within the Centre and the community. The descriptions of the historical events provide an interesting overview of the obstacles faced by the community mental health movement as a whole. They include the emphasis on drug treatments and the concomitant reduction of professional time spent with patients, proliferation of nonscientifically based psychotherapies, resistance of medical professionals to government policies of public health care, and the widespread social upheaval of the 1960s. However, the meat of this book—and hence its greater utility to policy makers and mental health professionals—is the detailed analysis of the individual, institutional, and cultural conflicts that more directly hampered the Centre’s pursuit of the goals proposed by its founders. Foremost was the overpromising of goals it was not equipped to meet and the lack of operationalization of those goals into concrete, measurable objectives. In addition, there was a chronic inability of the Centre to attract well-qualified staff interested in community clinical practice and research. The staff lacked the management skills necessary to cope with the many nonclinical issues involved in dealing with the public and was unfamiliar with the local political forces that stood in the way of establishing effective community ties. Indeed, Leighton points out that the very concept of “community” itself was so nebulous as to preclude the drawing of catchment area boundaries that would encompass a meaningful, unified collection of people for the purpose of eliciting cooperation and participation. In the midst of transient staff and ineffective community participation was a governing board of inexperienced laypeople that did not provide the direction needed to guide the Centre in the face of new trends and changing demands.

Leighton generalizes from the specific shortcomings of the staff, the community, and the governing board to discuss barriers that prevent effective functioning in any type of organization and ways to avoid or break down those barriers. He describes how group goals can run counter to individual goals, leading individuals to block the group’s pursuit of group goals. He wisely notes that most organizational breakdowns occur as a result of individuals’ action rather than their actions, and he suggests methods of coping with this problem. What follows is a step-by-step list of recommendations to improve the effectiveness of community mental health centers, ranging from the need for an operational definition of “community” to the recognition of satisfactory staff performance as well as unsatisfactory performance. With an air that can be described as hopeful skepticism, Leighton concludes that the original ideas and ideals of the community mental health movement were not wrong but that the methods implemented to obtain its goals were ill-conceived, naive, and poorly managed.

In sum, this book takes a microscopic look at the community mental health movement by thoroughly exploring the development and deterioration of a prototype community mental health center. The conclusions reached regarding its failures support the worthwhile and timely recommendations for improving the delivery of community-based mental health care. Leighton fairly warns the reader of the dominant role his own subjective viewpoint plays in judging historical events and evaluating the dynamics of social systems. However, it is quite clear that his is a very scholarly, experienced viewpoint, effectively presented, and one that should be heeded by mental health policy makers.

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This volume contains a selection of papers from the 7th International Symposium on the Psychotherapy of Schizophrenia (Heidelberg, Germany, September 1981). Of the 19 original articles, 10 were written by Americans and the remaining nine were contributed by Finnish, German, Italian, and Swiss authors. The point of view is indeed international, emphasizing the contribution of the psychosocial environment—particularly the family milieu—to the pathogenesis, course, and outcome of schizophrenic disorders.

The articles are divided into four sections: Family Research, The Treatment Setting, Individual Therapy, and Family Therapy. Underlying the various contributions to these different sections is a generally critical attitude toward the work of biologically oriented researchers and therapists. Beyond this and the corollary proposition that greater attention should be paid to psychosocial variables, the authors agree on very little. In reviewing the various sections of the book, we found ourselves confronted with an array of seemingly contradictory theoretical positions and therapeutic models, including psychoeducational, intrapsychic, systems theoretical, and “liberationist” approaches to the treatment of schizophrenic individuals. A similar diversity was evident in the methods used by the special contributors; these range from quantitative approaches based on standardized instruments and scales to clinical case histories and purely anecdotal materials—e.g., “I once proved in a brief study that one-quarter of all specialists in psychiatry have one or more schizophrenics in their immediate family, that is, among father and mother, uncles, aunts, brothers and sisters” (Muller, p. 182).

In the first section of the book, we recommend Goldstein’s comprehensive review of the family interaction data. He makes a particularly strong case for continuities between the pre- and postschizophrenic family environments, suggesting a causal role for environmental attributes in the initial onset and differential course of schizophrenic disorders. Equally valuable is the paper by Tenari et al. on the initial findings from the Finnish adoptive family study. This project attempts to test the validity of the conclusions drawn from previous genetic studies (1) by investigating whether the adopted-away offspring of schizophrenic mothers who do and do not themselves become ill can be differentiated on the basis of the mental health characteristics of the adoptive family milieu. The only information available on this potentially important study before this time was the brief preliminary report published in the now defunct Norwegian journal Psychiatry and the Social Sciences.

The second section of the volume includes an important paper by the Swiss psychiatrist Luc Ciompi that reviews the evidence for a multicausal or vulnerability model of schizophrenia and discusses implications of such a model for the design of long-term treatment programs. Ciompi is internationally known for his work in the area of psychiatric rehabilitation and his lifetime follow-up study of schizophrenic patients (2), work that has yet to be translated into English. Also of interest in this section is Mosher and Menn’s angry post-mortem examination of the Soteria project as well as Tranchina and Serra’s partisan update on the vicissitudes of “democratic psychiatry” in Italy.

