

infant's power of visual discrimination is limited by a fixed focus for about the first couple of months of life. . . ." The infant's gaze is indeed fixed, but it is at about 16 to 18 inches, thus leading the gaze to the eyes of the mother when nursing. The infant is precisely equipped to catch her gaze. Worse yet, Kohut was concerned with the gaze itself, but he was also using the approving gaze as a metaphor for the entire relationship. Cheshire clearly does not grasp this and remains at an entirely concrete understanding of Kohut's point. The metaphorical nature of this point is, moreover, both crucial to understanding self psychology and patently obvious to anyone who has done more than the most superficial reading of Kohut. Again, while this particular example could be trivial, it was but one of many illustrations of serious errors in understanding; and it casts doubt about much of this book.

This book would rest far down on any list of recommended titles that I would give to practicing clinicians. It will, however, probably be of some use to those engaged in process or outcome research in psychotherapy.

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HOWARD S. BAKER, M.D.

HARVEY J. SCHWARTZ, M.D., ED: *Bulimia: Psychoanalytic Treatment and Theory*
International Universities Press, Madison, Conn., 1988, 549 pp., \$55.00.

Bulimia: Psychoanalytic Treatment and Theory attempts to provide a range of current psychoanalytic perspectives in the field of bulimia. The volume does achieve its purpose. Harvey Schwartz has done a good job of covering every aspect of bulimia. The 16 chapters cover the etiology of eating disorders from the object relations school, to the structural model, to the role of the Oedipus and associated castration complex.

Unfortunately, the chapters are sequenced without any thought to their theoretical orientation. A clear outline of theory would have been helpful to the reader. The volume is heavy on theory, and somewhat light on method; it needs a fuller discussion of treatment and countertransference. As it stands, readers must have prior knowledge of psychoanalytic theory.

Most chapters are well written. Only Schwartz's essays make for heavy reading. Although they are rich in content, the writing is dense and scholarly. The other authors fare better. Philip Wilson, for instance, makes an excellent case for exploring bulimia from a psychoanalytic, rather than a biomedical or psychopharmacological point of view. In his chapter, "Bulimic Equivalents," he argues that while medication and symptom-relief programs alone appear to provide relief from bulimia, they don't analyze and resolve the underlying issues. As a result, Wilson says, a patient is at risk for developing other, just as detrimental, symptoms. Wilson's chapter, which is presented in the middle of the book, would have made appropriate introduction to the volume.

Other, equally strong, chapters can be found throughout the book: David Krueger presents an object relations perspective of the development of body image and body-image disturbances in bulimic patients. Ira Mintz takes us through the clinical range of the self-destructive behavior of the starving, gorging, and bulimic anorexic. David Gesenway's literature review attempts to prove the theory of fantasy impregnation of the bulimic. Remi Gonzalez reports on the centrality of conflicted incestuous wishes in the etiology of eating disorders. And Kent Ravenscroft offers one of the few written

contribution on psychoanalytic family therapy approaches regarding the role of unconscious parental gratification in maintaining a child's psychopathology. Only Lynn Reisner and H. U. Ziolkow really fail to build strong chapters: Both of these entries are interesting, but inconclusive.

On the whole, *Bulimia: Psychoanalytic Treatment and Theory* provides worthwhile reading for the seasoned clinician.

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FRAN WEISS, M.S.W., C.S.W.

GARY W. LAWSON, PH.D. and CRAIG A. COOPERRIDER, PH.D., EDs.: *Clinical Psychopharmacology. A Practical Reference for Nonmedical Psychotherapists*. Aspen Publishers, Rockville, Md., 1988, 375 pp., \$38.00.

As its title indicates, this book was written with the intention of familiarizing nonmedical health professionals with clinical psychopharmacology in order "to maximize their effectiveness as psychotherapists" (p. xiii). It was the editors' belief that "undergraduate texts designed to teach the basic drugs . . . are too basic and do not cover many of the areas that a course for nonmedical mental health practitioners should cover," while "practitioners' manuals written primarily for those in the medical profession who prescribe medication . . . are too detailed and presume prior knowledge that few nonmedical therapists received during their training" (p. xiii).

The first two chapters "The Brain and the Nervous System" and "The Endocrine System and the Body Metabolism," are sketchy and barely related to succeeding chapters. Glucagon is misspelled twice as "glycagon" (p. 19) in a section on the pancreas that is irrelevant to the remainder of the book; and mineralocorticoids are misnamed as "mineral corticoids" which, in any case, do not "monitor the level of various minerals" (p. 20). The editors' limited knowledge of physiology introduces a more serious deficiency, first encountered in Chapter 3, "The Basics of Pharmacology," in which a drug's site of action is defined as "the area to be treated," and hallucinogens are listed as one of six categories of "psychoactive medications" (pp. 27-28).

Other portions of the text corroborate the impression that at least some of the authors are unaware of the distinction between a drug and a medication.

Chapters 4 through 8 are concerned with mental disorders that respond to drugs and contain such erroneous statements as: "Disorders of thought are exactly that. The individual believes something about his or her thoughts that is discrepant from reality" (p. 34); "Disulfiram, or Antabuse, as it is more generally known, is used relatively infrequently today" (p. 66); "The effect of combining alcohol and antidepressants is still not known, but monamine oxidase actions are inhibited" (p. 67).

Chapters 9 through 12, which present overviews of the major classes of psychotherapeutic agents, also contain frequent errors, a few examples of which will suffice: Antipsychotics are contraindicated in hypertension (p. 75); "Certainly, knowledge of the activity of MAOIs is limited and speculative at this time" (p. 100); "The barbiturates are commonly used in the treatment of anxiety, particularly with patients" (p. 124); "meprobamate, tybamate, and various carbamates are widely prescribed for anxiety states . . ." (p. 125).