

TEXTBOOKS

Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 7th ed., vols. 1, 2, edited by Benjamin J. Sadock, M.D., and Virginia A. Sadock, M.D. Philadelphia, Lippincott Williams & Wilkins, 2000, 3,344 pp., \$259.00.

Other than the DSM-IV itself, perhaps no single book in psychiatry has been as widely known and used throughout the world as the *Comprehensive Textbook of Psychiatry*. It has been the singular classic textbook in our field since its first edition emerged, more than 30 years ago, from within the Department of Psychiatry at New York Medical College. In its numerous editions since that time, it has remained comprehensive, well organized, and up-to-date. Generations of medical students and residents have been schooled with it as their central text. With its translation into nearly a dozen languages, it has also served as a valuable resource for those residing in remote reaches of the world.

Now in its seventh edition, and under the new editorship of the husband-and-wife team of psychiatrists, Benjamin and Virginia Sadock, this edition is larger than any of its predecessors and represents contributions from more than 400 individuals in our field. Many of the authors represent established leaders in their areas of expertise, such as Walter Menninger ("The Role of the Psychiatric Hospital"), Solomon Snyder ("Future Directions in Neuroscience and Psychiatry"), Larry Squire ("The Biology of Memory"), Steven Hyman ("Molecular Neurobiology"), Kenneth Kendler ("The Genetics of Schizophrenia"), and Louis J. West ("Quacks and Cults").

In keeping with its tradition, this new edition also uses many new authors to facilitate the presentation of fresh approaches to each topic. Indeed, more than half of the contributors to this edition are new. This edition also introduces some new topics, such as the section on Emotional Intelligence written by Daniel Goleman, the author of the best-selling book by that name and frequent contributor to the *New York Times*.

Most of the chapters, of course, cover topics that have appeared in previous editions. However, even chapters written by authors who have contributed previously have generally been revised and updated. This is most evident in the sections on neural science. These sections have been expanded and updated, appropriately reflecting the numerous advances made during the 5 years since the publication of this book's previous edition.

The next edition of this book will no doubt include information about the recent advances in the sequencing of the human genome, the emerging field of proteomics, and, for example, the recent use of c-DNA micro-assays in the scientific investigation of psychiatric disorders. By necessity, even such excellent textbooks as this one inevitably lag by several years in conveying to readers such cutting-edge advances in our field. This is further reflected in the fact that most of the references in this book, even in the neural science sections, are from publications that appeared 2 or more years before the book was published.

For the latest advances and information in our field, we must keep abreast of the scientific journals as supplements to our textbooks. Alternatively, we must await the next generation of interactive electronic and probably web-based educational resources, which may be linked in real time to current scientific investigations.

In the meantime, the *Comprehensive Textbook of Psychiatry* covers a vast array of topics that go well beyond the basic scientific underpinnings of psychopharmacology that many other textbooks on psychiatry emphasize. Here, numerous topics that have sometimes been taught more rigorously to medical students than to residents, which often fall under the vague rubric of behavioral sciences, are amply covered.

These include the basics of learning theory, anthropology, sociology, animal research, evolutionary biology, and the relation of each of these areas to human behavior and psychiatry. The section on epidemiology by Darrel Regier represents yet another topic that is likely to get little attention in textbooks focusing on clinical syndromes but is presented so well in this book. The section is carefully organized, includes readily understandable definitions of concepts, and avoids being excessively superficial on the one hand or too detailed on the other.

Additional areas that have been split off under separate cover in the case of many recent publications are included here in a single publication. These include the psychiatric aspects of a wide range of neurological disorders and other medical conditions, including cardiovascular disorders, cancer, and obesity, as well as the full gamut of psychotherapies and medications. Other special topics are also thoughtfully considered, including alternative and complementary health practices, stress and psychiatry, managed care, psychiatric rehabilitation, graduate education, ethics, law, and the history of psychiatry. Finally, this all-encompassing book fittingly ends with a section on world aspects of psychiatry, written by Jorge Costa e Silva from the World Health Organization, as well as a very brief statement on the future of psychiatry by Peter Kramer.

Throughout this two-volume book, the extensive editorial efforts to achieve uniformity in organizational structure, writing style, and scientific tone are evident. It is these efforts, coupled with the extraordinary collection of expertise on a vast array of topics, which continue to make this textbook truly valuable even as many other excellent textbooks on psychiatry are also worthy of our study.

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New Oxford Textbook of Psychiatry, vols. 1, 2, edited by Michael G. Gelder, Juan J. López-Ibor, Jr., and Nancy C. Andreasen. New York, Oxford University Press, 2001, 2,434 pp., \$249.00.

Our current era of globalization demands international partnering (1). Accordingly, we can now welcome one of the first substantial multinational efforts to develop a global textbook of psychiatry. Three eminent editors, from England, Spain, and the United States, have created a scholarly, erudite, and readable work that will enter the pantheon of outstanding, major textbooks. How international and major is it? Con-

tributing authors, organized into 11 sections and 261 chapters, represent 24 different countries: England (152 authors), the United States (85 authors), Germany (13 authors), Australia (11 authors), Canada (10 authors), Scotland (nine authors), Spain (eight authors), the Netherlands (seven authors), France (six authors), Israel (five authors), Finland, Italy, and Sweden (four authors each), Belgium and Switzerland (three authors each), Denmark and New Zealand (two authors each), and Argentina, Austria, Chile, Ireland, Hong Kong, Norway, and Yugoslavia (one author each). Readers of psychiatry will notice that the editors clearly have assembled an all-star cast, selected from many of the world's best universities and research institutes. The relative lack of representation from Asia, Africa, and other parts of the non-English-speaking world suggests plenty of room for additional globalization in future editions.

Since all of the section editors, almost half of the authors, and the publisher are from the United Kingdom, the text inevitably speaks in a British voice. Where British and American usages differ, terms preferred by the World Health Organization are used. Spellings, even in chapters written by Americans, are British (e.g., aetiology, behaviour, programme). Medications are referred to only by generic names.

Given the size and scope of this text, I can point to only a small number of the gems contained inside. The first section, which examines large conceptual issues in psychiatry, contains several chapters that should be widely read. They concern patienthood in psychiatry, stigma, and psychiatric problems as worldwide public health problems. The chapter on descriptive phenomenology includes clinically rich material from German perspectives often skimmed on in most American texts. The chapter titled "From Science to Practice" starts with an honest description of the "difficulties in keeping up to date" to introduce an excellent discussion of evidence-based medicine and its role in clinical decision making.

