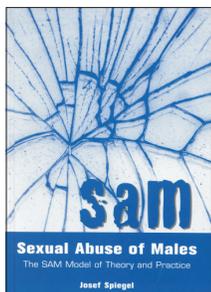


Book Reviews

Sexual Abuse



Sexual Abuse of Males: The SAM Model of Theory and Practice

Josef Spiegel. New York (NY): Brunner-Routledge; 2003. 545 p. US\$60.00

Reviewer rating: Excellent

Review by Harvey Armstrong
Toronto, Ontario

This book is a most thorough and complete presentation and discussion of sexual abuse of males (SAM). I found it both excellent and exhaustive. It is clinically useful and scholarly, with 84 pages of references and resources. Every important statement is referenced to literature on the subject or related subjects. In some places, there are so many references to a statement that reading is difficult. The references are reliable and current. The acceptance of the psychopathology as originally adaptive but currently maladaptive is an outstanding feature.

Josef Spiegel takes an ecologic, biopsychosocial approach to the cause, impact, silence, dismissal, and treatment of, as well as recovery from, SAM. Spiegel presents a broad range of topics, from neurophysiology and neurotransmitters to the roles of social norms and beliefs. Psychopharmacology is an exception because it is barely mentioned. Spiegel also chastises the legal system for minimizing the importance of this crime against children, adolescents, and society.

His sources are eclectic but well rounded. Spiegel illustrates his theoretical and clinical opinions with the first-person case histories of 6 male patients, he has assessed and treated for SAM. Each case has features that distinguish it from the other 5. This underscores the lack of uniformity of male abuse victims. The descriptions are vivid and are presented in the victims' words. Spiegel avoids DSM-IV diagnoses.

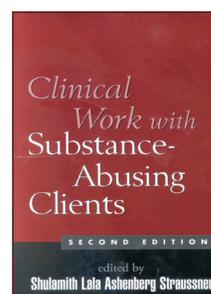
Spiegel points out the differences and similarities between abused female patients and abused male patients, as well as the social, psychological, and physical issues that join and separate them. There is some repetition as the author moves from assumptions to dynamics to treatment objectives, and then to practical exercises. These exercises would be useful for any practitioner. Spiegel clearly states that the relationship between patient and practitioner, combined with clearly defined goals and techniques, is what heals the sexually abused male patient and allows him to deal with his pre-, during, and postabuse experiences, as well as his current adaptations.

This book should be essential reading for all practitioners because the percentage of patients who have suffered sexual abuse is much higher than most realize. Male patients with mental health, physical, social, sexual, marital, family, or legal difficulties have an increased likelihood of having suffered sexual abuse.

This book is also useful for those who assess and treat female victims. Increasingly, male victims, like female victims, are coming forward in civil suits against institutions that have not paid heed to the complaints of young victims. Cases are increasing and settlements are rising. This book is a gem for those of us who assess these victims and suggest treatment.

This book is easy to understand and to read. The few illustrations, consisting only of black and white charts and tables, are useful.

Substance Abuse



Clinical Work with Substance-Abusing Clients

Shulamith Lala Ashenberg Straussner, editor. New York (NY): The Guilford Press; 2004. 494 p. US\$55.00.

Reviewer rating: Excellent

Reviewed by: Ewa Swoboda, MD
Saskatoon, Saskatchewan

Working with substance-abusing clients is not an easy task, it is a challenge that can be successfully addressed with specific knowledge, skills, realistic expectations, and awareness of one's own countertransference reactions (p 304).

This short quote from *Clinical Work with Substance-Abusing Clients* describes the essence of this book remarkably well.

Recent years have brought many new publications about issues relevant to substance abuse and its treatments. They present the topic from various angles and perspectives as the field rapidly develops and new trends in treatment constantly emerge.

The book, edited by Dr Straussner and published in 2004, is a comprehensive, informative, and well-written review. It targets mostly front-line addiction and mental health clinicians, such as social workers, clinical psychologists, family therapists, psychiatric nurses, addiction counsellors, general psychiatrists, psychiatry residents, and medical students. It can also be used by other health professionals, including family physicians who deal with substance abusing patients only occasionally, or by those simply interested in addictions. The strength of this text is its versatility: beginners will see this publication as a rich source of information with numerous clinical vignettes, while experienced readers will find it a good refresher and update.

