

## Book reviews

*Psychological Medicine*, **35** (2005).  
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*Bioterrorism: Psychological and Public Health Interventions*. Edited by R. J. Ursano, A. E. Norwood and C. S. Fullerton. (Pp. 363 and two compact discs; Price £70.00, ISBN 0-521-81472-3 hb.) Cambridge University Press: Cambridge, UK. 2004.

Bioterrorism is a frightening topic for most of us and especially so for those with an interest in Public Health. As this text reiterates, the psychological consequences of even a minor bioterrorism attack can be vast.

Before considering whether this book is pure scaremongery, one needs to consider the huge numbers of people likely to present to health-care providers in the aftermath of a potential bioterrorism attack. The attacks on the Tokyo subway system in 1995 left just 12 people dead but over 5000 people sought medical help. The Gulf War of 1991 saw 18 scud missile attacks upon Israel resulting in 773 casualties. Of the eight deaths that resulted two were due to the explosions and six were due to improper use of gas masks. Of the total casualties 43% were diagnosed as suffering from just psychological problems and a further 27% had mistakenly injected themselves with atropine (an antidote to gas poisoning). The book is littered with other examples of how, in incidents that may potentially involve bioterrorism, the majority of those who present to health-care providers are likely to suffer with psychological rather than physical problems.

Having grasped this subject's importance it is clear to me that if emergency health planners neglect the psychological aspects of a bioterrorism attack it is likely to prove perilous. After gaining the readers attention (or should I say terrorizing the reader) the book attempts to impart some useful information and planning strategies likely to be of use to post-incident health planners. An especially useful chapter is the one which clarifies how to differentiate manifestations of infection from psychiatric

disorders and fears of having been exposed to bioterrorism. This is of particular importance as many of the early (and therefore potentially treatable) symptoms of exposure to a biological or chemical agent are similar to the symptoms of excessive anxiety. The syndrome of malaise, shortness of breath and feeling a little tremulous is relatively useless in distinguishing real exposure from excessive anxiety. This chapter provides useful lists of 'hard' objective symptoms which are likely to be helpful in allowing physicians to sort the wheat from the chaff.

Elsewhere in the book we are reassured that, contrary to scenes from numerous disaster movies and the headlines often seen in the tabloids, we should not expect mass panic after bioterrorism incidents. Instead people's immediate actions are likely to be functional and supportive towards those who have been injured or who are ill. This period has been called 'the heroic phase'. However, we learn that the this altruistic behaviour soon gives way to disgruntlement and disillusionment as the populace realize that, once the disaster is over, the process of rebuilding infrastructures and communities is not going to be easy. In knowing that the latter phase will occur, public health officials can plan for it rather than be taken by surprise.

For me the book communicates two clear messages. Firstly, in planning for the consequences of a bioterrorism attack, a robust, rehearsed and flexible risk communication strategy is vital. Without the maintenance of public trust in the emergency services, local councils and the government it is likely that the general population will disobey official instructions. Public health interventions can only be successful if they engage the public and get them to react appropriately. The reader is left in no doubt that failing to plan how to communicate with a scared and damaged population will lead to problems. The second clear message is that mental health professionals have a role to play both at the planning stage and in the management of the acute situation. Helping other physicians triage the potentially huge numbers of

'worried well' from the hopefully much smaller number of those actually exposed is a role that mental health professionals should be able to train for and achieve.

This book has many chapters which do not directly link with each other. However, we know that important messages should be repeated. As long as the reader does not become too bored with such repetition they can learn some hopefully useful strategies. Although one hopes never to need this book's words of wisdom, if a dirty bomb explodes on your watch you will be glad to have this book in your emergency response bag.

NEIL GREENBERG

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*Treating Depression Effectively*. By S. H. Kennedy, R. W. Lam, D. J. Nutt and M. E. Thase. (Pp. 154; Price £29.95, ISBN 1841843288 pb.) Martin Dunitz, Taylor & Francis Group: London and New York. 2004.

This short book was developed from guidelines drawn up by the authors for use by practising psychiatrists treating depression in Canada. This book, therefore, does not seek to broadly cover the whole field of depression treatment and is much the better for it. Rather, the authors have sought to distil their knowledge and experience into a short handbook to be used by practising psychiatrists and have succeeded admirably. This book is, therefore, pragmatic and of more use to the practising psychiatrist rather than for research purposes. Individual chapters are short, concise, and well presented with little overlap or redundancy commonly seen in multi-authored textbooks. Tables summarizing the main points in each chapter and liberal use of figures facilitate easy browsing in a environment such as an in-patient unit or a busy out-patients' clinic.