We found the third and fourth sections of this book the most disappointing. Beyond Gunderson and Carroll’s careful review of the literature on empirical treatment studies, there
was very little that was new or helpful with regard to therapeutic practice or technique. Most distressing, however, was the tendency for some of the authors to advocate radical departures in therapeutic practice and theory backed up with little more than anecdotal evidence to support their claims of efficacy. By way of an example, we might cite Norman Paul’s assertion that schizophrenic processes in the patient are to be explained by dammed up and repressed grief responses in other family members or point to the seemingly bizarre behavioral prescriptions imposed on the parents of schizophrenic children by Selvini-Palazzoli and Prata.

Despite the fact that the articles collected in this volume are of a highly variable quality, they do succeed in providing the reader with a sense of the diversity of current international thinking about the role of psychosocial factors in the pathogenesis, course, and outcome of schizophrenic psychoses. It is a book that deserves to be skimmed and read selectively by research workers, clinicians, and other professionals who are inclined toward a psychosocial approach to the management of schizophrenic disorders.

REFERENCES


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The editors’ preface states that this volume of collected papers had its origins in a Boston conference entitled “The New England Conference on the Chronic Psychiatric Patient in the Community.” They proposed to “present an integrated approach to the treatment of the chronic psychiatric patient living in the community.” The 24 contributors are eminent and generally recognized for their expertise. Organized there are six sections, Background, Psychosocial Treatment Principles, Pharmacologic Treatment Principles, Selected Applications of Treatment Principles, Administration Issues in the Application of Treatment Principles, and Overview.

Some of the individual contributions are excellent, but the volume as a whole is seriously flawed and there are several criticisms. First, many of these contributions will be familiar to the reader because they have been published elsewhere in substantially the same form or represent reworkings of the authors’ work on the same subject. Second, there is a lack of focus. The editors have had trouble presenting a theoretical framework around which to organize this collection of articles. Third, there is an unevenness in the quality of articles selected: some are well researched and scholarly; others seem hastily written or appear to be transcriptions of talks that were not well edited.

It is not possible in the space allotted for this review to mention every article, but let me illustrate each of these points by selected references.

First, the issue of previous publication or restatement of previously published work is important because the reader has a right to expect substantially new work or a declaration that this is a compilation. Bachrach’s “Concepts and Issues in Deinstitutionalization” is representative of the scholarship and comprehensiveness we have come to expect of her. Her sociological perspective has enriched our understanding of the social and cultural processes that characterize the phenomenon called “deinstitutionalization.” But most of this, including the tables, has been published previously. Baldessarini’s “Clinical Pharmacology and Side Effects of Antipsychotic and Mood Stabilizing Drugs Used in the Treatment of Psychiatric Patients With Chronic or Recurrent Disorders” is a scholarly, well-organized, and comprehensive review. It is very similar to others of his published papers and uses the same illustrations. A similar observation could be made about Van Putten’s chapter, “The Clinical Management of Noncompliance” and Stein and Test’s “The Community as the Treatment Arena in Caring for the Chronic Psychiatric Patient.” This latter article is acknowledged in a footnote as substantially already having been published elsewhere.

Second, there is a lack of focus or theoretical framework. Throughout this volume various authors make direct or indirect pleas for an integrated approach to the patient such as a systems approach or a biopsychosocial approach, but it never happens. Part 2, which deals with psychosocial treatment principles, should have come the closest to such an ideal but fails. For example, Stanton’s “Individual Psychotherapies and Their Relationship to the Therapeutic Community” reviews the history of psychotherapy, describes the importance of both individual psychotherapy and participation in a therapeutic community for the chronic patient, and makes a plea for not forgetting psychotherapy as a modality of treatment in this drug-treatment-oriented world. But it reads like an oft-repeated professional lecture and does not seem to appreciate the complexities of the biopsychosocial milieu in which the chronically ill psychiatric patient in the community exists. The chapter that comes closest to presenting the theory and techniques of an integrated treatment program is that by Leff, who describes “The Management of the Family of the Chronic Psychiatric Patient.” The burden placed on families who have to manage a chronically mentally ill person in their home is well described, as is the lack of sensitivity of some professionals to this increased stress. Another example of this failure to relate to a system of care is found in Aguilera’s “The Role of Crisis Intervention in the Management of the Chronic Psychiatric Patient.” Although well written, most of this chapter is devoted to a history of the development of crisis intervention, and until one reaches the case examples it is easy to forget that this is supposed to be an essay dealing with the specifics of crisis intervention with chronically ill psychiatric patients.

Third, the issue of unevenness may be a matter of perception, but several chapters were quite disappointing because they were so “thin” or seemed to miss the point. For example, Grab’s “Psychosocial Rehabilitation Centers: New Wine in Old Bottles” is superficial and does not do justice to the importance of this segment of the community treatment program for the chronically ill psychiatric patient. Most of the chapter presents a point of view about the history of psychosocial rehabilitation and tells little or nothing about the techniques, theory, or practice of psychosocial rehabilitation. Cole’s “Clinical Experiences and Principles in Selection of Medication” reads like an impromptu speech, even though there are many good points made in the discussion.