

ness. Romans would rub pigeon dung in their hair, and Renaissance women would wash their hair with horse urine. Other strategies have included applying white wine, olive oil, ivy bark, soap flakes, saffron, and, of course, hydrogen peroxide.

In researching her book, Pitman bleached her own hair and lived as a blonde for four months. Her observations are the same as those echoed throughout *On Blondes*: she received more attention and got preferential treatment, and strangers smiled at her, leading her to feel younger, more positive, and even glamorous: "After a while I wondered whether I could afford not to be blonde."

Pitman's book is informative and full of attention-grabbing tidbits about famous blondes. For example, Marilyn Monroe would not appear in any film in which there was another blonde actress. However, Pitman does fall prey to vast generalizations about the power of blondes. By her account, the rise and fall of many historical figures can be linked to the hue of their hair. Although *On Blondes* is not one of those books that stays with you once you put it down, it is an interesting read that leaves you wondering, Do blondes really have more fun?

The cover of Greg Critser's first book, *Fat Land: How Americans Became the Fattest People in the World*, really says it all: a chubby baby clutching a slice of pizza, wearing a donut as a bracelet and a hat made of ice cream, and being spoon-fed dessert. Despite the title of this book, Americans have actually become the second-fattest people in the world—second to South Sea Islanders. Critser, a journalist for *USA Today* and *Harpers* who writes frequently about health issues, examines the obesity epidemic in America. Any doubt about the prevalence of the problem is dispelled by some startling statistics: "About 60 percent of Americans are overweight—overweight enough to begin experiencing health problems as a direct result of that weight. About 20 percent of us are obese—so fat that our lives are likely to be cut short by excess fat. More than five million

Americans now meet the definition of morbid obesity."

The rise in obesity is framed as a confluence of social, political, and economic trends. Critser starts with the negative effects of agricultural policies of the 1970s, which were developed to increase overseas exports and protect American farmers. These policies contributed to the overuse of palm oil, a highly saturated plant fat, and high-fructose corn syrup, which is cheaper than sugar and converts directly to fat, and led to the widespread use of these products in processed foods. Other social trends tracked include the increase in fast food consumption and the introduction of "supersized" portions, the growth of convenience and snack foods containing large amounts of fats and sugars, the decline in physical activity and corresponding increase in sedentary lifestyles in America, and the increase in obesity-related conditions, such as diabetes, hypertension, stroke, and arthritis, as well as the economic cost they impart: "The majority of new cases (of diabetes) are a direct result of excess weight. That boils down to one in every ten dollars devoted to health care. In terms of federal resources, diabetes alone commands one in every four Medicare dollars."

Unfortunately, Critser spends less

time mapping how we can get out from under the burden of fat. Attention is given to a few innovative school- and hospital-based programs, but only six pages are devoted to possible systemic change at the national level. Discussion of how individuals can change their own habits is scarce, leaving the reader with the impression that change has little to do with individual responsibility and more to do with external interventions. It seems reasonable to hypothesize that effective weight loss will always involve some amount of self-control, whether about eating, exercising, or lifestyle choices. But even with this weakness, *Fat Land* is a thorough and thoughtful history of the circumstances, policies, and phenomena that have led us to become an incredibly fat nation.

Each of these books warrants recommendation, but for different reasons. *Wacky Chicks* is easily the most fun to read—truly a laugh-out-loud experience. *On Blondes* allows the reader to learn the most about the least; on completion of the book, you will know more than you ever thought possible about the history of blondes. *Fat Land* is hands down the most disturbing of the three books and has the distinction of being the only one that makes you feel sick to your stomach; read at your own risk.

## Neuroscience for the Mental Health Clinician

by Steven R. Pliszka; New York, Guilford Press, 2003, 280 pages, \$35

William H. Wilson, M.D.

In this welcome book, Steven Pliszka, associate professor and chief of the division of child and adolescent psychiatry at the University of Texas Health Sciences Center at San Antonio, provides a brief, cogent review of the neuroscientific basis of psychiatric practice. The book comprises two parts. The first eight chapters cover basic principles

of neuroscience: neuroanatomy, neuronal physiology, neurotransmission, and normal brain functions, such as fear, reward, memory, and cognition. The remaining six chapters review the neuroscientific basis of particular clinical entities, signs, and symptoms: attention-deficit hyperactivity disorder, aggression, antisocial behavior, substance abuse, mood and anxiety disorders, schizophrenia, pervasive developmental disorders, and cognitive disorders. An introduction and epilogue nicely

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cover the historical roots, future possibilities, and ethical dimensions of clinical neuropsychiatry and psychopharmacology.

