

Book reviews

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Adult Psychiatry (2nd edn). Edited by E. H. Rubin and C. F. Zorumski. (Pp. 493; \$75.00; ISBN 1405117699.) Blackwell Publishing: Oxford, UK. 2005.

This multi-author textbook is highly influenced by the principles of a medical model for psychiatry, actively taught and practiced at the Washington University School of Medicine Department of Psychiatry in St. Louis, Missouri. Its former chair and editor of *Adult Psychiatry* (1st edn), Samuel Guze, M.D., passed away. The current editors, members of the Department, have updated this textbook with continuing emphasis upon the medical approach to psychiatry and have directed the textbook to the primary-care physician and practitioner. New chapters were added and revised chapters include current research in neurosciences, particularly neuropharmacology, genetics, and neuroimaging, which are relevant to specific psychiatric disorders. Most of the authors are or were affiliated with the Washington University Department of Psychiatry, and there is consistency in approach throughout the body of work. The textbook is divided into three sections: (1) Assessment and Evaluation, (2) Psychopathology, (3) Important Topics in Clinical Medicine.

In Section 1, the medical model is effectively elucidated. Simply stated, the medical model is the consistent application of modern medical methods and empirically based thinking to psychiatry. The modern psychiatric diagnostic process includes emphasis upon careful descriptive observation and attention to a reliable nosology is highlighted. The reader is reminded of the Washington University contribution to establishing diagnostic validity using (1) clinical description, (2) delineation from other disorders, (3) follow-up study (including response to treatment), (4) family study, and (5) laboratory evaluation. Drs Garcia and Hudgens focus on the examination of the patient in chapter 3 and offer a compelling, systematic approach to

the clinical interview. The authors attend to early physical, emotional, and sexual trauma in the initial interview in the primary-care setting. Drs Heydebrand and Wetzel present a balanced and informative discussion on the role of psychological testing in chapter 4. The chapter on neuroimaging by Drs Drevets, Botteron, and Barch is an outstanding update on neuroimaging technology, research, and findings associated with major psychiatric disorders. Each of the chapters in this section has references delineated in an annotated bibliography.

In Section 2, all relevant areas of psychopathology are reviewed. Genetic findings, pathophysiological mechanisms, and neurochemical hypotheses of the major disorders are included within each illness-specific chapter. The chapters alert the primary-care practitioner to the conditions in which psychiatric consultation is warranted. Drs Drevets and Todd explicate mood disorders in chapter 8. The description of neuroanatomical circuits implicated in emotion regulation is both useful and consistent with updated research findings. The chapter by Drs Cloninger and Sczakic is a comprehensive overview of personality disorders and offers alternative models for understanding personality vulnerability. The chapter on trauma-related syndromes is a succinct and well-written summary by Dr North.

In Section 3, multiple topics in clinical medicine are addressed including psychotherapy, pharmacotherapy, and electroconvulsive therapy. These important areas of psychiatric practice are quite difficult to summarize in a single chapter of less than ten pages. Dr Whelan and Ms. Ivanovich contribute an informative primer on clinical genetics and a concise, but thorough, approach to genetic counselling. Drs Wetzel and Murphy have authored a particularly thoughtful chapter on suicide.

Upon completion of the entire textbook, the reader and primary-care clinician will be exposed to the breadth of issues that the psychiatrist faces. This is the strength and weakness of this textbook. Few primary-care

clinicians will read a textbook from front to back, choosing instead to discover more detailed information on specific questions, such as drug–drug interactions, psychiatric and medical co-morbidity, or how to understand the effect of different pharmacological interventions on the course of certain common medical conditions. In short, a textbook such as this can provide a consistent and accurate overview. However, this textbook cannot cover all of the disorders in psychiatry in depth. It cannot be comprehensive in elucidating the art and science of psychiatry. Nevertheless, *Adult Psychiatry* clearly accomplishes its central mission: making psychiatry accessible to the primary-care physician and communicating the evolving medical model well-represented at Washington University in St. Louis.