The section on the scientific basis of psychiatric etiology is especially extensive, with lucid, up-to-date chapters on all aspects of neuroimaging, molecular genetics, and population genetics. A chapter titled "The Brain and the Mind" spans from genes to networks and briefly alludes to the recent, seminal work of Edelman and Tononi on consciousness. Similarly, sections on psychological and social sciences are outstanding. The section on psychodynamic contributions to psychiatry contains two excellent contributions by authors well-known to Americans that cover familiar territory but also includes an interesting chapter on existential and phenomenological approaches featuring the contributions of Jasper, Binswanger, Zutt, Tellenburg, Blankenburg, and others who are less familiar.

The major large section on clinical syndromes of adult psychiatry covers all the bases. Discussions of neuropsychiatric disorders are comprehensive and include an exceptionally long chapter on prion diseases, not surprising from a country preoccupied with mad cows. The chapter on acute and transient psychotic disorders has a distinctly European flavor, focusing on ICD-10 categories such as the acute polymorphic psychotic disorders, with and without schizophrenic symptoms, and cycloid psychoses. The discussion of delusional disorders exceeds what is found in most American texts. A section on psychiatry and medicine covers the usual topics pertinent to general hospital psychiatry. The section on treat-

ment contains excellent introductions to how medications are tested and approved as well as a thorough review of contemporary psychopharmacology; many medications not yet approved in the United States (and which may never be approved) are described. The section on psychological treatments begins with a thoughtful and honest chapter on "counselling," a topic from which most American texts shy away; all trainees should read this chapter. Chapters on cognitive behavior therapy for a number of individual disorders are more extensive than usually found in American texts.

The section on social psychiatry and service provision is particularly outstanding, touching on all aspects of mental health services, including community planning, evaluating psychiatric services, and economic analyses of psychiatric services. A special problems section returns to globalization, discussing psychiatric problems of refugees and ethnic minorities. The sections on geriatric psychiatry, child psychiatry, mental retardation (learning disability), and forensic psychiatry are all virtual textbooks within a textbook.

Although many of the authors have tried to integrate British, American, and other national perspectives and have succeeded, some important chapters are distinctly British and will not serve American psychiatrists well as a sole source. For example, chapters on "Mental Health Law" and "Law Relating to People With Mental Disorders" discuss how the law works primarily in England; "The Psychiatrist as Manager" describes how psychiatrists function in the National Health Service. Although these concepts may be helpful for American psychiatrists struggling with managed care, the orientation is useful largely for those working in the United Kingdom. "Psychiatric Nursing Techniques" discusses the excellent way in which British community psychiatric nursing practices, also adopted by Australia and New Zealand, have evolved. "Organisation and Provision of Services for the Elderly" describes how psychiatric care is an integral aspect of geriatric services. "Residential Care for Social Reasons" and several psychosocial interventions for children and families characterized in the section on child psychiatry are yet to be adequately developed in the United States. Americans may well be envious.

How does the *New Oxford Textbook of Psychiatry* compare with the *Comprehensive Textbook of Psychiatry* (2)? My impression is that the *New Oxford* contains fewer illustrations and fewer patient vignettes. The editors sometimes bunch batches of illustrative plates from several chapters together rather than reproduce them with their individual chapters, a practice I find to be suboptimal. Only 13 authors have written for both this text and the *Comprehensive Textbook of Psychiatry*. On the whole, chapters in the *New Oxford* tend to be shorter and more concise; the authors and editors have done an excellent job of keeping the chapters brief and to the point. The text is written in a highly instructive manner. You often feel as if you're listening to good lectures, not boring talks. In good Socratic fashion, topic headings are occasionally introduced by questions, a practice I wish more authors used, e.g., "What Makes a Stressor Traumatic?" "Is GAD a valid disorder?" "Has the incidence of anorexia nervosa increased since 1950?" and "Where, when and why do we see placebo effects?" Chapters often contain clearly laid out suggestions for practice presented in a straightforward manner, with little hedging. Several contain decision trees. For this reason, this text will be a useful source not only for clinicians and trainees

but also for educators who are preparing for lectures or rounds.

Thankfully, we have not yet achieved an entirely globalized, McDonald's style of uniformity in understanding or practicing psychiatry. For me, one of the pleasures of reading through this text stems from the fact that it's not entirely an American or even a British book. Because the text has so many international contributors, the sources cited include large numbers of references that American authors might not ordinarily encounter. You will be introduced to increasingly popular assessment scales being used elsewhere that are still relatively unfamiliar to most American clinicians. The discussion of diagnoses and classification comparing ICD-10 with DSM-IV reaches to the heart of what sorts of evidence should be required for defining psychiatric disorders. How refreshing it is to read a chapter on the major historical influences on the development of ideas about psychiatric etiologies that focuses on Bayle, Griesinger, Morel, Meynert, Wernicke, and von Monakow.

If, like me, you prefer to study psychiatric topics from more than one textbook—to contrast and compare the sifted opinions of different authorities—this text would make an excellent companion to the best standard American texts. Although much will be similar, this text may also open your eyes and opinions to perspectives that you might not otherwise encounter. Plus, it will definitely help with your difficulties in keeping up to date.

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Clinical Handbook of Psychiatry and the Law, 3rd ed., by Thomas G. Gutheil, M.D., and Paul S. Appelbaum, M.D. Philadelphia, Lippincott Williams & Wilkins, 2000, 397 pp., \$69.95.

Interest on the part of psychiatrists in issues involving psychiatry and the law has risen sharply since the last revision of this excellent book a decade ago (1). Concerns about patient privacy and confidentiality or the lack thereof, limitations imposed by managed care, and the effects of AIDS have all contributed to the concerns of psychiatrists as well as legislators, courts, and regulatory agencies. Malpractice issues are understandably of increasing concern to psychiatrists. The authors tell us that "the incidence of malpractice claims for 100 psychiatrists has risen from 0.6 claims in 1980 to approximately 4 claims in 1990 to 10–12 claims in the late 1990s." What are the chances that a clinician can avoid a claim over a 40-year career, with all the emotional and financial risks such claims entail. The authors also note that premiums have risen dramatically, especially in high-risk states.

The chapter subjects are confidentiality and privilege, legal issues in emergency psychiatry, legal issues in inpatient psychiatry, malpractice and other forms of liability, competence and substitute decision making, forensic evaluations, clini-

cians and lawyers, and the clinician in court. The entire content is geared toward the clinician, although forensic evaluations might best be the province of forensic subspecialists if such are available. Emergency and inpatient issues should be of particular concern to residents, their supervisors, and on-call physicians.

The format of the chapters is unchanged since the first edition. Each follows the same sequence: case examples, legal issues, clinical issues, pitfalls, case example epilogues, action guide, and selected readings. The wise reader will resist the temptation to jump from the intriguing vignettes that start the chapters to the epilogues that present the resolution without first going through the intermediate considerations, which are the substance of the handbook. I found it particularly useful that the suggested readings are easy to find immediately following the clinical material to which they refer. These references are current, many of them new since the last edition. For instance, in the chapter on competence and substitute decision making, the earliest reading cited was written in 1989. The law does move in its own way to deal with changing reality, in this instance an aging population.

