Spiegel and colleagues' early groundbreaking research, which raised the possibility that psychotherapeutic group interventions may affect survival time as well as quality of life. Subsequent research has been mixed in this regard, but the authors cite a recent trial's finding that among 227 women with primary breast cancer, those randomly assigned to a 1-year program of training in active coping, communication skills, and symptom management had significantly lower rates of relapse and mortality at 11-year follow-up.

Countertransference is discussed by Vachon and Muller in their chapter on burnout in staff working in palliative care, as well as by Stuber and Bursch in their chapter on psychiatric care of the terminally ill child, and it is also covered in Kissane's chapter, which included coauthorship by the two coeditors. It would probably be quite worthwhile if the editors in future editions could coax more discussion of how the experienced contributors to this book handle their personal reactions to working in this field.

However, do not wait for the next edition, as this book should be currently in the hands of anyone who does work in consultation-liaison psychiatry or any aspect of palliative care. You may be able to Google some of the factual material contained here, but you can never find the empathic, in-depth presentations and discussion on the Internet that are packed into the 592 pages of this book.

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Stress-Induced and Fear Circuitry Disorders: Advancing the Research Agenda for DSM-V, *edited by Gavin Andrews, M.D., Dennis S. Charney, M.D., Paul J. Sirovatka, M.S., and Darrel A. Regier, M.D., M.P.H. Washington, D.C., American Psychiatric Publishing, Inc., 2009, 330 pp., $60.00.*

This book is an outgrowth of discussions by members of the APA Pathophysiology Workgroup, who were convened to update DSM to its newest iteration, DSM-V. A subgroup of 26 international experts from the larger workgroup embraced the daunting task of exploring the link between diagnostic classification and etiology across a subgroup of four anxiety disorders for which stress or fear was thought to be a contributory factor: posttraumatic stress disorder (PTSD), panic disorder, social phobia, and simple phobia. The various chapters, written by the discussants of the Stress-Induced and Fear Circuitry Disorders Workgroup, which met in the spring of 2005, provide the interested reader with an insider's view of the contemporary arguments for classification that will be the basis of decisions for DSM-V.

The book is divided into three major sections. The first section, four chapters long, is a review of the scientific evidence in support of each of the four diagnostic classifications. Although the workgroup met in 2005, the contributing authors include references from as recent as 2008. The chapters include a discussion not only of the diagnostic construct but also of conceptual limitations, research gaps, and salient directions for future research; thus the reader is brought up to date on the current state of the art. The information provided is of value both to trainees who wish to familiarize themselves with the scientific rationale for the diagnostic classification and to experienced clinicians or researchers who wish to consolidate their knowledge base.

The second section of the book, which includes only two chapters, is the most conceptually rich. Its primary focus is on exploring evidence for the continuity of these four disorders across the lifespan (chapter 5), as well as discussing evidence that these disorders form a cohesive and distinct group (chapter 6). Each chapter in its own way demonstrates the limits of the research currently available, and each flags key concepts to be considered in future research. Ultimately, the authors of chapter 6 (Fyer and Brown) conclude that "the DSM anxiety categories do not map neatly onto simple, consistent, and distinct etiological pathways" and that "given this complexity and our current extremely incomplete stage of knowledge, we are unlikely, at this point in time, to define a significantly 'truer' anxiety nosology." They also note that "plans to make major modifications in the classification should probably be undertaken with some degree of caution."

The final section of the book covers an array of special topics likely to include something of interest to most readers, followed by a chapter of concluding remarks. The topics, all related to the anxiety disorders under discussion, range across subject areas as diverse as genetics, neuroimaging, cognition, neurochemical markers, psychosocial factors, and anxiety in ethnic minorities. The most integrative among these is chapter 12, on neuroimaging. The authors, who undertake a systematic discussion of the fear neurocircuitry and a disorder-specific review of imaging studies, integrate these for the reader, discussing commonalities and specificities across the disorders, as well as limitations in imaging studies so far completed, further mapping out an agenda for future research.

In sum, *Stress-Induced and Fear Circuitry Disorders* provides readers with an enhanced understanding of the four possibly etiologically related disorders PTSD, panic disorder, social phobia, and simple phobia. Whether read as a whole or piecemeal with a focus on chapters of interest, this book should be appreciated by a wide audience.

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Treating the "Untreatable": Healing in the Realms of Madness, *by Ira Steinman, M.D. London, Karnac Books, 2009, 240 pp., $35.00.*

There are many roads to recovery, I grant you that. But some have been shown to have a far greater likelihood of success than others; we call those evidence-based practices. For example, we know with confidence that the use of medication for people with schizophrenia reduces the risk of hospitalization fivefold, and that a comprehensive treatment of medica-

tion, family psychoeducation, case management, skill building, and problem-solving approaches reduces 1-year relapse rates from near certain to 14%. If my family member were ill, I would sure want to reduce the risks. Isn't all health care about reducing risks?

But not Dr. Steinman, I guess. His approach, presented through 12 case studies of individuals he treated over a long career, instead holds that psychodynamic therapy, provided multiple times per week over the course of years, is an effective treatment for "the most disturbed and psychotic patients" (p. xiii). He proposes that what these individuals need is "a working through of underlying psychological issues and emotions that have been warded off" (p. xiv). But he does not stop there; in fact, he claims that we in psychiatry have "lost our way…following psychiatric department chairmen who emphasise the 'scientific' approach" (pp. 187–188). On a roll, he adds that psychiatry has "adopted a cult-like attitude to the benefits of antipsychotic medications and supportive psychotherapy," which includes cognitive therapies in his lexicon of treatments.

The cases themselves are an admixture of troubled individuals experiencing psychotic, dissociative, and mood disorders, which he seems to blend together as if they were all the same and thus amenable to his singular form of treatment. The author has a tendency to accept whatever the patient says as fact (as if memory, even childhood memory, were invariably accurately reported) and to blame parents for the ills of their children. Whenever a patient does better, he attributes their success to his work, even though that same person may have left a long-stay hospital for the community or had time to recover from what appeared to be a psychosis fostered by the use of "psychedelic" drugs.

I am all for talking with patients, and some of the case material is nicely framed examples of how we all resort to defensive psychological maneuvers to avoid emotional pain and conflict, but where has Dr. Steinman been? Donald Winnicott and the object relations school of dynamic therapy of psychoses have not stood the test of time (nor have they achieved any more than anecdotal support). The author need not create dialectic between handholding and intensive dynamic therapy; after all, we have learned some things since the 1930s. No wonder he says, "I am left with a question…why did these patients not get appropriate treatment?" If he read the Surgeon General's report on mental health, he would know something about the "science to practice gap" that bedevils medicine, including psychiatry, and would be considering ways to improve access and provide effective treatments to people in need, rather than proposing an intervention that at best should be coupled with the interventions we know to work, and at worst can itself produce regression, more years of dysfunction, and tragically missed opportunities to have a life.

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