

***Bipolar Disorders: Mixed States, Rapid-Cycling, and Atypical Forms***, edited by Andreas Marneros, M.D. and Frederick K. Goodwin, M.D. New York, Cambridge University Press, 2005, 395 pp., \$120.00.

There are a number of texts and books for clinicians and other books for the general public that focus on the diagnosis and treatment of classic bipolar mania and depression. However, clinicians are increasingly seeing patients in the office and hospital that have a mixed affective disorder, or rapid cycling state, or an atypical depression. This book is unique in its comprehensive, readable, and up-to-date account of these difficult to assess and treat subgroups of affectively ill adults and children. This is an excellent reference for residents as well as senior clinicians, and it belongs on the shelf of an office or hospital library. This book is not written for the lay reader, but some people with very ill relatives may find some material information, since it is hard to find one book that conveys this scope of information so concisely.

The two co-editors, Frederick Goodwin from the United States and Andreas Marneros from Germany, are both very well known and respected researchers and clinicians. They wrote the first chapter and invited 38 other colleagues—12 from the United States and 26 from Europe (primarily Germany, Italy, and Switzerland) and Canada—to write the remaining 16 chapters.

The co-editors of "Bipolar Disorders Beyond Major Depression and Euphoric Mania" emphasize that the three entities in the book title, mixed states, rapid cycling, and atypical forms, are not identical descriptors. "These terms correspond to three distinct organizational levels used in the DSM-IV mood disorder nosology and represent the concepts of *course specifier*, *acute episode*, and *subtype of bipolar*" (p. 369). In order to generate good research data to help with treatment, the research design must be matched to the "sample selection, outcome measures and analysis plan" (p. 369). Sachs and Graves reemphasize this point in the concluding chapter on research and explain why these nonequivalent terms complicate the efforts to get research grants to test the effectiveness of certain drugs in these bipolar subtypes. Nonresearchers will find this information enlightening. The first chapter is an excellent detailed overview of these affective subgroups. The first 10 chapters describe various subtypes of affective disorders, and the authors emphasize the historical background, the known pathophysiology, phenomenology, epidemiology, and the current treatment approaches. Marneros shares Hippocrates' original writings in Greek and then gives the English translation. He is showing that some of the early observations of "polymorphism of mania" are very similar to what clinicians are describing today. Hippocrates is credited with dividing mental disorders into melancholia, mania, and paranoia and pointing out the varied presentations of mania. Marneros discusses Kraepelin's student Waygandt, who wrote about mixed states and the six different combinations of mood that were possible in mixed states. The authors note that with the advances in treatment using atypical antipsychotics and antiepileptic drugs, there is a renewed attention paid to the presence of various temperaments in individuals and their clinical responses. A few of the chapters include Benazzil, who reviews the literature on "Atypical Depression and Its Relation to the Bipolar Spectrum." Akiskal and Perugi, in their chapter "Emerging Concepts of Mixed

States," use the term "hyperthymic depression" and view it as a subtype of bipolar IV. Koukopoulos is the author of "Agitated Depression: Spontaneous and Induced" and describes how this state may fit in with the expanding spectrum of bipolar disorder. Marneros's chapter on "Schizoaffective Mixed States" is another detailed chapter. Calabrese and Elhaj, co-authors of "Rapid-Cycling Bipolar Disorder," review the current literature and the use of mood stabilizers in adult patients. There are two other chapters on treatment: one chapter by Cookson and Ghalib devoted to "The Treatment of Bipolar Mixed States" and one by Baker, Schuh, and Tohen on "Using Atypical Antipsychotics in Subgroups of Bipolar Disorder: Mixed and Pure States, Psychotic and Non-Psychotic." These chapters are particularly useful resources in an acute inpatient setting.

There is still considerable controversy over how broad or narrow the criteria should be for the diagnosis of less classic juvenile mania and bipolar depression. Birmaher and Axelson are co-authors of "Bipolar Disorder in Children and Adolescents." They discuss the criteria in large studies, the comorbidities that are found, and the frequent presence of mixed states or rapid cycling. Treatment is discussed, but for those readers who want more background, the text by Geller and DelBello (1) is recommended. Shulman's chapter "Atypical Features of Bipolarity in Old Age" is timely given the aging demographics. The chapter on "Genetics of Bipolar Disorder," by Merikangas and Yu, and Brunze's chapter on "Biological Aspects of Rapid Cycling and Mixed States" are more complex chapters to read. Brunze looks at the biological differences that may be present among mixed states and rapid cycling states and healthy controls.

In summary, this book has a great breadth of material with very little repetition, despite the many contributors.

#### Reference

1. Geller B, DelBello MP: Bipolar Disorder in Childhood and Early Adolescence. New York, Guilford Press, 2003

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***Bipolar Psychopharmacotherapy: Caring for the Patient***, edited by Hagop S. Akiskal and Mauricio Tohen. New York, John Wiley and Sons, Ltd., 2006, 414 pp., \$90.00.