This book begins with an introduction to the epidemiology of depression followed by a short but useful chapter on evidence-based psychotherapies used in the management of depression. However, unsurprisingly given the authors' area of expertise, the bulk of the book is given over to the pharmacological management

of unipolar depression. The final chapters focus on treatment of resistant and late-life patients, women, children and those with other comorbid diagnoses. Particular strengths of the introductory chapters were descriptions of easy-to-use rating scales to allow simple evidence-based assessment. Similarly, recommended websites and self-help books outlining psychological treatments, for patients to access, were identified.

Throughout the book the authors have synthesized available data regarding individual treatments, from randomized controlled trials and meta-analyses to anecdotal case reports and have indicated the strength of the available data on such treatments. This is extremely useful to the practising physician, who is unable to digest and incorporate all the current available evidence on available approaches. I also found the chapter regarding choosing antidepressants across depressive disorders and the attempt to differentiate between treatment approaches depending on symptoms and presentation useful, although such data are at best preliminary. Similarly, the chapter discussing practical issues in choosing antidepressants was very useful, particularly the tables dividing side-effects of various antidepressants into very common ( $\geq 30\%$  incidence) and relatively common ( $\geq 10\%$ ) as this allows physicians focus on the side-effects they and their patients are most likely to encounter and need to know about.

The chapter outlining strategies in treating resistant depression was disappointingly short but this probably reflects the paucity of outcome data on severe refractory patients in naturalistic settings rather than the shortcomings of this book. One of the commonest topics brought up by patients with depression is the evidence behind alternative and complementary therapies, particularly given recent media reports about antidepressant-induced withdrawal effects, which has led to a marked reluctance among many patients to take conventional antidepressants. The authors are, therefore, to be complimented for including a chapter outlining evidence for and against less conventional treatment approaches including the side-effects of such treatments.

I would have little hesitation in recommending this pragmatic handbook to the vast majority of practising psychiatrists involved in

the assessment and treatment of patients with unipolar depression and I look forward to thumbing through it regularly in my own clinical practice.

NOEL KENNEDY

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*Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*. Edited by J. Read, L. R. Moshier and R. P. Bentall. (Pp. xxiv + 373; Price £19.99, ISBN 1583919066 pb.) Brunner Routledge (Taylor & Francis) for the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses: Basingstoke, UK. 2004.

This is a multi-authored volume. Fourteen chapters are provided by the editors alone, jointly or with others, and nine by additional contributors. The purpose of the volume is to make the case for the psychosocial aetiology of major mental illnesses, except that they are not recognized as illnesses. According to a lady, Dorothy Rowe, who writes the foreword which speaks of persecution of those who share her ideas, there is 'a vast body of research which, taken together, shows that mental distress is not best explained by hypothesizing a gene or some biochemical change as the cause. Nor is it true to say that schizophrenia and depression are inevitably lifelong illnesses that must be managed by psychiatrists. The evidence ... is presented in this book ... ideas within the psychiatric system and within the general public need to change.' As can be recognized from the tone of this quotation, the authors generally consider that psychiatry as practised in the developed world is in much need of correction, or perhaps therapy if the practitioners were not so incorrigible.

The three editors are responsible for 14 chapters (together with some additional authors) and there are nine chapters by other authors. Of the 23 contributors I could only firmly identify three as psychiatrists including the late Dr Moshier. The general tone of the preface and foreword is reinforced from chapter 1 onwards with the title 'Schizophrenia is not an illness'. In this chapter, written by the three editors, they claim that 'bio-genetic ideologies or technologies

are unsubstantiated as causes of schizophrenia, and for a hundred years the dominant approach has been unsupported scientifically and unhelpful in practice'. Allegations of 'medicalizing' of distress (p. 5) are accompanied by mention of millions of children on amphetamines for their difficulties in concentrating and sitting still. Genetic and biological theories are characterized from the beginning as simplistic and reductionist, and the 'bio-psycho-social' approach is rejected as 'a colonization of the psychological and social by the biological'.