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Spirituality and the Healthy Mind: Science, Therapy, and the Need for Personal Meaning.
By M. Galanter. (Pp. 288; £19.99/\$35; ISBN 0195176693 hb.) Oxford University Press: New York. 2005.

Marc Galanter is a Professor of Psychiatry and the director of the Division of Alcoholism and Drug Abuse at New York University's School of Medicine. Over his career he has carried out a number of research studies into cultic youth movements and the spiritual fellowship of Alcoholics Anonymous (AA). In the prologue for this book he describes how in Western Society, psychiatrists help to reduce patient distress via symptom relief, but tend to generally ignore the importance of the 'healing relationship' between doctor and patient. With his book he is keen to emphasize the importance of this relationship and the individual patient's pursuit for a spiritual meaning in life. Also, he is keen to provide a balanced view that examines both the positive and the negative aspects of spirituality.

The book is divided into five parts. In Part I, Dr Galanter begins by defining spirituality as the personal quest for existential or transcendental meaning. He describes how in AA's 12-step program it is clearly stated that 'a power

greater than ourselves' will help members stop drinking. He then continues by examining the concept of spirituality through a number of different perspectives including the psychological and the biological. Here he makes references to the importance of spirituality in Maslow's hierarchy of needs and the role of a number of psychoanalysts such as Erich Fromm in promoting a more spiritually orientated approach to therapy. In addition, the powerful effect of belongingness to a group is highlighted by the results of the research on the 'Divine Light Mission' that shows better outcomes in addicts who have closer ties to other members in the cult. Biology is not ignored here. Mention is made of how stimulation of the angular gyrus has been associated with 'out of body' experiences and how reciprocal altruism is an evolutionary adaptive response in geese.

In Part II, Dr Galanter moves on to explore the role of culture in spirituality and its links to the treatments of mental health users. He makes reference here to his own professional involvement with biomedical addictions societies as well as the 12-step program and how these are often envisaged as belonging to opposing camps. His balanced view is very clear here, when he acknowledges the damaging aspects of a spiritual or cult movement as evidenced by the mass suicides in Guyana or the self-immolation of 'Falun Gong' followers in China.

In Part III, spirituality and its varied expressions are described in chapters on Christian Psychiatry, spirituality in India, liberal Islam and hospital chaplaincy. The stories of a number of Christian psychiatrists within the Christian Medical Association and the effect of their faith on their practice is described together with the difficult balance for Christian physicians between being either an imposition or a 'life-line'. On the other hand, the clear growth in New Age movements in the West is linked to a need to fill the spiritual gap that is often not addressed in secular societies. Much of this movement takes its inspiration from the religions originating in India, such as Hinduism and Buddhism. In fact in India, Ayurvedic medicine is often seen side by side with traditional medicine. In addition, the role the family plays here is more powerful, especially in such disorders as depression.

Part IV describes the spiritual recovery movements seen in alternative medicine and the AA, while Part V moves onto how we, as mental health professionals, may begin to rethink our concepts about mental illness and its treatments. The AA is described as being based on spiritually grounded altruism, where separateness dissolves, where support is constant in terms of availability and where the very ambience can be transforming. Dr Galanter also provides us with his clinical experiences with his own patients and the mental health services at the Bellevue Hospital in New York. He emphasizes the fact that drugs such as the antipsychotics do work, but that they only address half the problem, i.e. the acute symptoms, but not the disillusionment of the mentally ill. He has worked for several years with 'dual diagnosis' patients, who suffer from a mental illness and an addiction. Services for these patients include an in-patient unit, educational groups and a 12-step program. There is an enhanced role for patient peers in these settings with the use of a 'token economy'. In a later chapter the evidence for the effectiveness of 'mindfulness meditation' is presented in a number of disorders including depression and fibromyalgia. Finally, the importance of 'personology' as described by Henry Murray or taking into account the person in a holistic way within a therapeutic alliance is presented.

