

cial approaches and their integration into pharmacologic management can benefit virtually every clinician. It is a rather sad commentary that the book had to be edited by psychologists, in order to bring back to psychiatrists that which they never should have abandoned.

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***The Present Moment in Psychotherapy and Everyday Life***, by Daniel N. Stern, M.D. New York, W.W. Norton & Co., 2004, 283 pp., \$29.95.

In Daniel Stern's previous, internationally acclaimed works such as *The Interpersonal World of the Infant* (1), he has parsed human interactions into the small, fleeting moments between mother and infant that give rise to the infant's interpersonal world and sense of self. Temporality is central to his concept of vitality affects, a type of feeling that describes the contour of an experience such as a fading smile or an explosive inner sense of joy. It seems only natural, therefore, that he should now turn his attention to the nature of time itself. His latest fascinating contribution, *The Present Moment in Psychotherapy and Everyday Life*, is a highly imaginative exploration of "nowness," of what constitutes the present moment.

Stern begins by pointing out that we are subjectively alive and conscious only "now," that "now" is when we directly live our lives, that the present moment is the only time of raw subjective phenomenological experience. To explore what he means by "now," Stern describes a microanalytic interviewing approach (spelled out in detail in an appendix), which he terms "the breakfast interview," in which what was experienced in about 5 seconds while making breakfast is explored in a detailed 1.5-hour interview and graphed according to the intensity, effort, and fullness of the event and the feeling; sensation, thought, affect, or action that was occurring at the time. Stern's examples make what initially seems like a laborious effort come to life; one subject's ongoing "affective/moral couplets" (good/bad or moral/immoral on my diet) come to light, while another subject's moment-to-moment testing of limits and boundaries are revealed in an action as simple as his experience of pouring his morning orange juice.

Using these interviews as a basis for his conclusions, Stern goes on to spell out the nature of the present moment—its duration, characteristics, and temporal architecture and what protects and separates it from past and future. In doing so, Stern also draws widely from other disciplines, creating a fascinating synthesis. For example, in speaking of the present moment as something that lasts no more than 10 seconds and usually closer to 5, he notes that most spoken phrases last in the range of 3–5 seconds, that a breath cycle takes around 3 seconds, that after a 3-second pause in music the subjective sense of forward movement stops, and that both vocalizing turns and packages of maternal movement and sound with their infants last around 2–5 seconds. Stern concludes that the present moment is a special kind of story—a lived story that is nonverbal and need not be put into words. A temporal contouring of affective experience, a kind of vitality affect, serves as the backbone of the plot of this lived story.

In part 2, Stern contextualizes the present moment, placing it in an intersubjective matrix and arguing that intersubjectivity itself is a basic, primary motivational system with a status

like sex or attachment. He argues that it is a desire for intersubjectivity that drives the process of therapy forward as patients want to be known and share what it feels like to be them and that the present moment is an example of implicit knowing, automatic and often out of awareness. Finally, Stern tackles the vexing and thorny problem of consciousness as it applies to the present moment: forming the present moment is implicit and out of awareness, but to qualify as a present moment it must enter some type of awareness or consciousness, but what kind? Stern suggests the utility of breaking consciousness into types such as perceptually based phenomenal consciousness, verbally based introspective consciousness, and socially based intersubjective consciousness.

In part 3, Stern shifts to a clinical perspective on the present moment, placing it at the center of psychotherapy and suggesting its centrality to the process of change. Arguing that present intersubjective moments are the smallest and most basic units of psychological experience, Stern explores how the process of "moving along" occurs in psychotherapy, using his view of the present moment as a microanalytic lens through which the therapeutic process is seen. Championing what he terms "sloppiness," a two-mind, hit-miss, repair-elaborate way of working in treatment, and giving examples from session transcripts, Stern helps the reader to see the patient's whole intersubjective, psychological world in the grain of sand that is the present moment.

This work is a must-read for psychoanalysts and psychotherapists interested in psychotherapeutic process and a new and systematic way to think about the "here and now," which most therapists believe is at the center of where change in psychotherapy occurs. But Stern's latest work also has the power to show the eternity in a moment, to paraphrase poet William Blake. In doing so, this book will leave every reader with a new appreciation for the richness of even the most seemingly mundane moments in everyday life.

#### Reference

1. Stern DN: *The Interpersonal World of the Infant: A View From Psychoanalysis and Developmental Psychology*. New York, Basic Books, 1985

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## SOMATIC THERAPIES

***Atypical Antipsychotics: From Bench to Bedside***, edited by John G. Csernansky and John Lauriello. New York, Marcel Dekker, 2004, 450 pp., \$185.00.

"Who ordered this?" my grandfather would say good-naturedly when unexpected inclement weather ruined a planned outing. That phrase came back to mind when I hefted this medium-sized volume, promising to review the topic of "atypical antipsychotics" (when will we shift to a more appropriate term?). This is certainly germane to everyday practice, but for more than a decade we have been assaulted by an unremitting stream of information about these agents, sometimes accurate but often strongly colored by pharmaceutical marketing messages, invading us through sight and

sound, journals, conferences, mailings, luncheons, APA conferences, advertising, etc. At this time, do we need a whole volume on this subject, I wondered?