Heavy guns are directed at the psychoses. Kraepelin is quoted with respect to dementia praecox (p. 24, citing *Psychiatria*, 8th edn, 1913) as saying 'a series of morbid pictures are here brought together under the term "endogenous dementias" merely for the purpose of preliminary enquiry'. Speaking about the period at which Kraepelin was doing this the authors assert 'Psychiatry however urgently needed something more than "preliminary enquiry" or "impenetrable darkness".' When Kraepelin then takes the position that dementia praecox if it is to have another name should have a neutral form rather than offer a view of the nature of the disease which will turn out to be doubtful or wrong, he is criticized for lacking logic. According to Read, Kraepelin must be stigmatized as claiming to have discovered an illness without identifying 'any consistent symptoms, time of onset or outcome, and with no observable cause ...'. For Read this contradicts the basic rules of medical science since, 'to propose a meaningless name to avoid assumptions that might be tested' places Kraepelin's work 'beyond the realms of science altogether'. Most readers of Kraepelin would be more prone to commend his care not to claim too much when the evidence did not support it.

Patchy knowledge, even of the psychosocial literature, is revealed when Professor Hugh Freeman is described as a prominent British biological psychiatrist (p. 41). Although he has published a number of works on psychopharmacology, his widely known output has mostly been on social psychiatry, particularly community psychiatry. Professor Freeman's book *A Century of Psychiatry* is criticized along with a number of others for devoting either no, or limited, space to the links between Nazi psychiatry with its support for murder of

psychiatric patients, allowing only two paragraphs in this particular work (which has rather large paragraphs and pages). In fact, another paragraph in *A Century of Psychiatry* (p. 138) describes the work of Lionel Penrose in detail with the conclusion that sterilization would be ineffective in preventing the perpetuation of mental defect while the eugenics movement, sterilization and starvation and German doctors involved in concentration camps were all discussed further by John Crammer.

*Models of Madness* deals with many issues and the points made here may seem small individually, although some are large in consequence. However, they tend to show the careless abandon with which this book makes some of its claims on items that the authors fancy will suit them.

HAROLD MERSKEY

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*A Handbook on Drug and Alcohol Abuse: The Biomedical Aspects* (4th edn). By G. Winger, J. H. Woods and F. G. Hofmann. (Pp. 208; \$29.95; ISBN 0195172795 pb.) Oxford University Press, Inc.: New York. 2004.

The authors of *A Handbook on Drug and Alcohol Abuse* take on the daunting task of summarizing a great deal of material in a small amount of space. The text includes an introductory overview chapter, chapters on the major drug classes (nicotine, opioids, depressants, inhalants, club drugs, marijuana, and stimulants), and final chapters on medical and legal issues related to drug abuse. The overall organization of the book and each of the chapters is sensible. It is admirable that this text includes chapters on some newer drug trends such as club drugs and inhalants. However, the book might have benefited from a heavier emphasis on some important drugs such as alcohol, methamphetamine, barbiturates, as well as LSD and other hallucinogens.

On page viii, the authors state that their target audience includes students and teachers in psychopharmacology at the upper undergraduate or graduate level, medical students and physicians, counsellors and therapists, as well as lay people. Unfortunately, in their effort to be 'all

things to all people', the authors leave much to be desired. The text does not cover some basics that would be necessary for students to understand the chapter sections on pharmacodynamics, such as chapters on neurophysiology, neurotransmitters, or routes of administration/pharmacokinetics. The authors sometimes neglect to discuss some of the appealing aspects of particular drugs, such as the appeal of MDMA among young people attending 'raves'. It is understandable that the authors would not want to encourage drug use, but a more realistic and balanced perspective might be more useful to students who may become practitioners or researchers in this area. The book could probably also be made more user-friendly with greater numbers of graphs, figures, tables, and other images, particularly for use as an undergraduate text.

The fourth edition of this book was intended to be an 'update' including new trends based on the previous editions published in 1975, 1983 and 1992. However, many old (but not necessarily classic) studies are cited rather than newer findings. Moreover, if this book is to be used as a teaching tool, more detail and critique of some key studies would have been useful. In addition, some of the most interesting recent findings and controversies are either not mentioned or are given short shrift. For example, the debate over the use of opioids for chronic pain, rapid opioid detoxification, THC amotivational syndrome, the mechanism of action for methylphenidate with ADHD, and the use of benzodiazepines in alcohol detoxification are not discussed.