I highly recommend this book to psychiatric residents and their mentors, practitioners in all mental health disciplines, and those who appreciate a lively style to accompany serious content.

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Oxford Textbook of Psychopathology, edited by Theodore Millon, Paul H. Blaney, and Roger D. Davis. New York, Oxford University Press, 1999, 732 pp., \$85.00.

I read this textbook cover to cover with the same reaction I had to my first exposure to Aaron Copland and to Snoop Dogg: cacophonous confusion and mild mental pain. As is true for Copland and Snoop Dogg, however, a willingness to work at finding their structure and meaning, and even their "music," is well worth the effort. At first blush, this comprehensive textbook, which covers both axis I and axis II disorders, is typical of edited books in its collection of seemingly self-contained reviews. The chapters are of uneven quality, there is considerable redundancy from chapter to chapter, and by the conclusion the reader is left wondering what exactly is known about psychopathology. Despite these shortcomings, the three chapters by Raulin and Lilienfeld, Pihl, and Lenzenweger, respectively, are in themselves worth the price of the book. These scholars elegantly and comprehensively manage to highlight significant conceptual issues that should help even the seasoned researcher think more clearly about psychopathology. At worst, therefore, the *Oxford Textbook of Psychopathology* brings together an impressive summary of psychopathology research data and sophisticated discussions of methodological and conceptual issues.

What is lacking, and in this the *Oxford Textbook of Psychopathology* is not unique, is the "big picture." What is the theme, the tune if you will? In self-consciously denouncing

(analytic) theory and shifting to a data-based diagnostic scheme (the various DSMs), psychiatry lost its theoretical nerve. In its place is a fragmented collection of disorders that appears to be categorical in nature on superficial reading. The authors of the *Oxford Textbook of Psychopathology*, the vast majority of whom are psychologists, follow the structure of DSM-IV nomenclature. Having gone through its own antitheoretical period ("dustbowl empiricism," "black box" behaviorism), however, psychology is more at ease with complex models and theories, a smattering of which can be found throughout this volume. At the very least, the *Oxford Textbook of Psychopathology* suggests that we have sufficient data to begin the arduous task of making sense of them.

The real value in this book will yield only to multiple readings to ferret out the cross-chapter commonalities that point to unifying themes and perhaps theory. This will be the first assignment I give my next psychopathology student. Consider, for example, that childhood trauma has been associated with eating disorders, depression, substance abuse, and dissociative disorders, among others. Or that "co-morbidity" (or, more correctly, "co-occurrence," as pointed out by Lenzenweger in the text and by Lilienfeld in an earlier article) links mood disturbance and substance abuse with numerous other disorders, indeed almost everything else. Or that the "biopsychosocial" model (the diathesis-stress variant being the most common) is invoked in virtually all disorders. Or that perinatal brain injury has been associated with disorders as disparate as schizophrenia and eating disorders. Or that "hypofrontality" has been invoked as a possible explanatory construct for both schizophrenia and depressive personality disorder. The diligent and persistent scholar will find in this one volume the raw material for an exercise that could stimulate a return to unifying theoretical speculation.

We should confuse neither data with information nor information with understanding. Perhaps most importantly, we should confuse volume with neither productivity nor quality. There is much in the *Oxford Textbook of Psychopathology* that is of enviable quality. However, the voluminous text is also a reflection of a broader cultural struggle: trying to do too much too quickly. I was so struck by what I assume are typographical errors that, beginning on page 291, I kept track of them. In the 305 pages of text (excluding references) that followed, there was at least one typo on 47 pages (15.4%). Why make a point of this? Because the same environment that allows such an error rate will be the primary obstacle to the understanding needed in the field of psychopathology. We need to slow down, attend, reread, and think. Only then will we generate the quality of scholarship necessary to meet the challenges of modern psychopathology. Buy the book, read it, then read it again and let me know what you discover.

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Psychiatry, edited by Janis L. Cutler, M.D., and Eric R. Marcus, M.D. Philadelphia, W.B. Saunders, 1999, 351 pp., \$34.00 (paper).

A volume in the Saunders Text and Review Series, *Psychiatry* is a useful option for medical students, physicians, and other health professionals who want to learn the basics of psychiatric assessment. The editors assembled an excellent

group of clinician educators and organized data in a format that is readable, user-friendly, and concise. The book's three sections, Assessment, Psychopathology, and Treatment, provide 1) a framework for assessment and treatment planning, 2) a review of core psychiatry disorders and important symptoms like suicidal ideation and violence, and 3) a discussion of psychotherapeutic and psychopharmacologic treatments. This book review will briefly describe sections with attention to content and presentation, compare the book with other sources of information in the literature, and inform the reader as to how to use it most saliently.

Chapters 1 and 2 focus on case formulation and the clinical interview. Dr. Cutler concisely reviews the basics of case formulation in chapter 1, drawing on the classic paper by Perry et al. (1) but simplifying it to the level of those less experienced with psychiatric patients. This chapter will serve as a useful supplement to hands-on patient supervision, and figure 1 conceptually depicts the steps of creating the case formulation: the patient presentation, eliciting the history, observation, integration of information into a case summary, and development of a treatment plan. Examples of case formulations are outlined in box 1-1. There are several very good case examples in the text of this chapter, but it may have been more straightforward to use one or two to illustrate each step of the process rather than multiple cases. In chapter 2, Lyle Rosnick's review of the psychiatric interview is highlighted by the availability of many questions the student, physician, or other health professional may use in eliciting history, particularly in screening for disorders. Once a disorder is suspected, another series of questions focuses on specifics. Chapter 2 also discusses the basics of why patients may choose not to disclose information, consciously and unconsciously, and how psychological defenses are employed. Absent is information about the effect of culture on case formulation, which would be nice to include in the form of a subsection or sample case. For a more detailed exposition on clinical interviewing, the reader might prefer the newer edition of Shea's work (2).

The section on specific psychiatric disorders includes chapters 3 through 13. Generally, the format employed is description of the diagnostic and clinical features, interview, differential diagnosis, medical evaluation, etiology, and treatment of each group of disorders. For example, "Mood Disorders" by David A. Kahn is up-to-date, covers an enormous amount of ground in a concise fashion, and demonstrates excellent balance between psychotherapeutic and psychopharmacologic treatment approaches. Leslie R. Vogel and Philip R. Muskin review "Anxiety Disorders" in a detailed fashion in chapter 6, with attention to the role of medical and substance etiologies. Chapter 7, "Alcohol and Substance Use Disorders," is authored by the experts Frances R. Levin and Herbert D. Kleber and is one of the few articles in psychiatry texts to include a listing of the 12 Steps of Alcoholics Anonymous. In chapter 11, "Suicide and Violence," Robert E. Feinstein reviews interviewing guidelines, presents the interplay of several factors leading to suicide in figure 11-1, and describes a detailed point system for assessing suicide. Chapter 13, "Life Development," is well written by Jonathan A. Slater and Dr. Cutler but is perhaps misplaced; it should be located nearer the beginning of the book, where it would have provided a context for understanding the disorders that would follow it. Finally, since the book was published in 1999, the reader will

want to keep an eye out for the next edition or use other sources of information for recent psychopharmacologic findings.