This book is very well written and is filled with stories of the experiences of mental health patients and professionals. It is very well organized into logical sections, in an easy-to-read format. Dr Galanter's arguments are very well constructed and persuasive. He believes that as mental health professionals we can integrate our biomedical model with helping our patients in their search for meaning in their lives. He cites the lack of a spiritual dimension in medical education as an obstacle to his vision, but he is very hopeful that this can be achieved. In the UK, the Royal College of Psychiatrists already has a Special Interest Group in Spirituality that helps to address some of these issues. Overall, I would highly recommend this book as an enjoyable and educational read for anyone with an interest in mental health and spirituality.

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Shorter Oxford Textbook of Psychiatry, 5th edn. By M. Gelder, P. Harrison and P. Cowen. (Pp. 846; £49.95; ISBN 0198566670 pb.) Oxford University Press: Oxford. 2006.

Since the publication of its first edition in 1983 the *Oxford Textbook of Psychiatry* has been a favourite amongst the trainees in psychiatry. It has got bigger, better and more colourful in successive editions. I found this out whilst clearing a psychiatric library of old books. The 5th edition has continued this pursuit of excellence.

This book is easy to read with its pleasant layout, plain language and short paragraphs. There are plenty of boxes and tables, and good use of colour, which make it easier to understand and remember. It is clear, comprehensive, authoritative and well updated. It provides a humane, balanced and well integrated view of clinical and theoretical aspects. It gives a nice overview of almost everything in psychiatry. There is a special emphasis on classification and comparison of ICD and DSM. This book incorporates the latest NICE guidelines. Another strong point is the consistent inclusion of clear and concise data on epidemiology and prognosis.

There are no specific chapters on disciplines like neuroanatomy, neuropharmacology or psychology, but the relevant information is successfully incorporated into the individual chapters. For those who need more in-depth information, there are suggestions for further reading with brief but useful comments at the end of each chapter. However, in many chapters, for example 'Drugs and other physical treatments', the readers would have preferred more detailed practical information.

This is an essential introductory book, best suited for psychiatric trainees, especially, those preparing for the examinations. This book presents core psychiatric knowledge in a format suitable for medical students and non-psychiatrist doctors as well as psychologists, social workers, nurses and even mental health managers. I would recommend the *Shorter Oxford Textbook of Psychiatry, 5th edition* for every trainee in psychiatry and especially those

preparing for the MRCPsych and other examinations.

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Cognitive Limitations in Aging and Psychopathology. Edited by R. W. Engle, G. Sedek, U. von Hecker and D. N. McIntosh. (Pp. 452; \$85.00; ISBN 0521834074 hb.) Cambridge University Press: New York. 2005.

This volume represents an admirable attempt to synthesize a broad range of work from a variety of researchers in different fields examining cognitive processing in young healthy volunteers, as part of the normal aging process and in psychiatric disorders. The chapters are generally well written, and some have a strong methodological focus: in the first chapter the editors summarize many of the experimental paradigms used in cognitive psychology in a well-written and informative overview; in the third chapter, Oberauer offers a commendably clear introduction to some of the statistical techniques that can help tease apart specific and general deficits in studies of aging in a manner comprehensible to the non-specialist; Sliwinski and colleagues provide a strong critique of the use of between-subjects methodology when attempting to infer information about intra-subject variability, and set out the advantages of within-subjects designs in the fourth chapter. These initial expert summaries are very useful, since they can be used as reference points when reading the subsequent chapters.

The book is split into three sections, 'Working memory and cognitive functions', 'Aging and psychopathology of cognitive control' and 'Attention, inhibition, and reasoning processes'. At times these divisions seem a little arbitrary, since much of the research in each section relates closely to work described in the other sections. Unfortunately, the links between different bodies of work are rarely made explicit for the reader. Although the authors do occasionally cross-reference other chapters, the book as a whole does not have a particularly strong focus and one is occasionally left feeling as though each of these chapters could just as easily have been published as a separate review paper.