The material in this book is highly relevant. The information in the first set of chapters should be part of the basic neuroscience curriculum in medical school yet often goes untaught. The information about clinical syndromes is as up-to-date as it can be in a book published in 2003 and should be required reading for any physician diagnosing and treating these illnesses.

Despite its conversational tone, the technical level of this monograph makes it fully suitable for use

as a medical- or graduate-school text. The author says he intends the book as an introduction to neuroscience for all mental health clinicians, assuming only "college-level" biology and knowledge of *DSM-IV*. I suspect that the book may be daunting to those who have not had college-level biochemistry and some previous exposure to neuroscience. I would like to see this book as required reading for all our medical students and psychiatric residents and would highly recommend it to biologically oriented psychologists, doctoral-level pharmacists, and other suitably prepared students and clinicians.

symptomatology that, when examined by medical personnel, may bring a diagnosis that the trauma just occurred in the last hour or so."

Regrettably, the case vignettes in this volume are more confusing than enlightening and raise questions about the author's knowledge and understanding of the phenomenology and etiology of psychiatric ailments, as illustrated by this passage: "One night, he [Rudy, Dr. Prendergast's patient] awoke to one of his parents' regular Friday night arguments. He leaned over toward the adjoining wall to listen and soon realized that they were discussing him, specifically a meeting his mother had at his school with his teacher. . . . Apparently, from what he could glean, he was considered a severely emotionally disturbed child, and they were discussing putting him in a boy's school. His father's reaction shocked Rudy. He heard him say, 'If only that damned rubber didn't break, we wouldn't be going through all these problems. I told you you should have an abortion.' Needless to say, Rudy was shocked, angry, and depressed, all at the same time. From that day on, he withdrew from the world and created a world of his own. His catatonic-schizophrenia was born."

Certainly, it is not clear whether this troubled young man actually had or was developing schizophrenia. What is disconcerting about this case and the many similar cases was Dr. Prendergast's reductionistic explanation of multifactorial syndromes and complex behaviors as seen, for example, among patients with paraphilias and comorbid mental illness. This author seems to be perpetuating the ancient myth that mental illness is caused by adverse life circumstances rather than stemming from complex interwoven biological and environmental factors.

In conclusion, I do not recommend this book to the practicing clinician, aspiring therapist, or anyone else who wants to become a competent, thoughtful, and humble therapist of children and adults who sexually offend.

## **Treating Sex Offenders: A Guide to Clinical Practice With Adults, Clerics, Children, and Adolescents, Second Edition**

by William E. Prendergast, Ph.D.; New York, Haworth Press, Inc., 2004, 331 pages, \$49.95

**Fabian M. Saleh, M.D.**

Dr. Prendergast, the author of *Treating Sex Offenders: A Guide to Clinical Practice With Adults, Clerics, Children, and Adolescents*, is certified as a sex therapist by the American Association of Sex Educators, Counselors, and Therapists and holds a diplomate as a certified sex therapist and clinical supervisor of the American Board of Sexology. He also is the recipient of a distinguished service award of the New Jersey Child Assault Prevention Project for his contributions to the treatment of sex offenders and the training of other professionals in the specialized techniques of treating sex offenders in correctional institutions and outpatient clinics.

Although Dr. Prendergast provides some insightful observations and offers a few ideas about how to conduct therapy with sex offenders, I have strong reservations about the

value and clinical usefulness of this book. I am troubled by the author's use of psychiatric phenomena and syndromes that are not recognized in the field—for example, delusional regression, fear-of-failure syndrome, and small-penis complex—and by his psychodynamic-like formulations and proposed treatment plans. Reading through this book, I felt that some of the proposed treatment methods were akin to exorcism, as illustrated by this excerpt: "For some sexually assaultive personalities, none of the standard methods of ventilating their rage are effective. Their resistance is so great that special methods must be employed to achieve this important goal. One of the methods that we have used successfully, Now Therapy [*italics in original*], involves marathon therapy sessions and specialized badgering techniques. What occurs as a result is a regression to earlier age levels and actual reliving of past traumatic experiences. This regression is frequently accompanied by hysterical conversion-reactions that result in bleeding, pain, bruises, and physical

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