patient populations. All content of this chapter is devoted to the enhancement of the treatment relationship. The chapters on conflict of interest and interprofessional and intercollegial relationships are most informative. The discussion of diagnosis and treatment of the disruptive physician (another one of Gabbard's interests) is superb and includes specific recommendations about assessing fitness for duty. The penultimate and ultimate chapters of the book discuss training and educational issues, chiefly in terms of the power of the "hidden curriculum" (what teachers actually do and say as reflected in their behavior toward and about patients and colleagues and the potent effect it has on psychiatrists in training and their patients). The well-known intergenerational transmission of unprofessional behavior is detailed. Many educators are unaware of the traumatic deidealization of the student and resident when unprofessional behavior, such as verbal abuse, is practiced by their teachers and supervisors (2).

A popular photography magazine reviews camera equipment according to the following format: "What's hot, what's not, and who is this for?" First, this is the best "one-stop shopping" book published on professionalism in our field. It addresses nearly every substantive issue faced by the psychiatrist and resident. It is well written and integrates important points through the use of clinical vignettes. Unlike many books, this one utilizes tables and charts in an effective manner. Helpful key points are reviewed at the end of each chapter. Every topic is framed in terms of how attention to professionalism makes for better clinicians, who can therefore treat patients more empathically and thoughtfully. There are many scholarly books and chapters on diversity, for example, but the treatment of this topic in *Professionalism in Psychiatry* is always in the service of attending to building a more helpful treatment relationship. This book emphasizes prevention of ethical violations and professional misconduct and repeatedly speaks to the helpfulness of understanding countertransference. (Parenthetically, if there are arguments for retaining psychotherapy as a core clinical skill in psychiatry, this is undoubtedly one of them.) It strongly advocates lifelong learning and the use of consultation and supervision. Unfortunately, many residents do not avail themselves of consultation and supervision after graduation. Yes, medical student indebtedness may have some role in the reluctance to pay for supervision, but this is professionally shortsighted. It may cost nothing, except some time, to develop regular peer-group supervision after graduation. What's not "hot" about this book? There is little attention to the role of psychiatry in teaching ethics and professionalism to medical students. This is a significant issue because, after all, many of the effects of the hidden curriculum are first evident in medical school. I would have preferred much greater discussion on the destructiveness of physician sexual misconduct to the patient. The ubiquity of this problem in psychoanalytic institutes, hospitals, and the private practice of psychiatry is deplorable, and readers should understand that such behavior is "professional suicide" and career ending, and more critically, the damage to the patient is both dramatic and enduring. Boundary crossings and violations in supervisory relationships merit some explication as well.

Finally, who is this book for? This book should be required reading in every psychiatry residency program in this country and, for that matter, in other countries as well. Psychiatric hospital administrators, academic psychiatrists (remember the hidden curriculum), and nonacademic psychiatrists will also benefit from reading this book. *Professionalism in Psychiatry* addresses the fundamental ethical and professional topics required for program accreditation. Most importantly, however, attention to the issues in the book will enhance everyone's practice of psychiatry. The organizing principles of professional behavior defined as always being in the service of the patient and emphasis on the absolute need for vigilance about clinicians' motivation in the care of patients are reaffirming.

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Religious and Spiritual Issues in Psychiatric Diagnosis: A Research Agenda for DSM-V, *edited by John R. Peteet, M.D., Francis G. Lu, M.D., and William E. Narrow, M.D., M.P.H., Washington, DC, American Psychiatric Publishing, 2011, 297 pp., $67.00.*

There is increased recognition in clinical care and in research in psychiatry of the importance of religion and spirituality in our patients' lives (1). In addition, these factors may be relevant to caring for disaster survivors by enhancing posttraumatic resilience through religious and spiritual belief, understanding, and support (pp. 105–122). This book is a symposium, sponsored by the APA Corresponding Committee on Religion, Spirituality and Psychiatry to inform DSM-5, with contributions by other scholars (2). It recommends wording to improve the current DSM regarding "specific culture, age, and gender features" and "differential diagnosis" by including "the impact of religious/spiritual factors on phenomenology, differential diagnosis, course, outcome, and prognosis" (p. xviii) from early childhood through the end of life.

