Taboo* and extending through *Civilization and Its Discontents* and *The Future of an Illusion*. Gay's emphasis on Freud's treatment of this topic reflects Freud's complex relationship with his father as it plays out in his focus on religion as a misguided attempt to find order and meaning in the world and beyond it.

Gay notes but does not particularly expand upon Freud's less active interest in spirituality as an attachment behavior. While attachment perspectives would not have been present during Freud's lifetime to any significant degree, Gay does not emphasize the important and complex relationship of Freud and Romain Rolland as have other scholars since the first printing of this biography. For example, Parsons, in *The Enigma of the Oceanic Feeling: Revisioning the Psychoanalytic Theory of Mysticism*,¹ implies greater sympathy if not overt recognition on the part of Freud toward spirituality as connected to the important human yearning for connectedness, which Parsons presents as a central part of mysticism and Eastern religious traditions.

A piece of Freud's story that I wish Gay had attended to more is the impact (if any) of Werner Heisenberg on Freud's thought. Heisenberg received the Nobel Prize in 1932 and had been a graduate student in Göttingen, where he surely would have come across Lou Andreas-Salomé. It seems likely that Freud would have had at least some familiarity with the emergence of quantum physics and the "uncertainty principle." Introducing a bit of "uncertainty" into some of Freud's positions would have been a healthy antidote. One wonders if Heisenberg's involvement in the Third Reich (as captured in the play *Copenhagen*) might have made any potential use of Heisenberg unacceptable. Only a historian with Gay's resources and abilities can answer a question like this. Perhaps it will remain as one of the shortcomings of any one approach to understanding such a remarkable "Life for Our Time."

REFERENCE

1. Parsons WB. *The Enigma of the Oceanic Feeling: Revisioning the Psychoanalytic Theory of Mysticism*. New York, NY: Oxford University Press; 1999

James W. Lomax, M.D.
Baylor College of Medicine
Houston, Texas