

of many patients? In surveys we have conducted, psychiatric residents underestimate by far the importance that patients lend to religion and spirituality in coping with illness (3). Furthermore, when our own residents are asked to present a case related to religion or spirituality, almost without exception they present a patient suffering from religion-related delusions, rather than positive, meaningful experiences. These views are consistent with many of their psychiatric faculty and also with the way religious issues are represented in DSM. This bias against seeing religion and spirituality as a meaningful part of patients' emotional lives is bolstered as well by reading our principal academic journals, which are oriented toward a methodology of experimental controls and statistical modeling, quite at variance with an openness to the subjective and idiosyncratic beliefs patients may espouse. A paucity of religion and spirituality-related research also derives from the fact that many of the research paradigms relevant to understanding the intensity of people's beliefs lie more in the social-psychological and anthropological domains. Contemporary psychiatric research rarely deals with such issues.

Perhaps, then, psychiatrists should read this book. It draws together a diversity of topics that illustrate clearly how religion and spirituality are pertinent to psychiatrists. One chapter, for example, on neuropsychiatric issues, reviews recent literature on the relationship between specific neurotransmitters and spiritual and meditative experiences. In associating this literature with genetic correlates of these experiences, the author posits a heuristically useful model for the relationship between physiologic systems and the nature of spiritual and religious practices. This illustrates both the breadth of emerging findings in this research area and opportunities to expand on it.

From an entirely different perspective, another chapter discusses the issue of self-identity as it relates to spiritual experiences. It draws on a wide variety of psychoanalytic writers, from a mystically related Jungian perspective to a developmental model drawn from John Bowlby to the clinical psychoanalytic work of Ana-Maria Rizzuto. Case examples given here are illustrative of the value of understanding how religion and spirituality can bear on the practice of dynamically oriented psychotherapy.

Harold Koenig, a coeditor of the book, offers a chapter on how religion and spirituality issues can play a role in the work of a consultation-liaison psychiatrist. The topics discussed here and elsewhere in the book illustrate well how the clinician in such a setting needs to be very attentive to religion and spirituality in relation to patients in cases where anxiety and depression are generated in coping with medical illness. A broad array of medical problems, from dealing with pain to the treatment of substance abuse, are discussed as well.

Chapters like these make the relevance of religion and spirituality to the work of a practicing psychiatrist clearer, and they underline the value of introducing it more actively into psychiatric training. To this end, one chapter offers two examples of four questions that can be used in psychiatric assessment, as well as a longer list of topics that can be addressed. In our experience, religion and spirituality have often been thought to be of marginal importance in patient assessment on teaching units and often relegated to a social worker's evaluation. So we ask residents to pose only one question to all their patients: "Spirituality can be important to people. Does spirituality

help you deal with your problems?" The residents are typically quite surprised by the positive responses they receive. We have also introduced resident-run spirituality groups on our training units, in parallel with conventional ones.

Although this book is quite comprehensive, not all aspects of religion and spirituality can be addressed in the depth they might deserve. Sociobiologic research, for example, could be covered, as it has given us models for the cognitive and affiliative underpinnings of religiosity, particularly in relation to altruistic commitments. Buddhist approaches could be dealt with in more depth. Religious orientations out of the mainstream, like Christian Science, Mormonism, even Santeria, would illustrate how clinicians may encounter traditions unfamiliar to them and their colleagues.

Some problematic areas in the religion and spirituality domain also merit attention (the book is, in essence, pro-religion and spirituality): highly religious psychiatrists may sometimes miss out on salient clinical problems because they overemphasize religious commitment with their patients (APA has a position statement on this). Religious movements may be cultic or even destructive—plenty in the news on this—and a clinician may be asked to consult to a family or even to the press on this topic. Overall, however, the authors in this volume illustrate in an excellent manner the value and depth of an issue that deserves more attention from our profession than it currently receives.

