



Motivational Interviewing in the Treatment of Psychological Problems, edited by Hal Arkowitz, Henny A. Westra, William R. Miller, and Stephen Rollnick. New York, Guilford, 2007, 354 pp., \$38.00.

Motivational interviewing has its roots in the treatment of problem drinking (1, 2). The cardinal goal of motivational interviewing is to increase clients' intrinsic motivation to change by exploring and resolving ambivalence. Recent years have witnessed a growing interest and enthusiasm in the application of motivational interviewing to a wide range of clinical populations. *Motivational Interviewing in the Treatment of Psychological Problems*, edited by Hal Arkowitz, Henny A. Westra, William R. Miller, and Stephen Rollnick, is an engaging book that is likely to become a valuable resource and promote future research and clinical innovation.

The book is organized into chapters that discuss the use of motivational interviewing for clients with various psychological problems, such as anxiety, depression, posttraumatic stress disorder, suicidality, eating disorders, gambling, and schizophrenia. Each chapter begins with a description of the presenting problem, typical populations and treatments, and rationale for using motivational interviewing. Much of the content of each chapter describes the clinical application of motivational interviewing and ways that it can supplement, enhance, or become the current standard of care. For example, Westra and Dozois present a pilot randomized, controlled trial in which half of the participants received three sessions of motivational interviewing before starting a course of exposure and response prevention therapy for anxiety. Arkowitz and Burke describe how standard cognitive-behavioral therapy (CBT) for depression can be conducted using the motivational interviewing style. Farbring and Johnson extend the breadth of the text by also considering the use of motivational interviewing in correctional systems in Sweden and promising data indicating that motivational interviewing may help to reduce rates of recidivism. In most chapters, the discussion of clinical application includes specific examples of how motivational interviewing was used with individual patients. Dialogues between clients and therapists provide detailed illustrations of how motivational interviewing may be conducted in clinical practice, and vignettes of clients' overall courses of treatment allow readers to see the bigger picture. Finally, each chapter concludes with a summary of relevant research, suggestions for future directions, and closing thoughts.

Clinical practitioners are likely to find this book highly accessible and practical. The contributing authors succeed in writing in ways that are easy to understand and apply to clinical practice. Each chapter is its own entity, so those with an interest in a particular topic may concern themselves only with that chapter of interest. Clinical instructors and supervisors are also likely to find much of value in this text. It provides an up-to-date introduction to the wide range of problems to which motivational interviewing can be applied. It also provides clear illustrations of the ways in which motivational interviewing may be used to enhance outcomes in other clinical approaches and, as such, may provide a valuable context for teaching the "common factors" in psychotherapy. Overall, the book guides the reader on how to incorporate motivational interviewing techniques in their clinical practice, summarizes current research on the wide-ranging application of motivational interviewing, and highlights new and promising directions.

Despite our overall endorsement, some of the very qualities that make the text appealing also stand out as important limitations. The paucity of research supporting some of the clinical innovations described in the text is notable. For instance, Arkowitz and Burke effectively point out limitations of the current standards of care for depression (e.g., treatment non-response, attrition, and treatment nonadherence) and offer some intriguing suggestions for ways in which motivational interviewing may address such shortcomings. However, the only empirical evidence for enhancing standard CBT for depression with motivational interviewing rests on one author's experience teaching a practicum to clinical psychology graduate students. For this reason, many of the chapters in the text need to be read through a cautious lens of skepticism. This limitation underscores both genuine excitement and the pressing need for future research. In addition, there is some variability in the quality of the clinical dialogues across chapters. Some are particularly helpful in providing the reader with informative interchanges between therapist and client. For example, Zuckoff, Swartz, and Grote provide an illuminating transcript in which the exchanges are labeled using motivational interviewing terminology. Some clinical vignettes, however, fall short of this standard. As the editors note in the final chapter, some concerns have been raised in the field about the importance (and challenge) of remaining faithful to the spirit of motivational interviewing. Similarly, some of the clinical vignettes are less effective than others in conveying this spirit.

