

requirements for successful reproduction dramatically differ between the sexes). The chapter also points out that neuroticism seems to be a temperamentally anxiogenic and depressogenic trait which may place some girls more than others of developing problems prior to the onset of puberty, and this trait vulnerability may be exacerbated by the cyclical withdrawal of estrogen after menarche (p 13). The authors conclude that pubertal females are one of the most well identified groups for indicated prevention and early intervention efforts in mood disorders. This chapter was clearly the most intellectually stimulating and informative for me.

Chapter 2, "Borderline personality disorder: sex differences," reviews the possible sources of sex differences in personality disorders and points out that the borderline personality disorder and antisocial personality disorder might in fact be two sides of the same coin. The following two chapters, chapter 3, "Substance use and abuse in women," and chapter 4, "Anxiety disorders in women," provide a standard, not very exciting review of these two topics. Chapter 5, "Posttraumatic stress disorder in women," proposes that there are several interacting factors which may explain the higher rates of posttraumatic stress disorder in women, such as cultural and societal pressures and expectations, the types of trauma to which women are likely to be exposed, the reactions of loved ones and associates to their experience, and hormonal levels. The authors also mention that there are gender differences in trauma exposure, with females at higher risk during childhood and males at higher risk during adolescence and early adulthood (and little differences between the genders from about the age of 30). The following chapter, "Domestic violence and its impact on mood disorder in women: implications for mental health workers" is a fairly succinct and educational summary of the role of domestic violence in depression and anxiety, with an interesting discussion of the barriers to change, such as difficulties in detecting, identifying and disclosing domestic violence.

Chapter 7, "Depression in women: hormonal influences," discusses the gonadal hormonal influences and depression, and specific life cycle-related depressive disorders in women, such as premenstrual dysphoric disorder, depression related to hormonal contraception, abortion and miscarriage and depression, pregnancy and depression, postpartum blues and postpartum depression, infertility in women and depression, and finally perimenopause, menopause and depression. The following chapter, "Anxiety and mood disorders in pregnancy and the postpartum period," provides a useful summary of the risk factors of anxiety and depression during pregnancy and the postpartum period, and some suggestions for detection (screening) and prevention. The final part of this chapter focuses on treatment issues, dividing them to issues for the mother, partner, and the child.

Chapter 9, "Pharmacological treatment of anxiety and depression in pregnancy and lactation," starts with the assertion that medications of various classes are routinely administered to pregnant and lactating women, though psychotropic medications are taken only by a very small percentage of these women.

The chapter then delves into the risks associated with pharmacotherapy, risks associated with untreated mental illness and balancing the risks and benefits. The authors continue with reviewing the administration of various classes of medications, such as benzodiazepines, other anxiolytics, antidepressants, mood stabilizers, hypnotics and herbal remedies during pregnancy and lactation. The authors are far more optimistic about the use of benzodiazepines in pregnancy than one would expect. On the other hand, they caution us about the paucity of data on using some antidepressants during pregnancy (the book is too old to include the recent warning on paroxetine and risk of primary pulmonary hypertension in infants). Finally, the authors warn us about the use of some mood stabilizers (valproate - fetal valproate syndrome) and some herbal remedies such as ginseng (hormonal effects, including androgenization) and valerian (cytotoxic and mutagenic activity) during pregnancy. Chapter 10, "Bipolar affective disorder: special issues for women" also includes some management suggestions, e.g., about the necessity of good sleep, and more detailed discussion on the use of mood stabilizers and antipsychotics (missed in the previous chapter). The final two chapters provide standard and not very informative reviews of mood and menopause (chapter 11) and anxiety and depression in women in old age (chapter 12).

This volume deals with interesting topics in a bit uninteresting and uneven way. Some chapters (e.g., chapter 1 and chapter 9) are very informative and interesting, some are quite boring, overlapping and repetitive. I believe that this book would be of interest to those invested in gender differences research or those interested in women's health. However, those in regular clinical practice of psychiatry and related disciplines may find it neither very useful nor practical.

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***Self-disclosure in Psychotherapy.*** By Barry A. Farber; The Guilford Press, New York, New York; 2006; ISBN 978-1-59385-323-5; \$30 (hardcover), 242 pp.

As Barry Farber writes in his book, "self-disclosure can refer to any behavior, verbal or nonverbal, that reveals information about a person." (p 133). In psychotherapy and psychotherapy training, there could be self-disclosure of patient to therapist, therapist to patient, supervisor to supervisee and supervisee to supervisor. I never thought of self-disclosure as a topic for an entire book, but as many times before, others proved me wrong. Dr. Farber wrote an entire book on self-disclosure in psychotherapy—and his book is not even the first one devoted entirely to self-disclosure. However, the previous volume devoted to this topic was published well over three decades ago (1). Reading Farber's recent volume, I was surprised how much has been actually published on this topic during the last several decades.

Dr. Farber states that he put this book together for several reasons: a) to integrate the work that has been done on various forms of therapy disclosure over the years, b) to bring together the findings of several research teams (including his), c) to bring together research findings, clinical observations, and theoretical perspectives on disclosure-related issues in therapy, and d) to consider the historical context for the burgeoning interest in disclosure issues in the United States. He also felt that a new book on this topic was overdue.