The final section reviews therapeutic settings, psychotherapy, and psychopharmacology. It provides a framework in preparation for treatment, with enough tangible information to allow the reader to set goals, initiate basic treatments, and learn how to evaluate them in an ongoing fashion. Chapter 14 discusses the approach to patients who do not speak English, which is critical, although the cultural underpinnings of language differences are not discussed. Chapter 15, "Psychotherapy" by David D. Olds, covers an immense amount of material in a straightforward way, with definitions of treatments that will be helpful to orient medical students, physicians, and other health professionals to a potentially nebulous area of intervention. Olds covers multiple modalities for individual and group treatments and addresses key operational issues, such as how patients learn, ethical issues to be mindful of, and how to combine medication and therapy.

Overall, *Psychiatry* successfully accomplishes its aim of providing a framework for assessment and treatment planning for medical students, physicians, and other health professionals. It is well written, practical, and thoughtful, and it gives particular attention to technical pearls of psychiatric interviewing. It compares favorably with the text by Elkin (3) but is less comprehensive than other longer (and more expensive) introductory or synopsis texts (4–6). Medical students will appreciate its conciseness and may use it in preclinical psychopathology courses, in the psychiatric clerkship, or in preparation for part II of the United States Medical Licensing Examination. Medical students with particular interest in psychiatry and psychiatric residents, however, will likely desire a more thorough text. Nonpsychiatric physicians may use it as a basic reference or as a quick method for refreshing the tenets of reassessing patients for whom treatment doesn't work as expected. Other health professionals may find this book helpful if they have not had formal training in case formulation or need an update on specific disorders. Another edition would be helpful, particularly with minimal reorganization and inclusion of cultural issues.

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The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging: A Task Force Report of the American Psychiatric Association, 2nd ed., Washington, D.C., APA, 2001, 355 pp., \$52.00.

The second edition of this APA Task Force Report updates the report on ECT originally released in 1990. ECT remains a treatment modality that generates strong emotional reactions, intermittent legislative action, and ambivalence within the medical community itself. If debate about the practice continues to generate more heat than light, this text represents a sincere and scholarly attempt to correct this.

The basic format of the text has not changed from the 1990 edition. It provides a background discussion of selected ECT topics and a set of formalized recommendations in outline form. However, each of these has been expanded to reflect new insights into clinical aspects of treatment. For example, the increasing attention being paid to ECT as a continuation and maintenance treatment for the prevention of relapse and recurrence is reflected in the development of specific recommendations for these modalities, accompanied by model consent forms that reflect the change in focus from acute to maintenance care. Recommendations for stimulus dosing in the chapter on treatment procedures are based on empirical data published in 2000. The expanding indications for ECT in mood disorders, schizophrenia, and other medical disorders are described in the second chapter. A section on the selection of inpatient versus outpatient ECT reflects careful consideration of patient interests in the current managed care climate. The references cited for each section are updated, and there are four times as many as in the last report.

The authors are balanced when discussing areas of controversy within the ECT field, and they are scrupulous in their efforts to be comprehensive. In addition to the obvious topics, i.e., how to perform the treatment and whom one should treat, they discuss the process of obtaining consent, the appropriate equipping and staffing of an ECT suite, appropriate documentation, and the critical issues of education, privileging, and training of ECT practitioners.

Everyone involved in the selection, referral, or treatment of patients with ECT should obtain the report. It will stand as a practical first-line reference regarding most clinical questions and practical issues that might arise for some time. Everyone who intends to perform ECT in the immediate future, and for several years to come, should read it carefully.

There is always the risk, in publishing a task force report, that one will be "preaching to the choir," in this case, reinforcing beliefs and behaviors in a group that is already striving to use ECT responsibly and with the soundest possible empirical basis. Although the Task Force may not persuade ECT opponents to modify their position or correct all outmoded attitudes and practices, this report defines modern ECT treatment with clarity, conciseness, and careful science. Those already "in the choir" can be proud of their efforts.

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Elements of Clinical Research in Psychiatry, by James E. Mitchell, M.D., Ross D. Crosby, Ph.D., Stephen A. Wonderlich, Ph.D., and David E. Adson, M.D. Washington, D.C., American Psychiatric Press, 2000, 224 pp., \$38.50.

This book is an introduction to research in psychiatry, written by well-respected investigators. In spite of being written by four people, which would seem to be a recipe for confusion, the book is impressively well organized. Chapters on research design, measurement, assessment, and basic statistics are clear and will be helpful to those beginning a career in research.

The authors include a description of the Congressional exploration of the Baltimore-Imanishi-Kari-O'Toole case in their chapter on misconduct and ethics. This was a case that spattered mud on the reputations of many, consumed vast amounts of time and money, and may have derailed some careers. The relevance to psychiatric research is not clear to me. We should be relieved that the authors had to go outside of psychiatry to come up with such a sensational dispute.

There is a valuable discussion of the history and role of institutional review boards and descriptions of the structure of the National Institutes of Health, the National Institute of Mental Health, and their grant procedures. An appendix includes many useful names and numbers and some widely used rating scales.

One of the appeals of this book is its brevity; yet, inevitably, that is also one of its shortcomings. A description from the authors of the current controversy surrounding the use of placebos in clinical drug trials would have been welcome. I would have been interested in the authors' opinions on some other practical, perhaps mundane, topics that are often vexing: the influence of pharmaceutical companies on research, the management of budgets, and the hiring and employment of research assistants. One of the most fruitful yet peril-laden enterprises in research is that of collaboration. How have these four researchers worked together so well to produce such a seamless piece of work? Given the obvious good sense of these researchers, I suspect that they would have some pearls to pass on in these difficult areas.

The authors have succeeded in writing a thoughtful and very useful introduction to research in psychiatry. Residents considering a career in psychiatric research and psychiatrists who are mentoring residents will find this book very useful. I look forward to future, expanded editions.

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INTELLIGENCE AND THE MIND

Handbook of Intelligence, edited by Robert J. Sternberg. New York, Cambridge University Press, 2000, 692 pp., \$110.00; \$39.95 (paper).