Regarding specific chapters of the book, the first introductory chapter includes some important overview information on substance abuse. However, some of the terms used throughout the book are not defined or explained well, such as sedative, hypnotic, minor tranquillizer, binge drinking, and so on. Some statements throughout the book are cryptic and could be confusing for students. For example, on page 2, the authors state that 'caffeine and nicotine are exempted from this [drug abuse] category' but on page 3 that 'Nicotine use also fits uniquely into the category of drug abuse'. The first chapter also endorses the 'drugs as behavioral reinforcers' theory of addiction but pays little attention to this theory in later chapters of the book, nor does it discuss alternate

theories such as biological, social, or personality theories. The legal history chapter spends little or no time on several important issues such as alcohol prohibition, the regulation of tobacco, current issues in the justice system including drug courts, and current laws in various states and countries.

In summary, the structure of this book is solid. However, future editions should target a specific audience and provide them with recent material with detail appropriate to their particular professional level.

CAROLYN HECKMAN

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*Stress, the Brain and Depression*. By H. M. van Praag, R. de Kloet and J. van Os. (Pp. 296; £65.00; ISBN 052162147X hb.) Cambridge University Press: Cambridge, UK. 2004.

After 40 years in which the monoaminergic hypothesis predominated, stress-responsive hormones have come to the fore in research on mood disorder. The new theory mimics findings about 'bad aging' in rodents (Sapolsky, 1992). In this model, early trauma, followed by adversity later in life, leads to a 'stuck switch' problem, in which insults to the brain become elaborated, via excess exposure of neurons to glucocorticoids. The results are cell atrophy and cell death in the hippocampus, and elsewhere, harm associated with the complex emotional and behavioural syndrome, major depression.

Herman M. van Praag and colleagues have undertaken a critical review of the research literature linking stress and depression. Their thoughtful arrangement of the findings, and their judicious evaluation of the methodology, results in a clear assessment of the strengths and weaknesses of each aspect of the prevailing model.

The review begins with an overview of syndromal diagnosis and its shortcomings. Van Praag goes on to assess studies linking life events to distress, an inquiry that leads to a broad consideration of gene-environment interactions in the causation of depression. The critique ranges to issues of epistemology, as when van Praag

reminds readers of what is lost in checklist and even interview ratings of the perturbing power of apparent adversity:

Suppose a researcher would assess someone's aesthetic experiences evoked by a Verdi opera by averaging the aesthetic experiences of a sample of somewhat similar individuals listening to the same piece of music. Such a strategy, I guess, would be considered odd and would procure little insight in the musical taste and aesthetic tuning of the person studied. Individual experiences are what they are: private states of mind (pp. 32–33).

Van Praag's overview is cautious, even conservative. The role of impaired neurogenesis, as a factor in major depression, receives only the briefest consideration, as does restored or enhanced neurogenesis as a mechanism of action for antidepressants. But van Praag undertakes an extended consideration of the monoaminergic theory and its potential links to research on stress hormones. The relationship between abnormalities in corticotrophin-releasing hormone levels and depression receives a particularly thorough review. At the end of the book, van Praag advances his own variant theory, in which underlying anxiety and aggression play crucial roles in stress-related depression.

Because it pulls together disparate lines of research that suggest the same conclusion, Van Praag's overview has the effect of reinforcing belief in the stress model of depression. But perhaps this book's greatest contribution is in the reverse direction – reminding readers of the many gaps in the chain of evidence.

PETER D. KRAMER

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*Psychotherapy for Borderline Personality Disorder: Mentalization-Based Treatment*. By A. W. Bateman and P. Fonagy. (Pp. 381; £29.95; ISBN 0-19-852766-7 pb.) Oxford University Press: Oxford. 2004.

This is an important book. It comes at a time of 'guarded optimism', to use the author's words

regarding personality disorder. It is now apparent, after a decade or so of research, that 'personality is changeable and treatable' (p. xix). Bateman and Fonagy have been significant contributors to the research leading to this conclusion. Their reports on the outcome of their borderline programme, together with two other reports, from Seattle and Sydney, provide the main basis for the view that borderline disorder is treatable. These three studies are the first which largely conform to the standards of adequate of research in this area. The outcomes in the London and Sydney programmes are similar (Stevenson & Meares, 1992; Meares *et al.* 1999; Bateman & Fonagy, 2001), and superior to the Seattle programme (Linehan *et al.* 1993). There are some similarities in the three treatment approaches but the greatest commonalities are between London and Sydney.