In general, each author focuses on presenting and interpreting their own data, but rarely connects their findings to those of other authors, although there are exceptions, mainly in the chapters where one of the editors is a co-author. Of course, such compartmentalization within the book also reflects the compartmentalization within the cognitive sciences, as the editors highlight in the first chapter. As a result, there is disappointingly little debate between authors, even those working in similar fields. While they often present their own models and data concerning the causes of cognitive impairment in aging or psychopathology, few challenge the ideas of any of the other authors, suggest reasons why their own model might represent an improvement on others, or suggest experiments that could decide between two models. For example, chapters 9 and 11, by Joorman and McIntosh and colleagues respectively, both discuss how cognitive deficits in depression might be causally related to ruminations, although using different models. Even though both chapters seek to understand the same phenomena from a strikingly similar perspective, the authors do not even refer to each other's work, let alone engage in debate!

Despite the lack of integration between the chapters, the majority of readers will undoubtedly find valuable, novel and interesting information and ideas in this volume, particularly since those who specialize in one of the areas covered in the book (e.g. aging) are likely to be less familiar with research techniques used in the other (e.g. psychopathology). As is to be expected from the title, the vast majority of the findings presented are from the realm of cognitive psychology. Only a minority of the authors draw on data from neurophysiological techniques such as functional magnetic resonance imaging (fMRI) or electroencephalography (EEG). This is a surprising shortcoming, since such techniques are increasingly being brought to bear on many of the questions posed by aging and psychopathology. Notable exceptions include the contributions of West and Bowry, who discuss EEG data in relation to cognitive deficits in aging, and of Barch and Braver, who present fMRI data linking dorsolateral prefrontal cortex dysfunction to cognitive impairment in schizophrenia. Another surprising absence is the lack of any data or discussion

relating to cognitive impairment in bipolar disorder.

In summary, the editors of *Cognitive Limitations in Aging and Psychopathology* have assembled a strong cast of researchers to discuss the nature and causes of cognitive impairment in psychiatric disease and normal aging. On the whole, the writing is clear and informative, and this book should prove useful to any psychologist interested in aging or psychopathology. However, the lack of overt integration between the contributions is a significant limitation that will discourage readers from using the interdisciplinary approach encouraged by the editors, instead making it more likely that each chapter will be considered solely on its own merits.

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Feeling Unreal: Depersonalization Disorder and the Loss of the Self. By D. Simeon and J. Abugel. (Pp. 256; \$27.50; ISBN 01951-70229 hb.) Oxford University Press. 2006.

Depersonalization is a frequent phenomenon in psychiatry. In fact, several studies have reported the prevalence of prominent depersonalization symptoms in psychiatric in-patients to be as high as 40–60%. In its most extreme form, depersonalization becomes an independent condition its own right, and follows a chronic, and disabling course (i.e. depersonalization disorder). Although this latter presentation has been traditionally believed to be rare, recent research would seem to suggest otherwise. For example a recent epidemiological study in the general population found the prevalence of depersonalization disorder to be 0.8%. Given the high prevalence of the condition, and its accompanying burden of suffering and incapacity, one would expect depersonalization disorder to be a major focus of contemporary research and to be well established within mainstream psychiatry. Surprisingly this is far from being the case. In fact, during the second half of the 20th century, depersonalization became an increasingly neglected topic in psychiatry, and the idea became rife that its detection in patients had little if any clinical value.

Unfortunately, and to the detriment of patients such misconceptions are still prevalent amongst psychiatrists, and the idea of a chronic form of depersonalization is still met with disbelief. Not surprisingly, most patients with persistent depersonalization remain misdiagnosed for years before the condition gets to be recognized.