Dr Straussner is a respected scholar and lecturer in the field of substance abuse and has authored many publications and books related to the topic. Her thorough understanding of the field of addictions comes from years of work as a clinician and lecturer, as well as service on various boards and advisory panels. The contributors to this publication include many renowned writers, such as Insoo Kim Berg and Audrey Freshman.

The first edition was published in 1993 and the new 2004 edition provides an updated review of crucial issues in substance abuse, shedding new light on previous perspectives and treatment approaches. The material is well organized and clearly written. The main focus is practical aspects of working in different areas of addiction. The concise and straightforward manner in which information is presented allows the editor to make the book simple and readable while covering an extensive range of theoretical material. The book can be read in its entirety by students and newcomers to the field or selectively by those interested in particular chapters. Its concise style and simple format should encourage teachers to use it as a scholastic textbook.

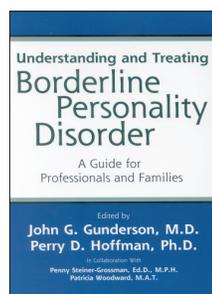
The book consists of 6 main parts. Parts 1 and 4 are written by Dr Straussner and provide a general overview and conclusion for the book, respectively. Parts 2 to 5 are dedicated to different aspects of the substance abuse field and are organized in a similar fashion. Each part starts with a brief forward explaining the content of that particular section and contains several chapters, each written by a different author.

Part 2 (Chapters 2 to 7) provides a review of different models of intervention with substance abusers, including a 12-step program, a structured relapse-prevention model, motivational interviewing, a solution-focused approach, and a harm-reduction model. The presentation of different models is nonjudgmental and honest while emphasizing that "there is no single 'correct' model of intervention" (p 37) and that the clinician is free to choose any technique, depending on the clinical situation. In Part 3 (Chapters 8 to 10), the reader finds the description of different therapeutic approaches to treatment of dependence on alcohol, opiates, and stimulants. Part 4 (Chapters 11 to 13) is the review of interventions with couples and families. Finally, Part 5 (Chapter 14 to 20) deals with unique issues of treatments for special populations: adolescents, older adults, women, the homeless, patients with dual diagnosis of substance abuse and borderline personality disorder, substance abuse patients infected with HIV, and gay, lesbian, and bisexual patients. The chapters are written in an easily readable and professional manner and contain updated epidemiologic and demographic information as well as samples of assessments and screening tools, tables, DSM IV-TR diagnostic criteria where applicable, numerous clinical case scenarios and vignettes, and exhaustive lists of references.

This book is an excellent resource for front-line substance abuse and mental health clinicians and a good-quality basic textbook for other professionals. It is concise, informative, and clear, with a wide selection of mostly American references. It would have been nice to see the addition of a few chapters addressing the treatment of aboriginal populations and ethnic communities as well as the use of groups and therapeutic communities in long-term substance abuse treatments. Otherwise, it is an excellent textbook.

The book comes in hardcover with an unassuming, but appropriate, front layout. It is reasonably priced, although it may be too expensive for students. I have no hesitation recommending this book to psychiatrists, mental health workers, addiction clinicians, and especially psychiatry residents and medical students as an informative, comprehensive, and clearly and concisely written textbook.

Borderline Personality Disorder



Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families

John G Gunderson, Perry D Hoffman, editors. Washington (DC): American Psychiatric Publishing; 2005. 171 p. US\$29.95.

Reviewer rating: Good

Review by John Livesley
Vancouver, British Columbia

The intent of this volume on borderline personality disorder (BPD) is laudable: it seeks to offer professionals and families information and education to reduce the confusion about the disorder. Such a guide is badly needed. Informative accounts of current ideas about the disorder are not readily available in a format that is appealing to general clinicians and families. This is unfortunate because few disorders are so misunderstood by professionals, family members, and patients alike. It is still common to hear it stated that treatment is not effective, patients rarely change, the disorder arises primarily from childhood abuse and adversity, and that these patients are attention-seeking and manipulative and do not want to change. There is clearly a niche for a readable text that explains BPD in ways that are helpful to families and patients. This volume begins to fill this niche and should help reduce false impressions, stigmatization of the disorder, and the blame heaped on patients and their families.

