

author makes efforts to break away from the conventional organization of mental illnesses. He concentrates on introducing new concepts of regrouping the illnesses based on neurobiological aspects of the illness, such as aggression, antisocial behavior, and substance abuse. He also helps integrate this with the conventional grouping of disorders of the mentally ill as much as possible. The author proceeds to describe the different etiological theories regarding the groups of illnesses with as much accuracy as possible. He performs the delicate task of putting forth current knowledge available on the etiology of neurobiological illnesses such as attention deficit hyperactivity disorder without compromising the language and thus keeping it accessible to nonphysician clinicians. The sketches and diagrams no doubt play an important role in facilitating this process.

The strengths of the book include its clarity and the fact that it is easy to understand and is written in simple language with an addictive type of quality that may be found in a book of fiction. The author has taken pains to include historical detail on the different aspects of etiology and treatment for the chapters. The book is lacking in detail and may not be sufficient for the reader to understand the undoubtedly complex road map the brain uses. Nevertheless, it is a successful attempt to provide the reader with the “nuts and bolts” of normal and pathological human behavior.

Typographical errors and misspellings are rare, and the editing is of high quality. Overall the information in this book is well organized, covering the multiple aspects of neuroscience in psychiatry. It is suggested reading for trainees, psychiatrists, and clinicians working in behavioral health.

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The Self in Neuroscience and Psychiatry, edited by Tilo Kircher and Anthony David. New York, Cambridge University Press, 2003, 484 pp., \$140.00; \$53.00 (paper).

In this unique book, Kircher and David have managed to compile the most recent contributions to scientific approaches to understanding the self. The neuroscientific study of the self and self-consciousness is in its developmental stages. In this premiere edition addressing the scientific contribution to an understanding of the self, a brave team of authors focus on current models of self-consciousness in neurosciences and psychiatry. The team strives to excel in gathering contemporary constructs for understanding the self and models of self-consciousness arising from psychiatry and the neurosciences.

There are introductory essays describing the philosophical, historical, and psychological approaches, making this a uniquely comprehensive overview. The introduction presents the background of the concept of the self from the perspectives of philosophy, psychiatry, neuroscience, and the social sciences. The book continues with several chapters that look at neural correlates of self-awareness. The second chapter ends with the conclusion that “neuroscience, philosophy, and psychiatry execute their investigation from different perspectives,” each presenting the “truth,” relative to their certain point of view. In chapter 6, Philip Barnard provides a neat set of figures and illustrations giving an overview of the cognitive

systems architecture, followed by figures attempting to simplify “abnormal formation of meaning,” in understanding schizophrenia.

In chapter 10, Dr. Panksepp suggests an anatomical location for the “neural nature of the core self,” as the “neuronal densities and patterns in more caudal midline,” which are yet to be explored. The rest of the chapters in part 3 are clustered in titles exploring the disturbances of the self in schizophrenia from the perspectives of phenomenology (chapters 11 to 13), social psychology (chapters 14 to 16), and clinical neuroscience (chapters 17 to 22). In the final chapter, Kircher and David introduce a new model of the self, based on concepts of philosophy, the cognitive sciences, and the neurosciences, as well as the normal and the abnormal, by giving an overview of the current positions.

To a nonadvanced student or resident, this may feel like a bit dense. A good example would be the figures in chapter 6, requiring thoughtful absorption, beautifully compiled by Dr. Barnard, in an attempt to “outline the basic architecture of interacting cognitive subsystems.” Reading the essays, which complement each other, one begins to feel the integration of new knowledge that illuminates the complex issues surrounding the complex relationship between mind and body.

A wonderful addition to any library, this book will appeal to a wide audience of scientists, clinicians, and scholars concerned with the phenomenology and psychopathology of the self. This book is a must for the library of every science- or social-science-oriented college or university, neuroscience-oriented medical school, as well for all who are in the basic and clinical fields close to psychiatry. It will be useful for anyone who wishes to learn more about the concept of self, who is familiar with the basic neuroscience and psychology concepts that the book builds on. As a bonus, this book comes in an affordable paperback version as well.

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CROSS-CULTURAL PSYCHIATRY

Mental Health Global Policies and Human Rights, edited by Peter Morrall, Ph.D., M.Sc., B.A. (Hons), P.G.C.E., R.N., and Mike Hazelton, Ph.D., M.A., B.A., F.A.N.Z.C.M.H.N., R.N. London, Whurr Publishers (Abingdon, Oxfordshire, U.K., Taylor & Francis Group, distributor), 2004, 196 pp., \$38.95 (paper).

This well-written volume, resulting from the efforts of a distinguished group of authors, has a great deal of information about the history of mental health initiatives, the progress made in recent decades, the current conditions, and the possible future of mental health policies in 10 countries: the United Kingdom, United States, Australia, Italy, Egypt, India, Brazil, Russia, and Mozambique. Only one chapter is focused on a single theme, and the reader can immediately tell the opinion of the authors: “Mental Health Policy in China: The Persecution of Falun Gong.” This is also the only chapter with a clarification: “The views expressed in this article do not represent any group or association.” This chapter is not necessarily relevant to the rest of the book.

