

relationships in child-abusing families and offers a thoughtful discussion of the treatment implications. On the other hand, Eastman describes the lack of research (and public concern) on elder abuse. While the methods associated with naturalistic approaches are defined and illustrated throughout the volume, the boundaries of this approach remain somewhat fuzzy. Although their focus is on violence within the natural setting, Breakwell and Rowett utilize direct questionnaires and psychometric and scaling techniques instead of direct observation. Nonnaturalistic methods of data collection clearly intrude.

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ERRINGTON, FREDERICK, AND GEWERTZ, DEBORAH. *Cultural Alternatives and a Feminist Anthropology: An Analysis of Culturally Constructed Gender Interests in Papua New Guinea*. New York: Cambridge University Press, 1987. xi + 185 pp. \$29.95.

The book subtitled "An analysis of culturally constructed gender interests in Papua New Guinea," although of considerable interest, does not meet its claim. It is concerned solely with the Chambri peoples of the middle Sepik region who, at least in the stage of acculturation in which the authors studied them, differ appreciably from many other Papua New Guinea tribal societies in which male-female relationships have been described more fully and authoritatively. In a general sense the authors are concerned with correcting the influential but erroneous description of the gender role allocations of these people by Margaret Mead, whom she called the Tchambuli. Mead held them up as an example of a society in which the male and female roles were virtually the reverse of those in western cultures to emphasize her preconception that gender roles are primarily culturally determined. In an earlier publication Gewertz had generously countered Mead's gross misapprehension by suggesting that she had studied the Chambri during a period of cultural crisis. In this work the authors portray a people whose gender allocations resemble those of most other Papua New Guinea peoples in which women are subjugated by the men, although not as severely or definitively as in the Highlands. Whether the relative independence of the women is due to Chambri cultural tradition or to an acculturation that was already far advanced when Gewertz first studied them in 1974-75 remains unclear.

The book is of particular interest because of its descriptions of the men's dependence on the maintenance of totemic names for prestige and security and, as elsewhere, the belief that the dead become totemic objects in the landscape, which raises doubts about Levi-Strauss's attempted abolition of the concept of totemism. The authors state that men fear their wives because they may have learned their totemic names rather than, as elsewhere in the region, because if mistreated the women may give some personal object, particularly their semen, to a sorcerer to injure or kill their husbands.

Although I believe the book is not suited to the general reader, including psychiatrists, it is of potential value to

ethnologists, if only to New Guineaists, who will be aware of its shortcomings. The authors seek to correct Mead's misconceptions by emphasizing that male and female roles cannot be compared with those in western societies; and that the Chambri women are satisfied with their lot, which they contrast to the subservient position of women in the United States. It is strange that they recognize, as they must, the transitional nature of Chambri society but do not recognize that women's roles and functions in the United States are also in a transition that has, to a notable degree, been made possible by the control of their fertility, their higher education, and the mechanization of the home and industry.

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POYATOS, FERNANDO, ED. *Cross-Cultural Perspectives in Nonverbal Communication*. Lewiston, NY: C. J. Hogrefe, 1988. xvi + 354 pp. \$56.00.

Although the editor states that "this book is for psychologists, therapists, counselors, interviewers, anthropologists, linguists, sociologists, communication scientists—and for practically anyone interested in or professionally practicing face-to-face interaction (p. vii)," specific interests are revealed in his appendix outlines of three different nonverbal communication courses in anthropology, sociology, and psychology, the disciplines about which he teaches. The book's contributors have backgrounds in these disciplines; one, for example, is a psychologist and social worker who specializes in phototherapy skills. Thus, the contributions are more in the field of the behavioral sciences than in the clinical ones.

There are cross-cultural comparisons related to the Israeli experience, Spanish Americans, Anglo Americans, and Native Americans in the Southwest. The chapter on the Israelis, for example, reports research comparing the use of standard hand gestures by different ethnic groups in Israel. Although the hand gestures were understood correctly in the majority of cases, approximately one fourth of the subjects showed some degree of misunderstanding.

One chapter describes the relevance of bowing behavior in the hierarchical society in Japan. Situation ethics are generally defined as behaving in accordance with the situation, but, among the Japanese, politeness is determined by the situation, and, as any foreigner who has experienced the rush hour on the subway knows, this is no situation for bowing. In the same author's chapter, Silence and Stillness in Japanese Nonverbal Communication, martial arts teaching is given as an example in which "the 'correct' way to learn is a silent imitation of the teacher until the essence has been grasped" (p. 209).

In another cross-cultural example, a chapter entitled The Binding of Culture describes classes on preparing Japanese and American trainees. The authors point out that program structure (e.g., the beginnings and endings, agenda and objectives, and timing of activities) are important; and that the material, and the way it is presented and used are relevant, as are the trainer's style, demeanor, and delivery.

