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Personal Identity and Fractured Selves: Perspectives From Philosophy, Ethics, and Neuroscience, edited by Debra J.H. Mathews, Ph.D., M.A., Hilary Bok, Ph.D., and Peter V. Rabins, M.D., M.P.H. Baltimore, Johns Hopkins University Press, 2009, 216 pp., \$55.00.

Once Phineas Gage in 1848 recovered from the horrific brain damage that resulted from a three-foot tamping iron being driven through his anterior lobes, his friends were known to remark that “Gage was no longer Gage.” A medical curiosity, Gage’s story is generally regarded as the first fully detailed example of personality change resulting from brain injury. But what did that statement mean? Should Gage have been considered to be the same person he once was? Or a different entity, having a different sense of self and a different “personhood”? Such questioning about the meaning of personal identity may seem foreign to psychiatric clinicians and a humanistic perspective, but the technical definition of what it means to be a person and to have a personal identity is central to modern philosophical discourse on morality and responsibility. This book is the result of a symposium organized by the Johns Hopkins Berman Institute of Bioethics that brought together three prominent philosophers (Marya Schechtman, Carol Rovane, and John Perry) and two neuroscientists (Michael Gazzaniga and Samuel Barondes) and asked them to consider four case studies in which personal identity was affected by biologic circumstance; the cases chosen included individuals with Alzheimer’s disease and frontotemporal dementia, steroid psychosis, and Parkinson’s disease treated with deep brain stimulation. The end result, perhaps more surprising to the editors than to the reader, is a relative lack of consensus on the key issues—on who is a person and who is not, on the value of empirical versus conceptual methods, on the importance of conscious versus unconscious motivation, and on the value of physical criteria in assessing psychological capacities. One is reminded of the toast “the Lowells speak only to the Cabots and the Cabots speak only to God”; whether philosophers or neuroscientists are more representative of Lowells or Cabots is a debatable point. The chapter “How Philosophers Think...” by Tumulty is the book’s most succinct synopsis of variant ap-

proaches to the key questions and their complications, esoteric issues of identity made real through analogies to Coke cans and genetically transformed enemies of James Bond in *Die Another Day*. There is general agreement in both camps that personal identity can be best characterized by an ability to express a self narrative that endorses the concept of “self” and that strives for consistency, rationality, and intentionality. But at the end of the day, the operational utility of this definition remains a dividing point. The editors suggest that philosophy and neuroscience can inform each other through knowledge that Alzheimer’s disease, being irreversible and occurring irrespective of personal choice, has a different effect on personal identity than a psychosis resulting from a personal choice to take steroids. It is unlikely that most psychiatrists would concur, but they may be stimulated by the questions posed.

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Principles and Practice of Child and Adolescent Forensic Mental Health, edited by Elissa P. Benedek, M.D., Peter Ash, M.D., and Charles L. Scott, M.D. Washington, D.C., American Psychiatric Publishing, Inc., 2010, 511 pp., \$125.00.

I agreed to review this updated and expanded classic for several reasons. I have used previous editions to make sure I did not overlook forensic issues prior to testifying as an expert. I have known the senior editor, Elissa Benedek, for many years and have used her writings to educate myself in matters of custody. I was curious and open to exploration of this revised edition of the 2003 Manfred S. Guttmacher Award-winning book. The title has changed slightly, and two of the editors and a number of the authors are new. This edition contains new chapters on 21st-century topics ranging from telepsychiatry to the Internet, and it updates and enlarges upon basic child and adolescent forensic mental health matters. The new chapters on special education and the chapters on youth violence are welcome and enlightening.

The book is dedicated to “the vulnerable children who face a complex system of justice.” To help those children in that system, one needs forensic experts who know how to conduct the necessary forensic evaluation, review and know the pertinent legal elements and avoid the legal mousetraps, cover the pertinent literature, and present the data in a manner most useful for the child and most helpful to the courts and mental health agencies. This authoritative sourcebook is a wonderful guide that will enlighten the novice and enhance the experts’ knowledge. All participating in child and adolescent forensic mental health matters will want this classic on their shelf for quick reviews and by their side for exploration of both new and familiar areas.

The book is divided into seven sections. Two are edited by Benedek, three by Ash, who is Director of Psychiatry and the Law at Emory University, and two by Scott, who is Chief of Psychiatry and the Law at University of California Davis. Each editor also contributes to several chapters. The sections are: Ba-

sics, Legal Regulation of Practice, Child Custody, Child Abuse, Youth Violence, Juvenile Offenders, and Civil Litigation.

