

Book Reviews

Integrated Treatment for Mood and Substance Use Disorders, edited by J. J. Westermeyer, R. D. Weiss, D. M. Ziedonis, The Johns Hopkins University Press, Baltimore; 2003; \$39.95 (hardcover), 199 pp.

As much as clinicians, and especially substance abuse counselors, would like to specialize in treating patients with only a single disorder, this is a naïve belief that discounts how often patients have more than one problem. Specifically, many patients with substance abuse disorders also have mood and anxiety disorders, and vice versa. This short and well-written book, composed by clinicians, many of whom also conduct alcohol treatment research, focuses on the evaluation and treatment of patients with substance abuse who also have mood disorders. Its intended audience is the wide range of practitioners who may come in contact with these difficult to treat patients, including substance abuse counselors, social workers, psychologists, physicians and clergy.

The editors are well-published senior researchers in the field of alcoholism and have enlisted 11 other authors to join them in writing this eight-chapter monograph. Three chapters are devoted to understanding the problem of co-occurring mood and substance abuse disorders. Two chapters address the integrated treatment of these dual diagnosed patients, including psychotherapy and medication therapy. The final two chapters each attend to treatment non-responders and tobacco dependence in treatment of these patients.

The chapters are coherent within themselves and there is limited overlap or repetition of material despite many authors contributing on a fairly narrow topic. Although the book is not intended for researchers in the field of alcoholism or dual-diagnosis, it is scholarly and refrains from pedantry or simplifying what remains a complex and unresolved issue. The authors present the state of understanding and acknowledge that cause and effect of drinking and mood disorders may be bi-directional and multi-determined. Chapter two, *Understanding the Problem of Co-occurring Mood and Substance Use Disorders*, does a particularly good job in highlighting and explaining what is known regarding three common hypotheses: 1) Affective illness initiate substance dependence; 2) Substance dependence initiate affective illness and 3) Affective and substance use disorders share a risk factor. The chapter highlights how the research is more clear with depressive disorders than it is with bipolar disorders. For example, most patients with

severe depressive disorders do not increase drinking when depressed and there is little evidence to support the common claim that people drink to “self-medicate” depression. However, the chapter also shows how frequently bipolar disorder is interrelated with substance use, and that even though many patients begin using substances before the onset of bipolar disorder, in a significant subset of patients substance dependence follows the mood disorder, and therefore the mood disorder may have initiated the substance abuse disorder. Finally, causality is not necessarily evoked even though the two are commonly associated with each other.

Throughout the text case examples are used to help provide a clinical grounding to understand the information in the text. There are some particularly relevant case examples in the chapter titled *Assessment of Mood and Substance Use Disorders*. Seven cases are provided that help elucidate the interaction and the complexity of assessing the two diagnoses in the same individual. The authors are objective in their approach and not dogmatic regarding the primacy of mood or substance abuse in understanding the clinical problems presented by the patients. The chapter stresses longitudinal history, use of family members for history, and how to evaluate the history and symptoms of the two disorders over time. In another chapter, dual recovery is discussed. This chapter highlights in straightforward terms how to engage these patients in substance abuse treatment and how treatment may need to be modified for patients with mood disorders. The chapter emphasizes motivational treatment and matching treatment with patient level of functioning and awareness of illness, stressing the importance of tailoring treatment to the individual rather than engaging in power struggles.

The book is occasionally redundant, though the chapters generally provide independent information, and the chapters stand alone well. For a book intended for clinicians there are perhaps too many references that sometimes clutter the reading. As the authors suggest, the book would be well suited to a wide range of clinicians involved in the treatment of patients with substance abuse. The book would also be good for psychiatry residents who frequently grapple with the problems of mood and substance abuse disorders.

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Practical Management of Personality Disorder, by W. J. Livesley, The Guilford Press, New York; 2003; \$48.00 (hard cover), 420 + xii pp.

Clinicians of a certain age were reared believing in the futility of treating personality disorder (PD). Of course, the faith of one's youth is always hard to exorcise, especially when so contentious an issue as, say, borderline personality disorder is at issue. That's what renders valuable a book such as Livesley's *Practical Management of Personality Disorder*, which for novices and experts alike could serve as, yes, a bible. Before you read further, be fully informed: a number of my own titles are under the imprint of the publisher, Guilford. However, I truly believe (and I use the phrase advisedly) that I'd have liked this book as much, absent any such relationship.