The editors have assembled an array of experts to describe contemporary ideas about the nature, origins, treatment, and impact of the disorder. The text is divided into 2 parts. Part 1 provides the basic information needed to understand current thinking on diagnosis, treatment, and prognosis. Specific chapters deal with diagnosis, psychotherapeutic options, pharmacotherapy, and longitudinal course. This section goes a long way toward correcting mistaken beliefs about treatment effectiveness and long-term outcome. Part 2 deals with family matters. The first few chapters are important reading for clinicians treating these patients. They describe

what it is like to have this disorder and what it is like to have a family member with the disorder. The final chapters discuss the burden imposed on families and how to support families and involve them in treatment. The result is a readable overview of the DSM-IV concept of BPD that is already proving useful to both families and professionals.

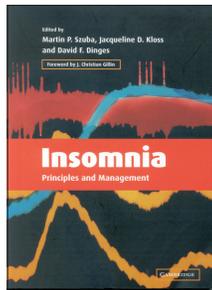
Although the guide is undoubtedly useful and well worth reading, it is not without shortcomings. It suffers from being an edited volume and from trying to meet the needs of both a professional and a lay audience. There is some unevenness across chapters. Some are more detailed and use more jargon than needed to communicate basic ideas to lay individuals. The editors have done their best to make the volume readable to a wide audience by drawing on assistance from 2 writer-educators. This has improved the clarity of the text. There is a useful glossary that offers clear and straightforward definitions of technical terms. Key points are also summarized at the end of each chapter so that the message for families is clear. Despite these efforts, there is limited continuity across chapters, and one is left with the impression that the volume would have better served its purpose if written by a single author who could integrate ideas across chapters and explain how research on diagnosis and etiology inform treatment strategies. The needs of families would also have been better served if the sections related to helping families cope were expanded with more information about practical coping strategies and how to manage the emotional instability and crises.

The text also seems directed primarily toward the American reader. Little attention is given to the situation in other countries or to effective treatments developed elsewhere, for example, Bateman and Fonagy's mentalizing-based treatment and Ryle's interesting cognitive analytic therapy. Emphasis is also placed on describing the different available psychotherapies as if they were alternatives rather than potentially complementary ways to treat the disorder. The importance of eclectic and integrated treatments that select interventions on the basis of what works, as opposed to the dictates of a given theoretical model, is not recognized.

Perhaps most bothersome of all is the tendency to promote BPD as a distinct entity defined by a set of criteria that is beyond dispute. While there is little doubt about the importance of this form of psychopathology, there is still considerable debate about some of major features of borderline pathology and the best way to represent them. No part of this debate is conveyed to the reader. This is probably because the book originated at the first annual meeting of an advocacy-orientated organization and most of the authors accept rather than question the merits of the DSM model. The goals of advocacy are perhaps not well served by recognizing that the disorder in question has some contentious elements.

Nevertheless, families deserve to know that important aspects of the diagnosis are being disputed and that borderline pathology is a fuzzy entity at best.

Sleep Disorders



Insomnia: Principles and Management

Martin Szuba, Jacqueline Kloss, David Dinges, editors.
New York (NY): Cambridge University Press; 2003. 285 p.
US\$50.00.

Reviewer rating: Excellent

Review by Alan Douglass
Ottawa, Ontario

This book has something to offer all physicians: general practitioners, psychiatrists, and even sleep specialists. The editors and chapter authors form a virtual who's who of the world's experts in insomnia research and treatment—Buysse, Kloss, Hauri, Morin, and Mendelson, to name only a few. The introductory foreword by the late Chris Gillin contains a complex patient case history with differential diagnosis. The overriding theme of the book is how deeply the symptom (syndrome?) of insomnia is embedded within other medical diagnoses, especially psychiatric ones. This is not true in the minds of members of the general public, who probably underestimate the gravity of their insomnia.

Particularly surprising in a clinical work of this type is a deep but compact discussion of the neurochemical basis of sleep and wake. An appendix also lists all medications ever used as hypnotics, both over the counter and prescription, showing half-life, advantages, and disadvantages. This part of the book contains valuable clinical wisdom forgotten by many clinicians: that is, the old standby chloral hydrate is actually trichloroethanol.

