

member things or to use their minds and fantastic memories in unusual ways in such areas as mathematics, graphic renderings, music, chess, and the like. Chapters on savants, trauma and memory, *deja vu*, and other memory-related phenomena are built about such stories. For example, how many of us have heard of Solomon Sherashevsky, as reported by Russian neuropsychologist Aleksandr Lurija, who studied Sherashevsky for 30 years? I had not. When first tested at about age 20, Sherashevsky demonstrated complete and accurate recall for endless successions of words, numbers, figures, and letters. Lurija would create elaborate, detailed, meaningless mathematical equations that covered a large blackboard. After gazing upon these representations for a brief period of time, Lurija's subject would be able to reproduce, with exactitude, these figures minutes, months, and years later—without appreciable difficulty or effort. Sherashevsky also remembered everywhere he had been and how he got there, remembrances that led to “a mental map in a continually-expanding topographical archive” (p. 68). As so commonly occurs with savants of one sort or another, Sherashevsky's exceptional mental capacities were accompanied by profound deficits, including a dense synesthesia and concrete thinking. One paradoxical insight about normative memory derived from this remarkable case study was that, as a result of the subject's flawless memory, he lacked a sense of “the familiar.” Unless he was observing the exact object at a later time, a related object that he happened to encounter appeared entirely new and different. As the author puts it, the “faultless recording of yesterday's tree or face ensures that today's tree and face are completely new. For...Sherashevsky everything was new every moment. In short...[he was] like someone without a memory” (p. 71). Thus, we need not be so envious of those exceptional medical students in our preclinical courses with “near-perfect” memories for seemingly meaningless anatomical and biochemical minutiae: there may be evolutionary advantages to our imperfect memories.

So why does life appear to speed up as we get older? This is a perception that most of us who are older than 50 regularly experience—particularly at anniversaries of varying sorts such as birthdays, holidays, weddings, and residency graduations. The author acknowledges that this question, which involves two highly complex and ephemeral concepts—memory and time—cannot be answered with certainty. His approach is subjective and picaresque. Professor Draaisma's description of the work of French philosopher and psychologist Jean-Marie Guyau (1854-1888), who studied the elements of time in his 1890 book, *La genese de L'idee de Temps*, also applies to the author's own approach in this book: “Guyau took his views of time from personal experience rather than from experiments. Perhaps this is precisely what lends his observations so much cogency. There is something compelling about someone who has a seismic sensitivity to his inner life and knows how to find the right words for what, to others, is no more than a quick tremor” (p. 208). Draaisma is an admirable scholar, careful thinker, and fine writer. Even with its deficient attention to the perspectives of contemporary neuroscientists and neuropsychiatrists, his book on autobiographical memory is well worth our time and well worth remembering.

STUART C. YUDOFISKY, M.D.
Houston, Tex.

Essentials of Geriatric Psychiatry, edited by Dan G. Blazer, M.D., Ph.D., David C. Steffens, M.D., M.H.S., and Ewald W. Busse, M.D. Arlington, Va., American Psychiatric Publishing, 2007, 499 pp., \$75.00.

This textbook is a condensed version of Blazer, Steffen, and Busse's comprehensive third edition of the *Textbook of Geriatric Psychiatry*. During the course of its 19 chapters, 38 contributing authors offer important commentary on the major psychiatric conditions that impact the elderly. These chapters provide a sound overview of the epidemiology, clinical features, and treatment of geriatric conditions. The textbook is also an excellent resource for individuals preparing for their added qualifications in geriatric psychiatry because it includes study questions and an answer guide.

The first two sections of the book outline the basic concepts, epidemiology, and assessment of geriatric psychiatric conditions. These chapters review the physiology of aging and its effect on the major organ systems. They also discuss diagnostic interviews, laboratory tests, and disease-specific neuropsychological assessments for a broad range of conditions, including dementia and depression. However, the book lacks a substantive discussion of the role of medications (e.g., anticholinergics, antiarrhythmic agents, and antihistamines) in the development of dementia and delirium, and considering that geriatric patients tend to juggle a myriad of nonpsychiatric medications, this seems like an important omission.

The next major section addresses specific diagnostic entities that range from dementia to substance use disorders and from somatoform to sleep disorders. This section also examines the relationship between aging and major psychiatric disorders such as schizophrenia and bipolar disorders.

The final section of the book includes chapters that describe treatment options for geriatric conditions; these chapters highlight the role of psychopharmacology and psychotherapy in the care of the elderly. The book then concludes with two practical chapters that underscore the importance of open communication between family members and mental health practitioners in nursing home settings.

Despite the strengths of this book, *Essentials of Geriatric Psychiatry* has one major shortcoming: it lacks a discussion of mild cognitive impairment. Because mild cognitive impairment is a relatively new diagnostic entity, inclusion of the most recent diagnostic criteria and its association with dementia would have been extremely useful.

Essentials of Geriatric Psychiatry seeks to fully inform primary care providers and other clinicians about common geriatric psychiatry disorders, and with the exception of a few minor flaws, it successfully pares a great breadth of material down to the more manageable particulars. *Essentials of Geriatric Psychiatry* is indeed an essential reference for geriatric psychiatry students, residents, fellows, and practitioners.

DEBBY TSUANG, M.D., M.Sc.
Seattle, Wash.