Livesley's overall definition of PD is "the failure to achieve adaptive solutions to life tasks," and his approach to diagnosis isn't straight DSM-IV. As he points out, those criteria do not include a rationale for selection, and the categorical approach to Axis II disorders doesn't adequately discriminate personality disorder from maladaptive traits. Rather, he advocates a dimensional approach that describes patients in terms of four well-validated factors: emotional dysregulation, inhibitedness, dissocial behavior, and compulsivity. Sixteen traits define these four patterns; Livesley uses them, as well as DSM-IV, to characterize the many patients presented in the course of this volume. Hence Peter's "DSM-IV diagnosis was schizoid personality disorder, and [his] dimensional assessment revealed an inhibited pattern with high levels of restricted expression, intimacy problems, and social avoidance."

Livesley asserts that the definition of adaptive failure identifies fewer patients than do the DSM-IV criteria (and a good thing, too), and he believes that PD shouldn't be diagnosed with schizophrenia or cognitive disorder. He also cautions against diagnosing PD when, for example, a patient is not making adequate progress. It put me in mind of some other warnings: don't let your feelings about a person (patient or otherwise) affect your PD diagnosis; never diagnose a famous individual you haven't examined personally.

This is more than a theoretical book: you'll find plenty of solid, practical advice. In discussing validation, the author shows how to avoid *invalidation*. He discusses the establishment of the treatment contract, strategies (such as substitution and self-soothing) for decreasing self harm, and general mechanisms for modifying trait expression. As you have guessed, behaviorism plays a big role in Livesley's universe. He approvingly quotes Benjamin, who noted, "The hardest part of treating personality disorder is helping the patient collaborate against it."

In the early chapters, which include a framework for understanding normal and disordered personality, origins of personality disorder, the process of change, and assessment, he highlights more than a dozen basic principles of therapy. Example: "The goal of treatment is to help individuals to adapt to their basic personality traits and express them more constructively . . ." This is the sort of advice I like to copy down in a list so I can refer to it again and again, until it becomes second nature when I need it. Affective traits are among the least stable, so they deserve early focus in the attempt to ensure the greatest symptom relief in the shortest period of time. These early sections of the book would have benefited from some additional case examples; I think that readers need concrete grounding to reify the theoretical constructs being presented. However, the balance of the book discusses general strategies and recommendations for treating specific aspects, using many examples taken from, I assume, actual patients. These are clearly written and illustrate their stated points in a manner that is at once interesting and instructive.

Livesley advocates empathy and therapist activity in effecting change, the four stages of which include recognition, exploration, acquisition of alternatives, and consolidation and generalization. Throughout, the discussions are data-based and often dense with references. This is not just a cookbook, and it is sometimes not an easy read. Livesley gets you in a half-Nelson and makes you understand the theory of personality. Be advised that his methods are complicated and detailed; even with a text as carefully drawn as this one, you might not teach yourself his method. At least for the initial, more theoretical portions, it seems better suited for classroom use and discussion.

I do have one complaint: While acknowledging that an initial assessment may require two or three interviews, nowhere does Livesley discuss the importance of third party information. Even for patients with borderline personality disorder, presumably even for someone with antisocial personality disorder, he would prescribe and conduct treatment based solely on the patient's own report. Many clinicians consider such material vital; others feel it is intrusive. Regardless of which camp you pitch your tent in, the subject is both interesting and important. Yet, the issue of collateral information from family, medical records, and other sources is neither indexed nor, as best I can tell, mentioned.

That cavil aside, I give this book my highest recommendation. It will be a real eye-opener for skeptical therapists whose icon has always been Jude Thaddeus, the patron saint of lost causes.

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Treatment and Rehabilitation of Severe Mental Illness, by William D. Spaulding, Mary E. Sullivan and Jeffrey S. Poland, Guilford Publications, New York; 2003; \$ 45, 386 pp.

This book is highly ambitious in its aim, which is to present and justify a comprehensive, integrated approach to all treatment for people with disabling, or as some would call it, severe, mental illness. As part of this process, the authors espouse a paradigm shift in the basic conceptualization of severe mental illness. They assert that psychodynamic and medical (defined here primarily as Kraepelinian and neo-Kraepelinian diagnostic systems) are “passing away” and that a new perspective based in biosystems theory is replacing them. As such, there is some attempt to create a “unified field theory” of both mental illness and its treatment, with treatment in the authors’ sense being primarily rehabilitative in nature. The authors use the term “mental health industry” frequently, and they cite authors such as Peter Breggin and his book, *Toxic Psychiatry*, as proving some of their points, both of which may give the reader some idea of their overall theoretical framework.