The book written by Dr Daphne Simeon and Jeffrey Abugel, is set to correct this regrettable trend and constitutes an extremely valuable and long overdue contribution to the psychiatric literature. In fact, this is the first book in English ever to deal exclusively with the subject of depersonalization. The book is very well written and covers the subject from a variety of angles. The sparse use of technical terminology makes the book accessible to a general audience, and no doubt both sufferers and clinicians will benefit from it.

Although informative on the received view, most of the book presents research findings gathered over the last decade. One of the authors, Dr Daphne Simeon is in a privileged position to do so, as she has herself been at the forefront of depersonalization research for the last 10 years or so, and is a well acknowledged authority in the field.

Although as the title suggests, the book is about the chronic and most severe form of the condition (a diagnostic category known as depersonalization disorder in DSM-IV), this distinction is not always clear, and at times it becomes uncertain whether it is the nosological category or the psychopathological phenomenon that is being discussed.

The book is divided into nine chapters. The first two chapters provide a very clear and vivid introduction to depersonalization disorder. The extensive use of detailed vignettes, plus the careful clinical dissection of each case makes these chapters extremely didactical and will no doubt prove extremely useful for mental health practitioners with little familiarity with the condition. On a more critical tone, I found discussions on the differential diagnosis somewhat lacking, as they are mainly driven by considerations on co-morbidity patterns, rather than on the detection of depersonalization itself and its differentiation from other potentially confounding conditions such as anhedonia, alexythymia, out-of-body experiences, near-death

experiences, body image distortions, perceptual distortions, etc.

Chapter 3 provides a historical account of the condition, and aptly summarizes previously published historical work in this area.

Chapters 4 and 5 deal with the different manifestations of the condition and its natural history as revealed by recent studies based on large series of patients. It also introduces the reader to some of the instruments currently used in the assessment and diagnosis of the phenomenon.

Chapter 6 gives an account of recent neurobiological models of depersonalization, and reviews the growing empirical evidence supporting the view that depersonalization has hardcore neurobiological underpinnings.

Chapter 7 offers a thought-provoking exploration of the ways in which descriptions redolent of depersonalization have appeared in literature, philosophy, accounts of mystical states and drug-induced altered states of consciousness. The authors propose that all these experiences may arise from a common 'depersonalization' core, and would acquire different meanings from the different contexts in which they occur. Although this is an interesting idea, the chapter has a rather uncritical flavour to it, and at times, the authors give the impression of being biased against disconfirming evidence.

Chapter 8 deals with recent developments in the pharmacological treatment of the disorder. Depersonalization has a long-standing reputation of being difficult to treat, and tends to respond poorly to traditional psychiatric medications such as antidepressants or antipsychotics. This section summarizes recent approaches, which suggest that some unconventional medications such as naltrexone or lamotrigine may have a role in the treatment of the condition.

Chapter 9 reviews recent evidence suggesting that some brief therapy modalities such as cognitive behavioural therapy can have a useful role in the treatment of depersonalization disorder.

In short, the authors are to be congratulated for a timely and highly relevant contribution that fills an unjustified gap in the psychiatric literature. As such, it is destined to become a classic in the field.

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Psychoses: An Integrative Perspective. By J. Cullberg (Foreword by Professor P. McGorry). (Pp. 344; £19.99; ISBN 1583919937.) Routledge: East Sussex. 2006.