The book consists of Preface and ten chapters, with about half of the text devoted to patient disclosure and half of the text devoted to therapist disclosure. Chapter 1, "The nature of self-disclosure," focuses on the general nature of self-disclosure, including a short history of attempts to investigate self-disclosure empirically (p 2). It is a very interesting chapter filled with many intriguing facts and observations. Farber writes here that "the ritual of confession, implemented by early civilizations as well as by Catholic and some Protestant denominations, served as a precursor to modern psychological treatments that emphasize the need to reveal in order to heal" (p 9). Speaking of the impact of religions, someone also taught me about the impact of Jewish Talmudic writings and their heuristic nature and their impact on analytical therapy. But back to Farber's text. Chapter 1 also covers the positive aspects and negative consequences of self-disclosure; possible misuses of self-disclosure and finally the process of deciding to disclose. He ends this chapter with telling us that despite its positive function, disclosure is fraught with significant psychological risks that the therapist must heed, that individuals differ significantly in their willingness to disclose and in the benefits they derive in doing so, and that the norms surrounding disclosure in the United States changed dramatically during the past few decades (p 19).

The next four chapters deal with patient disclosure. Chapter 2, "Clinical perspectives on patient disclosure," reviews patient disclosure across different theoretical models of therapy and then discusses clinically important issues such as patient disclosure in group therapy; nonverbal self-disclosure; variables influencing the patient's tendency to disclose (comfort level in revealing stressful material, feeling that the material is pressing and urgent, depth and accessibility of the problem, nature of the patient's goals in therapy, extent and type of patient resistance, patient diagnosis and character type, strengths of the therapeutic relationship, nature of the therapeutic contract and others); legal issues; and confidentiality and self-disclosure. The chapter further examines positive consequences of self-disclosure in psychotherapy, such as intimacy, validation, affirmation, insight, identity formation, differentiation of self, authenticity and catharsis; and negative aspects of disclosure in psychotherapy, such as fear of rejection, fear of burdening the therapist, fear of creating an undesirable impressions of oneself, regret for hiding so long, feelings of increased vulnerability and feelings of shame. The chapter concludes with a case example (one of the useful features of this book) and suggestions on dealing with disclosure, basically recommendations what patients and therapists could/should do. Chapter 3,

"Research perspectives on patient disclosure," starts with the suggestion that Freud's "fundamental rule," that the patient must disclose every thought that comes to mind, is almost certainly not feasible. Dr. Farber then summarizes the research on topics such as the extent of patient disclosure and nondisclosure; what issues are discussed most extensively in psychotherapy (I found the fact that patients discuss most extensively their disappointment and frustration with themselves and those closest to them interesting, p 60), what issues patients avoid discussing in psychotherapy (the issue least discussed in one study was money!), factors that affect patient disclosure in psychotherapy and the question of salience (relevance vs. triviality). Chapter 4, "Patient disclosure. The outcome controversy," summarizes the findings of several researchers and research teams and emphasizes that research on self-disclosure has been hindered by the limitations of self-disclosure assessment instruments. Finally, chapter 5, "Multicultural perspectives on patient disclosure," starts with emphasizing that there is lack of research on cultural differences in self-disclosure, then discusses patient disclosure from a multicultural perspective, and finally focuses on Asian, African American, and Latino patients' disclosure in Western-style therapy. I liked the examples of cultural differences, e.g., Finnish people avoid small talk and accept silence for long periods, so it is said that one Finnish man loved his wife so much he almost told her he loved her (p 85).

The next four chapters deal with therapist disclosure. Chapter 6, "Historical perspectives on therapist disclosure," emphasizes that the history of therapist self-disclosure reflects long-standing divisions in the field (e.g., classical analysts' non-disclosure vs. proponents of self-disclosure such as Sandor Ferenczi and Masud Khan). Dr. Farber evaluates the classical position, positions of rebels, and the position of people in the middle (relational/intersubjective school) such as M. Klein, D. Winnicott or H.S. Sullivan. He also discusses positions of other schools, such as self-psychology, short-term psychotherapy, and CBT. He suggests to keep self-disclosure relevant; elicit feedback from the patient about it; and avoid too much of self-disclosure. Chapter 7, "Research perspectives on therapist self-disclosure," summarizes finding on issues such as frequency and types of therapist disclosure, reasons for therapists' disclosures, effects of therapist disclosure, therapist disclosure to child patients and limitations of therapist self-disclosure research. Chapter 8, "Clinical perspectives on therapist disclosure," asks whether therapist disclosures are inevitable, what the dilemmas underlying the decision to disclose are, what the consequences of nondisclosure are, and what factors influence therapist disclosure. It also discusses the use of silence. It provides some suggestions on what, when and how to disclose (e.g., disclose infrequently and judiciously, be mindful of the content of your disclosure, be mindful of the intimacy level at which you disclose, tailor disclosure to individual patient needs, be sure of why you are disclosing, monitor patient's reaction to disclosure etc). This chapter also covers special circumstances affecting disclosure such as therapist pregnancy,

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.

## REFERENCE

1. Jourard SM: Self-disclosure: an experimental analysis of the transparent self. Wiley-Interscience; New York, New York; 1971.

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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 its 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.

## REFERENCES

1. Freeman WJ: *How Brains Make up Their Minds*; Cambridge University Press, New York, 2003
2. Schmetzer AD: Freeman WJ: "How Brains Make up Their Minds" (book review) *Annals of Clinical Psychiatry* 2002; 14 (3): 196–197

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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 10<sup>th</sup> volume in the International Perspectives in Philosophy and Psychiatry series. Besides the editors, there are