sexual orientation and illness. Chapter 9, "Supervisee and supervisor disclosure," reviews the clinical and research findings on supervisee and supervisor disclosure. It emphasizes the importance of openness and honesty in the supervision process.

Finally, chapter 10, "Conclusion," summarizes the book and discusses a few issues such as the choice of what to reveal, the difficulty in making ourselves clear, the difficulty in balancing contradictory needs and emotions, the multiple consequences of disclosure, the enduring consequences of disclosure and the complexity of it.

In spite of my original skepticism, I found this book very interesting, thoughtful and practical. It covers a very important topic—I have to agree that the topic of self-disclosure deserves a full-fledged volume, if not more. The book succeeds in avoiding any serious theoretical bias. It is well organized and well written. I believe that it would be of interest for anyone practicing psychotherapy and I also think that it could be used in residency training programs and psychology training programs as a recommended teaching text. Even a well-seasoned clinician will find it entertaining and educational.

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Healing Psychiatry: Bridging the Science/Humanism Divide. By David H. Brendel; The MIT Press, Cambridge, Massachusetts; 2006; ISBN 0-262-062-02594-9; \$26.00, 208 pp.

This book is the eighteenth volume in the Basic Bioethics series edited by Glenn McGee and Arthur Caplan. In it, Dr. Brendel lays out the philosophical arguments regarding psychiatry's current dilemmas and future directions from the perspective of "classical American pragmatic" philosophy. Following a brief introductory section, there are eight chapters, a listing of references, and a subject index.

Dr. Brendel begins with a discussion of conceptualizations in modern psychiatry. He sees our explanatory and therapeutic approaches as coming from one of two dialectically opposed models: scientific and humanistic. He then begins a very systematic and well-referenced argument regarding how these might be reconciled. Along the way, he discusses the contributions of Sigmund Freud, neurology, and mind-body dualism. His discussion of these matters is very thoughtful and he clearly articulates multiple underlying assumptions and approaches to the work of the psychiatrist. He opts neither for free-floating eclecticism nor for unifying consilience, but rather for a melding of causations, theories and approaches and

greater willingness to tolerate ambiguity. He argues against the "quick fix" and suggests taking the longer way round.

Many readers may be struck by the notion that, in everyday practice, they do exactly what Dr. Brendel suggests, but most of us could not lay these issues out in such clear cut and descriptive a fashion. One chapter is devoted entirely to clinical case descriptions in which the questions raised in previous chapters are linked to specific comments and maneuvers with patients. At it core, this is a book about the ethical underpinnings of what psychiatrists do. The reader is exhorted to be practical, pluralistic, open to participation by both patient and (where indicated) family, always provisional in both explanations and decision making, and finally professional in all therapeutic activities. The final chapter addresses the future of psychiatry. It is perhaps the clearest exposition that I have ever read of the ethical issues that will continue to confront both clinicians and researchers in the mental health field for years to come.

This book will probably be most helpful to clinical supervisors looking for a better way to explain difficult concepts to supervisees and to trainees wanting to delve head on into the very nuts and bolts of treatment, grabbing the inherent conflicts and dilemmas by their theoretical horns. In some ways, this volume explores the humanistic side of matters explored biologically and scientifically in a book I reviewed earlier for this journal, *How Brains Make up Their Minds* (1,2).

The author stimulated me to ask if we really have the chasm of understanding that he postulates—or is this split more artifice than reality? Are there still psychiatrists in great numbers, particularly those graduating from today's residencies, who see the world from only one theoretical stance and who adhere slavishly to its tenants, whatever (or perhaps more accurately, whoever) comes to them? Obviously Dr. Brendel believes that we do, and as he does, I will let each reader come to grips with the answer to that question on his or her own.

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Reconceiving Schizophrenia. By Man Cheung Chung, K.W.M. (Bill) Fulford, and George Graham (eds.); Oxford University Press, New York, NY; 2007; ISBN 0-19-852613-X; \$55 (paperback), 350 pp.

This is the 10th volume in the International Perspectives in Philosophy and Psychiatry series. Besides the editors, there are

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seventeen additional contributors from England, New Zealand, Scotland, Wales, Germany and the U.S. It contains sixteen chapters, one of which is an introduction by the three editors; another, a discussion by a social worker diagnosed with schizophrenia earlier in life; and the remainder, fairly wideranging essays on the book's main themes. These can be more or less divided into discussions of the symptoms of schizophrenia as concepts; sorting and labeling (categorization) of symptoms, subtypes, and related disorders; the relevance of neurobiological and non-neural explanations of the disorder; and teasing out core faculties, both active and disrupted, by the illness. The intent in raising questions in these areas is to reform current notions about schizophrenia in each domain. As one might expect from the construction of this task, some of the book concerns itself with the subjective experience of the phenomenology of schizophrenia.

Certainly this is true in the second chapter, in which the author purports to discuss the basic experience of being diagnosed (misdiagnosed?) as having schizophrenia. In actuality this discussion is more attuned to the experience of being a black man in modern English society, although certainly the fact that the writer carried a diagnosis of mental illness added to his sense of alienation.

Various philosophers are mentioned, particularly Karl Jaspers who wrote one of the more famous psychiatric texts of his day but whose talents lay not only in medicine but also in realms philosophical. The school of classical American pragmatism is also viewed in some detail, as is the anti-psychiatric movement. In fact, the final chapter is essentially a description

of the major conceptualizations of Thomas Szasz and R.D. Laing.

Most of the essays do not conclude with a vilification of modern, medical psychiatry. Rather they argue for adding components of humanistic philosophy—looking at the person's environmental problems as well as the neurological. Most do not conclude with a clear set of recommendations as to how this should be done, either. I found myself thinking as I read it that this book could be very aptly categorized as a search for the "whichness of what," as my father used to call it. Schizophrenic symptoms such as hallucinations and delusions are analyzed in terms of their ultimate meanings, whereas in the community we are usually interested more in helping the person with schizophrenia to ignore such distractions or at the very least not discuss them with others.

The chapters often have endnotes and generally have multiple references. A subject index concludes the text.

This book could be very helpful to both residents and experienced practitioners by raising thoughtful and legitimate questions about our most basic assumptions and belief systems. Should we not think somewhat on the experience of schizophrenia, rather than simply trying to rid the patient of its manifestations? Just like the essays in this book, I'll leave you to ponder that question for yourself.

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