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Book reviews

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Healing Psychiatry: Bridging the Science/Humanism Divide. By D. H. Brendel. (Pp. 208; $26.00; ISBN 0262025949.) MIT Press: Cambridge, MA. 2006.

Healing Psychiatry is written for psychiatrists who are committed to the scientific basis of their discipline and also believe that a 'humanistic' concern with personal meaning is important for understanding psychiatric patients. Unfortunately, humanism's focus on the uniqueness of individuals where, for example, everyone is depressed in their own way, conflicts with the scientific approach which seeks to learn about depression by discovering what different cases of depression have in common.

David Brendel's framework for integrating science and humanism is called *clinical pragmatism*. Pragmatism is about doing what works, but not in the 'mere utilitarian' sense of doing what is expedient. Pragmatism seeks to do 'what works' over the long run. It is distrustful of universal principles and absolute truths. In contrast, it attends to variation and maintains that the best way to learn about one's objects of study is to interact with them.

Brendel deftly imports these philosophical considerations into a clinical setting by introducing four P's of pragmatism. Psychiatry should be *practical*; it is a medical discipline that seeks to improve the lives of its patients. Psychiatry should be *pluralistic*; an entire range of explanatory tools can be used to solve its research and professional problems. Psychiatry should be *participatory*; scientifically it is a social process that requires challenging others' findings and professionally it works better in collaboration with the patients themselves. Finally psychiatry should be understood as *provisional*; psychiatrists should not fool themselves into thinking that their learning is or can be completed.

Brendel also defines the kinds of perspectives which pragmatism opposes, namely, any perspective that narrows what counts as legitimate information or any perspective that adopts a pessimistic attitude about the possibility of progress.

The book explores a variety of issues including the relation between psychological and biological explanations, the psychiatry–neurology relationship, and psychiatric nosology. In each chapter Brendel shows how the clinical pragmatist perspective differs from popular alternatives. His applications to psychiatric treatment are especially helpful, a long-standing strength of Brendel's work in general.

One criticism I have is that the pragmatism that Brendel so skilfully advocates is somewhat undermined by his suspicions regarding biological reductionism and a possible tendency to interpret biological analyses as reductive in cases where they may not be.

One example of this tendency can be found in the chapter on psychiatric diagnosis. By stating that disorders occur in individuals, the DSM-IV does lend itself to viewing psychiatric disorders as biogenetic time bombs that merely go off in the body, but I doubt that its framers were biased in favour of biological psychiatry as Brendel suggests. For example, coding substance-induced major depressive disorder on Axis I but not coding stress-induced major depressive disorder may not betray a neurobiological bias. Pragmatically speaking, the importance of substance-induced depression is that once the person is substance free, the depression should dissipate. Coding major depressive disorder due to a stressful event would not have such clear treatment implications. It does not merit classification as a distinct kind of thing on Axis I.

Healing Psychiatry is part of the MIT Press Basic Bioethics series and the ethical issues frame the book. Reducing suffering and doing no harm constitute the basic mission of any medical discipline. Such humanistic values can never be partialled out of psychiatry – the question is how to systematically study these and other important values in cooperation with the

science that supports them. In answer, Brendel introduces a fifth P – *professionalism*; a concern for practical results with respect to the goals for treatment negotiated with psychiatric patients.

The book concludes with a vision of what a successful psychiatry could be, complete with suggestions for how psychiatrists can be trained to fulfil this vision. Here is where David Brendel's passion becomes evident. He still believes in the possibility of great psychiatrists – those who inspire us with both their clinical widsom and medical acumen.

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Child and Adolescent Psychiatry, Second Edition. (*Blackwell's Neurology and Psychiatry Access Series*.) Edited by S. B. Sexson. (Pp. 424; $99.95; ISBN 1405117680 hb.) Blackwell Publishing: Oxford. 2005.

We will go on record by confessing to what we suspect is an all too common misdeed among book reviewers: we did not read this book in its entirety. There. We said it. In our defence, we should add that this was a conscious decision: we wanted to review this book as it might be read by clinicians and students who would pick it up for a quick and useful consultation. We decided to focus on its many tables, to see whether the book hung together coherently when seen in this light. To our pleasant surprise, it did, leading us to realize that thinking *inside* the box is at times underrated.