While I would not suggest we hold a funeral for the *Diagnostic and Statistical Manual* and most of the rest of mainstream psychiatry just yet, I must also hasten to add that neither is this a book to be discarded lightly. The authors’ criticisms of the current diagnostic system are important and of concern to most of us—that diagnosis of the mental disorder in and of itself does not define functional disability, other than to say that it is sufficient to “qualify” for the diagnosis, and that diagnosis alone does not inform us adequately as to what treatment(s) will succeed with a given patient.

The book’s first section, consisting of three chapters, deals with the key concepts in understanding disabling mental illness and its treatment as the authors see them. In brief and oversimplified form, the perspective offered is the adoption of an integrated paradigm with five levels of diagnostic analysis, which are listed as “neuro-physiological”, “neuro-cognitive”, “socio-cognitive”, “socio-behavioral”, and “socio-environmental.” The treatment team, which includes “all” stakeholders—the patient (the authors seem to prefer “client”), involved family members, friends, colleagues, and others as appropriate, as well as the involved clinicians—then prioritizes the problems presented in these differing arenas of systems functioning, based on which would most likely get in the way of solutions to the others, as well as which are most amenable to improvement and most likely to make a significant difference to the client and other environmental stakeholders. Interventions are then devised which will be clear and repeatedly measurable, specific, and not mutually exclusive or problematic in their interactions with each other.

Assessment and treatment, defined by the five areas of diagnostic analysis listed above, are reviewed intensively in the second and longest portion of the book, with seven chapters devoted to discussions of studies that support the inclusion of each perspective, as well as chapters on the associated treatment(s) available. These chapters are quite meaty and may require re-reading to firmly grasp and assess all of the authors’ points.

The final two chapters deal with organizational context, including how the team chooses among competing issues, adherence to the model, and how administration of such a program is best accomplished. In the interest of brevity, I will simply say that these very important chapters deal effectively with some highly pragmatic issues regarding the initiation and on-going support of the system described.

There are two appendices. The first deals with a prototypic set of problems for people with severe mental illness, including in-depth definitions that are quite helpful in understanding the authors’ concepts of problems. The second deals with documentation of both the rehabilitation plan and the progress made by the client. There is also a 26 page listing of references toward the end of the book, as well as an index to key words and concepts.

The rehabilitative concepts, the explication of the science behind them, and the attempt to offer creative suggestions to rectify shortcomings within the current “usual treatment” system by the authors is both admirable and well thought out. I noted above what I saw as subtle attacks on the “medical model”, but that is not uncommon in books based on team approaches, in my experience. This book will probably be most helpful to clinicians who work in a community or team-based setting, as it would be difficult, if not impossible, for the average private practitioner to put together such a system.

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August Wimmer: Psychogenic psychoses, edited and translated by Johan Schioldann, Adelaide Academic Press, Adelaide; 2003; \$ 50 (about \$ 35 US), 265 pp.

Although you suspect you could be in for a rough ride when two of the four back-cover blurbs are written by dead people, I can think of several reasons to read a text that is 87 years old. One is to learn the context that has spawned an important concept. Another is to know what a giant in the history of your specialty said about a particular subject. A third could be just the sheer pleasure of reading a beautifully rendered piece of literature. I am sorry to report that none of these reasons strongly applies in the case of *Psychogenic Psychoses* by August Wimmer. However, you

could yet profit from time spent with this volume. I'll get to that later on, but first, the kvetching and moaning.

August Wimmer was a Danish psychiatrist who flourished early in the 20th Century. He didn't much care for the term schizophrenia, and, like many of his French and German contemporaries, he expended much time and effort trying to demonstrate the existence of a third psychosis that was neither schizophrenia nor manic-depressive disease. *Psychogenic Psychoses*, his magnum opus on the subject, was never translated from Danish into a major language, as both back-cover testimonials from the grave lament. Although the work has now been rendered into English, it is not fully idiomatic—Schioldann has left Wimmer's ornate and rather off-putting style intact, the better, he alleges in his preface, "not to lose too many of the finer details and nuances of his impressively comprehensive and information-packed exposition." Here is an information-packed taste: "Although I must distance myself from the views according to which most of the chronic alcohol psychoses with paranoid features are forms of dementia praecox, manic-depressive psychosis, epilepsy etc., I am of the opinion, though, as already stated in my treatise from 1902 [Evolutive Paranoia] and consistent with French authors (Magnan, Legrain and others), that alcohol in the occurrence of certain atypical conditions of paranoia probably only plays a role as an 'appoint' enhancing the psychogenic predisposition and weakening the patient's general intelligence and judgement [sic] such that he more easily falls victim to psychogenic delusions and the further effect of these on the consciousness meets less resistance, respectively."

