

Part III, 'An introduction to non-melancholic depression,' focuses on several features salient to the authors' concept or model of non-melancholic depression, such as self-esteem, personality style and functioning, stress, resilience and vulnerability, and psychological interventions for non-melancholic depression. This model assumes less of a primacy of biological perturbation in the non-melancholic depression than in melancholic and psychotic depression (p. 53). The authors connect their model to neurotransmitters and propose a concept of "psychotransmission," which, for instance, "uses the analogy of the neurotransmitter system to help explain how an individual's self-esteem acts as a barometer of mood state" (p. 59). This model provides a "metaphorical illustration of how aetiological factors and risk factors may interact with personality style to promote the development of a non-melancholic depressive disorder" (p. 62). Very interesting is the discussion on the influence of personality style on vulnerability to depressive disorders, exposure to lifestyle and environmental stressors, symptom patterns of non-melancholic depressive episodes, coping responses to the stressors and to depressed state, and response to different treatments. In their discussion of stress, the authors, interestingly, argue for salience, as against severity, being the more commonly relevant construct for considering acute reactive disorder (p. 86). The chapter on psychological interventions emphasizes the active ingredients common to any psychological intervention — patient characteristics, therapist characteristics, therapy characteristics, and interactive effects between all these components.

Part IV, 'Modelling and managing the non-melancholic depressive disorders,' consists of 12 chapters, most of them discussing "sub-types of non-melancholic depression as outlined by the authors: acute stress-related non-melancholic depression; acute stress-related non-melancholic depression: 'key and lock' model; chronic stress-related non-melancholic depression; the perfectionist personality style and non-melancholic depression; irritability and non-melancholic depression; anxious worrying and non-melancholic depression; social avoidance and non-melancholic depression; personal reserve and non-melancholic depression; rejection sensitivity and non-melancholic depression; self-focused personality style and non-melancholic depression; and self-criticism and non-melancholic depression. The last chapter reviews the natural and alternative treatments for non-melancholic depression. This part is quite useful and well organized. The chapters dealing with specific sub-types are organized in a similar fashion, illustrated with case-vignettes, and contain suggestions of intervention strategies, discussion of psychological intervention principles, sorts of therapists, building resilience, barriers to effective intervention, and the role of medication in each sub-type. I found the distinction between social avoidance related depression and personal reserve and depression very interesting and useful. The chapter on natural and alternative treatments contains alphabetical lists of lifestyle and behavior changes (from acupuncture to improving sleep), non-prescription medicines (from fish oils to vitamins) and dietary changes

(from alcohol avoidance and reduction to sugar avoidance and reduction), most of them either unlikely to be of primary benefit or lacking evidence of any benefit. Unfortunately, the authors do not always mention their potential risks (e.g., kava-kava and liver damage).

The three appendices briefly discuss three measures, The Depression in Medically Ill (DMI), the CORE system for measuring psychomotor disturbance, and T&P, the temperament and personality measure.

I found only two "flaws" in this thought-provoking volume. First, the authors are a bit too apologetic for being "provocative." I don't believe they are too provocative and even if they were, there is nothing wrong with being too provocative, especially regarding such an important topic as depression and its treatment. The other issue is the lack of discussion of the overlap between the otherwise very useful concepts or models of various subtypes of non-melancholic depression. One can hardly imagine "pure" types such as described and can rather see some of described clinical features of several subtypes in one person. Well, that is a problem of almost every psychiatric classification.

Nevertheless, I found this volume very interesting, innovative, and clinically useful. It provides a new, a bit refreshing view of depression, its classification and treatment. It is well-written, practical, and thoughtful. I believe that it could be recommended to all clinicians caring for depressed individuals.

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***Oxford Textbook of Psychotherapy.*** Edited by Glen O. Gabbard, Judith S. Beck and Jeremy Holmes; Oxford University Press, New York, New York; 2005; ISBN 0-19-852064-6; \$110 (hardcover); 534 pp.

Good textbooks are hard to find, they are also hard to put together. There are probably hundreds and hundreds of books on psychotherapy and psychotherapies, but not many solid psychotherapy *textbooks*. It has been about ten years since the publication of a major textbook of psychotherapy (1) (my apologies to the ones I missed or don't quote; I am not a psychotherapist and do not profess a great knowledge of the field). Thus, I viewed the arrival of *Oxford Textbook of Psychotherapy* as a major publishing event. I hoped that reading the book would confirm my preconceived ideas of a major event.

The editors (Glen Gabbard, Judith Beck, and Jeremy Holmes), esteemed psychotherapists or therapists themselves put together a great team of 100 writers from several countries (Australia, Germany, Italy, the Netherlands, Norway, United Kingdom, and United States), though most of the authors are from the United States. That itself is a major editorial task. The book follows the outline of major textbooks from other areas — first focusing on major modalities and principles, followed by treatment of major disorders and special areas.