Concision is a key attribute of effective communication, but that very trait has led to abuses in boxing. Two cultural icons have been especially egregious offenders: PowerPoint and the DSM (or the ICD, take your continental pick). Let's look at the first. Few self-respecting academics feel comfortable these days lecturing without PowerPoint, but the device has all too often gone from supporting feature to painful crutch, and off-the-cuff presentations are as rare today as they are appreciated. In an unforgiving manifesto, Edward Tufte (2006) has taken a harsh look at the much-loved software package, and no slide show will ever look the same after reading it. Tufte's central argument is that PowerPoint has dumbed-down academic thinking by forcing presenters to organize their thoughts through rigidly outlined templates that stifle creativity. Further, the hierarchy of text-based slides (smaller bullet points falling under larger) transcends the screen, such that audience members become as subservient to the presenter as do ideas made in small fonts to those in caps.

Attacks on, and impatience with, the DSM have of course been many, and this not the place to revisit them at length. But one of the enduring concerns, especially when it comes to training, is the formulaic and Chinese-menu approach to diagnosis that the volume can sanction. Psychopathology reduced to checklists and the fulfilling of criteria is a dangerous minimization of contemporary psychiatry that can eclipse the clinical excellence that should be at its core. The sometimes exclusive emphasis on DSM in textbooks, curricula, training programmes and examinations can conspire to reify into clinical reality what was originally intended to be but a shared research vocabulary.

How then does this book hold up in our era of tabular predictability? In more ways than one, it holds up very well. Its tables are organized into four different formats that have already proved useful in other books in the Blackwell Access Series. The first are traditional tables generally dedicated to diagnostic issues: refreshingly, these are not *so* traditional as to be lifted verbatim from the DSM. Instead, they provide a framework of 'consistent', 'variable' and 'discriminating' features that are as easily grasped as applied; as such, they might be a constructive complement to the categories provided by the DSM. Information is summarized in a way that is clinically relevant but not oversimplified; it is presented with an eye at implementation in real world rather than ideal settings, and is especially on target for practitioners outside of the sub-specialized field. Take as a representative example for the book's overall tone the note appended to an early 'Consider Consultation When …' table:

> All of the above behaviors and emotions exist on a spectrum that extends from normality to severe pathology. The presence of some symptomatology does not necessarily imply the presence of a psychiatric disorder or diagnosis. However, when problems are suspected, referral to a mental health specialist is often indicated. Also note that the range of mental health specialists often varies by community. Here,

we specify psychiatrists and psychologists as primary mental health professionals to whom to refer. However, in some communities those functions are performed by social workers, nurse practitioner, and other professionals. (p. 17)

In this brief paragraph, the authors do a yeoman's job of advancing concepts of large public health impact (what does and doesn't mental illness look like in kids? Which kids need to be referred and to whom?) It does so in a pithy style that is likely to reach busy clinicians seeing children in the front lines, such as those of primary-care or school settings.

Tables in the 'Key Clinical Questions' format range from disarmingly engaging openers ('tell me what your child is really good at'; 'your typical day looks like …') to the methodically organized. Among the latter, acronyms are used sparingly and to good effect. For example, the authors recommend 'CRAFFT' for the screening of substance abuse: ever driven a *C*ar while intoxicated/high? Used drugs to *R*elax? Ever used drugs/alcohol *A*lone? Ever used drugs/alcohol to *F*orget? Do *F*amily or *F*riends know or have they told you to cut back? Have you had *T*rouble as a result? Similarly, algorithms are also few and well chosen, such as one to channel the differential diagnosis of unexplained physical symptoms into factitious, malingering, or somatoform disorders (p. 187).

'Pearls and Perils' are especially welcome additions and very amenable to the table format. 'Monitor and deal with negative reactions to minimize impact on patient care' is one common peril; the authors' wording may be more palatable to the non-psychiatrist than the more commonly seen 'countertransference', which might be too easily dismissed as obscure. Finding out that diabetic ketoacidosis can be an atypical presentation for an eating disorder (when adolescents with type I diabetes 'purge' by not giving themselves insulin) was a pearl of legitimate originality and relevance. Many such teaching pearls are strewn throughout this smoothly edited book.