This text provides a definitive summary of studies pertaining to intelligence. The book is organized into 28 chapters written by leaders in the field. Earlier chapters consider cross-cultural and sociological perspectives on the definition of in-

telligence; these are followed by a historical review. Of special importance are the contributions of Spearman and Binet, contemporaries in the early 1900s who set the course for most intelligence research of the last century. The former invented the *g* theory of intelligence, referring to a hypothesized common general factor that underlies the different manifestations of intelligent behavior. Binet pioneered the development of complex, readily administered tasks to assess intelligence "in the field." Spearman reveled in unity of mathematical abstraction, while Binet remained fascinated by the extraordinary variation of human potential.

The immense body of studies examining the roles of heredity versus environment in determining intelligence is very ably reviewed in a chapter by Elena Gricorenko. For instance, data based on correlations of intelligence measures for monozygotic versus dizygotic twins support the view of a heritable component. Although effects of rearing clearly influence intelligence, these effects may decline with age, whereas heritable effects appear to increase from childhood to adulthood.

Of special interest to me was Philip Vernon's chapter reviewing biological correlates of IQ in humans. Head size and brain volume have consistently demonstrated modest positive correlations with IQ. PET studies of brain metabolism have provided evidence that individuals with high IQ demonstrate higher brain activation when at rest, cognitively speaking. In contrast, these same subjects are able to accomplish cognitive tasks with lower expenditures of energy than the population at large. These data suggest that individuals with higher IQ have greater disposable "brain power" that can be allocated more efficiently to specific tasks.

There is a lack of consensus regarding those information processing components which contribute to intelligence. Perhaps the most salient theory has been developed by Robert Sternberg, the book's editor. His approach is referred to as the triarchic theory of intelligence and assumes that reasoning processes reflect selective encoding of information, comparison with stored information, and novel combination of information retrieved. Other contributing factors, such as information processing speed and strategy searches during problem-solving, are examined in detail in a chapter by David Lohmen.

A related chapter on artificial intelligence by Roger Schank highlights both connectionist (neural network) models as well as algorithmic (symbolic) computer simulations. Artificial intelligence researchers are forced to leave the realm of abstract concepts and wrestle with the myriad of practical challenges associated with forcing a computer not to function like a computer (inflexible and intolerant of ambiguity and error) but with the fluidity and flexibility of human intelligence. I hoped for a more extended discussion of chess-playing computers, the most obvious computer-based challenge to human intelligence. The world champion Garry Kasparov has been defeated by Deep Blue, a supercomputer developed by a team of IBM engineers. Does Deep Blue exhibit "true" intelligence in view of the fact that it can only play chess and has no capacity to perform other tasks? My bias favors a "yes" response, but even if the verdict is "no," a closer examination of the functional architecture of Deep Blue—it is composed of a very large number of computational modules functioning cooperatively and in parallel rather than a single, standard, se-

quential processor—may provide key insights into the architecture of human intelligence.

My favorite chapter was one late in the book written by Robert Sternberg on creativity and intelligence. Sternberg describes an investment theory of creativity, postulating that creative people, like good investors, buy low and sell high, with buying and selling taking place in the world of ideas. Creative people generate ideas that have been discarded as having little value, convince the world of their worth, and then let other people do the heavy work of developing them while they “move on to their next unpopular idea.”

A lesson for psychiatry provided by this book is that there is a great deal to be learned about higher-level information processing. This domain is often ignored by our field. Yet so much of what psychiatric disorders appear to be about involves complex information processing such as social cognition and intuitive reasoning. If you doubt this, consider the twisted but often refined intelligence of the delusional person, or the ability of the depressed person to reason himself or herself deeper and deeper into despair.

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The Undiscovered Mind: How the Human Brain Defies Replication, Medication, and Explanation, by John Horgan. New York, Simon & Schuster, 1999, 320 pp., \$25.00; \$14.00 (paper published 2000).

“I don’t do upside,” John Horgan replied to a literary agent who wondered what the positive message at the end of this trenchant and mordant book would be so that readers “don’t go away depressed” (p. 10). Horgan is also the author of the bestseller *The End of Science* (1, 2), which he calls “my gloomy tract” (p. 266). It focused cogently on the limitations of all science, not just neuroscience. Although stopping short of calling for the closing of the patent office, Horgan interviewed many older scientists who thought the important doable things had been done.

The Undiscovered Mind is not easy to ignore because of Horgan’s award-winning journalistic excellence, his access to everyone who is anyone as an interviewer for *Scientific American* until 1997, and the synthetic intelligence of his arguments. Nor should we ignore it because, like William Styron’s beautiful but atypically misleading *Darkness Visible* (3), it will be read by many more people than anything we psychiatrists write. Ideally, our residencies might devote some journal club sessions to Horgan as a provocative gadfly, but some very smart advisors should be provided to pull against his undertow.

Horgan inveighs against psychoanalysis, which he says persists only because of neuroscience’s explanatory gaps. He cites evidence that there is no psychotherapeutic expertise, comparing the equivalence of results of efficacy studies to the race run by the dodo in *Alice in Wonderland*, in which “everybody has won, and all must have prizes!” (p. 85), a postulation Horgan traces back to Rosenzweig in 1936 (4). Horgan meticulously documents his arguments with 63 pages of notes and references, and I do not do them justice in summarizing.

Discussing “Prozac and Other Placebos” (chapter 4), Horgan favors Fisher and Greenberg (5), who suggested a null hypothesis of antidepressant efficacy, and Roger Brown’s urging of placebo trials (6). He mentions Donald Klein’s “horror”

about this, but the rebuttal of Quitkin et al. (7) and the debate about placebo trials in the April 2000 *Archives of General Psychiatry* (8, 9) appeared after the book’s publication. Horgan cites so many negative findings and side effects for lithium and atypical and atypical antipsychotics that no one reading this book would be likely to comply with treatment. Although he is clearly impressed with the “electroshock” (electrocortical treatment) suite and bearing of psychologist Harold Sackheim at New York State Psychiatric Institute, he reports that “fewer than eight out of 100 typical ECT recipients became well and stayed well without further intervention—even when treated at what may be the world’s most sophisticated shock therapy clinic” (p. 134). He adds, however, that “unlike [Peter] Breggin I believe that biological remedies can benefit some of the people some of the time, just as talk therapy can (even if the placebo effect accounts for most of the benefits)” (p. 134). Horgan then confesses his own “brush with depression” (p. 135) in college, which he believes was psychologically triggered and which he self-medicated with “copious amounts of alcohol and drugs” (p. 135). He says that if he became depressed again, he would “try psychotherapy first, and then antidepressants. If they didn’t work, and if my condition worsened, I might give the shock therapy expert Harold Sackheim a call” (p. 135). Horgan does not speculate whether listening to Prozac could produce less nihilistic books entitled *No End to Science* or *The Discovered Mind*. I have not recommended this book to patients because of its negative placebo value.

