while under treatment often do so because they sense rejection on the part of the therapist, which is perceived as "loss," and raises the issue of transference and countertransference, a subject well covered in the text. Again, the initial treatment of the highly suicidal patient differs from the more in-depth approach applicable when the acute crisis has passed. In the acute phase, the relationship between "perturbation"—how upset, disturbed agitated, sane-insane, and discomposed the patient is—and "lethality," actions, deeds, threats and behaviors is of primary importance. The role of the therapist in this situation is well outlined by Dr. Shneidman's chapter. There are many other gems which make this text important for both the practicing clinician and the resident in training.

Greenwich, CT RAMA P. COOMARASWAMY, M.D.

MARDI JON HOROWITZ: *Stress Response Syndromes: PTSD, Grief, and Adjustment Disorders.* Third Edition. Northvale, NJ: Jason Aronson, 1997, 358 pp., $40.00, ISBM 0-7657-00255.

This work could be used as a model by many mental health researchers—an ultimate attempt to link theory with practice and research in psychotherapy. These links are difficult, expensive, and need expertise and motivation possessed by very few in psychotherapy research. This example of how-to-do-it work is in its third edition. Not many comparable contributions are available, as far as this reviewer knows.

The introductory chapter details the overall strategy and preliminary tactics of the empirical approach. This in itself is a very courageous stance, in a field that stresses either blatant, anti-empirical impressionism or indifference to empirical findings. The first part deals with definitions and issues regarding stress-response syndromes. A case sample illustration of intrusion and denial is followed by clinical observations and diagnoses about compulsive repetitions, denial, and common themes found in most PTSDs. The next chapter outlines conditions that constitute PTSDs, that is: military combat, concentration camps, disasters, bereavement, terminal illnesses and their aftermath on survivors, rape, and, of course, mental illness. A variety of already published experimental findings follows. The second part consists of the general theory underlying therapeutic interventions, phases of denial and intrusion, mourning and reschematization, and principles of treatment. These principles are then applied in the third part to histrionic, compulsive, and narcissistic personalities, The fourth part consists of clinical examples of traumatic events: loss of limb, visual shock, automobile accident, multiple traumas, death of parent, and suicide of a friend.

Certainly this is as complete a compendium of PTSDs as can be found anywhere. What could not be found, however, and perhaps this evidence is published elsewhere, is outcome data about the effectiveness of this approach. If a theory, any theory, is as good as the outcome of interventions based on the theory itself, then, the effectiveness of that intervention speaks well for the theory. Effectiveness, however, in medicine, as well as in psychotherapy, is not enough.

Efficiency, the costs of treatment, usually its duration, as well as personnel used and setting, are just as important. Given two equally effective treatments, the least expensive eventually wins. With this "victory" go the theoretical underpinnings of the treatment.

The ultimate proof of the therapeutic efficacy of any treatment, therefore, is comparison with a competing treatment that claims to treat the same disorders. For instance, Eye Movement Desensitization and Reprocessing (EMDR) has been found to treat many PTSDs effectively. This comparative testing, however, is a very costly enterprise, especially if talk is used for treatment. To make such a comparison more feasible, objective, replicable, and cost-effective, workbooks consisting of written homework assignments representing contrasting theoretical viewpoints can be and have been developed. For instance, there are quite a few commercially available workbooks directly related to PTSDs. Through the application of workbooks based on different theoretical viewpoints, it is indeed possible to link theory with practice and research in a more objective and less expensive manner than through talk. The link between evaluation of a theory and intervention can and will occur when interventions are based on writing, as in workbooks, rather than on talk. Although not yet reached, the same link is fervently sought, not only by the author of this book, but by most therapists who want to base their interventions on science rather than on art.

Atlanta, GA LUCIANO L'ABATE, PH.D.

GERALD AMADA: *The Mystified Fortune Teller and Other Tales from Psychotherapy.* Madison Books, New York, 1998, 155 pp., $24.95, ISBN 1-56833-099-5 (cloth).

"A therapist can sometimes get better results by pointing out to a client a common sense course of action than by imparting psychological interpretations of the client's behavior (pp. 33–34)." Such is Amada's conclusion about one of the cases he so clearly outlines. But don't let that mislead you. This is a book about psychotherapy, not about the giving of advice, and Amada is clearly a committed and relatively orthodox practitioner of psychotherapy. But Amada is not so orthodox as to be without surprises, some of which proved to be refreshing, some exasperating. Many of his tales (and they really are well-told tales) were variously touching, heartwarming, humorous, and some were even real adventures and had me wanting to look ahead to see what the outcome might be.

Amada's book is an unhurried one. It is a book that can be begun and set down and later picked up. The examples in this book are widely varied, yet sufficiently common as to evoke memories of patients I have known and treated. Amada's use of descriptive language is good, and I found myself drawn into the narratives (for that is his general style), which he supplements with regular asides that serve as teaching points. On several occasions, I wanted to "interrupt" and argue with his conclusions or his approach, which is a measure not only of my differences with his therapeutic philosophy, but of his skill at presenting clinical information in a way