

chapters read eerily like rejected manuscripts from scientific journals or graduate students reviewing the literature. A future edition should emphasize the core features supposedly inspiring the book and reach out to other disciplines, thus being truly multidisciplinary. For the current edition, the reader is advised to scan the chapters for topics of interest as the bulk of the chapters are highly specific in content area. Finally, the editors lament the lack of publishing opportunities for these types of studies or outcomes and hope to expand future editions. They would be well advised not to include them in future editions.

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Cognitive Therapy of Schizophrenia. By David G. Kingdon and Douglas Turkington; Guilford Press, New York, London; 2005; ISBN 1-59385-104-9 \$35 (hardcover); 219 pp.

If David Kingdon and Douglas Turkington wanted to add another description to the way they approach the psychological treatment of schizophrenia, they could call it "humanistic." In their new book *Cognitive Therapy of Schizophrenia*, their attitude toward their patients is so respectful of the patient's experience and of the patient him/herself that it will produce a smile on the face of any psychotherapist who reads it and serve as an inspiration for learning. They describe their relationship with their patients as collaborative and this premise underlies the model which is offered in the form of step-by-step instructions.

After a brief definition of schizophrenia, they describe the cognitive model of the illness which has been accepted by many: the vulnerability-stress model of psychosis. Vulnerabilities are primarily seen as biological, social and psychological while stressors can be losses, trauma and victimization which follows the experience of psychosis.

Kingdon and Turkington propose four clinical subgroups they believe most usefully represent the way people develop psychosis, each with its own unique characteristics and illustrated by a case description. The four groups of experience are: sensitivity, traumatic, drug-related and anxiety psychosis. The authors use the case examples throughout the book to explain the best way to approach assessment and treatment.

In trying to understand psychotic symptomatology, the authors apply cognitive theory and treat delusions and hallucinations as strongly held beliefs, albeit misbeliefs, based on distorted perceptions. In all cases, the authors exhort and guide clinicians to work with patients to understand the meaning of their symptoms and try to find links to their (symptoms') origins in real experiences. In using this approach, they imply that patients can achieve a level of self-understanding that may give them options for coping with the illness rather than being victimized by it.

In a chapter on evidence based treatments of schizophrenia, the authors highlight medication treatment, family work, cognitive and behavior therapy and review research in support of these approaches. The section on cognitive and behavior therapy is most extensive and overall very encouraging. However, the authors conclude, as do others in the field, that while treatment tends to be successful, long-term positive outcome may require "booster sessions." A short chapter on early intervention points to specific issues relevant to patients in the four clinical subgroups.

The authors devote special attention to the therapeutic relationship. They recognize that cognitive therapy must be adapted to this patient population. They suggest that "befriending" the patient is a way to gradually cut through initial mistrust of the therapist and of the treatment. They are sensitive to the need for pacing the treatment according to the patients' capacity to tolerate the intensity of the work. They are not discouraged by patients' "lack of insight." They recommend methods for the therapist to join with the patient in examining the material without necessarily buying into the patient's system of beliefs. Generating and testing hypotheses on the basis of ideas brought by both the patient and the therapist can then become the basis of the work. The authors urge therapists to tolerate the seeming incomprehensibility of symptoms at the beginning of treatment, to avoid confrontations and, when allowed by the patient, tape sessions to aid recall when negative symptoms interfere with learning.

The description of a full assessment will be familiar to most clinicians. Emphasis is placed on understanding the patient's own short term and long term goals which in turn serve as anchors for treatment planning. A large number of brief and longer research rating scales are also described. The authors caution that patients' participation in these should be approached only after a relationship has been established.

Treatment formulation in the cognitive model starts with the client's beliefs and explanations about events, especially of the most recent episode. It moves towards looking with the client at alternative ways of viewing those same events and re-attributing symptoms in a way that would be more normalized and linked to the patient's feelings and concerns. Goals can be sequenced according to the patient's interest and comfort in working on a particular area of functioning. When orienting patients to this work, it is necessary, according to the authors, to take into account their illness related cognitive difficulties and keep the discussion simple and comprehensible, free of technical language and complicated concepts.

The section of the book that focuses on treatment begins with a chapter on psychoeducation. Its value as an evidence based treatment in schizophrenia has been demonstrated. The authors suggest that not only patients, but clinicians need to recognize the fact that psychotic symptoms are on a continuum of experience and resist the tendency to view people with psychosis as being fundamentally different and therefore untreatable.