Social Inclusion of People With Mental Illness, by Julian Leff and Richard Warner. New York, Cambridge University Press, 2006, 202 pp., \$55.00.

Integration into everyday life in ordinary communities for persons suffering with long-term mental illness has contin-

ued to seem as difficult as unraveling the Gordian knot, despite enormous efforts to create community-based mental health systems throughout the industrialized world. Even though large state hospitals have been closed in Italy and downsized in the United Kingdom and the United States, individuals with long-term mental illness continue to suffer because of a lack of accessible and meaningful work opportunities in the community, and they continue to face significant basic survival barriers due to financial difficulties and stigma. In recent years, there has been a large volume of new literature on supported employment and housing in the community, but not much attention is paid to the overwhelming barriers confronting persons with mental disorders who have little energy available for problem solving on their own, due to the effects of their illnesses. In their new book, Julian Leff and Richard Warner face head on the deleterious effects of social discrimination and stigma, which prevent opportunities from emerging for these unfortunate individuals.

In Part One, Dr. Leff covers the origins of this stigma in all of its various forms, including poverty, institutionalization, and public fear and discrimination. He connects the course and features of severe mental disorders with the community's discriminatory practices and social disadvantages encountered by unemployed former hospital patients. The old institutions were at least able to provide an available home and activity center for such individuals. The closing of hospitals in the United States, Italy, and Britain left many with no place to call home. I personally remember 25 years ago when I spent several months in England on sabbatical, I asked a patient in a long-stay hospital there why she seemed so satisfied with the chilly, tatty, rundown hospital ward with no privacy she was stuck in. Her reply was, "The Queen has her castles, and I have mine." Unfortunately for this apparently happy woman, those cold, old psychiatric "castles" began to close shortly after our conversation.

In Part 2, Dr. Warner presents his theories on various ways to overcome obstacles to employment for discharged patients, beginning with a rationale for work and its effects on self-esteem and uncovering some connections between unemployment rates and vocational services. He shows us how low unemployment rates are associated with more social recovery, and the opposite is true during periods of economic recession. He also reviews the literature on transitional and supported employment and provides us with a manual on how to set up work cooperatives run by consumers for consumers. He reminds us of the movement in recent times to hire consumers in the mental health work force as case manager aides, as therapists, as community educators, etc. He informs us about innovative schemes such as consumer run housing, businesses, and pharmacies that keep the cost of drugs down. The final chapter on inclusion and empowerment shows us how the consumer movement itself, along with consumer operated drop-in centers and clubhouses, provides individuals with long-term mental illness that missing sense of community that used to exist in the old asylums and creates a certain human substrate that leads ultimately to recovery.

I would recommend this little book to academic training programs in psychiatry, community psychiatry, and social work for those seeking the bright side of work with persons with serious mental illness, as well as community mental health authorities and programs looking for the best in cur-

rent practice for integrating mentally ill persons back into their communities.

DAVID CUTLER, M.D.
Portland, Ore.

Multicultural Understanding of Child and Adolescent Psychopathology: Implications for Mental Health Assessment, by Thomas M. Achenbach and Leslie A. Rescorla. New York, Guilford Press, 2006, 322 pp., \$40.00.

Our assessment, operationalization, and understanding of child and adolescent psychopathology and of adaptive and maladaptive functioning have been developing very slowly. As the authors of this volume point out, "over the past few decades, efforts have become more systematic to identify and help children whose behavioral and emotional problems impair their functioning" (p. 1). This has been happening mostly in the more economically developed Western culture(s). Nevertheless, a full understanding of child/adolescent behavioral and emotional problems and psychopathology in the era of globalization should include an understanding of child and adolescent psychopathology from all kinds of cultures. This effort requires multicultural research on children's problems. In their book, Thomas Achenbach and Leslie Rescorla, well known and well published child psychology and psychopathology researchers, make a strong case for conducting multicultural research of child and adolescent psychopathology, summarize for us what has been done so far, and what instruments have been and could be used in this type of research.

The authors discuss the reasons for multicultural research on children's problems first. They warn us about the cultural dichotomies that interfere with our understanding of the increasing interconnections between cultures, such as "the West versus the rest" dichotomy or the "individualism versus collectivism dichotomy." They also discuss the various viewpoints on multicultural research, such as the emic (from inside a particular cultural system) and etic (via standardized methods that are applicable to multiple cultures). The next two chapters present details of the empirically-based ("bottom up") and diagnostically-based ("top down") approaches to psychopathology.

The following three chapters present multicultural research on empirically-based scale scores, correlates of scale scores, and patterns of problems. In another two chapters, the text continues with the discussion of the multicultural findings on the prevalence of diagnostically-based disorders and on the correlates and comorbidity of diagnostically-based disorders. The subsequent comparison of these two approaches points out the much lower test-retest reliability of diagnoses than of empirically-based scales. The final two chapters review the methodological and conceptual challenges posed by multicultural research on children's problems and the contribution of multicultural research to understanding, assessing, preventing, and treating child psychopathology. The authors propose that "multicultural findings on relations between risk factors and psychopathology suggest targets for prevention that are relevant to many cultural contexts" (p. 282).

This is an interesting, thought provoking, well referenced, complex, and complicated book. It synthesizes and integrates an enormous amount of information on multicultural assessment of child and adolescent psychopathology, material from