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Psychiatry for Medical Students. Robert J. Waldinger. Washington, D.C.: American Psychiatric Press, Inc., 1984, 423 pages, $23.50 hard.

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The author's purpose is to provide a clear, readable, brief summary of psychiatry for medical students and other beginners with no prior knowledge of this field. He covers the standard nomenclature, examination, diagnostic categories, and treatment very well. On treatment, the author strikes a balance between psychotherapy and medication and is appropriately cautionary about the latter. Waldinger includes separate chapters on sexuality, alcohol and drug abuse, suicide, and violence. He seeks to help students approach disturbed patients compassionately and realistically and to foresee their own emotional responses in so doing.

Waldinger accomplishes his purpose very well. The writing is straightforward, objective, yet balanced with a certain humanistic detachment from the sanctimonious conventions of psychiatry. His discussion of the inherent value of the human relationship in therapy (pp. 309-312) and his appreciation of the "diversity and complexity of human personality" (pp. 137-138), in the introduction to the chapter on personality disorders, are particularly noteworthy. A student could read this book in two days and know fairly well what psychiatry is and does.

The problem with this book from my point of view is not so much the book itself as it is the conventional psychiatry it describes so well. The chapter on "Psychodynamics—Some Basic Concepts" and that on "Psychotherapies" is dominated by Freudian theory. The four core chapters on psychiatric categories (chaps. 5-8) are based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). The emphasis in each case has serious limitations. The student reading this book should see it in perspective.

Obviously a book review in psychiatry will vary with the viewer. Most residents in current academic training programs would find *Psychiatry for Medical Students* to be an accurate summary of what they learn. A classical analyst would ask why so many drugs; are Masters and Johnson really effective? A behaviorist would throw out the psychodynamic theory. Fritz Perls would dispatch the whole book with a single epithet. Who am I, an internist, to review this book? Presumably to assess its value for medical students, for the editor of this journal, who invited the review, knows that I teach general medicine in a University medical center. I happen to have some interest in mind and behavior. I ought to. If I used DSM-III, half of my patients would be diagnosed 316.00 on Axis 1, "Psychological Factors Affecting Physical Condition." My training was predominantly in medicine laced here and there with psychoanalytic concepts, followed by considerable personal experience in the humanistic psychologies (mainly psychosynthesis, gestalt, encounter, Rogerian, existential, and family therapy) all of which I find more useful in the care of patients than analytic concepts. That explains my perspective.

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With this in mind I do have reservations about the psychiatry of which Waldinger writes so well:

Concern No. 1. Will medical students be better doctors for reading this book? Well, yes, for they must know what psychiatrists do. But, no, because they will mostly become primary providers. As such they will assume jurisdiction over the common stress-related problems of everyday practice. Will they recognize these for what they are? First consider the backaches and innumerable other pain syndromes due to muscular and nervous tension, the headaches, non-ischemic chest pain, G.I. syndromes, fatigue and weakness, etc., for which there is no reference in this book or in DSM-III. These are mostly physiologically mediated symptoms and, therefore, "physical conditions." The student in a non-psychiatric clerkship will obviously never apply Axis 1. Thus the student will learn to solve these problems exclusively with diagnostic names, tests, and drug treatments. Patients will continue to receive little or no understanding from their physicians. The student will learn no differently from the psychiatrists who rarely see the physical disorders. The sad dichotomy between mind and body, psychiatry and medicine, will persist—a schizophrenia of practice. Waldinger's book says nothing to bridge this gap. From this point of view I would recommend the inclusion of what used to be classified as psychophysiologic disorders. Such patients are not the province of psychiatrists. The book is about psychiatry and intended to be brief. The student should know, nevertheless, what the book does and does not do.