The rest of the book is concerned with rich, cutting-edge reports on “Gene-Whiz Science,” evolutionary psychology, artificial intelligence, and the basis for consciousness. Horgan concludes that gene therapy hasn’t worked in any trials to date, adroitly skewering the hyperbole of a number of leading geneticists and claims of specific genes for specific behavioral traits. He does not mention the promise of biotechnology’s race to decipher the proteome, the natural successor to the genome project, which is far more likely to lead to new drugs (10). Horgan cites the worries of “left-leaning biologists” (p. 195) that Darwinian evolutionary psychology theory will lead to belief that the “unpleasant features of modern life—ruthless capitalism, racism, sexism, nationalism and the like—were to some extent probable and even inevitable outcomes of evolution” (p. 195). Segueing into artificial intelligence, Horgan is forced to admit that the great Herbert Simon (who died in February 2001) was prescient in his 1967 predictions of computer accomplishments, especially that “computer programs would play an increasingly important role in psychology” (p. 208). Horgan voices philosopher Hubert Dreyfus’s doubts about artificial intelligence that “mirrors the larger failure of psychotherapy to comprehend the mind” (p. 213).

Horgan’s access to notable interviewees and his attendance at major conferences approach omnipresence. His critiques of the “Who’s Freud/Whose Freud” conference on April 3–4, 1998, at Yale University (in which I participated) and the 1994 Tucson conference “Toward a Scientific Basis of Consciousness” (which I reviewed [11]) are recognizable and fun. Horgan is at his best when he describes the exhibition hall at the APA annual meeting, with its “shrines” to various proprietary medications (pp. 103–104); the binding problem in models of the mind (which he dubs “The Humpty Dumpty dilemma” [p.

23)); and how confusion in the debates over modeling consciousness derives from differences in defining the concept.

Perhaps the most distinctive attribute of Horgan's reporting is his snide descriptions of his interviewees. One is tempted to take *schadenfreude* (malicious pleasure) in reading about colleagues and other notables thus harpooned, and I know a colleague who bought the book for the "dish" alone. But the misanthropy (misiatropy?) begins to wear, although much of it is constructive. Even in the case of Dr. Sackheim, whom he appears to admire, Horgan describes a cartoon beside his door, in which a physician has been thrown from the window of a building labeled "Institute for the Study of Emotional Stress" and a word balloon from inside the building says, "Hey, I feel better already."

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EVOLUTION, GENES, AND THE MIND

Evolution and Human Behavior, by John Cartwright. Cambridge, Mass., MIT Press, 2000, 376 pp., \$60.00; \$24.95 (paper).

The author has written a textbook on evolution that demonstrates Darwin's significance to our understanding of animal and human behavior. After discussing Darwinian theory, ethology, and the central role of natural selection, he examines more complex and confusing issues such as altruism and morality. He focuses on mating behavior, brain size, language, the structure of the mind, and, finally, the genetic contributions to complicated issues such as violence and conflicts within families. For the most part, he is able to reduce motiva-

tion to the fundamental drive of self-preservation, although the concept of drive is not mentioned.

The author regrets that psychology has ignored evolutionary theory, and he presents a compelling argument for its usefulness. He has a knack for making his data interesting, and he intermingles scholarly, historically relevant scientific methodological principles with it. His book is entertaining and scholarly, practically an oxymoron in itself.

Darwin believed that there is a continuity between animal and human minds, whereas Wallace, the codiscoverer of evolution, disagreed, emphasizing qualitative differences and not considering natural selection related to the development of the mind, as Darwin did. Locke viewed the mind initially as a tabula rasa, whereas Kant postulated innate mental mechanisms that enable a person to categorize, conceptualize, and construct moral systems. Spencer, who coined the expression "survival of the fittest," argued that mental mechanisms are shaped by the environment; by including genes and the CNS as mental mechanisms, the native-nurture controversy is diminished.

Regarding scientific principles, the discussion of answers to "why" questions is noteworthy. There are three types of answers: 1) teleological, 2) proximate, and 3) ultimate. In reply to the question of why the stoat's fur turns white in winter, the teleological answer is that it provides a protective camouflage. This creates a difficulty, however, because providing camouflage is an effect and an effect cannot be a cause. A proximate cause relates to biochemical and physiological factors, a "how" operational answer. The ultimate cause is that genes coding for a color change exist because they have survival value.

It is impossible to discuss the many topics of this book in such a short space. Particularly interesting is the origin of language as a consequence of brain size and the genetic underpinnings of psychological conflicts such as the Oedipus complex. Practically all behavior and, by implication, psychic processes are explained as sexual displays to ensure reproduction. Cartwright playfully implicates creative activity:

The view that art and literature represent the outpourings of testosterone-fueled males strutting their stuff is a wonderful image destined to infuriate at least half of the academic community and most female artists and writers. (p. 155)

Undoubtedly, the application of evolutionary concepts to psychology can be beneficial, but there is a peril of confusing frames of reference. Most of the data pertaining to evolution consists of lower levels of somatically oriented behavior controlled by genes. The upward extension of these instinctually ordered behavioral patterns evolves into what psychologists call secondary process and reflective feelings and thoughts. This is the direction of phylogenetic development, leading to mental states and activities that transcend genetic encoding and natural selection.

Evolutionary theory states that genetic mutation occurs because of the influence of external forces. When the species and organism have achieved higher levels of development, internal processes, such as unconscious processes, also contribute to behavioral patterns that are both adaptive and conflictful.

Still, evolutionary psychology is a counterbalance to intersubjectivity theory and postmodernism, where the influence of reality is obliterated and all that exists in a relationship or a therapeutic encounter are interdigitating minds trying to deconstruct each other.

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***The Concept of the Gene in Development and Evolution: Historical and Epistemological Perspectives*, edited by Peter Beurton, Raphael Falk, and Hans-Jorg Rheinberger. New York, Cambridge University Press, 2000, 400 pp., \$59.95.**

Public and academic discourse has always been marked by consensus on certain points. In 1890, the psychologist William James began a discussion of attention with the statement that "everyone knows what attention is." So it is with genes, and with their functional roles. From a public perspective, at least, we all know that they are the fundamental building blocks of heredity, are composed of DNA, and reside in discrete locations in chromosomes. We also know that the major products of genes are proteins, and that once we relate human disorders to abnormalities in specific genes, we will have come a long way toward understanding how these disorders might be treated. That this will happen is a certainty; only the time frame is debatable. The real question involves an understanding of how genes interact with the environment to produce specific traits or conditions. Right?

In fact, a dynamic philosophical and biological debate over the nature of genes and their products has been in evidence for more than a century, and no simple answer has emerged. Despite the continued ascendancy of the Central Dogma of molecular biology, the nature of genes, along with their ontogenetic and phylogenetic roles, is the subject of active debate. This controversy, and the inconsistencies between competing visions, is the domain encompassed by the editors of *The Concept of the Gene in Development and Evolution*. In four sections, basic conceptualizations of genes are revisited, including the relationships between genes and traits, the evolution of genes conceptually, views of genes through the prism of development, and broader conceptual frameworks.