Smoothly, yet imperfectly, and perhaps at the typesetting stage. For example, at least three authors (Cummings, Oswald, and Sood) inexplicably do not appear in a list of contributors that is oddly alphabetized to boot. There were, however, a few substantive concerns as well. For example, the emphasis on ECG monitoring of tricyclics is misplaced on the PR interval rather than the QTc. Given an otherwise excellent choice and arrangement of chapters, it is surprising that treatment in general, and psychopharmacology in particular, is not collected in a single, easily accessible chapter.

This volume (and series) seems optimally suited for a paediatrics or family-practice readership; it may find a home with students taking child and adolescent psychiatry electives, or with general psychiatry residents covering their child requirements. Among child and adolescent psychiatrists, it may prove useful as an organizing axis from which to develop lecture materials (including, dare we say, a few PowerPoint slides?) One final bone we have to pick has to do with the size, weight, and cover art of the volume, none of which seem especially child- or busy clinician-friendly. Had we our druthers, we would have suggested a more nimble pocketbook design.

As physicians and health-care professionals, we need to be able to think inside the box, as well as out of it. While concerns about DSM, PowerPoint and too many tables are valid, this volume proves that such tools can also be succinct, user-friendly, and practical aides for the clinician.

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Women and Depression: A Handbook for the Social, Behavioral, and Biomedical Sciences. Edited by C. L. M. Keyes and S. H. Goodman. (Pp. 582; $34.99; ISBN 0521539285 pb.) Cambridge University Press: Cambridge. 2006.

The last few decades have seen an enormous expansion in our knowledge of mental illness,

including the interacting biological and psychosocial variables that may help to explain the gender gap that exists. *Women and Depression* focuses on gender differences in depression, which emerge in adolescence and persist throughout adulthood. Women have higher rates of depression than men, with different patterns, throughout the life cycle.

As the field of women's health has emerged and expanded beyond its early concentration primarily on biological differences related to reproductive function, interest and understanding of gender differences in a wide variety of illnesses including mental illness has been detailed. A vast amount research and clinical information has centred around gender issues in epidemiology, aetiology, risk factors, prevention, clinical care and treatment. From a public health perspective the worldwide disability figures related to the impact of depression on individuals, their families and their communities have centred attention on increasing our knowledge and understanding of aetiology, prevention and treatment.

This volume is a comprehensive review of the literature on depression; it serves as an excellent reference source. It is not primarily a book to read through from cover to cover. It integrates information from a multidisciplinary perspective, including psychiatry, psychology, sociology, public health and public policy. Although it suffers from the usual problems of redundancy that are inherent in edited volumes, it is useful to have differing and complementary interpretations of data on similar topics, presented in a balanced and carefully critiqued way.

The book covers an array of important topics, and is divided into sections with specific areas of focus. Part I of the volume includes nosology, measurement and epidemiology involving women and depression; Part II includes biological, developmental, and ageing models of risk; Part III considers cognitive, emotional, and interpersonal models of risk; Part IV takes up social, political, and economic models of risk; and Part V the final section consists of chapters on systems and processes of treatment, prevention, and policy. Each section includes several chapters written by knowledgeable and articulate authors who present their material in great detail with updated information, substantive discussion and careful analysis. The bibliographies of each chapter are extensive and as current as is possible in a volume published this year. They will serve researchers and clinicians very well. My only request would have been that the section on treatment approaches would have been more comprehensive in its research data and discussion of the controversies and cover the vast array of treatments available with a critical analysis of the available outcome data, and the limits of what we can conclude. Perhaps the next edition will do that.

Social and behavioural research on gender differences in health have benefited from the input of multidisciplinary expertise. This volume stands out as one that meets the high standard set in the field. The editors have done a masterful job of assembling an excellent group of authors, knowledgeable about the major issues related to the impact of depression on women. This is a volume that will be of interest to those involved in thinking about and working with the issues of gender and psychopathology.

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