

tion to paranoid patients who may refuse it. Boronow recommends that the offer of medication be repeated several times a day because paranoid symptoms often fluctuate over the course of the day. In the chapter on co-occurring substance abuse with mental disorders, Recupero, Fiore, and Dubreuil present a lucid discussion on the problem of smoking on such a unit. They point out that smoking is often considered a lesser target that should be overlooked while the patient is trying to detoxify from other substances, although the evidence indicates that smoking behavior increases the addictive properties of a number of other substances, including alcohol.

Although the book does not predominantly concern itself with systems issues, the chapter by Hepburn and Sederer on the state hospital is a fascinating account of the forces that converge on the governance of a state hospital—from courts and advocacy groups mandating freedom for patients to unions asking for more use of seclusion and restraint to protect their members who work as nurses and staff. The authors' ability to conceptualize the interaction of these many competing demands in the context of low funding and high needs makes this chapter worth reading several times by anyone charged with responsibility of leadership in a public mental health system.

A series of chapters contrast patient and staff perspectives on care in the inpatient service. The bewilderment of patients trying to understand the rules and regulations was especially poignant. One patient pointed out that it took her several days to understand that she needed to attend group in order to have the privilege of going outside. She stated how mysterious most of the demands on her seemed when she was ill. The staff perspective is equally fascinating. Their distaste for forcible restraints and their risk of injury during this procedure are both detailed.

The book can be read at a number of levels. Some chapters, particularly early in the book, are quite appropriate for medical students, who often fear their rotation on the inpatient psychiatric service and cite it as one reason why they choose not to pursue psychiatric training. The book would certainly be useful for a new resident or a new attending psychiatrist, because many of the most difficult situations are nicely outlined in the book. I found the book an interesting reminiscence of my own student days in psychiatric hospitals, some of which were spent with Steven Sharfstein, the senior editor of the book when he was chief resident of the Day Hospital at Massachusetts Mental Health Center. The authors, all well-known eminent psychiatric educators, have indeed shared their lifetime of experience in their textbook.

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The author reports no competing interests.

Book review accepted for publication May 2009 (doi: 10.1176/appi.ajp.2009.09040581).

***Moody Minds Distempered: Essays on Melancholy and Depression*, by Jennifer Radden. New York, Oxford University Press, 2008, 208 pp., \$65.00.**

This book is written with a great deal of thought and erudition. It is not a clinical book; rather it concerns the history and philosophy of depression and melancholia, which the author, Jennifer Radden, Ph.D., has been studying for decades. Dr. Radden is a professor of philosophy at the University of Massachusetts Boston and a consultant in ethics to McLean Hospital.

Her philosophical inquiries concern the nuances and differences between various common manifestations of depression as a mood, a disorder, a state of mind, a kind of pain—just to list a few. In the process, her work encompasses a historical perspective on historical change in depression's conceptualization. For example, she points out that the heroic concept of melancholy from the 17th and 18th centuries largely disappeared by the end of the 19th century. Instead, the disorder became increasingly feminized. She points out that "...through a series of editions of Kraepelin's *Textbook of Psychiatry*, melancholy became more conspicuously 'gendered' during this era" (p. 19). Freud's "Mourning and Melancholia" is an important reference point in this transition, particularly since it focuses on loss as a major factor in depression.

Perhaps the most interesting aspect of her work is her thesis of culture as an aspect of both melancholia and depression. We know that depression has different external appearances among different cultures and societies, but for those who want to make the illness of depression more "universal" in its conceptualization, these differences are problematic. Dr. Radden sees culture as a much stronger determinant of symptoms than most biological psychiatrists might believe. "The philosophical distinction between illnesses and diseases," she writes, "would perhaps allow us to say that there were two illnesses here (melancholia and depression) but only one disease—a solution employed when it is asserted that different cultures sometimes produce a variety of symptom profiles. The concept of masked depression is invoked, for instance, to explain why men's depression symptoms include none of the felt sadness and dispiritedness of women's. (Depression in China, it has been argued, takes the culturally acceptable form of somatized symptoms—headache, back pain, dizziness, and such—while Western men's acting out and excessive drinking are the depressive idiom permitted by their gender roles.)" (p. 9).

Although this is not a clinical book, psychiatrists might appreciate this historical and theoretical approach as a well-reasoned attempt to better understand the illness with which we are preoccupied in our practice.

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The author reports no competing interests.

Book review accepted for publication May 2009 (doi: 10.1176/appi.ajp.2009.09050697).

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