Chapters nine through twelve describe work with specific symptoms of psychosis — positive symptoms such as hallucinations, delusions, thought interference, passivity phenomena, formal thought disorder, and negative symptoms. Each chapter suggests a way in which these symptoms can be addressed with each of the four clinical subgroups. These chapters are brimming with examples of symptom types within each category, examples of interviews that elicit the patient's thinking, and avenues that can be taken to develop alternative explanations for symptom reattribution. Clinicians will feel particularly rewarded reading these chapters because they will be able to apply the techniques to their own work. I was particularly impressed by the chapter that dealt with negative symptoms. The authors point to the potentially protective aspects of the symptoms vis-à-vis positive symptoms and suggest that goals setting must begin very modestly so that failure is minimized. As they put it: "you can't push people out of negative symptoms, but you may be able to help them find and open a door." They emphasize the need to educate families about negative symptoms so that they do not create stress by criticism and unreasonable expectations.

The final chapters of *Cognitive Therapy for Schizophrenia* are devoted to co-morbid conditions, relapse prevention and specific difficulties in therapy. Three appendices provide two clinical rating scales and a scale that evaluates the clinician as a cognitive therapist for people with psychosis. Appendix 4 offers educational handouts for patients on cognitive therapy, auditory hallucinations, delusions and motivational issues. Appendix 5 is a series of templates according to which patients can record and try to make sense of their experiences — a starting point for cognitive therapeutic collaboration with their therapists.

Cognitive Therapy for Schizophrenia is a very useful guide for any clinician who works with patients with schizophrenia. It offers a path towards understanding the inner world of the patient and as such it assures that recovery from the illness is fuelled by the patient's own self-knowledge and motivation. Beginning therapists and experienced clinicians alike will find in it a useful conceptual framework and many user-friendly tools for their work. Somewhat disappointingly, the case examples, while interesting, did not, in my view, quite give a sense of the pacing of the work or a detailed description of the specifics of treatment as the cases developed. A more detailed case example or two illustrating both the work and the obstacles, length of treatment and final outcome would have been helpful. Finally, I hope that the authors will consider, if they have not already, making a training videotape of their model of treatment. It would be an enhancing companion to an excellent teaching text.

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Borderline Personality Disorder Demystified—An Essential Guide for Understanding and Living with BPD. By Robert O. Friedel, M.D.; Marlowe & Company, New York, N.Y.; 2004; ISBN 1-56924-456-1; \$15.95 (paperback); 272 pp.

Nothing strikes discomfort, fear and even terror into the minds of therapists — whether novice or seasoned — than the possibility that they may be receiving a patient with borderline personality disorder. Visions of rapid mood swings, calls in the middle of the night, impulsive frequently suicidal behavior, sense of being idealized or devalued, repeated episodes of closeness or fears of abandonment serve to re-enforce these concerns. Similar feelings are evoked in those suffering from the disorder as well as their relatives, friends, acquaintances and all who have contact with them. No wonder sneers and disparaging comments are frequently heard when the diagnosis is entertained even among professionals. As the disorder affects upwards of 2% of the population, most of us are certain to encounter such individuals either as therapists or acquaintances.

This book, written by Robert O. Friedel, M.D., helps everyone — patient, friend, relative, therapist — better appreciate anyone suffering from this disorder. Dr. Friedel is well-qualified for this task. He is Distinguished Clinical Professor of Psychiatry at Virginia Commonwealth University, Professor Emeritus at University of Alabama at Birmingham, a member of the scientific advisory board of the National Alliance for Borderline Personality Disorder and a founding editor-in-chief of *Current Psychiatry Reports*. The book serves to clarify misunderstandings and aroused feelings toward patients with the disorder by instilling hope that the disorder is "real," that there is evidence-based treatment available and that those with the disorder have a responsibility to themselves to seek such treatment.

Dr. Friedel covers the spectrum of the disorder. He begins with the diagnostic criteria and illustrates them with brief case synopses of his sister and a patient, both of whom suffered from the illness. They provide contrasts of failure and success in treatment results and demonstrate the subtle, complex nature of the disorder, its co-morbidity with other psychiatric illnesses and the difficulties encountered during treatment. These vignettes are not the stereotypic picture one usually associates with "a flaming borderline," and serve to identify those with the illness and sensitize others to their plight and suffering. Subsequent chapters trace the history of borderline personality disorder and elucidate possible etiologies focusing on the biopsychosocial model. This serves to stress the scientific bases for the diagnosis and contradicts the notion that the disorder is merely psychobabel to explain strange behavior. These are followed by chapters covering various treatments — psychologic and pharmacologic — and manifestations of the disorder in children, particularly those subjected to abuse. Final chapters provide hope and encouragement to patients and their loved ones by emphasizing the positive results of current treatments and avenues for future research. Listings of resources for