The 3 chapters of Part 1 discuss the issue of to which specialty insomnia belongs when at least 50% of cases appear to be secondary to psychiatric illness. The differing subclassifications of insomnia in the ICD-9, the International Classification of Sleep Disorders, and the DSM-IV are contrasted, as are the

results of several large population surveys. Most of the authors agree on the definition of chronic insomnia: a sleep-onset latency of greater than 45 minutes on 5 out of 7 nights weekly for 6 months or longer. Jacqueline Kloss states that “insomnia is the single most common presentation of depression” (p 27) and goes on to note how insomnia may be the earliest sign of depression.

Peter Hauri describes the hyperarousal concept of insomnia. These patients behave as if they were chronically ingesting some activating substance like caffeine when in fact they are not. He also discusses the unusual phenomenon of sleep state misperception wherein some patients have normal, objectively measured, polygraphic sleep but still complain of severe insomnia. He also gives some illustrative case studies and an outline for how to properly take an insomnia history. Charles Morin discusses his cognitive-behavioural therapy for insomnia.

Chapter 6 is a most concise and up-to-date discussion of the sleep-wake role of melatonin. Melatonin is not really a hypnotic but, rather, a circadian rhythm signal. It is useful in jet lag and shift work insomnia, but likely in little else.

Chapter 7 discusses the long-term use of hypnotics, which many physicians prescribe despite the lack of support for this practice from controlled studies or from the Food and Drug Administration. Chapters 8 and 9 discuss the special issues of insomnia diagnosis and treatment in children and older adults, respectively. Nursing home issues are especially well covered.

Chapter 10 discusses the complex issue of circadian rhythm disturbances, including shift work, jet lag, and delayed sleep phase syndrome. This chapter offers many practical suggestions.

Chapters 11 to 13 form a remarkably succinct lesson on the neurochemical control of sleep and waking. It will surprise most readers that adenosine is used as a neurotransmitter in the ventral-lateral preoptic area of the hypothalamus, where it signals the onset of sleep. This nicely explains why adenosine antagonists, such as caffeine, keep us awake. It is also surprising that histamine from the tubero-mamillary nucleus of the hypothalamus sends a prominent wake-promoting signal to cortex that may be responsible for quiet attentiveness, in contrast with the hyperalerting nature of the norepinephrine circuits. This explains why antihistamines produce sleepiness, while modafinil produces nonanxious alertness, compared with the fight-or-flight effect of amphetamines. The effects of lesser known signal molecules, such as interleukin-1, galanin, and TNF-alpha, are also discussed.

This is an ambitious and wide-ranging book that nevertheless hits its many targets. This is a rapidly evolving field. The book should be in the library of every physician who hopes to properly evaluate and treat insomnia.

Sexual assault can happen to anyone, no matter your age, sexual orientation, or gender identity. Men and boys who have been sexually assaulted or abused may have many of the same feelings and reactions as other survivors of sexual assault, but they may also face some additional challenges because of social attitudes and stereotypes about men and masculinity. Common reactions. Men and boys who have been sexually assaulted may experience the same effects of sexual assault as other survivors, and they may face other challenges that are more unique to their experience. Some men who have survived s... Evaluating Freud's Psychosexual Stage Theory. Freud's theory is still considered controversial today, but imagine how audacious it seemed during the late 1800s and early 1900s. There have been a number of observations and criticisms of Freud's psychosexual theory on a number of grounds, including scientific and feminist critiques.Â So how exactly did Freud explain the development of sexual preferences? Freud's theory suggested that heterosexual preferences represent the "normal" outcome of development and suggested that homosexual preferences represented deviation of this process.Â While few people are strong proponents of Freud's theory of psychosexual development today, his work made important contributions to our understanding of human development. The victim of sexual abuse who has internalized mistreatment will mistreat the self accordingly.Â Other common symptoms suffered by victims of childhood sexual abuse include anger, rage, low self-esteem, and depression. Shame is an underlying feeling associated with these symptoms (Kaufman, 1985). Therefore, if the nurse/therapist treats the shame, then in turn these symptoms will be treated.Â I.D. The theory and practice of group psychotherapy. 3rd ed. USA: Basic Books, 1985.