The editors state in the introduction,

Throughout both the developed and the developing regions of the world the treatment and care of the mentally disordered, the prevention of mental health problems, and the improvement of the mental health status of all citizens, have entered the political domain at national and international levels.

This is good, but by itself doesn't seem to solve any problems, or at least not now. Efforts for better mental health seem to have been on a roller coaster. Dr. Morrall, one of the editors, is also the author of the chapter on the United Kingdom. In describing the current situation, he uses such telling words as "overload," "opprobrium," "incoherence," and "terror." One fears that the sane policies "crucial to create calm from chaos" are not yet in the horizon.

Professor Smoyak, the psychiatric nurse who wrote the chapter on the United States, also sees many problems but is more optimistic. She sees a future in which knowledgeable consumers ally themselves with groups of professionals to advance best clinical practices.

In the midst of change, the United Kingdom and the United States seem stable when one reads about the extraordinary changes in mental health policies in Australia, Italy, Russia, and Brazil. Australia has had changes that have advanced consumerism but remain uncertain and related to fluctuations in national policies. All in all, "it is not clear that the life circumstances of mentally ill persons are changing for the better." The radical ideas of the late 1960s and early 1970s in Italy led to changes considered extreme and antipsychiatry by many; they included the effective destruction of hospital psychiatry and led to a reaction, a reform movement that started in the late 1970s and is still evolving. Russia has undergone profound political changes that may have had a minimal effect on the individual patient. "In the contemporary situation mental health policy is again being defined by the priorities of the state, with little opportunity for society or the individual to exert influence." Brazil is no doubt much more democratic, and is now evolving the way the United Kingdom and the United States did in decades past. One would hope that this evolution ends in better results than its predecessors. Mozambique is admittedly far behind, lacks financial and professional assets, and has a very long way to go. India and Egypt have long, rich, and distinguished histories of concern for the mentally ill. Their current progressive policies may lead to the problems other countries face.

One may conclude that the battle in favor of the mentally ill still rages in many countries, and the warriors who favor the well-being of the mentally ill may not be able to forecast a real victory as yet.

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Cultural Competence in Clinical Psychiatry, edited by Wen-Shing Tseng, M.D., and Jon Streltzer, M.D. Washington, D.C., American Psychiatric Publishing, 2004, 216 pp., \$39.00 (paper).

Increasingly, clinicians are working in multiethnic, multi-cultural settings, providing care for patients of diverse back-

grounds. As Dr. Tseng and Dr. Streltzer point out in this book, clinicians need to be culturally competent to be clinically competent. The editors' primary intention is to foster cultural competence by addressing theoretical and conceptual issues but with an emphasis on clinical applications. The unique aspect of this book is the examination of cultural issues as applied to the practice of subfields of psychiatry rather than an analysis organized by different ethnic groups. The result is an insightful, scholarly work written by academic psychiatrists with a wealth of clinical experience in treating patients from different ethnic groups.

An introductory chapter presents general issues associated with cultural competence in assessing and treating patients. Subsequent chapters address how cultural factors may be considered when providing culturally competent psychiatric care in different clinical settings (inpatient, outpatient, emergency, and consultation-liaison), across subspecialties (child/adolescent, geriatric, addiction, and forensic), and using different modes of psychiatric care (pharmacotherapy and psychotherapy). This approach lends itself to use by busy psychiatric practitioners by allowing them to focus on their areas of greatest interest. Moreover, the authors' clarity and minimal technical language invite allied mental health professionals as an additional audience.

The book's conceptual framework is anchored to the cultural formulation provided in DSM-IV-TR, which, in turn, borrows heavily from anthropology. A unifying theme throughout the book is the authors' contention that in the medical setting three cultures are present: the culture of the patient, the culture of the physician, and the culture of the medical setting itself. The dynamic interplay of these cultural perspectives is discussed in each chapter, with relevant case vignettes provided to illustrate the main points and suggestions for clinical practice listed at the end of each chapter. Two contributions that stand out as excellent reviews of their respective topics are Joseph Westermeyer's chapter on culture and addiction psychiatry and Keh-Ming Lin's chapter on culture and drug therapy.

Although this book is both practical and innovative, a few limitations should be noted. For instance, despite its stated aim not to examine different ethnic groups, the preponderance of case vignettes are drawn from the Asian population (probably because all but two of the 13 contributors are based at the University of Hawaii School of Medicine or are of Asian heritage), leaving the reader uncertain as to whether the principles and issues discussed really do generalize across groups. In addition, a general definition of culture is used by the authors as a framework within which to assess the different ethnic-racial cultural groups. This might not be sufficient for practitioners working in urban areas who are treating members of diverse ethnic groups exhibiting different stages of acculturation and assimilation, often occurring within one couple or family. In some cases, culture may mask an underlying pathology, and, conversely, psychopathology at times may mask cultural issues. In still other cases, such as a depressed-appearing man who is actually suffering from tuberculosis, the cultural and psychopathological issues may not play a central role.

Finally, in the authors' discussion of the three cultures that should be incorporated into the case formulation, the authors omitted a key cultural component; namely, DSM-IV-TR. In