

cally defined populations before it is approved for clinical use in psychiatry. The mentally ill may not be able to properly make fully informed judgments of the benefits, risks, and expense of this procedure, which, once implanted, requires another surgical procedure for its removal.

Four years ago, the American Psychiatric Press summarized the first experiences with transcranial magnetic stimulation (7). The publisher's current report offers no new evidence of clinical utility. The reviews in this volume offer little hope that these brain stimulation techniques are replacements for ECT. Readers will find little reason to alter their clinical practice. These experiments are not based on a theory of brain and behavior but are offered for the same reason that explorers climb Mount Everest. In this context, it is useful to recall that convulsive therapy was developed on the basis of neuroscience data and not as an empirical adventure (8).

References

1. Bertucci P, Pancaldi G (eds): *Electric Bodies: Episodes in the History of Medical Electricity*. Bologna, Italy, University of Bologna, 2001
2. Crook HE: *High Frequency Currents; Their Production, Physical Properties, Physiological Effects, and Therapeutic Uses*. New York, William Wood Co, 1909
3. Marat J-P: *Mémoire sur l'électricité médicale*. Paris, NT Méquignon, 1783
4. Brazier MAB: *A History of Neurophysiology in the 17th and 18th Centuries*. New York, Raven Press, 1984
5. Franklin B: *Experiments and Observations on Electricity*. London, David Henry, 1769
6. Abrams R: *Electroconvulsive Therapy*, 4th ed. New York, Oxford University Press, 2002
7. George MS, Belmaker RH: *Transcranial Magnetic Stimulation in Neuropsychiatry*. Washington, DC, American Psychiatric Press, 2000
8. Fink M: Induced seizures as psychiatric therapy: Ladislav Meduna's contributions in modern neuroscience. *J ECT* 2004; 20: 133–136

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Cognitive-Behavior Therapy, edited by Jesse H. Wright, M.D., Ph.D. Arlington, Va., American Psychiatric Publishing, 2004, 168 pp., \$34.95 (paper).

There are many edited volumes available about cognitive behavior therapy, and one might be tempted to ask whether yet another is needed. The answer is yes. Jesse Wright was a co-author of the cognitive behavior therapy competency standards for residency education in psychiatry. The five chapters in this slim but elegantly written volume should help with the effort of training new psychiatrists, while at the same time informing a broad range of professionals about new developments at the frontiers of cognitive behavior therapy.

Every chapter in this book is well written, lively, and engaging. Psychiatrists and psychologists involved in developing cutting-edge treatments wrote the chapters, which focus on newer applications of cognitive behavior therapy for schizophrenia, bipolar disorder, medically ill patients, computer-assisted therapy, and child and adolescent treatment. Each chapter provides vivid clinical details, including specific techniques for use with the problem at hand as well as an up-to-date summary of clinical research findings.

The book richly highlights one characteristic of cognitive behavior therapy that is perhaps not fully appreciated by those who regard it as a technique-driven form of therapy: cognitive behavior therapy is a deeply humanistic enterprise. In this regard, the chapter by Scott et al. on schizophrenia is a treasure trove of scholarship, humanism, and clinical wisdom. For example, they write regarding negative symptoms that "the general principle communicated to patients, caregivers, and mental health staff is that 'you cannot push patients out of negative symptoms'" (p. 15). Instead, they offer a respectful strategy for honoring the patient's need for convalescence early in the illness and provide strategies for undermining the formation of lifelong patterns of avoidance.

In the chapter titled "Bipolar I Disorder," Basco et al. detail the use of cognitive behavior therapy as an acute treatment and as a means of reducing relapse risk. In addition to the spectrum of standard cognitive behavior therapy formulations and techniques, they address the interpersonal and existential issues raised by bipolar disorder.

Wright's chapter on computer-assisted psychotherapy is perhaps the most novel application of cognitive behavior therapy in the volume. Practitioners in underserved areas will be especially intrigued by the possibilities that computer-assisted therapy opens up, a technology that Wright has helped pioneer for depression. Sensky goes to the heart of human suffering in his chapter on cognitive behavior therapy for patients with physical illness, a chapter that is wise, compassionate, and filled with theoretical and technical innovations. Albano et al. chronicle the relatively recent growth in cognitive behavior therapy for children and adolescents with anxiety disorders and depression. Of particular interest is their description of how to tailor techniques to the developmental level of the young person. Family work and combined cognitive behavior therapy and pharmacotherapy are also described.

In summary, this brief book brings new frontiers in cognitive behavior therapy to the practicing clinician and researcher. It deserves a wide readership among professionals of many disciplines, and it is highly suitable as a vehicle for training psychiatry residents and other mental health professionals.

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.

Correction

In the article "Health Correlates of Recreational Gambling in Older Adults" by Rani A. Desai, Ph.D., M.P.H., et al. (September 2004; 1672–1679), reference 7 is incorrectly listed as in press in the *Journal of Gambling Studies*. The reference is an unpublished 2004 manuscript that is available from Dr. Desai.