Influential older approaches to treatment of the borderline condition used psychoanalytic concepts. They involved early interpretation of negative transference, and an understanding of the condition based on the idea that its manifestations were the consequence of defences such as splitting and projective identification. Therapeutic adherence to this theory was not infrequently associated with deterioration. What is offered in this book is something very different.

The theory which governs the therapeutic practice is coherent and logically derived. The authors begin with the therapeutic aim which is to foster the development of 'a stable internal sense of self' (p. xxii). Necessarily, in order to build a plausible theory, self must be defined. They choose the philosophical tenets of Dennett and Ryle and the concept of 'intentionality' to provide this starting point. An understanding of the emergence of self is solidly founded on data from developmental studies, particularly those concerning attachment. This background leads to an enlargement of the therapeutic aim. It is the creation of a suitable 'interpersonal context in which understanding of mental states becomes a focus' (p. xx) and, in particular, 'to recreate a situation in which understanding the patient's self as intentional and real is a priority' (p. xx).

The core component of the treatment is called 'mentalization' defined as 'the mental process by which an individual implicitly and explicitly

interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs and reasons' (p. xxi).

The Bateman–Fonagy formulation does not neglect the brain basis of mind. They produce data suggesting 'mentalization' is dependent on pre-frontal function so that the aim of therapy, using a different language, can be briefly understood as 'keeping the pre-frontal cortex on line at times of stress' (p. xxi).

The next step in constructing a suitably scientific theory of psychotherapy is to devise a way of testing it. Since an essential element of 'mentalization' is the reflective awareness of inner events, measurement or charting of both development and therapeutic processes is made possible by means of the *Reflective-Functioning (RF) Manual* (Fonagy *et al.* 1998). RF is shown to be correlated to adequacy of attachment formation.

In addition to the clearly formulated theoretical background the book provides a manual of practice which will be very useful to those setting out on the forbidding task of providing care for this difficult group of patients. The manual includes helpful advice on specific problems and issues such as crisis telephone calls and affect storms. It also includes protocols for patient information, training materials, crisis plans and so forth.

As a book on the borderline condition, however, this volume has its flaws. It gives only a limited sense and feeling of the borderline experience. Crucial issues at the core of the problem are barely discussed. They include, for example, dissociation and the characteristic painful sense of emptiness. Dissociation does not appear in the index. A different kind of restriction is found in the review of the literature on the borderline condition which is not indexed for authors so that it is not possible to track the main themes of a particular author's work. The form of the review produces a sense of clutter. This is created by a relative absence of critique, citations tending to follow each other in the manner of a catalogue. Such a procedure is useful where 'facts', such as outcomes, are described but is unsuitable where concepts are concerned. An example is provided by the treatment of the concept of defence.

The issue of defence is an important one since, as previously remarked, the older psychoanalytic view saw the phenomena of BPD, e.g. discontinuity of consciousness and a focus upon bodily sensation, as effects of defences, e.g. splitting and hypochondriasis, whereas the new model sees these phenomena as manifestations of maturational failure of circuitry involving pre-frontal connections. It is not clear where the authors stand regarding these alternative explanations since they present reports of 'defences' found in BPD without comment (p. 5). An impression, however, is created that they attempt to embrace both positions, remarking, for example that the defence of projective identification is 'the dominant form of emotional experience in personality development characteristic of individuals with BPD' (p. 83).

Perhaps because of the amount of theoretical ground the authors try to cover, certain conceptual matters are not treated in depth leading to representations of these ideas which can be misleading. Examples include statements about my own work. These statements are made without reference to the texts in which the model is described (Meares, 1993, 2000). In one instance, the authors imply that my approach is unlike 'mentalization' (p. 122). The main point of the Sydney model is that treatment of the borderline condition depends on developing that form of relatedness which will potentiate the emergence of the kind of 'duplex' consciousness which William James called 'self' and which involves the reflective function. Its emergence is associated with a cascade of experiential, relational, and conversational changes. This process is not identical to 'mentalization' but resembles it. A more egregious misrepresentation involves the issue of content *versus* process. I am lumped together with Kernberg and Ryle as one of those, in contrast to Bateman & Fonagy, who are said to focus on the content of the therapeutic conversation rather than the process (p. 143). Since my 'Persecutory Therapist' paper with Robert Hobson in 1977 there is nobody writing in this field who is further from the interpretive and nearer to the process style of therapy than myself. 'Process' is the basis of the Conversational Model.