For an interested reader, I will list the six sections of the book and their chapters and then will follow with some general comments, as a detailed review of such a major work would be almost impossible, considering the space.

The first section, 'Major modalities,' contains chapters on psychoanalytic/psychodynamic therapy, cognitive and behavioral therapies, interpersonal psychotherapy, group psychotherapy, cognitive behavioral interventions, family therapy, psychodynamic couple therapy, cognitive-behavior therapy with couples, arts therapies, and psychotherapy integration. The second section, 'Psychotherapy in psychiatric disorders,' consists of chapters on cognitive-behavior therapy for mood disorders, psychoanalytic/psychodynamic approach to depressive disorder, anxiety disorders, schizophrenia, eating disorders, dissociative disorders, paraphilias, sexual disorders, individual psychotherapy and counseling for addictions, and psychotherapy of somatoform disorders. The third section, 'Psychotherapy of personality disorders,' presents chapters on psychotherapy of cluster A personality disorders, cluster B antisocial disorders, narcissistic personality disorder, borderline personality disorder, histrionic personality disorder, avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder. The fourth section, 'Psychotherapy across the life cycle,' reviews psychosocial therapies with children, psychotherapy with adolescents, psychotherapy during the reproductive years, and psychotherapy with older adults. The fifth section, 'Issues in specific populations,' brings chapters on psychotherapy for medical patients, gender issues in psychotherapy, sexual orientation and psychotherapy, and cross-cultural psychotherapy. The final section, 'Special topics,' deals with issues such as implications of research in cognitive neuroscience for psychodynamic psychotherapy, psychotherapy research, psychotherapy and medication, ethics and psychotherapy, clinical-legal issues in psychotherapy, psychotherapy supervision, and brief and time-limited psychotherapy. Most chapters try to follow a similar pattern, e.g., each chapter in the specific disorders area discusses various approaches (dynamic, cognitive behavioral, unless there are specific chapters for each approach), key practice principles, special issues, and challenges or obstacles. The chapters are relatively short, straightforward, and well written (mostly). I wish all chapters would also include a list of good journals and books (unfortunately they don't with one exception — the chapter on research includes a brief list of recommended texts). The chapters also do not address the monetary issues, but which textbook really does?

What did I particularly liked and what did I see as a deficiency or flaw? I especially liked two parts — the section on psychotherapy of personality disorders, and the special topics. Both are, at least for me, quite educational and informative. The reading on therapy of antisocial personality disorder was quite revealing and new to me and I would recommend it to anybody. The same holds for other personality disorders, research, ethics, clinical-legal issues, supervision,

and psychotherapy and medication. I also liked the fact that the book is quite comprehensive and attempting to integrate major approaches. It is well written and easy to read even when it addresses difficult to comprehend issues.

What did I miss? Carl Gustav Jung, existentialists, Jacques Lacan, Erich Fromm, Fritz Perls, Alfred Adler, Eric Berne, Viktor Frankl, Karen Horney, Carl Rogers and a few others. I know, not a great 'science' in any of their work. But Freud was and is not everything. When I was a beginning psychiatrist, these various schools of thinking were quite interesting to explore and made psychotherapies much more attractive and discussions more stimulating. The focus on Freud and his thinking in the analytic/dynamic part of this book is like showing only the central part of a triptych altar. I'd rather see the entire Matthias Grunewald altar than just the central part, and I think that so would the other interested beginners and connoisseurs.

The cognitive behavior part does not point out properly that we need more long-term maintenance data for this treatment modality. I also missed in-depth reviews of some therapies, e.g., social rhythm therapy for bipolar disorder (2) and supportive therapy. Supportive psychotherapy is briefly discussed in the psychotherapy integration chapter, but since we require competency in supportive psychotherapy from our residents and it is probably a therapy modality practiced by the majority of psychiatrists, I think it deserves a bit more attention. The social rhythm therapy may not be very well tested, but many anticonvulsants used in bipolar disorder are not either. Some less frequently used approaches, such as psychodrama, are just mentioned, not discussed.

I also wish the editors addressed another issue — that psychotherapy does not need to explain the root and cause of all disorders to "justify" its use. The important issue for our patients is whether it works. The "why and how" comes later. I dare to compare cognitive behavior and interpersonal therapies to something like aspirin or some medications for pain. They do not exactly address the "why and how" and we still use them. Neither does the highly touted latest fad — vagus nerve stimulation, expensive modality wit, for me not very convincing data (has anybody but me realized that it takes as many as 400 psychotherapy sessions, at \$100 a session? That would be an interesting efficacy comparison, 400 weekly psychotherapy sessions vs. vagus nerve stimulation!).