There have been several recent books on bipolar disorder, but I was very pleased to read this volume, which fills a unique niche. It is a well written and highly readable text for the treatment of bipolar disorder at the level useful for an experienced clinical psychiatrist. While the title is *Bipolar Psychopharmacotherapy*, there are two excellent chapters on psychosocial treatments and an additional psychosocially oriented chapter on suicide prevention. Before reading the book, I had some concern about both of the editors. Mauricio Tohen is a well known clinical psychopharmacologist, but he works for Eli Lilly, and I was concerned that olanzapine might be excessively represented. Indeed, the book was partially a product of a symposium sponsored by Lilly that took place in Monte Carlo in 2002. However, despite my critical reading, the book showed no bias toward olanzapine whatsoever that I could detect. The book doesn't contain any "disclaimer" regarding conflict of interest by the editor, but in any case, my own opinion is that these statements give more technical rather than truly moral protection against biased science. My second concern was with the

other editor, Hagop Akiskal, a distinguished epidemiologist and clinical phenomenologist who has emphasized his beliefs in the widest possible spectrum of bipolar disorders, including bipolar II disorder, cyclothymic personality, and temperament related to bipolar disorder. Since I have been concerned that such an expansion of the bipolar diagnosis can lead to overuse of medication, I was pleased to see that Dr. Akiskal's views did not affect chapters other than his own.

Previous edited volumes on bipolar disorder include volumes that are predominantly oriented to review recent research findings in the field, books that cover the clinical course, or the natural history of bipolar disorder, or cute popular books such as *Bipolar Disorder for Dummies*. The present volume is quite different and is an extremely up-to-date, comprehensive book for clinicians. It is probably too detailed for most residents, and it is not for the specific researcher in the field. I would recommend it for every clinical psychiatrist whose practice includes bipolar patients. While the new edition of Goodwin and Jameson's *Manic Depressive Illness* is expected soon, that volume is encyclopedic and more for the researcher than this pearl edited by Akiskal and Tohen.

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***Language in Psychiatry: A Handbook of Clinical Practice***, by Jonathan Fine. London, Equinox Publishing, 2006, 352 pp., \$100.00.

Language is the neglected child in psychiatric research. We depend upon language for every aspect of psychiatric diagnosis and treatment, yet our understanding of how words work in the clinical setting has advanced little scientifically beyond Andreasen's seminal articles on "thought, language, and communication disorders" (1) or the classic study of therapeutic discourse by Labov and Fanshel (2), both from the 1970s. Thus, the appearance of a book titled *Language in Psychiatry: A Handbook of Clinical Practice* seems highly promising. Adding to the appeal is that the author, Jonathan Fine, is neither a psychiatrist nor a linguist, but a teacher of English at Bar-Ilan University—a background that could potentially limit his understanding of either field, but that alternatively might stimulate a fresh, cross-disciplinary approach.

He begins with an extended description of the theory of "systemic functional linguistics." It focuses on how speakers use the resources of language to make meaning. "Meaning" is more than semantic: it refers also to the quality of relatedness and the social identity that is created through the infinite variety of words, tone, and gestures that we employ when speaking with others. Psychiatric disorders display "odd sounding language at two levels: odd meanings and odd wordings of meanings" (p. 29).

Fine aims to demonstrate the distinct linguistic features of many different psychiatric disorders. Moreover, he aims to suggest how the speech difficulties that are characteristic of each disorder relate to its behavioral manifestations, how differences in meaning may aggregate into diagnostic patterns of "family resemblance," and how "the phenomena described directly and in detail may reflect underlying mechanisms of pathology" (p. 9).

In schizophrenia, to pick only one analytical example from the hundreds in the book, he provides a sample of dialogue to illustrate the "free flow of speech from topic to topic or through other changes without ... boundary markers" (p. 228). This relates more broadly to the social disconnection and idiosyncratic sense of reality of the patient with schizophrenia: "[f]ailure to signal boundaries at the level of language ... also contributes to the failure to signal boundaries at the level of social process and at the ideational and interpersonal levels" (p. 228). The quality of being "disconnected from the context" helps us to understand "why the speaker does not accomplish the social processes of everyday life" (p. 228).

Given that Fine is not a psychiatrist, it would be easy to find flaw with some of his psychiatric formulations and also to suggest that he is saying nothing new about psychopathology. But that would largely miss the point. As he puts it:

[O]ne comment indicating a clear, bizarre hallucination forms an immediate impression of schizophrenia, whereas it may take ten to 15 percent of nominals to be unclear to form an impression of disorganized speech. The clinician's intuitive judgments and the lay community's impression of bizarre behaviour use an unknown combination of these specific linguistic markers that are nevertheless quite reliable in identifying schizophrenia (p. 235).

Fine proposes to supplement clinical intuition with a catalogue of the rich and distinctive language variations that give empirical grounding to our diagnostic ideas.

There are at least two serious problems with this book. One is the author's arbitrary and often confusing manner of presenting verbal material. He has no systematic method of transcription; sometimes he alters verbal material or adds to it with italics or bracketed explanations that are not explained, and sometimes he takes "normal" speech and alters it to illustrate how it would presumably sound if it were distorted by the psychopathology under discussion. This leaves the reader unclear about what his material has actually shown versus what is hypothetical.

Another major problem, particularly in view of his using terms above like "quite reliable," is that he presents no systematic data. Passages of discourse are proffered individually with no attempt to present aggregate findings or even to show a pattern of verbal behavior across different interviews. Consequently, what Fine presents is not so much conclusions as speculations about how language might both reflect and contribute to psychiatric disorders if systemic functional linguistic theory were to apply.

Despite these lapses, Fine can surely be credited with having aimed too high rather than too low. His goal is a comprehensive program to link a linguistic theory with psychopathology—a fresh, cross-disciplinary aim indeed.

## References

1. Andreasen NC: Thought, language, and communication disorders, I: clinical assessment, definition of terms, and evaluation of their reliability. *Arch Gen Psychiatry* 1979; 36:1315–1321
2. Labov W, Fanshel D: *Therapeutic Discourse: Psychotherapy as Conversation*. New York, Academic Press, 1977

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