For many an interested reader, some of the conclusions may be surprising. Genes are not fundamental, indivisible units of heredity per se, conceptually or even physically. They do not all code for proteins, and their identification as continuous stretches of DNA with initiator and terminator regions is inadequate. Depending on the context in which they are considered, genes may be structural entities (of various sorts), but they may also be emergent and variable units of reproductive and evolutionary processes. In this latter sense, they are themselves phenotypes, or traits. As the Human Genome Project in particular has raised hopes that a molecular genetic understanding of heredity is around the corner, it is important to recall that the genetic debate is not over and that some of the most fundamental issues remain unresolved. This book will help to inform that discussion and point us toward the right questions.

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SOMA AND PSYCHE

***The Human Side of Cancer: Living With Hope, Coping With Uncertainty*, by Jimmie C. Holland, M.D., and Sheldon Lewis. New York, HarperCollins, 2000, 340 pp., \$25.00; \$14.00 (paper published 2001 by Quill).**

Treating the patient with cancer is an onerous task that most psychiatrists will face during their professional careers. Working with such patients reifies psychiatry's medical heritage but demands that patient and physician be sufficiently informed about the disease process, its treatments, and the psychosocial challenges that cancer presents. Fortunately, Dr. Jimmie Holland, in conjunction Sheldon Lewis, a health writer, have given us a book that provides such information for both patient and physician in a readable and orderly manner. Dr. Holland is the international leader of psycho-oncology, a subspecialty of consultation psychiatry. She had already organized and edited the standard text in this field, *Psycho-oncology* (1). In *The Human Side of Cancer*, she now has written a book for patients and mental health professionals that will clearly be the standard volume for patients to read.

As the title implies, the book emphasizes the human side of cancer, but without ignoring the scientific aspect of the disease. The humor and humanity in the book are inspiring and provide hope and courage for both patient and psychiatrist. This is essential because cancer has an impersonal component wherein the individual experiences the neoplastic illness as a terrifying biological invasion of their well-being. The impersonal treatments, which include medication, surgery, and radiation, may all have serious psychological side effects such as delirium, depression, and anxiety. In addition to the impersonal issues, the psychological reaction to these terrifying diseases is discussed. Finally, the interpersonal elements of the cancer experience are reviewed.

The book is organized by considering the psychosocial stages that the cancer patient faces (2). First, the diagnostic stage demands recognition that there is something wrong, coping with the fact that one has cancer, and choosing the appropriate treatments. This book elegantly reviews necessary treatments and repeatedly reminds the reader that complementary treatments may improve quality of life but are no substitute for the empirically demonstrated treatments, no matter how onerous are their side effects. From diagnosis and initial treatment, the next stage is that of remission, where there may well be a "waiting game" as the individual anxiously attempts to resume a normal life. The chapter "I'm a Survivor—Now What?" carefully reviews the task of returning to a normal life in terms of the individual's sense of self as well as in interactions with friends, families, and wider social circles. Recurrence and relapse are the next stages, which often progress into the final stage of death and dying. Dr. Holland reminds us that all individuals differ in the ways they cope with adversity and in their particular cancer. The list of do's and don'ts for coping with cancer should be reviewed by all patients. A stern warning not to abandon regular treatment in favor of alternative or complementary treatments is essential in the contemporary age of mass information and misinformation by means of the Internet.

A section on when to reach out for help provides the reader with a broad range of options to cope with the distress of cancer crisis. Dr. Holland offers information about common treatments and their side effects but also offers information about how to find out about clinical trials that use investigational agents. Specific neoplastic states such as breast cancer, testicular cancer, gynecologic cancers, and colon cancers are reviewed. Resources for survivors of the cancer experience are listed, making the book useful no matter where the reader resides. The book is filled with clinical vignettes that illuminate the text and offer clinical instructions.

This book should be on the shelf of all physicians. Anyone who is personally coping with cancer or has a family member with neoplastic disease should read this volume. This book is an invaluable resource in a field of accurate information overload as well as mass misinformation. *The Human Side of Cancer* provides accurate, timely data. It inspires hope to those with cancer as well as those who treat such patients. I look forward to future editions of the book. I have already given it to patients, who report that it has provided information, support, and emotional relief during their time of crisis.

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Personality Characteristics of Patients With Pain, edited by Robert J. Gatchel and James N. Weisberg. Washington, D.C., American Psychological Association, 2000, 310 pp., \$39.95.

Pain is a dominant subject in the national debate over proper medical care. Different schools of thought have presented convincing data supporting the belief that pain treatment is either excessive, inadequate, or both. There are marked differences of opinion as to the appropriate roles of psychiatry and psychology. The ethical pursuit of proper pain management leads to endless possibilities and vagaries. There is a public outcry over inappropriate uses of pain medication.

The chapter authors engage in a much more limited endeavor. They attempt to organize and assess the available data on psychological testing of people with pain. There is a major focus on examining patients through "structured interviews" and psychological tests to try to predict how patients will respond to different treatments. Psychological tests are explored, with major emphasis on the MMPI, its evolution to MMPI-2, and how the findings of the "conversion V" and the "neurotic triad" contribute to our understanding. A variety of other psychological tests are assessed, including those specific and nonspecific for pain. There is a brief but effective chapter titled "Psychoanalytic Ideas" that focuses on Freud, Szasz, and Engel.

There are chapters on the mythic conundrum of normality and disease "to draw a distinction between normal personality structure and psychopathology." One hopes that such studies would define normality, that "an individual's interpersonal, experiential, and enduring emotional world consists of

a set of basic dimensions." From this information, several "coping styles" are elucidated and susceptibilities are explored. Other chapters define character disorders and axis I diagnoses and their relationship to causation or cure, along with important possibilities as to further research. Behavioral and cognitive therapies are interwoven as possible interventions. Considerable leeway for individual variation is afforded. There is acknowledgment of the confounding paradoxical riddles of what works and which comes first, depression or pain. Genetic, cultural, and gender variations bear scrutiny. Ultimately, "diagnosis is of little value if it does not guide treatment decisions." Cure is the goal, an idea certainly resisted by many.

The editors efficiently organize the general state of knowledge available on the subject. They are generally understated, with the goal of "First do no harm." There is some reference to religion. There is little direct comment on the idea of someone getting well for someone else, an idea that may be central to pain. There seems to be avoidance of labeling, which I found disagreeable. Call things as they are. There is little said about collaborative efforts in treatment, which is interesting in the light of current pressures to turn pain treatment over to "pain specialists," who may use generic approaches with little interest in psychology, character structure, or coping skills. The result is a thoughtful, contained, modest, but effective compilation of the current state of information in an important area likely to become more so in the future. Pain is likely to be an increasing problem with an aggrieved and aging population and decreasing resources.