Besides accomodating to the broad understanding of "psychopath" common in works of that era, you must also work your way around certain terms no longer in common usage (if indeed they ever were): furibund, pathemata, clastomania, mythomania, apsychnomenous are but a few examples. Sexual references are sometimes clothed in a circumlocutory fig leaf: "One of my patients . . . in the company of two ladies had a self-pollution, which to a high degree brings him into affect, particularly as a strong feeling of shame." Wimmer frequently employs that unhappy locution "etc.," which invariably subtracts more than it can ever add to a description. Many of the supportive quotations, some a paragraph long, have been left untouched by the translator's pen. Thus, the full sense of some passages requires a familiarity with French, German, Latin, and even a little Greek that some readers might lack. Some of the nearly 500 footnotes, which can run nearly half a page long, are entirely in French. Others contain multiple references or make liberal use of the dread "op cit."—Latin for, "you're gonna look a long time for *this* reference!"

The larger problem is with the concept of psychogenesis itself. There is a decades-long international argument about just what is meant and how it should be short-handed. The term "reactive psychosis" has its adherents, and by it is

apparently meant essentially that which Wimmer intended. However, defining "psychic traumata" and getting clinicians to agree about cause and effect is precisely the stimulus that created DSM-IV's polythetic criteria sets. If you read carefully through the case material (well-described and a high point of Wimmer's text), you find many examples where the symptoms were neither psychotic nor, to my reading, inarguably psychogenic (or reactive). The majority are young women; many have mood disorders that we would call major depression or, in some cases, bipolar manias. The exclusive reliance on anecdotal material and lack of any real scientific method, though about par for its time, leaves one fairly panting for a Chi-square.

That brings us to what I consider the best part of this book. The extended (50+ page) introductory essay on psychogenic psychoses by Johan Schioldann relates its history in rich detail, including many of the criticisms such as Eliot Slater's famous epithet, "a delusion and a snare." An extensive follow-up of some of Wimmer's later case material by Faergeman found that the original diagnosis of psychogenic psychosis could be sustained only about half the time. Prominent in the evidence favoring the concept is the monograph and other publications by Michael McCabe, my friend and colleague who, encouraged by George Winokur, learned Danish and spent a year in Aarhus with Strömngren. He found enough differences in family history and symptoms to warrant, in his opinion, a third diagnosis. One wonders whether reactive psychosis might have gained greater currency had Mike not suffered a tragic bicycling accident in Iowa City, just as his career was taking off.

There are a few studies that suggest the presence of a still ill-defined third psychosis. If it does exist, clearly many careful studies will be needed to tease it out. I'm afraid that Wimmer's book, while lovingly and meticulously produced (I found not a single typo and only the one misspelling), won't likely provide the stimulus for this effort.

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Behavioral Neurology, fourth edition, by Pincus J. H. and Tucker G. J., Oxford, New York; 2003; \$ 60, 276 pp.

Ask anyone who's ever written a nonfiction book: Have you thought about a second edition? The answer will be, always—trust me—"Yes." So, when a monograph attains the rarified status of edition 4, readers should take notice. Someone is doing something right. On the other hand, a reviewer wants to know why 18 years elapsed since the third edition.

I'm afraid that, without interviewing the authors, we won't get much information about this issue. The manifold changes in both psychiatry and neurology in the past two

decades surely would have warranted at least one intervening update. Perhaps they had other irons in the fire. But to get a sense of what's right, let's take a look under the hood of the present edition.

The third and fourth editions are roughly the same length, and each has just a few chapters, the topics of which haven't changed much over the years, though the contents are completely updated and revised. The organizing principle is to combine psychiatry and neurology in a way you won't find in the usual textbook. Hence the chapter titles (though the range of subjects they cover is about the same, most titles have changed from 1985), with a partial list of their contents:

"Epilepsy and Behavior" includes pseudoseizures, psychosis, mood disorders, anxiety disorders, sexual behavior, personality disturbance, violence, and episodic dyscontrol.

"Violence and Neurobiology" addresses antisocial personality disorder, violence as a complex psycho-social-biologic interaction, and sociological aspects of violence.

