

Reference

1. Freud S: Fragment of an Analysis of a Case of Hysteria (1905), reprinted as Dora: An Analysis of a Case of Hysteria. Edited by Rieff P. New York, Simon and Schuster, 1963

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The author reports no financial relationships with commercial interests.

Book review accepted for publication April 2009 (doi: 10.1176/appi.ajp.2009.09040509).

Philosophical Issues in Psychiatry, edited by Kenneth S. Kendler, M.D., and Josef Parnas, M.D., Dr.Med.Sci. Baltimore, The Johns Hopkins University Press, 2008, 424 pp., \$60.00.

I vividly recall the coy smile of one of the senior inpatient attending psychiatrists during a morning report as one of the junior residents, presenting a newly admitted patient diagnosed with schizophrenia, was asked to discuss the disorder's etiology and began to recite the latest neuroimaging findings and candidate gene linkage studies. "You know," he said, "they still have not found the 'schizochete,' and they have been looking for it since I was a resident."

Meaningful analyses of the complexities involved in psychiatric epistemology are hard to come by. Typically, explorations into important issues in psychiatry that might help the discipline refine its understanding, explanations, and ultimately its clinical utility tend to deteriorate into either dichotomized nature versus nurture debates or adoptions of bland "biopsychosocial" models, which essentially posit that it's all just really complicated, so why bother?

As a result, fundamental questions about psychiatry's philosophical underpinnings remain largely unexamined. Kendler and Parnas undertake this exploration in a readable, cogent manner in *Philosophical Issues in Psychiatry*. The book grew out of a conference held in Denmark in 2006, and each chapter is preceded and followed by a brief commentary by either an author or an editor in an effort to both summarize the major points and capture the interactive spirit of the original presentation. The chapters are further arranged into three major sections—causation, phenomenology, nosology—each of which focuses on a subject at the interface of psychiatry and philosophy.

Upon learning that I would be reviewing a philosophy book, I was not thrilled. Thoughts of dense, inaccessible text and irrelevant topics materialized. However, after reading a few chapters those thoughts quickly dissipated. The authors go to great lengths to ensure that the book is accessible for those with a limited background in philosophy.

Many clinicians might find themselves asking the question that the authors pose in the introduction of the book: Why does a busy clinician with loads of patients need to understand anything about philosophy? The answer is that practitioners will get not only an increased appreciation of the factors implicated in complex behaviors like depression but also an enhanced understanding of causality in complex systems and the problems this poses for reductionist understandings of psychiatric disorders. Additionally, with DSM-V on the horizon and increased attention focused on psychiatry's grouping of disorders, one of the book's most interesting chapters

centers on "Psychiatric Systematics" and offers insightful comparisons between psychiatric nosology and its counterparts in chemical taxonomy (the periodic table) and biological taxonomy (genus/species).

In the Mishna, Rabbi Tarfon taught, "You are not obligated to finish the task, neither are you free to neglect it." In this spirit, Drs. Kendler and Parnas's book is an invitation into an oft-neglected area of psychiatry, an exploration of the philosophical underpinnings and its attendant complicated and multifaceted issues.

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Book review accepted for publication April 2009 (doi: 10.1176/appi.ajp.2009.09040508).

Understanding Addiction as Self Medication: Finding Hope Behind the Pain, by Edward J. Khantzian, M.D., and Mark J. Albanese, M.D. Lanham, Md., Rowman and Littlefield, 2008, 192 pp., \$39.95.

In the early years of my training, the field of psychiatry underwent a cataclysmic transformation from a psychoanalytical to a neurobiological perspective. I remember heated arguments during the changing of the guard—analysts insisting that an understanding of the individual's personal dynamics were critical to change while the young Turks belittled this outmoded and therapeutically fruitless approach. The expectations for the new era were unequivocal—psychotropic medications promised relief from the misery of psychosis, anxiety, and depression, and developing neuroimaging techniques would uncover the pathophysiology of mental disorders and guide their diagnosis and treatment. Although the biological approach has since yielded dramatic advances in both the biologic underpinnings and treatment of psychiatric disorders, many of the hopes and expectations of this approach remain unfulfilled.

Our understanding of the addictive disorders has followed a somewhat different path, albeit with similar conceptual dissonance. Until the publication of DSM-III in 1980, alcohol and drug dependence were classified as personality disorders and generally considered a by-product of non-substance-related psychopathology. Although originally proposed by Benjamin Rush in 1784, it was Bill W. and Alcoholics Anonymous that began to popularize the notion of addiction as a medical disorder. The description of the brain reward pathways in the 1950s initiated an explosion in our understanding of the neurobiologic mechanisms underlying reward and addictive processes. Treatment strategies have since focused on 12-step, cognitive-behavioral, and motivational enhancement techniques and/or medications. As experienced with other psychiatric disorders, the individual intrapsychic aspects of the addiction were often ignored, and coexisting psychopathology was considered a consequence, not a precursor, of substance use.

For 30 years, an often lone voice encouraging the examination of the psychodynamic processes in addicted patients has been Edward J. Khantzian. In *Understanding Addiction as Self*