Despite its flaws, which one hopes will be corrected in a subsequent edition, this book is a valuable one. It is likely to be seen as a milestone

in changing attitudes towards, and an understanding of, a neglected and disabling disorder.

RUSSELL MEARES

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*Cognitive Therapy of Personality Disorders, Second Edition*. By A. T. Beck, A. Freeman and D. D. Davis, and associates. (Pp. 412, \$46, ISBN 1572308567 hb.) Guilford Press: New York. 2004.

Fourteen years have passed since the publication of Beck and associates' first edition of *Cognitive Therapy of Personality Disorders*. This new edition was motivated by the increasing popularity of cognitive therapy, in general, and specifically by expanding clinical experience with cognitive approaches to the understanding and treatment of patients with personality disorders (PDs). With certain key modifications, a therapy that has been shown to be effective for the treatment of mood and anxiety disorders is now showing considerable promise for reducing the pervasive suffering and disability due to personality disorders.

The second edition (as the first) has been jointly written by Drs Beck, Freeman, Davis, and 10 collaborators, rather than edited. The goal of their collaborative effort was to produce a book that would be more integrated and less redundant than an edited volume. By and large, the authors have achieved that goal. The book is

divided into two major sections: Part I deals with the history, theory, and basic principles of cognitive therapy for patients with PDs, and Part II presents clinical approaches to each of the 10 'official' DSM-IV-TR PDs, plus passive-aggressive (negativistic) PD, which was relegated to an appendix for categories in need of further study. The first section includes a new chapter on the assessment of personality traits, disorders, schemas, and related beliefs and assumptions, and another on the 'therapy relationship' with personality-disordered patients. The latter chapter highlights the critical (perhaps self-evident, but not to be overlooked) points that (1) disturbances in interpersonal relationships are fundamental to PDs and (2) without adequate attention to the interpersonal aspects of cognitive (or any) therapy, treatment of patients with PDs is destined to fail. The chapter emphasizes understanding reasons for patient 'non-collaboration' (like resistance, but more accessible to conscious awareness) with treatment, listing some 22 possibilities and how to deal with them, as well as the emotional aspects of the therapeutic relationship for both patients and therapists – in other words, the cognitive conceptualization of transference and counter-transference. Along with recognition that the schemas of patients with PDs are more 'structuralized' and parts of the person's 'normal' cognitive organization, understanding and managing the therapeutic alliance and the emotions aroused by the treatment are at the crux of the modifications in standard cognitive therapy necessary to treat these patients. These factors also account for the observation that, even with cognitive therapy, treatment of patients with PDs may require years rather than weeks or months.

All of the chapters in second section, Clinical Applications, have been revised to have a common structure, including historical perspectives on each PD, research and empirical data, a discussion of differential diagnosis, the cognitive conceptualization of the disorder, the treatment approach itself (both strategies to maximize collaboration and specific interventions), and cognitive approaches to maintaining progress. New chapters have been written for schizoid/schizotypal, borderline, and passive-aggressive PDs. A major strength of this section – and, indeed, of the entire book – is the rich clinical material throughout, including continuous

case presentations illustrating the sections of the chapters, brief clinical vignettes making specific points, and dialogue of exchanges between patients and therapists. The clinical material brings theory and principles to life and dramatically increases the book's value for learning how to do cognitive therapy. The sections on historical perspectives and differential diagnosis enrich the reader's overall understanding of PD psychopathology. If there is a weakness, it is in the somewhat variable sections on research and empirical data, some of which present basic information on prevalence, comorbidity, and pathogenesis of the PDs, while others are more specifically focused on research on the disorder's cognitive and behavioural characteristics and on psychotherapy studies. A final chapter, 'Synthesis and Prospects for the Future', concludes with 14 general guidelines for cognitive therapy with patients with PDs that effectively summarize the collective wisdom of the preceding chapters.

*Cognitive Therapy of Personality Disorders, Second Edition*, is certainly a worthwhile book for anyone interested and involved in the evaluation and treatment of patients with personality disorders. The approach seems especially salient for patients with PDs, who may have particular problems in recognizing and understanding what it is about themselves that makes their lives seem like obstacle courses. As compelling as the approach may be, however, more studies are needed to demonstrate efficacy and sustained benefit for individual PD types.

ANDREW E. SKODOL

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*Behavior Genetic Principles: Perspectives in Development, Personality, and Psychopathology*. Edited by L. F. DiLalla. (Pp. 239; \$59.95; ISBN 1-59147-083-8.) American Psychological Association: Washington, DC, USA. 2004.

