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 reenforce 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

treatment, research and advocacy organizations serve to concretize the hope and encouragement emphasized throughout the book. References cited in each chapter are detailed at the end of the book.

The book, which Dr. Friedel notes is an expansion of handouts he has developed over the years for his patients and their families, is written in a down to earth, unassuming style. It is clearly intended for patients, families and their acquaintances. It is not written for therapists, medical students or residents. Thus, each chapter is brief and superficial. Those wishing more detail or specifics should consult standard therapy texts, the internet or recent publications e.g. the American Psychiatric Association's journal *Focus* volume III number 3 (2005) on personality disorders. However, the book does provide an initial foray into the minds of suffers of this disorder, their discomforts, sense of loneliness, unhappiness and desperation. Anyone familiar with the disorder or psychiatry in general will gain a sense of understanding. Perhaps, they may even be stimulated to delve further into other sources listed in the references.

One may find fault and quibble with the lack of specific strategies for dealing with people with the disorder and some the topics Dr. Friedel chose to include, for example, details of brain structure, function and neuro-regulation as well as too brief mention of dialectical behavior treatment and overemphasis of use of low-dose antipsychotic medication. However, these serve to emphasize that borderline personality disorder is a legitimate diagnosis just as schizophrenia and bipolar mood disorder, not a series of manipulative coping strategies. Since the book is written for lay people, I asked one of my patients with borderline personality disorder for permission to have her partner read the book. Not only did both of them better understand the illness but my patient actually responded clinically after reading it.

This book serves as an introduction to understanding a very complex, emotion laden, irritating illness. While I may fault its superficial nature and crave greater elaboration of specific therapies, it does fill a void. It serves as a stimulus for those suffering from borderline disorder, their families and friends to seek further understanding and treatment. Above all, it instills hope that things will improve now and in the future for its sufferers. As such, the book is a great success. Perhaps, we should place a copy in our waiting rooms to help "demystify" the behavior of some patients.

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***Psychosis in the Elderly*.** Edited by Anne Hassett, David Ames, and Edmond Chiu; Taylor & Francis Group, London and New York; 2005; ISBN 1-841-84394-6; $89.95 (hardcover); 259 pp.

Psychosis in the Elderly is, to some extent, a follow-up to a two-day, 1998 conference at Leeds Castle outside London at which a late-onset schizophrenia occurring between the ages of 40 and 60 years and a very-late-onset schizophrenia-like psychosis were identified and distinguished from early-onset schizophrenia. The reader is referred to Howard, et al. (1), for a more detailed discussion of these distinctions. The three editors and twenty-seven additional authors review the differences in illness presentation, epidemiology, differential diagnosis, and management of psychotic disorders in older adults in light of the progress made since the Leeds international conference. The book contains nineteen chapters, divided roughly into four sections — five if you count the concluding chapter as a section on its own. The first segment reviews the history of the conceptualization of late life psychosis and discusses classification of psychoses in old age, divided as to age at onset. Obviously, for example, there will be many older adults whose psychotic symptoms began in early adulthood or before. One would expect their psychoses to closely resemble those of any other person who developed schizophrenia as a teen or young adult. The next section deals with late-onset schizophrenia in terms of epidemiology and findings from neuroimaging and neuropsychological testing. This is followed by several chapters on management of these conditions, with comments on antipsychotic medicines, psychosocial rehabilitation, long-term and residential care, and reduction of stigma. The final section discusses psychotic symptoms in other conditions that frequently affect the elderly. These include delirium, dementia, mood disorders, stress-induced disorders, substance use and abuse, co-morbid conditions, especially within the basal ganglia, and iatrogenesis. The final chapter is a summary with recommendations for future research and practice.

What is clear from each chapter is that much work still needs to be done. This text represents a snapshot of progress, and there remains a lot that we do not know. If the reader is looking for clear-cut answers, there are few to be found here. A good example is the chapter on medications. The authors find that olanzapine and risperidone, with a slight edge for olanzapine, have the best antipsychotic evidence within the elderly population — and that they are tolerated reasonably well by most patients — but note that the evidence is weak and that there is unlikely to be better support for prescriptive practice any time soon. On the other hand, if one is looking for a better understanding of the current state of the art in this entire realm of late-onset psychosis, this book is an excellent resource.

Psychosis in the Elderly may be helpful to those practicing geropsychiatry and fellows in the field, researchers looking for definitions to assist in selection of study populations, and academic psychiatrists striving to assist learners in making useful distinctions among the various people who develop psychoses. Certain chapters could be helpful resources in any survey course of schizophrenia, especially for psychiatric residents. The book is quite well written and eminently readable, despite the large number of different authors involved. Americans may note the English-language spellings of some words, as the