

Perhaps Freud's interest in telepathy and the occult had a relation to a feeling of deficiency occasioned by his alienation from religion. I am not saying that Freud was wrong; I am only thinking; I don't know all the answers.

One feature of the distance between science and religion is clear to this observer. Many questions have not been expounded upon sufficiently by psychiatry and have suffered from insufficient exploration, but religion has given more adequate clarification in these areas: What is death? Why are we all so lonely? What is God? Why are we afraid of dying? Is there an after-world? Does death confer meaning on life? And so on, and so on, and so on.

Jewish Values in Psychotherapy is written by a rabbi-psychologist. One can delight in reading about matters one does not find in psychiatric literature. One will find much to disagree with but is encouraged by Rabbi Meier's liberality in entertaining doubt and dissent. He allows and looks for development and evolution in religious laws. This is vital to a scientist. Physicians like to study medical history but they will never allow ancient principles to dominate modern practice. The same must obtain for religion. Thus clerics and psychiatrists often come together and share the same territory in the study of conscience and casuistry. But modern psychiatry cannot accept some religious teachings in this area. Witness the following statements (p. 13): "Reverence is defined as the avoidance of disrespectful acts; rabbinic examples include not sitting in a parent's seat or speaking before parents, and never contradicting them." Why deny the poor parents the benefits of the education they could provide for their children but not obtain for themselves? So the children must be able, on occasion, to contradict parents. But I confess this is nitpicking.

If one wants to have a psychiatrically informing, and even ennobling experience, I recommend reading this book. It will make you consider carefully issues that psychiatry has not drawn to your attention. It is truly a learning experience. The literature dealing with the relation of psychiatry and religion is burgeoning, and this is a good thing. I enjoyed and profited from this book and I think most psychiatrists and clerics will too.

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DAVID M. GARNER, PH.D. and PAUL E. GARFINKEL, M.D. EDs: *Diagnostic Issues in Anorexia Nervosa and Bulimia Nervosa*. Eating Disorders Monograph No. 2. Brunner/Mazel, New York, 1988, 228 pp., \$25.00.

So much has been recently written about eating disorders that a book that probes more deeply than usual earns our gratitude. *Diagnostic Issues* is such a book. It aims primarily "to provide an overview of the diagnostic issues that may facilitate further refinement in our thinking about eating disorders" and, in so doing, it moves from simple description to attempts to isolate the mechanisms underlying these symptoms. The seven chapters written by some of the foremost thinkers in the field, though admirable enough, suffer the usual liabilities—some unevenness and repetitiveness—of multi-authored collections. As a whole, however, this monograph offers a solid, serious, and altogether worthwhile collection of articles.

The first two chapters start out strong. Russell's contribution on the diagnostic formulation in bulimia nervosa is outstanding, since he, as pathfinder, lays out the rules. Putting down the groundwork continues in the second chapter, where Pope,

Spitzer, and Williams, using precise and comprehensible language, systematically show the ways of thinking that went into changing *DSM III* to *DSM III-R*. With frankness and integrity, they explain the controversial points raised by the committee and the means by which these were resolved.

Fairburn and Garner's two chapters are also significant. Although their ideas emerge with less lucidity, they do endeavor successfully to clarify any residue of confusion in the diagnosis of bulimia. They also continue the debate regarding the relationship between anorexia nervosa and bulimia nervosa, contending that "the similarities between the disorders are far greater than acknowledged in recent literature." They provide excellent tables, as well.

Strober and Katz, writing on depression in eating disorders, use a scholarly and formal style. The clinician looking for a thorough survey of the literature will find this review beneficial. References are good. Swift and Wonderlich's contribution, the lengthiest, reviews the personality disorders commonly associated with eating disorders. Because this chapter takes a psychoanalytic position, it is especially helpful for the clinician. Anderson's article on males with eating disorders is unusually intriguing, since so little literature on this gender exists, but while the information and tables are useful, the article disappoints; its scope is too narrow, i.e., its observations are based on one facility only, John Hopkins. I wanted *more*.

Admittedly, it is tempting to want to make what is known in the field of eating disorders as clearly defined and scientific as possible. Unfortunately, the discipline of research is not yet sufficiently developed or advanced. Still, the authors in *Diagnostic Issues* review well what is known, to date. That some questions are left open is not their fault, but simply an honest reflection of the state of the field at this time.

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EDGAR P. NACE, M.D.: *The Treatment of Alcoholism*. Brunner/Mazel, New York, 1987, 304 pp., \$30.00.

The Treatment of Alcoholism is a comprehensive text that provides an effective approach to the problems of alcoholism. It is written as a companion guide for professionals, especially those who are inexperienced, or are uninformed about the symptoms and the possibility of successful treatment of alcoholics. It provides valuable information and insights into the alcoholic, and into the latest methods of diagnosis and treatment.

The reader is given a comprehensive view of the history, goals, treatment, and management steps of Alcoholics Anonymous. A.A.'s successful approach to alcohol management is advocated by Dr. Nace to be used in conjunction with psychodynamic treatment. He singles out A.A.'s successful focus upon removing denial as a major first step in the treatment of the alcoholic. In fact, Nace's exploration of the uses of denial as the major barrier to successful treatment is the most informative section of his book. He illustrates how the uses and misuses of denial, serve as the psychological prop for maintaining the alcoholic's ego integrity. Accordingly, the physical withdrawal from this addiction is minor compared to the intensity of the psychological withdrawal. Until this denial barrier is successfully reached, Nace contends that real treatment cannot take place.

Nace emphasizes the importance of psychodynamic treatment as the best response