References

1. Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL: Unconventional medicine in the United States: prevalence, costs, and patterns of use. *N Engl J Med* 1993; 328:246–252
2. The Pew Forum on Religion and Public Life: Many Americans Mix Multiple Faiths, 2009. <http://pewforum.org/Other-Beliefs-and-Practices/Many-Americans-Mix-Multiple-Faiths.aspx>
3. Galanter M, Dermatis H, Talbot N, McMahon C, Alexander MJ: Introducing spirituality into psychiatric care. *J Religion and Health* 2009 (Epub ahead of print, Sept 1, 2009)

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***In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*, by Nancy Rappaport. New York, Basic Books, 2009, 320 pp., \$24.95.**

Nancy Rappaport is an assistant professor of psychiatry at Harvard Medical School, Director of School-Based Programs in Child Psychiatry at the Cambridge Health Alliance, and she wrote this book as a mother of three. Her mother died by suicide when Rappaport was four years old and the youngest of six children. In this book she recounts the process of exploration and discovery she undertook as an adult in an effort to know her mother better and in that context to understand her suicide. It is not a book written from the perspective of a trained psychiatrist, where content might be dominated by framing her mother's suicide in terms of what we know of the causes of suicide. It is not full of discussions of genes and neu-

rotransmitters or of elaborate psychodynamic formulations. Rather it is the filling in and fleshing out the picture of key members of her family in the process of learning more about her mother.

Rappaport's father, who had left the children's home in the wake of a divorce prior to her mother's suicide, emerges as he reveals more about his feelings and view of the events. At the time, he was a public figure as a successful attorney, and the press made much of the divorce. This press coverage revealed much to the author as she explored this shocking and painful event in the life of this family of talented and creative individuals. Much like a watercolor painting, the family comes to life in this book as details are learned and feelings expressed. In the process, her relationship to her long-deceased mother becomes more complete and richer. There is much to appreciate here in terms of grief and loss and the value of knowing about one's family. At the same time, we are reminded about the devastation caused by suicide in families and the need for "postvention" and prevention.

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How to Practice Evidence-Based Psychiatry: Basic Principles and Case Studies, edited by C. Barr Taylor. Washington, D.C., American Psychiatric Publishing, Inc., 2009, 388 pp., \$95.00.

Our field is suffused with evidence-based medicine. The assumption that improving quality of care indices is the path to improving health outcomes is virtually unchallenged. Residency training programs, as is pointed out at several junctures in this volume, are mandated by the Accreditation Council for Graduate Medical Education to address competency in "practice-based learning and improvement," under the aegis of which a variety of quality-based activities, including evidence-based medicine, are taught. But how does one practice and teach evidence-based medicine? Taylor's book seeks to provide relevant tools to three groups: practitioners, residents and other mental health trainees, and residency training directors seeking resources with which to develop evidence-based medicine curricula. The first third of the book consists of a series of historical, philosophical, and methodological chapters that presents the underpinnings of evidence-based medicine, while the remaining two-thirds of the book presents a series of "case studies" that illustrate how evidence-based medicine techniques can be applied to par-

ticular disorders or in particular systems. The book builds on a prior American Psychiatric Publishing volume by Gregory E. Gray (1), who is author or coauthor of 13 of the 17 chapters that comprise the book's first section.

There is much to like about this book. By far the most valuable information is contained in the first section, in which the principles and techniques of evidence-based medicine are laid out in a sophisticated but nontechnical fashion. The level of presentation is aimed where it should be for the stated audience: to support the development of good consumers of research, rather than to train researchers. I have not seen another resource that brings together in one volume clinician-oriented summaries of principles of clinical trial design, meta-analytic techniques, the theory and practice of clinical practice guidelines, test performance, and the basics of clinical epidemiology. Some of the chapters are truly unique, like the one on how to search the medical literature effectively and efficiently—the present-day problem being, of course, not how to get information but rather how to get *rid* of information.

Much weaker are the early chapters on such topics as the difference between evidence-based medicine and what Barr and Gray call "evidence-based psychiatric practice," and how to ask an "answerable question." One wishes as well that they had instead used the space for a chapter on the basic—but far from self-evident—statistical techniques that are the foundation of clinical studies from basics like means, medians, and proportions to the more complex but equally common techniques, such as logistic regression, survival analysis (beyond the single example on p. 118), and the all-important topic of how to manage missing data and its effect on analyses.

In comparison to the first section, the case studies that make up the bulk of the book were not as a whole particularly useful. While a few examples certainly help to amplify points made in the first section, the reader reaches the point of diminishing returns quite early in the almost 200 pages of case studies. That said, one does encounter a variety of potentially useful tools, like the Systematic Treatment Enhancement Program for Bipolar Disorder clinical monitoring form in the chapter by Wang and Ketter or Taylor's examples of how to organize and chart longitudinal data on bulimic and depressive symptoms.

Reference

1. Gray GE: Concise Guide to Evidence-Based Psychiatry. Washington, DC, American Psychiatric Publishing, Inc, 2004

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