The editing is superb. Each of the 33 chapters refers to other chapters when indicated. The writing is clear, informative, useful, and enjoyable. It is written by seasoned professionals who practice. Reading each chapter is like having a wonderful discussion with a favorite teacher. Textbooks may tend to put one to sleep, but not this one.

The "Key Points" at the end of the chapters are useful and reinforce learning by repetition. One of the key points in the new chapter on special education indicates the importance of the inclusion of that chapter in this book. The author states, "Education benefits greatly from the expertise of mental health professionals, but it is critical to understand the educational environment when working with school-age children and their families."

The case presentations at the beginning of chapters and the follow-up of the cases at the end of chapters challenge the reader to think through what might happen and then check their thinking against what actually happened. They also illustrate clinical points. In some chapters, I did find some advice with which I did not concur. For example, in a custody evaluation I disagree with sharing what one parent says about the other (p. 150). The author did not provide the rationale for that recommendation. For researchers, the book generates ideas about areas in desperate need of study. Overall, there are pearls galore clinically, legally, and ethically. The references alone will save one enough professional time to pay for this gem.

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Depersonalization: A New Look at a Neglected Syndrome, by Mauricio Sierra, M.D., Ph.D. New York, Cambridge University Press, 2009, 182 pp., \$90.00.

Depersonalization is a fascinating phenomenon that challenges assumptions regarding one's existence and identity. Depersonalization is an alteration in the perception or experience of the self, so that one feels detached from, or as an outside observer to one's mental processes or body, as if in a dream, or feeling unreal. In this scholarly book, Sierra pulls together recent research and relates it to 100 years of thinking about this puzzling condition. He also provides a scale in the appendix that serves as a very useful screening tool for depersonalization for clinicians and investigators.

While the book is subtitled *A New Look at a Neglected Syndrome*, I would suggest that there is quite a lot of interest in this syndrome at the current time. For example, the DSM-5 Work Group on Anxiety, Obsessive-Compulsive Spectrum, and Posttraumatic, and Dissociative Disorders is evaluating whether to group dissociative disorders such as depersonalization disorder within a broader grouping of posttraumatic and anxiety conditions.

The syndrome and its symptoms have been well described since the early 19th century, with extensive case series pub-

lished in the 1940s and 1950s, and again in another burst of interest in the 1990s and 2000s. However, throughout the years, the clinical presentations have been surprisingly similar with regard to signs and symptoms. Depersonalization disorder is certainly not rare, having a prevalence of about 1% of the population. It begins in the teens, may last for decades, and is remarkably refractory to most treatments.

Depersonalization is described by Sierra as lying along a spectrum of severity, from sporadic and fleeting experiences in youth, which are quite common (up to 70% of college students and 23% of the general population), to symptoms accompanying other comorbid conditions (such as anxiety or obsessive-compulsive disorder), and finally to the severe and disabling pathological depersonalization disorder. Of interest, Daphne Simeon and others have shown that emotional abuse in childhood may predispose to both the nonclinical and pathological forms of depersonalization.

Drug-induced flashbacks and "bad trips" leading to depersonalization disorder have been reported to be precipitated by cannabis, LSD, MDMA (Ecstasy), and ketamine, and are vividly described in the book. These experiences provide clues to the role of terror and loss of control, as well as neurotransmitter mechanisms that play a role in the development of the disorder.

The neurology of the disorder and cultural factors are also well described in the book. Western cultures with their greater emphasis on individualism are surprisingly associated with greater frequency of depersonalization. Of course, pharmacological and psychological approaches to treatment are described, but it is truly remarkable how resistant this disorder remains.

Of greatest interest is Sierra's fronto-limbic, neurobiological model of depersonalization, which posits that depersonalization is a response to deal with extreme anxiety by combining a state of increased alertness with a profound inhibition of the emotional response system by the prefrontal cortex. The prefrontal cortex down-regulates emotional processing of the limbic system, resulting in dampened sympathetic output and reduced emotional experiencing. This response has evolved to cope with life-threatening situations in which the individual does not have control over the situation and the source of danger cannot be localized in space. Inhibition of nonfunctional emotional reactions and the fight-or-flight mechanism, along with increased scanning of survival-relevant information, would be helpful from an evolutionary perspective.

This book provides a wealth of data regarding depersonalization. It attempts with some success to pull together threads from over a century of writings and integrate these observations with recent neurobiological investigations in order to develop a unifying model of the syndrome. It should be an absorbing read not only for scholars working in this field, but also for clinicians who treat patients with depersonalization, as well as keen observers of the human condition.

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