"Schizophrenia" includes changing diagnostic criteria, schizoaffective disorder, personality disorders and schizophrenia, course and natural history, differential diagnosis, and the biologic basis of psychosis.

"Disorders of Cognitive Function" covers, among other issues, depression in dementia and cognitive syndromes in childhood.

"Movement, Mood, and Obsessive-compulsive Disorders", a rather diverse grouping, presents a great deal of information about Parkinson's disease, but also touches on drug-induced movement disorders, dystonia, chorea, and mood disorders.

Each of the foregoing chapters should prove useful to mental health clinicians. However, it is the final two chapters that are likely to interest psychiatrists the most. Chapter 6, "Distinguishing Neurological from Psychiatric Symptoms", is considerably expanded from the previous edition. It discusses various forms of headache; the section on discriminating conversion symptoms from their physiological counterparts contains clinical pearls not readily found elsewhere. However, the discussion of somatization disorder, though much-needed, is far too brief. It should be written by a clinician who was raised in the church, rather than someone who has just learned a few of the hymns. A section on conversion disorder presents the 1998 update of the classic Slater and Glithero paper. Contemporary criteria and methods appear to enhance the reliability of this diagnosis, though I for one am fairly panting to see further, confirmatory research on this issue. This chapter is well worth the price of admission; all clinicians should become familiar with its contents.

I was somewhat disappointed in the sole new chapter, "Clinical Evaluation". The authors pay due diligence to the clinical history and evaluation of cognitive and cortical functions, with special attention to symptoms suggesting

frontal lobe dysfunction. However, they dismiss the balance of the mental status exam (MSE) with the complaint that "... it often leaves one without knowledge of whether certain functions were assessed, or whether they were omitted because the patient could not perform them." Of course, this reporting problem can occur with any portion of the physical exam or MSE. The appropriate solution is flogging clinicians until they learn to write full and accurate reports. For a book dedicated to the marriage of neurology with psychiatry, omitting a portion of the nuptial vows because they may not be properly intoned seems singularly cavalier.

The other criticism of the MSE, that it lacks quantifiable data sufficient for comparison with other patients, is also misplaced. Of course, standardized scales (e.g., the MMSE) should be used whenever appropriate, but traditional reports of the patient's own content of thought, such as suicidal ideas, violence, particular hallucinations and delusions, and myriad other personal details that clarify history and inform treatment are so valuable to current and future clinicians that they must not be ignored, let alone disparaged or traduced. Every patient has a story that shifts and evolves with time; to leave portions of it unrecorded invites future revisionism.

These cavils aside, as a repository for a great deal of information from a slant unavailable elsewhere, the new edition of *Behavioral Neurology* is a worthy successor. I can only hope that the authors don't wait until 2021 to update it.

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Coping with stress. Effective people and the process, edited by C. R. Snyder, Oxford University Press; 2001; \$ 45, 318 pp.

I must confess that it took me a massive effort to open this book to review it. And when I finally did, I think I understood the reason for such obstinate exercise in delaying. Its dust cover's dark and lugubrious appearance, with the face of an after-his-demise Mussolini lookalike emerging from the penumbra with a sinister grin, made me forget about the interesting title for a while. Once I got into it, though, I quickly found myself engrossed in an immersion course on stress and its apparently endless vast armamentarium of creative antidotes. The noble, if somewhat ambitious, goal of the book is to address two key questions: Why do some of us learn from hardship and life stressors and others succumb to depression? Secondly, what patterns and behaviors predict an adaptive response to the smorgasbord of stressors life dishes out to us? Upping the ante, in his foreword the author hopes this book will serve as a survival kit for life in the twenty-first century. To achieve this lofty

goal the book opens by summoning an icon of American childhood story telling, Dr. Seuss. The first chapter is in fact called "Dr. Seuss, the coping machine, and 'Oh the places you'll go'." Starting with Dr. Seuss' coping themes as a parable for future challenges, Dr. Snider goes on to discuss coping, individual differences, appraisal-based dimensions of stressors and choices of coping paths ranging from maladaptive to adaptive ones, taking a step-back rational approach that our patients would find impossible to use without the help of a mental health professional.

The second chapter, titled "Conquering Procrastination," was of particular interest to me for my postponement proclivities are secondary only to my dislike of funeral dust jackets. Various techniques to overcome procrastination, including, alas, of the academic type, are illustrated and aptly referenced. There is even an insightful section that deals with the intractable, chronic cases that might need psychopharmacology.