Every masterpiece has its critiques and no major work is flawless. All the "flaws" or deficits this compulsive reviewer points out are minor issues considering the entire work and its significance. This is a major work, maybe a masterpiece with a few minor flaws, which could be taken care of in the future editions. There is no other textbook on psychotherapy like this available. This is clearly a book that belongs in the library of all those interested in and practicing psychotherapy, all trainees, and all training programs. This will be a major resource book and teaching text for all of them. It seems that my preconceived idea was correct — this is a major publishing event. So, "buy" is the final recommendation.

## REFERENCES

1. Bongar B: *Comprehensive Textbook of Psychotherapy: Theory and Practice*. Oxford University Press: New York, New York, 1995
2. Frank E: *Treating Bipolar Disorder. A Clinician's Guide to Interpersonal and Social Rhythm Therapy*. The Guilford Press: New York, New York, 2005

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***Empowering People with Severe Mental Illness: A Practical Guide.*** By Donald M. Linhorst, Ph.D., New York, Oxford University Press: ISBN: 0-19-517187-X; \$39.95; 367 pp.

This book examines the opportunities and obstacles to empowering adults who have serious mental illnesses. Dr. Linhorst begins with a chapter defining the concept of empowerment, since it does not have a truly commonly accepted meaning as yet. In the discipline of mental health treatment, Dr. Linhorst defines empowerment as “the meaningful participation of people with severe mental illness in decision-making and activities that give them increased power, control, or influence over important areas of their lives.” He then explores the past history of psychiatric treatment in the U.S., from our colonial days to the present, or what he calls “A history of powerlessness.” He devotes a third chapter to the tension between individual rights and coercion, citing the important case law and statutes, and a fourth, entitled “Conditions of empowerment,” based to some greater or lesser extent on the work of Joel Handler. It is in this chapter that Dr. Linhorst discusses the nine conditions which he believes research has shown to be necessary to the promotion of empowerment.

The remaining chapters, in the main, discuss seven activities or opportunities for empowerment, viewed through the lens of these nine conditions. Each of these activities has a chapter devoted to it, beginning with a general discussion of the activity, next looking at each condition in specific relation to that activity, thirdly presenting case studies (usually two — one in a psychiatric hospital and the second in a community-based treatment setting), and concluding with a set of nine to seventeen guidelines for the promotion of empowerment within that specific activity. The conditions include management of psychiatric symptoms, participation skills, and mutual respect and trust, among others. The activities are exemplified by things like treatment planning, housing, and employment. Dr. Linhorst concludes with a summarizing chapter on “Creating and living empowered lives,” which includes advice to each participant in the process.

This book makes clear that setting the stage for and maintaining conditions of empowerment is a tenuous matter. It can be ended by many things, such as personnel leaving, funding cuts, or changes in society's belief systems. He mentions

numerous studies and reports throughout the text which have detailed citations within the 32 page reference section. The book has a subject index as well.

This book is not without bias — clearly the author is in favor of an empowering approach. He has worked in both a hospital and a community setting, and these are the two examples cited in each of the “case studies.” Both settings are from the St. Louis, Missouri, area but fortunately are at nearly opposite ends of today's empowerment continuum.

Dr. Linhorst has planned his book for practitioners who “wish to move beyond mere rhetoric” about empowerment within their own offices or agencies, as well as for consumers, advocacy organizations, administrators, policy makers/planners, and researchers/evaluators. It might also be useful for some classes in mental health treatment or policy. While it is not true that simply reading this book would make one an expert at empowerment, it does make clear, strong, and thoughtful arguments, as well as giving multiple guidelines which should help anyone so inclined to move forward along this path — and may help to convince some of those not so inclined!

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***Handbook of Community-Based Clinical Practice.*** Edited by Anita Lightburn and Phebe Sessions; New York, Oxford University Press; ISBN: 0-19-515922-5; \$65.00; 584 pp.

Drs. Lightburn and Sessions have assembled 56 additional contributors for this extensive work. All are clinicians, educators, and/or researchers in the areas of community practice, school-based mental health services, family approaches, and/or systems theory. The book is divided into 33 chapters, grouped under four headings: definitions and model of practice, paradigm shift and essentials of community-based practice, leadership in community-based care, and practice examples. This final section is by far the largest of the four, with four subheadings of its own: early intervention, school-based programs, services for children and families, and services for adults.

Community-based clinical practice is defined by these authors as “the location of mental health services beyond the walls of formal, medicalized clinics in settings where other kinds of services by other professions are delivered, in the neighborhoods” of the population being served. The point made is that these practices are “of,” not just “in,” their communities. This movement has been born out of increasing dissatisfaction on the part of these practitioners with the results that can be obtained in more traditional settings and concern about the increasing severity of psychosocial stressors and psychiatric disorders in youth (both children and adolescents) over the past few decades. It is also partly explained by a movement of social work back to its roots and a better researched base for