Arkowitz, Miller, Westra, and Rollnick explain in the concluding chapter, "We hope that this work will serve as a catalyst for mental health practitioners and researchers to explore the utility of [motivational interviewing] for the full range of psychological disorders" (p. 324). There is no doubt that this will be the case. The editors and authors have offered a volume that is likely to do what they do best: motivate the field to examine important questions in the service of helping clients to change.

References

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SAMUEL H. HUBLEY, B.A.
SONA DIMIDJIAN, PH.D.
Boulder, Colo.

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The Soul in the Brain: The Cerebral Basis of Language, Art, and Belief, by Michael R. Trimble, M.D. Baltimore, Johns Hopkins University Press, 2007, 304 pp., \$35.00.

Michael Trimble has worked on the border of psychiatry and neurology for his whole career and is one of the figures who have truly blurred the border between biological psychiatry and behavioral neurology. In his new book, *The Soul in the Brain*, he promises to extend his accomplishments to the burgeoning field of neurotheology. However, the author waits until almost the end of the book to discuss "where God is thought to dwell or where our soul resides waiting for transportation," stating, "There is no such center; in fact no brain centers for anything are known" (p. 198). Therefore, the book's subtitle, "The Cerebral Basis of Language, Art, and Belief," is a much better description of the book.

The book reviews the neuroanatomy of the limbic system, other emotional areas of the brain, and the anatomical basis of language. Language, in fact, takes up three of the nine chapters and is clearly a central interest of the author. The issue of mental illness and creativity is well reviewed, and there is a nice chapter on music and the brain. The religious preoccupations of patients with epilepsy are described, although the author does not succeed in putting this psychopathology in either a neuroanatomic context or the evolutionary context he promises in the introduction to the book.

The book could be described as falling somewhere between a highly systematic compilation, such as the *Oxford Textbook of Philosophy and Psychiatry* (1), and Oliver Sacks's collection of interesting case histories, *The Man Who Mistook His Wife for a Hat and Other Clinical Tales* (2). The book extols the accomplishments of neuropsychiatry in the last generation but seems less aware of potential limits to our understanding of the complexity of the brain, such as is occurring in physics, mathematics, and philosophy. Therefore, one does come away with the feeling that the author is trying to "explain away" religion. The literature on the potential health benefits of religious belief are not referred to. Missing in the book also is reference to the exploding literature on the evolutionary value of altruism in human beings, the molecular biology of

differences in altruistic behavior between individuals (3), and the imaging correlates of altruistic or nonaltruistic decision making using fMRI.

I would not recommend this book to students in a pastoral psychology course nor to a patient or student struggling with his own religious belief. I would recommend it to readers educated in the humanities or social sciences who are unaware of the huge areas of overlap between brain function and human experience and who would find this book a stimulating introduction.

References

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R.H. BELMAKER, M.D.
Beer Sheva, Israel

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Treatment of Bipolar Illness: A Casebook for Clinicians and Patients, by Robert M. Post, M.D., and Gabriele S. Leverich. New York, W.W. Norton, 2008, 704 pp., \$65.00.

This book originated at the National Institute of Mental Health (NIMH), where both authors worked for many years, the main author for almost four decades. The cases included in the book are all patients who were admitted to the inpatient Clinical Research Unit in the Biological Branch of NIMH and were deemed "treatment failures" or "treatment refractory," particularly to treatment with lithium carbonate, and who voluntarily entered the institute to participate in clinical studies. Patients first participated in double-blind clinical studies and next were offered a period of treatment optimization. The cases included in this book span more than three decades. The authors gracefully credit and list the names of about 30 ward chiefs and clinical research associates who spent time at NIMH in the 1970s and 1980s and whose names are readily recognized. Indeed, a majority of these distinguished colleagues would become deans or chairpersons of academic departments of psychiatry or leading figures in education and research. Also, the authors properly express their heartfelt gratitude to the patients who "donated their time and their bodies" and allowed the use of the life chart approach, which, in my opinion, is the key element of the book.

The descriptions of the individual patients include rich and detailed clinical information on history, mood shifts, and treatment response (or lack thereof) that are carefully charted in a "classic" lifetime format following the example of Emil Kraepelin's mood charts (a historical description of these charts represents the core of Part I of the book). Thus, from the outset, the book has a personalized approach, highlighting unique individual differences in course and response and