This is no easy topic. In the chapter titled "Mapping the Logical Geography of Delusion and Spiritual Experience," K.W.M. Fulford and John Z. Sadler explain with clarity the partial role of conflicting worldviews in the relationship between psychiatry and religion:

> The long-standing difficulties in the relationship between psychiatry and religion…come to a sharp focus in psychopathology. This is partly a matter of conflicting worldviews…. Psychiatry, as a discipline within scientific medicine, is at best uneasy with the received authority and revealed truths of religion. Conversely, many of those within religious and spiritual traditions are at best uneasy with the causal (hence deterministic) models of human ex-

> perience and behavior that underpin the sciences basic to psychiatry. These conflicting worldviews, in turn, carry different and sometimes contrary implications for treatment. One man's miracle is another man's medication, as it were, and the burden of deciding between them is carried, from the perspective of psychiatry at least, by psychopathology." (pp. 229–230)

While not primarily about conflicting worldviews, this book is an essential introduction to religious and spiritual issues as they relate to psychiatric diagnosis. Every resident and psychiatrist should be aware of these issues, demonstrate the clinical competency to address them, and receive continuing education in relevant topics pertaining to them. The close relationship to medical ethics is not a focus here. Psychiatric training and recertification will likely expand this core competency, informing clinical psychiatric practice.

In the chapter titled "Spirituality and Depression," Dan G. Blazer moves from newer definitions of depression focusing on sociocultural contributions toward the increasing rates of depression, the loss of the experience of meaning in life, and the rising contemporary hopelessness. He explains that "the prevailing view among psychiatrists is that people with depression may express their symptoms in terms of religion (depression is an underlying disease, and religion is merely the idiom or vocabulary in which patients express their symptoms)" (p. 11). He recommends that since "spirituality has been thought to be a key to the amelioration of depressive symptoms in many faith traditions,….[t]he clinician should carefully explore the spiritual context from which depressive symptoms emerge, the meaning of the symptoms to the patient, and the complex interplay of traditional psychiatric therapies with the potentially aggravating or nurturing characteristics of the spirituality of the patient" (pp. 17, 18). As an example, in a chapter titled "Substance Use Disorders and Spirituality," Marc Galanter and Linda Glickman write about the cultural factors involved in peyote rituals and the use of hallucinogens and raves, ayahuasca, ibogaine, cannabis, and betel nuts and make recommendations on how to recognize formal religious observances that may include ritualistic substance use in a controlled way, instead of identifying them as disorders. Of great interest are instruments to assess religion and spirituality, which are extending the empirical base. Among these are the Spiritual Involvement and Belief Scale, the Hood Mysticism Scale, the Spiritual Well-Being Scale, the Royal Free Interview for Religious and Spiritual Beliefs, the Hoge Intrinsic Religious Motivation Scale, and death anxiety scales.

While I disagreed with a few statements in the book (e.g., embracing mind-body dualism, probably deriving from Aristotle), that was rare. The divide between science and religion antedates the field of psychiatry and may be lessening. In Dan J. Stein's comment in the chapter by Gerit Glas, titled "Religious and Spiritual Issues in Anxiety and Adjustment Disorders," he highlights, quoting from the German, that in the human sciences there is a "long-standing tension between theories and methods focusing on *erklären* (explanation) versus those focusing on *verstehen* (understanding), between approaching humans as objects that must be detailed and accounted for, in terms of underlying mechanisms, and as subjects that must be described and accounted for, in terms of what is meaningful to them" (p. 102).

The book concludes with an appeal by Fulford and Sadler, who recommend value-based medicine (distinct from the more economically driven "value-based" care of Michael Porter) to complement evidence-based medicine. They view individual value judgments as integral to clinical judgment and illustrate this with examples of how differentiating between delusion and spiritual experience can vary based on clinical judgment. They seek to amend nosology using linguistic analysis of the levels and personal meanings of diagnostic concepts in order "to reinforce the nature of psychiatry as a discipline that is essentially person centered" (p. 253). They recommend the inclusion of philosophers in research grants on nosology in order to advance "higher-level psychopathological concepts" through philosophical fieldwork that may further clarify their meaning and (improve) the processes of psychiatric diagnosis, "appropriately in the particular circumstances presented by each individual person" (p. 253).

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