"Disruptions in the course of psychotherapy and psychoanal-ysis," Salman Akhtar identifies some of the reasons for dis-ruptions in therapy (unconscious guilt, anxious retreat from "higher" level conflicts, sadomasochistic need to destroy a helpful situation, retreat due to separation anxiety, shift in psychic organization, empathic failures of the therapist), their manifestations, and treatment approaches to them. He suggests that from the developmental point disruptions are not necessarily bad and are the rule rather than the exception. The following chapter, "Managing suicidal crises in patient with severe personality disorders" by Joel Paris is a brief, skilful guide to suicidal crises, their management and chronic suicidality in severe personality disorders. In chapter 8, "Borderline personality disorder, day hospitals and men-talization" Anthony Bateman and Peter Fonagy provide some guidance to the management of borderline personality disorder and suggest that "placing mentalization as central to therapy with borderline patients may unify numerous effec-tive approaches to this challenging group of patients" (p. 133).

Chapter 9, "Pharmacotherapy of severe personality disor-ders: a critical review" by Thomas Rinne and Theo Ingenhoven addresses some conceptual and methodological issues of phar-macotherapy of personality disorders first and then reviews various classes of medications used (antipsychotics, SSRIs, mood stabilizers). The authors also discuss three main tar-gets—cognitive perceptual symptoms, impulsive-behavioral dyscontrol and affective dysregulation. The following chapter, "Severe cases: management of the refractory borderline patient" by Bert van Luyn provides some tips on how to handle these difficult patients (e.g., "no alliance, no therapy," rehabili-tation, assertive community treatment, intensive outpatient programs, split treatment, integrating hospitalization into the treatment and team support). The next two chapters, chapter 11, "Dangerous cases: when treatment is not an option" by J. Reid Meloy and James A. Reavis, and chapter 12, "Stalking of therapist" by Paul E. Mullen and Rosemary Purcell discuss some dangerous circumstances and consequences of treating severe personality disorders. The chapter on stalking empha-sizes that one cannot entirely avoid it. The authors also suggest careful documentation, including keeping copies of all unwanted communication, recording unwanted contacts and retaining records of unwanted phone calls.

The final chapter, "Common elements of effective treat-ments" by W. John Livesey reviews contemporary perspec-tives on treatment of personality disorders, common or generic factors (building and maintaining a collaborative relationship, maintaining a consistent treatment process, building motiva-tion), general treatment strategies and structured approach to treatment (therapeutic stance, contract, consistency).

This book is another example of a volume that is not exactly what it pretends to be. While this is at times interesting read-ing, I am not sure whether the entire volume really addresses the issues of everyday clinical practice. Although the editors stated in the Preface that they were eschewing biological, psychoanalytic and cognitive behavioral theories, the book is still heavily influenced and impacted by psychoanalysis and cognitive behavioral theories (not much by biology as we have no data. . . that is not to say that we have data supporting the other theories). The chapter on countertransference is excel-lent, interesting reading, but can we say that Otto Kernberg is eschewing psychoanalysis here? I am sure that the authors of the chapters (most of them are good reading) believe that they are addressing everyday issues. Maybe issues of their psycho-therapy practice (with the exception of the pharmacotherapy chapter), but not those of the everyday, ordinary clinical practice. Thus this book will be appreciated by those interested in the management of severe personality disorders, psychother-apists, and maybe teachers and residents. However, busy clini-cians will find this book too theoretical, and at times lacking practical straightforward recommendations.

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Leaving it at the Office. A Guide to Psychotherapist Self-Care, by John C. Norcross and James D. Guy, Jr., The Guilford Press, New York, New York; 2007; ISBN 978-1-593385-576-5; pp 238; $25 (paperback).

Lay people probably appreciate the stressful nature of the psychotherapist's (and psychiatrist's) work better than psycho-therapists and psychiatrists themselves. We all have probably frequently heard comments that it must very difficult to listen to other people's complaints the entire day, or were asked whether listening to mentally ill patients all day does not make us mentally ill, too. We usually ignore these comments or dis-miss them with a smile or joke. But, should we really dismiss them and pretend that the work we do is a piece of cake? Is it? If it is not, are we taking care of ourselves to be able to tend to our psychological and other health? Two experienced psycho-therapists, John Norcross and James Guy, as many others, seem convinced that we do not always take good care of ourselves and of the stress associated with, in this case, the practice of psychotherapy. Together they wrote an interesting volume—"a practical synthesis of research literature, clinical wisdom, and therapist experience on psychotherapist self-care" (p. ix)—first, to remind busy practitioners of the personal and professional need to tend to their own psychological health; second, to provide evidence-based methods for practitioners to nourish themselves; and third, to generate a positive message of self-renewal and growth (p. ix). In addition to a Preface, the book consists of 12 chapters.