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Eating Disorders: New Directions in Treatment and Recovery, 2nd ed., edited by Barbara P. Kinoy. New York, Columbia University Press, 2001, 195 pp., \$49.50; \$19.50 (paper).

Whether or not you are a psychotherapist, unless you are an expert on the subject, it would behoove you to read *Eating Disorders*. Like *Candid Camera*, an eating disorder can strike when you least expect it, be it in your office or your own home. A complex entity, it is devastating for family members to deal with, and no less a hardscrabble for those who try to treat its victims. This array of articles, written by a group of healers (only two of 14 are M.D.s) from the Wilkins Center for Eating Disorders in Connecticut, will help. Not all the articles are perfect, but I would like to think this is in part deliberate as a metaphorical message to patients with eating disorders that you do not have to be perfect to justify your existence.

These authors make it absolutely clear that it is a grave error for any psychiatrist to attempt to be the sole treater of a patient with an eating disorder. Rather, a team approach, involving close collaboration among internist, nutritionist, psychotherapist, and group therapist, is a sine qua non for ultimate therapeutic success. Individual chapters are written by members of each of these disciplines, with appropriate references to back them up. One of the writers is a therapist who has recovered from anorexia; she offers remarkable insights into the recovery process and how her pregnancy affected not only her patients with eating disorders but herself as well. The improvements in recognition, treatments, and prevention programs for eating disorders since the 1990s are reflected in

the great sense of hope permeating, and generated by, these articles. The collection of wisdom by these obviously vetted clinicians is presented in clear, straightforward language and would undoubtedly be helpful to those who suffer from eating disorders, their families, and their therapists.

In industrialized societies, one out of 100 young women suffers from anorexia nervosa; the incidence of bulimia is 10 times higher. No other psychiatric disorder in women has a higher death rate than anorexia nervosa, a rate approximately 12 times greater than the rate for comparison groups. Even though there may be no external warning signs, the medical complications of anorexia and bulimia can be life-threatening. Thus, the first step in any treatment program is for a complete medical evaluation, preferably by an internist who understands how to relate to an eating disorder patient.

Chapter 1 succinctly focuses on the medical aspects of eating disorders and reminds us how vital a daily normal intake of food is to heart, circulatory, lung, brain, hormonal, bone marrow, and metabolic functions. Magnetic resonance imaging studies indicate that brain changes caused by improper nutrition may not all be reversible; full recovery, even in well-managed adolescent anorexia nervosa, can take 5–7 years. Because of bone marrow changes, dual-energy X-ray absorptiometry is strongly indicated, in part to motivate individuals with typical anorexia for help, plus to initiate high calcium/vitamin D supplementation. I would personally underline how imperative it is to regulate the patient's electrolytes and nutrition, because such irregularities can impair the patient's judgment to the point that it is not possible for a therapist to deal with the patient.

Chapter 2 describes nutritional counseling, delineating nine important lessons the nutritionist must help the patient with, e.g., daily caloric need and metabolic rate, hydration, exercise, prevention of binge eating/purging, hunger, and expectations. Two case examples are offered. Chapter 3, which focuses on psychiatric consultation with eating disorder patients, emphasizes that "medication is at best a useful adjunct to treatment" but not a substitute for counseling. I would add that a nutritionist and an internist are key figures as well.

Chapter 4, "A Family Systems Perspective on Recovery," is based on the theory that all parts of a system are interrelated. Since families are emotionally connected, this approach implies a confidence that a family member can be an agent of change. One thesis throughout this book is that eating disorders are an indirect way of dealing with stress resulting from unacceptable feelings, with a food obsession acting as a smoke screen; therefore, family therapy attempts to uncover and correct underlying tensions in the family.

In the fifth chapter, Suzan Ryan offers five case examples to illustrate the thesis that the eating disorder patient's relationship to food is a metaphor for how the patient relates to the world. Sarita Broden, in chapter 6, advocates the appropriate use of humor, offered with sensitivity, as one effective way to deal with these difficult-to-reach patients. Chapter 7 is an attempt to illustrate the author's treatment with a young woman with bulimia. Appropriately, the eighth chapter addresses the encroachment of managed care on health care, which particularly affects eating disorder patients, who require long-term treatment for complete recovery. Chapter 9

follows up on this theme of the necessity for cost-effective, short-term approaches by discussing cognitive behavior therapy and briefly mentioning interpersonal psychotherapy and other short-term psychological treatments. Chapter 10 is about the nurse's role, and the succeeding chapter concerns long-term individual psychotherapy. The complicating role of coexisting comorbid disorders must always be recognized. Chapter 12 presents recurring themes in young adult women with eating disorders. I have already alluded to the spotlight on recovery in chapter 13. Diane Mickley, M.D., concludes this book with some final thoughts, including one survey showing that greater than 60% of eating disorder patients with the best outcomes had at least 2 years of individual psychotherapy. Dr. Mickley acknowledges that more work needs to be done on the neurobiology of eating disorders, the genetic vulnerabilities to their development, advocacy for insurance coverage, and prevention.

Advances in eating disorder research have progressed rapidly in recent years. New treatment developments seem to have emerged daily since this edition was compiled. For instance, olanzapine has been used successfully with treatment-resistant anorexia nervosa (1, 2).

All of the chapter authors preach patience and perseverance to both patients and therapists, pointing out that treatment is hard work and that it takes a long time to achieve healthy results. The goals of treatment include not only improved weight but the promotion of overall well-being, better relationships, self-esteem, and better coping mechanisms. My misgivings about *Eating Disorders* are as follows: 1) A chapter by a more vetted psychoanalyst (rather than a social worker) about the psychotherapy of an eating disorder patient would have been an improvement. 2) It is relatively easy to make a case for psychodynamics when there is a background history of alcoholic, abusive parents, and/or multiple losses, but none of the case studies in these chapters attempts to deal with the issue of an eating disorder patient with a benign past history. 3) What about eating disorder victims who cannot afford treatment, or no treatment openings, day treatment programs, or hospitalization opportunities are available? 4) Medication use is only cursorily mentioned. I personally have had experience with a diet-adherent eating disorder patient who developed several strokes, with residua, while taking phenelzine—a potential side effect that was not in *Physician's Desk Reference*—until the patient herself figured out that phenelzine's chemical formula has a hydrazine-like nucleus, which is a known possible cause of a lupus-like illness. Needless to say, until this discovery was made, the stress on the patient, family, and therapist was astronomical.

I hope I have conveyed both the importance and value of reading *Eating Disorders* as well as the imperative of the team approach in dealing with this very painful, debilitating, and challenging clinical entity.

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