This *festschrift* volume, edited by L. F. DiLalla, is part of the Decade of Behavior Series published by the American Psychological Association and is based on a scientific conference organized to honor Irving I. Gottesman and composed of many of his students and

collaborators. Although such *festschriften* are almost always enjoyed by their honoree and participants, their success as published contributions to the scientific literature and as having value to the reader is more difficult and fraught with numerous perils. First, the honoree must have a general importance that reaches beyond contributions to a specialized niche. Furthermore, the scientific interests of the honoree (and by extension, their students and collaborators) must be broad and deep enough to have importance and appeal to the larger field. The honoree's students and collaborators who contribute to the volume must also be of the first rank with something new to say. And finally, the editor's encouragement of the contributors to give their best effort and the resulting editing process both need to be rigorous, which may be even more difficult among a group of former students and collaborators.

*Behavior Genetic Principles* succeeds admirably on all these fronts. Its honoree, Irving I. Gottesman, is truly one of the key figures in behavior genetics, both historically and currently. From his dissertation twin study of personality in 1960 to his current collaborations on the molecular genetics of schizophrenia, Gottesman has made signal contributions and been a champion to the field. From the current post-genomic vantage point it is difficult to appreciate how unusual and unpopular it was to be interested in genetic influences on behavior in 1960. In addition to having the courage of his scientific convictions, Gottesman's contributions have been marked by careful scholarship, broad interdisciplinary interests, deep insights, and humanitarian concern. The high quality of his accomplishments and warmth of his personality have also served to inspire a generation of students and an international set of collaborators. The Foreword by Brendan Maher, the Preface, and Postscript give us something about Gottesman, the person. The body of the book gives us something of his and his colleagues' interests and contributions. Clearly, Irving Gottesman is an ideal scientist for such a *festschrift*.

The content and breadth of his interests and those of his students and colleagues also make for a volume that should attract a wide readership. The general field of behavior genetics itself has seen dramatic growth and increased

influence in recent years and should be of interest to researchers and students from a wide range of psychological and psychiatric specialties, including psychopathology, developmental psychology, personality, and neuropsychology to name but a few. Most importantly for the current purposes, Gottesman's and colleagues' interests and contributions span the entire range of current behavior genetics and the volume includes sections on development, personality, psychopathology, and molecular genetics.

As a testimony to Gottesman's mentorship and collaborative style, the contributors to the volume are among the best in the field from around the world. Each has made important contributions to the areas covered by their respective chapters and has given their best effort to the volume. The chapters generally aim to and succeed in presenting some novel angle, addressing some important phenotypic question, or provoking reconsideration of our assumptions.

The selection, organization, and editing of the chapters by L. F. DiLalla makes the whole package more than the sum of its parts. Across chapters there is an even, high level to the editing and a consistency of style that is often missing in edited volumes and that makes this one a pleasure to read.

In summary, I highly recommend *Behavior Genetic Principles* to students and researchers in behavior genetics or in other fields who are interested in learning more about this important area. Although it has broad coverage it is, however, probably not systematic enough or written at a level that makes it appropriate for the beginning student. Not only does it provide an excellent sampling of current research on a range of important behavior genetic topics, it also provides a fitting tribute to one of the field's major figures.

MICHAEL F. POGUE-GEILE

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*Brave New Brain: Conquering Mental Illness in the Era of the Genome.* By N. C. Andreasen. (Pp. 368; \$35.00; ISBN 0195167287 pb.) Oxford University Press: New York. 2004.

This single-authored volume, written by Nancy Andreasen, MD, PhD, represents a continuing

evolution of her thinking and writing, following the prior well-received text for the general reading audience, *The Broken Brain: the Biological Revolution*. The focus of this new volume addresses the emergence of neuroimaging techniques and molecular genetic discoveries, as they relate to the science of the mind and of the brain.

Dr Andreasen succinctly introduces the research on the brain, as she alerts the reader to the challenges. These challenges include: (1) understanding the significant personal and economic burden of major mental disorders, (2) introducing the new developments in neurobiology, neuroimaging, and molecular genetics, (3) defining the symptoms and natural history of the major mental illnesses including schizophrenia, mood disorders, dementia, and anxiety disorders, and (4) reflecting on social, moral, and economic implications of the new neuroscience.