The first chapter, "Valuing the person of the psychothera-pist," notes Anna Freud's observation that becoming a psycho-therapist is one of the most sophisticated defense mechanisms: "granting us an aura of control and superiority and avoiding personal evaluation ourselves" (p. 1). However, as the authors

remind us, every ethical code of mental health professionals includes a provision or two about the need for self-care (p. 5). In discussing the paradoxes of self-care and the fact that psychotherapists frequently do not take good care of themselves, the authors remind us of the "Esalen's Law—'we always teach others what we most need to learn ourselves.'" (p. 7). This chapter further reviews the available research on psychotherapist self-care and personal therapy (interestingly, many psychotherapists choose a type of personal therapy different from what they practice themselves; p. 10). The chapter ends with a suggestion that self-care begins with self-awareness and self-monitoring, and also making self-care a priority. The following chapter, "Refocusing on rewards," as other chapters, focuses on issues at the office and away from the office, in this case on rewards. The rewards at the office include the satisfaction from helping, permanent membership in the patient's world, freedom and independence, the variety of experiences, intellectual stimulation, emotional growth and reinforcement of personal qualities. Rewards away from the office reviewed here include improved interpersonal relationships, personal effectiveness, deeper life meaning, public recognition, and employment opportunities. The authors recommend internalizing the rewards and reorienting accordingly. In the discussion of the satisfaction of helping, I found very stimulating a quote of an old Chinese proverb (p. 21):

"If you want happiness for an hour—take a nap;
If you want happiness for a day—go fishing;
If you want happiness for a month—get married;
If you want happiness for a year—inherit a fortune; but
If you want happiness for a lifetime—help someone else."

The third chapter, "Recognizing the hazards" (written with Joan Laidig) summarizes prominent hazards encountered in conducting psychotherapy in areas such as patient behaviors, working conditions, therapist emotional depletion, psychic withdrawal, physical isolation, therapeutic relationships, personal disruptions and others. We never think about the fact that sitting for 8 or more hours a day in the same chair and room renders us physically exhausted from immobilization! We also do not contemplate the profound effect of some patient behaviors (e.g., suicidality; or being stalked by patients) on our emotional well-being. The well-known stresses of working conditions include, for instance, organizational politics, managed care, excessive paperwork, demanding workloads, and professional conflicts. Obviously, managed care with its industrialization of mental health care poses a special stressor. The discussion of the hazards, besides burnout, also includes the motivation for becoming a psychotherapist and the well known, yet frequently dismissed fact that many enter the career of psychotherapy motivated by curiosity about their own personality and problems. They hope to find solutions to personal problems or some resolution of underlying conflicts (p. 52). The chapter ends with suggestions on how to respond to hazards. These include recognition, acceptance, self-empathy, team approach, tailoring self-help to the individual, some

tradeoffs and considering the long perspective of hazards and balancing them. In the fourth chapter, "Minding the body," the authors discuss sleep, bodily rest, nutrition, exercise, and human contacts (including sexual gratification). An important reminder about fluid intake is included—losing just 2% of your body's water will result in feeling tired and weak (p. 67). The fifth chapter, "Nurturing relationships," reviews nurturing relationships at the office (clinical colleagues, peer support/supervision groups (Balint groups), clinical team, staff, supervisors and mentors. The discussion of nurturing relationships outside the office includes spouse/partner, family members, friends, colleague assistance programs, and personal mentors and personal psychotherapists ("psychotherapists are meaning makers" p. 87).

The sixth chapter, "Setting boundaries," provides tips on setting a boundary—"a limit or territory that is not to be violated." (p. 93). The discussion is again divided into setting boundaries at the office (defining the role of the psychotherapist, defining the role of the patient, defining the boundaries of the treatment relationship, defining relationships with colleagues and staff, and defining boundaries with family and friends) and setting boundaries away from the office (the psychotherapist outside the office, patients outside the office, and colleagues outside the office). The following chapter, "Restructuring cognitions," written with Maria Turkson, focuses on self-monitoring and on frequent cognitive errors such as selective abstraction, overwhelming tasks, assuming causality, catastrophizing, and dichotomous thinking and how they apply to the practice of psychotherapy. The authors also briefly discuss managing of countertransference. The following chapter, "Sustaining healthy escapes," written with Rhonda Karg, describes the unhealthy escapes (substance abuse, isolation, sexual acting out) first and then reviews healthy escapes at the office (vital breaks, relaxation, humor, get-togethers) and away from the office (days off, vacations, leisurely diversions, restorative solitude, personal retreats, play, reading and writing, humor and meditation). The ninth chapter, "Creating a flourishing environment," covers some areas we do not always think about, such as physical environment (paint, lighting), sensory awareness, work safety, business support, behavioral boundaries, institutional practices and others. The tenth chapter, "Undergoing personal therapy," is a very useful treatise on the goals, outcomes and other aspects of personal therapy. The authors remind us that personal treatment is, in many respects, the epicenter of the educational and self-care universe for psychotherapists (p. 167). They cite Freud, who proposed that personal therapy was the deepest and most rigorous part of one's clinical education. The authors also provide suggestions on how personal therapy may enhance clinical effectiveness. The eleventh chapter, "Cultivating spirituality and mission," deals with a difficult topic—spirituality and religiosity of psychotherapists and how these topics relate to the practice of psychotherapy (both authors inform us that they are spiritual/religious persons). The discussion is again divided into spirituality at the office and outside the office. The last chapter,

"Fostering creativity and growth," discusses issues such as creativity, diversity, growth, continuing education, videotaping oneself, involvement in professional organizations and interdisciplinary inquiry. Each chapter is accompanied by a very useful self-care checklist that, in a table format, summarizes the major points of the chapter in proactive language (strive . . ., create . . ., embrace, identify . . . , insist). Each chapter also includes a list of recommended reading for each particular topic.

