

of people who might self-identify as depressed and therefore seek treatment. This trend has intensified since the advent of direct-to-consumer pharmaceutical advertising and web-based medical information sources. Emmons' analysis of ad content reveals that most highlight symptoms that are commonly experienced as a part of everyday life. The self-diagnosis encouraged by such ads as well as by symptom checklists on websites and in magazines is usually followed by the command, "Talk to your doctor about (name of antidepressant)." This can powerfully shape the clinician-patient encounter, constricting the dialogue to a more narrowly defined discourse (symptom list) and solution (medication). A narrow conceptualization of depression as solely caused by a neurotransmitter imbalance and cured by antidepressants is further underscored by popular metaphors (e.g., medication as a key that fits into a lock) and stories.

In addition to the influence of rhetoric on illness perceptions and behavior, Emmons points out the ways in which discourse about depression defines what a nondepressed "normal" person is supposed to be like. For example, when a brochure from the National Institute of Mental Health defines people with dysthymia as "lacking in zest and enthusiasm for life," this implies that people should strive for zest and enthusiasm, perhaps taking medication to achieve this. Emmons contends that rhetoric about depression is especially influential in reinforcing gender roles. For example, depression is frequently portrayed as intrinsic to the *self* of a woman, but more often portrayed as a physical experience for a man. Further, public discourse about depression often suggests that it is a depressed woman's responsibility to seek treatment so that she can perform her caretaking duties, while men with depression are more often portrayed as being taken care of by wives or others.

Emmons calls for a return of curiosity so that both depression sufferers and clinicians can go beyond the constraints of contemporary discourse when their experiences do not fit narrow definitions. She recommends rhetorical competency, a discerning awareness of the influence of rhetoric on self-definition and perception. Such awareness seems especially important now as we collectively and publicly debate about the words that will become ensconced in DSM-5. Controversies about diagnostic terms in DSM-5 stem mostly from competing rhetorical agendas. Should we choose terms that reduce stigma? Favor labels that raise the importance of psychiatry because they sound more technical (1)? If we do, how will that affect people's self-images, perceptions, behaviors, and clinical experiences?

You may not approve of everything you find in *Black Dogs and Blue Words*. Emmons herself uses rhetoric strategically, often citing conclusions before evidence and basing her assertions on selective data. Yet if reading this book helps us think more carefully about the rhetorical tug of the words we encounter as well as the words we choose in speaking about depression, it is well worth it.

## Reference

1. Schatzberg AF: Restoring pride in our profession. *Psychiatr News*, May 21, 2010, p 3

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***Eating Disorders: A Guide to Medical Care and Complications, 2nd Edition***, by Philip S. Mehler and Arnold E. Andersen. Baltimore, Johns Hopkins University Press, 2010, 288 pp., \$30.00.

The medical management of patients with eating disorders is often minimized or overlooked by patients themselves, families, and even sometimes caretakers. This book is a valuable antidote to such minimization. In this second edition, the authors, a psychiatrist and internist who are experts in the management and treatment of eating disorders, decided to write the book themselves rather than having different authors for each chapter, as was the case in the first edition. This makes the book more cohesive and an easier read.

The chapters are usually short, and each begins with a list of common questions pertinent to the topic, followed by one or two case examples and expert discussion of the topic. The chapters cover the entire range of issues encountered in the management of eating disorders, with a particular emphasis on severe anorexia nervosa. Especially valuable are the chapters on the diagnosis and treatment of eating disorders in primary care as well as on the team treatment approach and the multiple chapters on the medical complications of eating disorders and their management. The discussions of the topics are up-to-date, and one cannot take issue with the advice given on diagnosis and management.

Among the more unusual chapters rarely covered in other books is one on the therapeutic use of the physical examination and laboratory results. This chapter makes the point that when carefully done, with results presented in understandable ways and letting the patient see the original reports, this approach may help to break down the denial that eating disorder patients so often exhibit.

Ethical conflicts encountered in the treatment of anorexia nervosa are also carefully discussed. The authors suggest that four principles underlie the care of the patient with anorexia nervosa: 1) respect for autonomy; 2) nonmaleficence (do no harm); 3) beneficence (doing what is best for patients, even without their consent); and 4) justice (balancing individual and social costs, benefits, and risks). The authors take issue with the "passive agreement to no treatment" that has been discussed in both Europe and the United States in the context of drawing similarities between untreatable cancer and severe anorexia nervosa resistant to treatment. When should the physician opt for no further treatment?

In the same chapter, the authors also point out that all too few residency programs teach evidence-based psychotherapies, such as cognitive-behavioral therapy, for the eating disorders. This is a point that might be more belabored given the fact that it may be unethical not to at least inform the patient about the evidence-based treatments that exist for their disorder.

The only limitation of this book is that it reflects the somewhat distorted view, widely shared by the profession and the public, that anorexia nervosa is an adult disorder characterized by a skeletal appearance. Yet the majority of cases of anorexia nervosa first occur in adolescence, and a chapter or two on the medical approach to adolescents with eating disorders would have nicely rounded out this otherwise excellent volume.

Overall then, this book should be useful to anyone who encounters eating disorders in their professions, whether they be physicians, psychologists, school counselors, or athletic coaches. It is particularly useful for the primary care physician or for physicians and psychologists who are a regular part of a team treating severe cases of anorexia nervosa.

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## Corrections

The authors of the December 2009 article “A Randomized Trial of Dialectical Behavior Therapy Versus General Psychiatric Management for Borderline Personality Disorder” (published online September 15, 2009; doi: 10.1176/appi.ajp.2009.09010039) discovered some errors in their baseline data following an audit of their database while completing follow-up analyses. This resulted in data discrepant from the original data presented in Table 2. A new Table 2 has been prepared and was posted online along with a correction notice on Sept. 14, 2010. The changes were minor and did not result in any substantive changes to the data nor did they change the results.

The article metadata deposited into PubMed for “Association Between a High-Risk Autism Locus on 5p14 and Social Communication Spectrum Phenotypes in the General Population” by Beate St. Pourcain, Ph.D., et al. (published online July 15, 2010; doi: 10.1176/appi.ajp.2010.09121789) had author names tagged incorrectly such that part of the last author's surname was removed and replaced with a middle initial. The final author should be listed as “Davey Smith G” in citations. This article will be appearing in the November 2010 print issue of the Journal and the online version of the article posted as part of the issue will be deposited with PubMed to update the version from July 15, 2010.