The third chapter is titled "Coping and Coherence: A Narrative Perspective on Resilience." It describes the usefulness of the patient's storytelling as a window into his dynamic themes, conflicts and as a tool for healing.

The following chapter summarized the vast body of literature on humor as effective means of coping with stress. Chapter 5 enumerates the many salutary effects of forgiving on mental health, though it appears that nobody has bothered to study therapeutic revenge and mental health. Chapter 6, "Coping with the Inevitability of Death: Terror Management and Mismanagement", summarizes evidence supporting an association between psychological disorders and maladaptive efforts to cope with the knowledge of the inevitable human fate, proposing existentially attuned treatment techniques.

Chapter 7, "Managing Hostile Thoughts, Feelings and Actions: The Lifeskills Approach," provides an effective model of behavioral intervention for hostility-prone persons, who are unanimously considered to be high risk for life-threatening medical conditions. Chapter 8, "A Cognitive Approach to Coping Through Comparison with Other Persons," emphasizes the advantageous of recalibrating our patient's self-perceptions by downward comparison, a.k.a., looking at thy neighbor's less green grass.

Chapter 9, "Self-focused Attention and Coping," identifies self-focused attention in times of stress as deleterious to mental health and suggests techniques to attenuate heightened self-focusing. Chapter 10, "Dealing with Secrets", reviews evidence that revealing secrets to a confidant may have positive effects on mental health. Chapter 11 compares coping strategies and styles of Asian-Americans and Caucasian-Americans, finding, unsurprisingly, culturally based responses due to the collective versus individualistic framework of the two cultures.

Chapter 12, "Aging and Coping: The Activity Solution," identifies the roots of stress among the elderly in the reduction

of the possibility of going about life as usual due to life events in late life. The next chapter offers three different religious methods of coping, Bar Mitzvah, Karma and Spiritual Healing, finding juxtaposing themes among them and their positive effects on mental health. The last chapter is a summary of the authors' philosophical approach to coping, viewed through wider and broader lenses than other authors. In particular, the authors see appraisal as occurring either at or below the level of awareness, differing from other advocates of coping who see it as "strictly conscious activity."

In spite of the diverse nature of the topics, the authors are able to weave a cohesive thread through the column. Seemingly aware of the risks of falling into clichés and mundane statements that often surround this subject, they keep their discourse at excellent, evidence-based academic levels. Alongside a solid theoretical foundation, the book offers an impressive multitude of clinical suggestions as well as recommendations on future areas of investigation. The chapters are comprehensive and exhaustive, with plenty of critical reviews of the literature and mentions of its limitations. Its experienced contributors' writing styles flow effortlessly from page to page, even when dealing with decidedly unexciting topics, such as coping with the inevitability of death. Perhaps a chapter could have been devoted to the interface between psychology and psychiatry when it comes to stress. But that could have been a stressful chapter on its own. Aside from that minor omission, this is a well-written and well-referenced work. The authors achieve and surpass their intended goal, offering innovative and fresh approaches to both theory and practice of coping with stress. To end with a practical matter, both size and price are reasonable. A definite winner, especially after I removed its cavernous dust jacket (my way of coping with stress).

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Disorders of Brain and Mind 2, edited by Maria A. Ron and Trevor W. Robbins, Cambridge University Press, New York; 2003; \$ 70 (softbound), 478 pp.

Neurosciences, including areas such as neurogenetics, neuroimaging and scientific study of consciousness have undergone an enormous development lately. It seems to me that the gap between top neurosciences and clinical psychiatry has been widening. Not many texts are available that would attempt to bring the newest scientific developments closer to the regular, clinically oriented readers. One such text in the past was the previous volume of this book (1),

which, I admit, I did not read, and thus cannot judge it or compare it with the recent volume. According to the editors, the recent volume is an entirely new collection of articles or chapters. It was put together to reflect the editors' personal interests a bit, but also with the knowledge that they "do it without repeating themselves or exhausting the subjects." The editors, themselves distinguished neuroscientists, put together a group of 33 experts, mostly from the United Kingdom, with a few from the United States and Germany. The book "gathers salient examples of advances in neurosciences that have contributed to the understanding of mental processes and psychiatric illness." The editors also kept the original formula of pairing chapters covering basic science and clinical aspects of the same subject whenever possible.