This is a very interesting and useful volume. It was a bit wordy, yet enjoyable reading. It forces the reader to think about her/his work and the way he/she practices and how work is impacting her/him. Some may find this text confirming and reassuring that they "practice and work the right way." Most of the readers will find at least some useful information on how to improve their practice, self-care, and their psychological health. Though the book is intended for psychotherapists, most of the writing and suggestions are easily applicable to the practice of clinical psychiatry, too. I am not aware of a similar book written for psychiatrists and thus I would wholeheartedly recommend this volume to every practicing psychiatrist. It is thoughtful, though provoking and delivers a positive message of self-renewal and growth.

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Ethno-Psychopharmacology. Advances in Current Practice, edited by Chee H. Ng, Keh-Min Lin, Bruce S. Singh and Edmond Chiu, Cambridge University Press, Cambridge, United Kingdom; 2008; ISBN 978-0-521-87363-5; $110 (hardcover), 183 pp.

During the last several decades we have seen a substantial increase in interest and research in the area of culture, race, and ethnicity among psychiatrists. Considering culture and ethnicity in discussing the etiology and management of mental illness is regarded *sine qua non* of good practice. However, the words "culture" and "ethnicity" and any derivatives of them have also become present era psychiatry buzzwords. Ethnopsychopharmacology is one of them, though we are not totally clear on what it means and what it entails. Nevertheless, a book on "advances in current practice of ethno-psychopharmacology" by some well-known authors in this area seemed possibly attractive and interesting reading. The first correction of this misperception came while reading the Foreword to this book by Mario Maj, in which he pointed out one of the important issues about this book—this volume being, according to him, "the first-ever textbook of psychopharmacology focusing on the Asia-Pacific region" (p. xiii). Thus I realized that this may not be truly a complete textbook of ethno-psychopharmacology, but possibly still interesting and educational reading. . . . and I started to read.

The book contains 15 internationally authored chapters. I will list their titles to help me illustrate some points about this book later. Here are the titles: "Introduction," "Culture and psychopathology," "Culture and ethnicity in psychopharmacotherapy," "Ethnic differences in psychotropic drug response and pharmacokinetics," "Pharmacogenetics of ethnic populations," "Variations in psychotropic responses in the Chinese population," "Variation in psychotropic responses in the Hispanic population," "Identifying inter-ethnic variations in psychotropic response in African Americans and other ethnic minorities," "Complementary medicines in mental disorders," "Cultural factors and the use of psychotropic medications," "Outpatient prescribing practices in Asian countries," "Psychiatric inpatient psychotropic prescribing in East Asia," "Pharmaco-economic implications for Asia and other economically disadvantaged countries," "Integrating theory, practice and economics in psychopharmacology," and "Research directions in ethno-psychopharmacology."

The most interesting fact I learned from the Introduction (and perhaps from the entire book) was that the person to be considered the father of ethno-psychopharmacology (my term) was probably John Cade, the man who reintroduced the modern era psychopharmacology to lithium. Apparently, Cade, an astute observer, noticed that Asian (= East Asian) patients were more vulnerable to experiencing side effects of lithium and tricyclic antidepressants and would often respond well to lower doses than the average Caucasian (p. 1). He related this to one of his trainees, Dr. Edmond Chiu (one of the editors of this volume), who started to use this information in treating patients upon his return to Hong Kong. The need for lower doses of lithium and tricyclics in East Asians was later expanded by the recognition of the need for lower doses of haloperidol and other antipsychotics in this population, when compared to Caucasians (plus greater prolactin response to haloperidol). Well, this part contains a succinct summary of probably all the most important information in the field of ethno-psychopharmacology.

The rest of the book is filled with little concrete information and a lot of repetitive yet not very informative statements. Examples are sentences taken from conclusions of three different chapters: "As is apparent from the literature reviewed above, culture and ethnicity are powerful determinants of an individual's response to psychopharmacotherapy." (p. 34). . . . "Ethnic differences have been shown to influence response to psychotropic medications" (p. 53). . . ."Patients from different ethnic or environmental backgrounds may respond differently to psychotropic drugs, for which the underlying factors are complex" (p. 77). An example of another not very informative statement at the conclusion of the chapter on prescribing practices in Asian countries (which here means East Asian countries) is on page 142: "The psychotropic prescribing pattern in outpatient services across different countries varies considerably." Well, I bet that this is true for other parts of the world, too.