At the outset of the book, the author astutely prepares the reader for the sobering information about the burden of mental disorder, using her reading of Shakespeare's *The Tempest* as a model. Dr Andreasen writes, 'optimism based on a foundation of realism is the only true path to a "brave new world".' Of the top ten causes of disability in the world, four mental disorders are included: depression, alcohol abuse and dependence, manic-depression, and schizophrenia. A fifth, self-inflicted injuries, is usually a consequence of mental illness. Dr Andreasen couples the reality of the pain and suffering of individuals, families, and society with the hope associated with new research about the brain.

Chapter 2 summarizes a path to health and recovery, in recounting a clinical experience, which details an individual's and family's efforts to obtain effective treatment for depression. In chapter 3, the author passionately calls for synthesis as an approach to understanding mental illness, criticizing psychiatry's penchant for creating false dichotomies and arbitrary categories. The emphasis on synthesis is central to her approach to understanding the human mind and its associated disorders. The author strongly articulates the position that dichotomies such as 'psychological' *versus* 'biological' or 'brain diseases' *versus* 'mind diseases' are invalid. Dr Andreasen argues coherently that both psychotherapy and pharmacotherapy are effective in modifying 'mind and brain function'. Another dichotomy, considered to be

false by the author, is one related to etiology, whether illness is fundamentally 'genetic' or 'environmental'. The more appropriate consideration is to describe genetic and non-genetic factors in understanding etiology. In addition, Dr Andreasen calls for treatment approaches, which encompass an appreciation of complexity of causes and multiple modalities of intervention.

Chapter 4, introduces the reader to brain biology, carefully explicating the role of three types of brain tissue: gray matter, white matter, and cerebrospinal fluid (CSF). The author's straightforward explanatory style offers a primer in brain structure, function, and development. She also effectively communicates an understanding of neurodevelopment, neurodegeneration, neurogenesis, and the role of various neurotransmitter systems.

Chapter 5, highlights new developments in human genetics including the role of gene expression and the process of genetic coding for all protein synthesis. The author explains the genetics of 'complex illnesses', involving multiple genes, as well as variable penetrance and variable expressivity. These concepts lead to further complexity in understanding the genetics of complex diseases, such as the primary psychiatric conditions.

In chapter 6, the author elucidates evolution in neuroimaging, which has led to greater understanding of neuroanatomy, pathophysiology, and neurodevelopment. Further developments in functional neuroimaging also provide insights into receptor and other brain changes as a result of new pharmacological interventions. Dr Andreasen reflects a detailed and comprehensive picture of this new area of technology and research.

The next section of the book undertakes an updated overview of the current neurobiology of the major mental illnesses. In this effort, Dr Andreasen describes the early history of recognition of these illnesses. The author opposes the stigmatization, which arose in the second half of the last millennium. To improve understanding and to advance therapeutics, four stages are depicted: (1) isolating a syndrome, (2) identifying its pathophysiology, (3) finding a treatment to reverse the pathophysiology, and (4) preventing the pathophysiology from arising.

Chapter 8 describes the onset, progression, course, and natural history of schizophrenia.

The author centrally informs the reader about the modern descriptions of positive and negative symptoms of schizophrenia. The chapter includes an excellent summary of genetic factors, current neurodevelopmental theories, and therapeutic interventions in schizophrenia.

In chapter 9, the severity, variety, and range of mood disorders are reviewed. Dr Andreasen details relevant stress factors, psychological aspects, and biological hypotheses that are associated with the development and persistence of mood disorders.

Chapter 10 depicts the diseases associated with aging, with particular attention to Alzheimer's disease, vascular dementia, and Huntington's disease. Chapter 11 is devoted to a complete and informative update of anxiety and the associated anxiety disorders. The author synthesizes an understanding of multiple complex

neurocircuits, which are involved in the development of anxiety states. Dr Andreasen outlines the history of one of the earliest types of anxiety disorder (post-traumatic stress disorder) and appropriately delineates current controversies associated with the diagnosis.

In chapter 12, this outstanding work is concluded with a thoughtful and provocative summary of the challenges facing psychiatry. The implications of integrating new knowledge and implementing preventive techniques are meticulously summarized. Dr Andreasen, current Editor-in-chief of the *American Journal of Psychiatry*, has made another tremendous contribution in this work. Informative and well written, this volume is highly recommended to clinicians as well as consumers, interested in understanding the new brain science and its applications to psychiatry.

ALAN M. GRUENBERG