The book is divided into nine parts and contains 20 chapters. Part I, "Genes and Behaviour", contains two chapters, "Genes and Behaviour: Cognitive Abilities and Disabilities in Normal Population" and "Genes and Behaviour: Finding a Genetic Substrate for Cognitive Neuropsychiatry." The first chapter makes a point that genetic influence on disorders such as reading disability may not be due to genes specific to the disorder but rather to genes that contribute to the normal range of individual differences in reading ability. It means that some common disorders may not really be disorders but rather the extremes of normal distribution. The author also makes the point that genetic factors influence the way we experience our environments and that the heritability of complex traits is seldom greater than 50%. These two chapters are a wordy, but interesting introduction to the genetics of cognitive abilities.

Part II, "Brain Development," again contains two chapters, "Brain Development: Glial Cells Generate Neurons—Implications for Neuropsychiatric Disorders" and "Brain Development: The Clinical Perspective." The authors bring our attention to the fact that the main dogma of neurobiology, that is, that all neurons of mammalian and particular human CNS are generated during development and that no new neurons are added in adulthood, might not be valid. There is increasing evidence for neurogenesis in the hippocampus and olfactory bulb of mammals, and also in the neocortex of adult primates including humans. The authors discuss the role of radial glial cells in generating neurons and guiding migrating neurons.

Part III, "New Ways of Imaging the Brain," consists of two fairly technical chapters, "New Directions in Structural Imaging" and "The Applications of Neuropathologically Sensitive MRI" which discuss techniques such as magnetization transfer imaging and diffuse tensor imaging. Following Part IV, "Imaging the Normal and Abnormal Brain," expands on the area of imaging in three interesting chapters, "Functional Neuro-imaging and Models of Normal Brain Function," "Functional Magnetic Resonance Imaging in Psychiatry: Where are we now and Where are we Going?"

and "Positron Emission Tomography (PET) Neurochemistry: Where are we now and Where are we Going?" These chapters describe some fascinating experiments in areas such as measuring contextual influences on brain responses to faces or the effect of emotionality on face processing. The authors point out the superior spatial resolution of functional MRI and the recent development of event-related methods using functional MRI, by which the physiological response to a few dozen brief, discrete stimuli or cognitive trials can be precisely mapped. The authors also present an interesting concept of auditory hallucinations as a manifestation of disordered monitoring of inner speech. They also make a strong point about using positron emission tomography (PET), "the technique for imaging neurochemistry in the living brain." PET could be used for mapping psychotropic drug action and could be linked directly with behavior.

Part V, "Consciousness and Will," consists of two chapters, "The Scientific Study of Consciousness," and "Cognitive Neurobiology of Volition and Agency in Schizophrenia." These are probably the most exciting and interesting chapters of the volume. The first chapter emphasizes that the current developments in the area of consciousness have very little to do with the ideas about the unconscious popularized by Freud. "Freud was not talking about the cognitive unconscious. He was concerned to demonstrate that much of our behavior is controlled by motivations, attitudes and primitive thought processes of which we are unaware." However, "Today's neuroscientists have demonstrated that much of our behavior is controlled by *stimuli* of which we are unaware." Very interesting is the discussion of the relevance of the fact that "the executive control of action can take place without awareness" to hysterical conversion. Important for the clinician may be also to realize, as the authors emphasize, that it has been long recognized that schizophrenia is associated with involuntary movements and abnormalities of voluntary movements.

Part VI, "Recent Advances in Dementia," discusses early diagnosis and differentiation of dementias and the neurobiology of these disorders in two chapters, "The Neurobiology of Tauopathies" and "Advances in Early Diagnosis and Differentiation of the Dementias." The most interesting clinical fact presented is that the conversion rate of mild cognitive impairment to dementia converges to a value of about 12% per year, about 10 times higher than the incidence of dementia in the general population!

Part VII, "Affective Illness," consists of three chapters, "The Neuropathology of Mood Disorders," "The Neural Substrates of Anxiety," and "Social Separation Models of Depression." The chapter on mood disorders focuses on the role of the anterior cingulate cortex, frontal lobe and hippocampus in these disorders. The chapter on anxiety focuses more on the recent developments in the study of

amygdala. The chapter on social separation models overviews the animal models of depression and their significance for the interpretation of depression. Part VIII, "Aggression," contains two chapters, "Human Aggression: Biological Correlates and Environmental Influences," and "A Neurocognitive Model of Psychopathic Individual." The interesting model of psychopathic individual assumes a fundamental deficit within the amygdala that is responsible for the individual's failure to be concerned by his or her victims and their lack of moral socialization.