This multiauthored monograph comprises five chapters covering relevant basic science followed by seven chapters mostly exploring the use of these medications in treating different disorders. Csernansky and Filippino begin with a chapter providing historical background and a review of the popular theories of what makes the newer drugs “atypical” that is informative, clear, and interesting. The chapter on rodent behavioral models usefully reminds us that the extant paradigms lack face validity for relevance to psychotic symptoms. My eyes glazed over, however, while slogging through the chapter on metabolic regulation: 35 pages of details of study results and references. The recited findings of these studies, almost exclusively poorly controlled retrospective analyses and numerous case reports, mostly about diabetes and glycemic control, do not add new conclusions to the current level of understanding of most clinicians. One chapter addressing the nosology of psychotic disorders might seem misplaced, but it provides a clear and engaging review of where our diagnostic categories have come from and their inherent limitations.

Further topics are neuroimaging studies, the acute and long-term efficacy of the newer antipsychotic medications (both covered in well-crafted chapters), their use in childhood disorders and “affective disorders” (mood disorders for most of us), and new targets for antipsychotic drugs (rather a more interesting piece, in which future directions are succinctly described). At best these provide current useful and intelligent reviews, but reading the book cover-to-cover exposes one to a moderate amount of repetition. On the other hand, the chapters are well referenced and most are well written, with only a modest number of small errors and typos. So perhaps this should be endorsed as a worthwhile addition to the literature.

Who, however, will be the audience for this book? It is more than most practicing clinicians will want to read on a familiar topic. Some motivated individuals might prefer to perform PubMed searches for the latest reviews when a question arises for them. As an alternative to a book, the authors might have published the chapters separately as review articles. This volume will principally be of value to researchers in the field, to those whose practices are focused on treating psychotic disorders, to trainees who wish a more thorough introduction to this class of medications with some historical background, and perhaps to those reviewing practice guidelines and administrative controls on prescribing. The latter group may be disappointed, though, to find only a single passing mention of one administrative scourge of current institutional psychiatry: the frequent and expensive practice of nonrational polypharmacy.

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***Electroconvulsive Therapy, 4th ed.***, by Richard Abrams. New York, Oxford University Press, 2002, 328 pp., \$66.50.

A veteran reader of the first three editions of this book receives the fourth with the expectation of pain and pleasure. The pain relates to the need to drag once more through the basic science, although refreshment is ever necessary because this knowledge only fleetingly sticks. The pleasure relates to the anticipation of a masterful analysis and synthesis

of a vast and important topic by a legend in the field, who will deliver an unambiguous and personal statement in a clear and often entertaining style: “Like Man, ECT is at the end of an evolutionary line, but, also like Man, rather than facing imminent extinction it is flourishing.”

An interesting addition in this fourth edition is a chapter on transcranial magnetic stimulation, which Abrams sees as having potential in the treatment of depression. This was a brave prediction, for at the time of writing he had access only to reports up to and including 2000. Over the subsequent years there have been more positive reports (1). Abrams correctly points out, however, that the current method of delivering transcranial magnetic stimulation “bears as close a relationship to the methods that will be employed in 25 years hence as unmonitored sine wave bitemporal ECT bears to modern ECT.”

The predicted thorough review of the basic science is present and updated. Of particular interest in the new edition is the progress in the debate over the method of determining dose: stimulus titration versus fixed dose or age-based dose. After reviewing the literature, Abrams is quite clear in his own preference: “I prefer simply setting the ECT device to deliver the maximum dose.” He describes the fears of undue cognitive consequences of high-dose right unilateral ECT as “unwarranted.”

An advantage of the publication is that in addition to the scholarly assessment of the literature, in chapter 9, Abrams gives a practical account of how he performs ECT. There are also reassuring practical statements, including that the higher the dose, the shorter the seizure—“confuting the frequently offered advice to increase the stimulus dose if seizures are too short, and reduce it if they are too long.”

This is the most authoritative ECT monograph and has been so for almost two decades. It is essential reading for all trainee psychiatrists and essential source material for departments providing this treatment. It is based on evidence, interesting, and easy to read. Although Abrams cannot see how the treatment can be further improved, he observes that our knowledge of the mechanism of action is rudimentary, having not surpassed “in conceptual elegance the 18th-century claim that things burned because they contained phlogiston.”

## Reference

1. Fitzgerald PB, Brown TL, Marston NA, Daskalakis ZJ, De Castella A, Kulkarni J: Transcranial magnetic stimulation in the treatment of depression: a double-blind, placebo-controlled trial. *Arch Gen Psychiatry* 2003; 60:1002–1008

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## BIOSTATISTICS

***Beyond Significance Testing: Reforming Data Analysis Methods in Behavioral Research***, by Rex B. Kline. Washington, D.C., American Psychological Association, 2004, 336 pp., \$49.95.

This book is aimed at the statistics consumer who has only a rather partial quantitative education—that is, most of us.