Psychosis, schizophrenia and delusions are seemingly distinct and discrete terms, yet the definitions of each are conceptually interlinked in contemporary usage. However, they each have their own independent genealogy, and to some extent, have merged over time. The term 'psychosis' arose in Germany in 1845. Its origin was as the result of a conflict between the 'somaticists' and 'mentalists' with Feuchtersleben, influenced by the philosopher Schelling, wanting to stress the interplay of the body and the mind in the psychoses. Psychoses were diseases of the personality. This approach contrasted with the rallying cry of Greisinger that 'mental illnesses are diseases of the brain'. What is interesting is that it is only relatively recently that the notions of schizophrenia and psychosis have become conflated. Indeed, it had been a common criticism of the international classifications that in focussing on the so-called positive symptoms, they have re-defined schizophrenia as a disorder that has a better prognosis and one that is responsive to neuroleptic medication. Schneider's choice to equate the entity of Bleuler and Kraepelin with his own first-rank symptoms has been interpreted as a move, particularly when enthusiastically taken up by the DSMs, away from validity to reliability. However, such a criticism rather presupposes that there is such a thing as schizophrenia, and further that it has a clear and definable essence. Cullberg equates psychosis with the presence of delusions, and as such is following the Schneiderian-DSM strategy of indexing an illness with its symptoms. DSM-IV offers three distinct, but overlapping definitions of psychosis, thus:

The narrowest definition of *psychotic* is restricted to delusions or prominent hallucinations, with the hallucinations occurring in the absence of insight into their pathological nature. A slightly less restrictive definition would also include prominent hallucinations that the individual realizes are hallucinatory experiences. Broader still is a definition that includes other positive symptoms of Schizophrenia (i.e. disorganized speech, grossly disorganized or catatonic behaviour.)

Cullberg's definition is rather more exclusive than any of the above and one wonders why the book is thus not a book on delusions rather than psychosis? As with schizophrenia, there was no initial idea that psychosis equated with delusions: indeed, earlier versions of ICD and DSM used the term 'psychosis' to signify impairment whereby the sufferer was unable to meet life's demands. Krøupl Taylor, in his 1966 book on psychopathology, offered a definition based around the sociology of our profession and pathways to care of those with mental illness:

the distinction between functional psychoses and neuroses does not necessarily imply a fundamental nosological difference, but may have mainly a historical and social origin. Psychotic (mad, insane) patients were treated by 'alienists' in madhouses or asylums, but neurotic (hysterical, nervous) patients were treated by private physicians in consulting rooms.

However, Cullberg then suggests that some disorders (such as delirium) are not psychotic illnesses but rather interpretations of disturbed perceptions. Cullberg seems to suggest that for the 'true' psychoses there are normal perceptions that are interpreted in a delusional manner. As someone who has been trained in the rather parsimonious and thin definitions of DSM-IV and ICD-10 this can get a little confusing and open the door to lots of judgements by clinicians, as to the normality or otherwise of perceptions, that may be rather unreliable. However, it does chime well with contemporary important work in the philosophy of rationality and delusions that explicitly argues that mere abnormal perceptions are insufficient for the genesis of delusions but conversely, is in contrast to current dominant theories in psychosis research, both from cognitive psychology and

neurochemistry, whereby the generation of anomalous experiences is a precursor to the onset of psychosis and a necessary step in its pathogenesis.

The book is divided into two large sections, the first entitled 'The psychotic crisis and the schizophrenic disability' and the second, 'In support of recovery'. The first section focuses on conceptual issues, neurological and psychological vulnerability to psychosis, and specific psychotic disorders and their differentials. The second section has a very interesting chapter on the philosophical assumptions that informed the treatment of mental illness, before moving on to services, assessment, suicide, and both pharmacological and psychological interventions, in the management of psychotic illnesses. Throughout both main sections there is a welcome and frequent use of clinical vignettes, all of which are portrayed sensitively, as well first-person perspectives from patients with psychotic illnesses.

This book is an ambitious attempt to provide an integrative account of psychotic illness. It has many admirable qualities: its pluralism, clinical emphasis, humanity, and its use of rather neglected ideas from psychodynamic theory. However, it felt as if either it warranted being longer, so that many of the conceptual issues inherent in such a book could be addressed more explicitly and coherently, or alternately being thinned down and simplified to meet the needs of a psychiatric trainee. As an active clinician and researcher the book rather fell between these two stools and one wonders whether it may confuse, rather than enlighten, some readers.

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