Part IX, "Drug Use and Abuse," discusses the recent development in this area in two chapters, "The Contribution of Genetically Manipulated Animals to the Study of Stimulant and Alcohol Addiction," and "The Neuropsychology of Chronic Drug Abuse." Here I found important the information that the chronic and heavy use of cannabis may be associated with quite subtle changes in cognitive function.

This is an interesting book, which is attempting to narrow the gap between the developments in neurosciences and clinical psychiatry. It is probably the best introduction to neurosciences for a highly specialized and educated psychiatrist. The topics addressed are very attractive and the presented findings are exciting. It is obvious the "cognitive" is the area most popular with the authors, editors and researchers. It is also obvious that modern research, thanks to new techniques, moved from the periphery (remember dexamethasone suppression test or lactate infusions?) right to the center, to the brain. Frequently, the book does not discuss new findings, but rather new approaches and views.

But does the boom narrow the gap, which it is trying to narrow? I am not sure about it. It discusses great findings, but I am not clear how close these findings are to clinical applications. The book is highly technical and difficult to read even for a moderately educated academician such as me. It is also one of the high interest books to many, that nobody will read from cover to cover, but many will read parts of it intensely. Nevertheless, I would not recommend this book to busy clinicians, but rather to specialized academicians or to those seriously interested in the latest and most complicated developments in the field.

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The Legal Principles of Medical Practice Explained, by Deborah J. Wear-Finkle, M.D., Rapid Psychler Press, Port Huron, MI; 2003; \$ 9.95 (softcover), 128 pp.

Medical malpractice crises and enormous settlement amounts are headlined regularly in newspapers and discussed at local and national medical meetings. What can a physician, unskilled in legal matters, do to minimize the risk of becoming another statistic in this crisis? This small, very readable book serves as an initial foray into this arena. It is a condensation of a well-reviewed more detailed text published in 2000. Written by Deborah J. Wear-Finkle, M.D., MPA, a forensic aerospace psychiatrist practicing in Maine as well as an adjunct assistant professor at the Uniformed Services University of the Health Sciences, it explains complex legal concepts in simple terms comprehensible to the uninitiated.

Dr. Wear-Finkle starts with a basic foundation—the relationship between law and ethics—and then plunges the heart of the problem by noting the reasons patients sue. She offers some amazing statistics, e.g. 50% of physicians will be named in a lawsuit some time in their practice. This is followed by a relatively detailed summary of legal terms and concepts, including the legal definition of negligence required to prove a malpractice occurrence and the process involved. She then applies these to standard medical practice and physician responsibility for adherence to standards of care, judicial and regulatory guidelines and the nuances of malpractice insurance coverage. Dr. Wear-Finkle interjects useful caveats to illustrate the concepts discussed. For example, I was surprised to learn that physicians are more likely to encounter liability difficulties from regulatory agencies than from any other source. She offers proactive steps a physician can take while performing routine aspects of practice to reduce the likelihood of legal involvement. These ideas are expanded in subsequent chapters with emphasis on pertinent legal concepts and practices. Included are details concerning informed consent, privilege, competency/capacity to make a medical decision for treatment, dealing with subpoenas, end of life issues, refusal of medical treatment, physician-patient boundary violations, dual relationships and responsibilities when treating in emergency situations.

The final chapters deal with legal perspectives on various topics, including responsibility for accurate documentation, non-approved drug use, use of alternative/complementary treatments, conflicts of interest and dealing with patients and their families when an error occurs. She makes practical suggestions for communicating with patients, avoiding ambiguity, correcting errors in medical records and precautions in obtaining "curb side" consults as well as physician responsibility for actions of his/her staff. The author concludes her book with 22 "commandments for a legally sound practice," summarizing succinctly what is to be expected of an individual in any profession. The book is current and even deals with HIPAA regulations and telecommunications as well as

on-line prescribing risks and responsibilities. Each chapter is followed by pertinent references. Most cited are from the late 1990's but a few are as current as 2003.

This is a delightful book to read. Dr. Wear-Finkle has taken a rather anxiety provoking subject for most of us and provided cogent information in a non-threatening, down to earth style. The examples she provides offer practical illustrations of topics discussed and can be easily related to by the practicing physician. Pen and ink drawings by Brian Chapman enhance the easygoing style of the text and diffuse any tension the reader may experience. Throughout the

book, the author emphasizes that the practice of good medicine is compatible with legal practice. While I found this book very useful in helping me to "think as an attorney," it does not provide specific, detailed answers to legal questions. As Dr. Wear-Finkle emphasizes, prompt contact with a legal counsel is the first line of defense when any legal question arises. Good advice from the author of an excellent book!

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