Other interesting chapters cover architecture, clothing, photography, and art. The volume is of interest to serious

scholars and to students of cross-cultural nonverbal communication. Clinical examples, on the other hand, are very few, and one might have to look to other sources for descriptions of cross-cultural issues in nonverbal communication in clinical practice.

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ROSENTHAL, NORMAN E., AND BLEHAR, MARY C., EDS.
Seasonal Affective Disorders and Phototherapy. New York: Guilford Press, 1989. ix + 386 pp. \$45.00.

This work, modern psychiatry's introduction to research aimed at uncovering the mysteries of a novel syndrome and its innovative treatment, is a compilation of papers emerging from an NIMH consensus workshop and reviews developments over the past decade in seasonal affective disorder (SAD). Four major topics are addressed: 1) The diagnostic profile of SAD including associated clinical findings and demographic features; 2) animal models for the disorder; 3) seasonal variation in mood, performance, sleep, and other neurophysiological parameters of normal individuals; and 4) the treatment of SAD by exposure to artificial bright light (phototherapy).

A historical overview reveals that descriptions of winter depressions alternating with summer manias can be traced to 17th century medical accounts. The renowned English poet John Milton, author of *Paradise Lost*, may have suffered from SAD. It was not until 1982, however, that a case with regularly occurring mood cycles was systematically described and successfully treated by Lewy and colleagues by exposing the patient to bright lights. The term "seasonal affective disorder" was subsequently coined in 1984 by Rosenthal and coworkers, whose operational criteria for the definition of the syndrome are widely used to this day.

SAD depression, we are told, typically starts in the fall or winter and resolves spontaneously in the spring or summer. However, some knotty problems linger behind this seemingly straightforward account. The book repeatedly grapples with the question of whether SAD is, in fact, a valid and distinct entity. Chapter 10 raises the eye-opening theoretical possibility that SAD may be an artifact of the screening techniques used to define it. Most patients observed in gathering the database for SAD were recruited by media announcements describing the desired symptom picture. It is conceivable, therefore, that if "bouts of depression and remission were distributed in a random way . . . then, out of a large sample, some cases would be found with repeated disorder in the winter and remission in the summer" (p. 140). A related difficulty arises when one is confronted with descriptions of a group of noncomplaining individuals in the population who experience a constellation of symptoms similar to that described by SAD patients (chapter 20). At what point should these "subsyndromal" individuals be regarded as SAD sufferers? Although much is presented in the defense of SAD as a distinct clinical entity, it is eminently clear that much work has yet to be done.

The most compelling evidence in support of the syndrome's validity is the dramatic improvement in mood reported to

occur within 2 to 4 days of the initiation of treatment. Chapter 15 is an excellent compilation of the extensive studies that have explored the methodological questions concerning phototherapy. However, definitive conclusions regarding many basic questions are not yet possible. We are presented with a host of challenges for future researchers, such as the identification of suitable placebo control treatment conditions, validated instruments to measure outcome, and the reaching of a consensus on definitions of response and remission.

What causes SAD, and what is the mechanism of phototherapy? Proposed hypotheses, with supporting and challenging data, include a possible phase shift in circadian rhythms in relation to the sleep-wake cycle, a dysregulation in the serotonin system, and a state of photon depletion. It appears that there will be no easy solutions to the puzzles of SAD.

One of the greatest contributions of this book is its candid portrayal of divergent points of view, as well as its refraining from sensational claims and premature conclusions. Its message may have been clearer, however, had the content of the chapters been more concisely delineated and had there been a more orderly progression of topics. The plethora of preliminary data leads us to wonder whether the time for such a book is yet here. Despite its limitations, however, this is an admirable and scholarly presentation of an exciting and growing area of research in modern psychiatry.

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ALBERT, DANIEL A., MUNSON, RONALD, AND RESNIK, MICHAEL D. *Reasoning in Medicine: An Introduction to Clinical Inference*. Baltimore, MD: The Johns Hopkins University Press, 1988. xi + 263 pp. \$30.00.

At the heart of this book is the study of a patient and her illness. It is contained in a realistic case conference led by a senior attending physician and joined by several residents. Aside from physical and laboratory findings, the primary evidence stems from a skillfully neutral interview, with minimal activity by the physician, which allows the patient as well as the doctor to clarify the events leading to the onset of illness and those thereafter. The inferential reasoning begins in broad scope and proceeds to a narrower, more specific area of tentative diagnosis. Brief daily meetings unfold, amplify, and reaffirm or correct the historical data, which always comes first, and the natural history of the patient's course in the hospital.

The first four chapters include verbatim reports of these small group discussions, including the strategies of deductive and inductive reasoning toward a diagnosis. They should be read as a logical sequence. Successive chapters from the fifth through the tenth contribute to the clarification and increasing sophistication of the diagnostic inquiry. The ninth and especially the tenth chapters are obligatory as a concluding summation.

It is widely agreed that from a quarter to a third or more of medical patients have important psychosocial predisposing, precipitating, prognostic, and perpetuating factors that