Concern No. 2. The same concern applies to the common emotional problems (without physical symptoms) of office practice as seen by primary providers as well as psychiatrists. These are the problems of everyday life: marriage, relationships, self-esteem, personal growth, emotionality, general unhappiness and discontent—a host of human conditions and personality traits short of frank mood and personality disorders. But the book, based as it is on DSM-III, must cover the major psychiatric entities in some detail, and this is its emphasis. My concern is that this emphasis, important as it may be for a student beginning a hospital clerkship in psychiatry, will inevitably lead the student to think in terms of diagnostic categories, of psychopathology, rather than of persons, caring, understanding, sharing, and helping. For example, in the chapter on personality disorders, in spite of the author's one page clear disclaimer that "the 'typing' of personalites does not imply any abnormality" and that "traits associated with particular personality types are often highly useful and adaptive," the student will be struck by the ensuing 40 pages which describe (very well) the 11 personality disorders of DSM-III.

Concern No. 3. The specificity of DSM reflected in this book will mislead students to believe that the specificity of diagnostic categories refers to core entities rather than to descriptions of "manifestations," or, in other words, symptoms, as the DSM authors intended. Obviously in psychiatry it is difficult enough to classify the manifestations without trying to classify the underlying complexity of the human condition. The achievements of DSM-III are formidable, but the student must recognize its inherent limitations. In medicine we could classify cough, fever, hemoptysis, chest pain, or various combinations of these. Once defined, all observers would agree. It is more useful, however, to diagnose pneumococcic pneumonia or tuberculosis. In psychiatry, however, we cannot classify causes. DSM-III is intentionally atheoretical. Its descriptions are well written, but the hierarchies, arbitrary. All persons, for example, think and feel. Cognitive and mood disturbances are bound to co-exist, and, of mood, depression and anxiety are opposite sides of the same coin. All these elements cannot be separated from the person any more than white, granular, and sweet can be separated from sugar. I believe that Waldinger could do more to dispel the illusion of exclusivity.

Concern No. 4. Diagnostic specificity leads to therapeutic specificity. The phenothiazines and lithium constitute a major breakthrough for their appropriate indications. The tricyclic group of drugs are useful adjuncts in major depressions. But their usefulness has not been established for the lesser depressions of everyday life. They are commonly overused. Worse than that, too many clinicians bend the diagnosis to depression in order to rationalize a drug treatment and then substitute the drug for the understanding so necessary. I do not believe the otherwise excellent chapter on somatic therapies sufficiently clarifies the dubious specificity of this group of drugs.

Concern No. 5. Except for brief sections on behavior, cognitive, and client-centered psychotherapy, the psychodynamic orientation of the book remains predominantly psychoanalytical as it does in academia generally. Elsewhere psychology flourishes with imaginative formulations. I wish the book could impart this excitement. Clearly the book cannot begin to cover such a divergent field. But why analysis and DSM? Examples:

The Freudian stages of psychosexual development, except as metaphor, seem to me an anachronism at this stage of psychiatry. The family systems, communications, fostering of self-esteem, respect for individuality and social relationships which help or hinder the growth of children, as elucidated by a host of family therapists and students of child development, would provide far greater understanding of what goes wrong.

The individualized subpersonality formulations in psychosynthesis are powerful instruments of understanding and change. And no pigeonholes! How useful are the personality disorders of DSM-III except to label?

Lastly, in the brief section, "Models of Psychotherapy," the author names but two. Of them he states that "behavior therapy and psychoanalysis may be seen as two ends of a broad spectrum of psychological treatments." But what a limited spectrum! Both are mechanistic models connecting present situations with past events. Left out altogether is the heart of the humanistic and existential psychologies with their emphasis on the uniquely human qualities of will, choice, responsibility, values, prupose, and meaning. These issues may be the very core of the problem and pivotal for change. Often the past cannot be undone until a new vision takes its place. New concepts with new learning are more important than past histories. The psychiatrist need be educator as well as therapist.

I can see that I have written more of an editorial than a review. Is this fair? The author set out only to provide a primer for beginners. He has succeeded. He says right off that much is left out. He seeks to prompt his readers to delve further into the field. If they do "then the book will have accomplished its purpose." I agree. I have hoped to stimulate this quest.