

Neurodevelopment and Schizophrenia

edited by Matcheri Keshavan, James Kennedy, and Robin Murray; Cambridge, United Kingdom, Cambridge University Press, 2004, 520 pages, \$140

Frederick J. Frese, Ph.D.

Recently, considerable progress has been made in understanding how schizophrenia develops. The editors of *Neurodevelopment and Schizophrenia* have tapped the talents of some 56 authorities—including Francine Benes, Jeffrey Lieberman, and Anthony Grace—to produce one of the most richly rewarding reading experiences that I have had in some time.

Some of the book's 24 chapters are particularly relevant for consumers and practicing clinicians. In Chapter 9, Sahebarao P. Mahadik covers recent findings concerning schizophrenia and nutrition. He makes very compelling arguments for including omega-3 essential polyunsaturated fatty acids and antioxidants, such as vitamins E and C, in the dietary intake of virtually all persons with schizophrenia.

In Chapter 14, Chih-Ken Chen and Robin Murray reveal new, eye-opening evidence about how serious the consequences can be for people prone to schizophrenia who abuse such drugs as cannabis and amphetamines.

The book's final three chapters focus on the clinical implications of recent research findings.

Some chapters appear to be less immediately relevant for clinicians, and as Michael Rutter suggests in the well-written foreword, there are sections that are "not light bedtime reading."

This caveat is probably most applicable to Chapters 1, 10, and 12, which deal with neurodevelopmental genetics, epigenetics, and transcriptomic DNA microarray analysis, respectively. Although these are among the heaviest of the offerings, they are also among the most interesting. Chapter 1 provides a review of evidence underpinning the status and

functioning of some 33 schizophrenia susceptibility genes involved during brain development. This discussion is fascinating, partly because of the many colorful locutions employed. Terms such as "snip," "snap," and "snare"—shorthand for "single nucleotide polymorphism," "synaptosomal associated protein," and "soluble N-ethylmaleimide-sensitive attachment factor protein receptor"—lend a definite alliterative uplift to the information provided.

Although most DNA sequences, particularly those for coding, are not thought to change during one's life, epigenetic modifications do occur. Such changes may have significant influence on regulation of gene expressions. Arturas Petronis presents evidence in Chapter 10 that developmental changes in schizophrenia can be affected by epigenetic factors.

In Chapter 12, David A. Lewis and

his associates provide an engaging description of the advent of the use of DNA microarrays as a method for determining and assessing transcripts, a technology yet in its infancy but with much promise for advancing our knowledge of brain function as it relates to schizophrenia.

Other chapters address recent findings concerning such topics as magnetic resonance imaging, brain plasticity, cognitive development and long-term functioning after early cerebral insult, limbic and thalamocortical circuits, developmental dysregulation of dopamine neurotransmitting systems, and the role of sex chromosomes and steroids in brain development. Without exception, the contributors to this volume provide fresh, interesting, and valuable material from which all persons with a serious interest in schizophrenia can benefit.

Finally, one cannot complete *Neurodevelopment and Schizophrenia* without suspecting that some of the material presented here may come to the attention of the folks in Stockholm who present the annual awards for progress in physiology or medicine.

Health Security for All: Dreams of Universal Health Care in America

by Alan Derickson; Baltimore, Johns Hopkins University Press, 2005, 240 pages, \$30

by Gerald N. Grob, Ph.D.

Among the industrialized nations, the United States is the only one that does not guarantee all its citizens access to basic health care even though it leads the world in total health care expenditures. Nor does the nation rank especially well in such indicators as mortality or longevity. More than 40 million Americans lack health insurance, and millions more are underinsured. Individuals without adequate insurance have higher disability and mortality rates and often face bankruptcy because of medical bills.

Paradoxically—according to Alan Derickson, a professor of history at

Pennsylvania State University and author of two books dealing with workers' health—Americans of all political persuasions have long been committed to the ideal of universal access. In *Health Security for All* he traces the many ways this ideal has been articulated and describes plans of action offered during the past century. Equally important, he provides an explanation for the failure to translate this

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ideal into reality as well as the roles of race and class.

Three themes have shaped the argument on behalf of universal health care in 20th-century America. The first emphasizes the moral obligation to help other suffering persons. The second reflects the concept of efficiency; access to health care would create a more productive workforce. The third is based on rights; full citizenship includes access to essential medical services. The significance of each has shifted as societal values changed over time.

The history of the debate over universal health care is hardly an inspiring one. In the early 20th-century concern with the problems of poverty and sickness led some to advocate social insurance to protect lower-paid workers. This approach omitted a majority of Americans and hence drew little support. During the 1920s the growing faith in scientific medicine led to an emphasis on universal health care for all. Members of the biomedical community, including the American Medical Association, were supportive. By the 1930s the notion of a social right to health care became more pronounced. But the advent of the Cold War resulted in the identification of national health insurance with subversion.

The growth of employment-based insurance benefits also tended to weaken efforts to adopt universal access and strengthen those who favored a voluntary system. The ideal of universality was further undermined by the passage of Medicare and Medicaid in 1965. And during the past three decades of the 20th century, rising costs began to undermine private insurance. Moreover, a wide chasm remained between those demanding a revolutionary transformation that included universal access and a comprehensive package of benefits and those in favor of an incrementalist approach.

At the close of the book, Derickson argues that the failure of several reform campaigns that relied on elite expertise illustrates "the imperative need to build a mass movement among the uninsured to reframe the policy debate and the political contest." Given

the current political environment and the proliferation of interest groups each with quite different agendas, it is doubtful that this is a viable possibility. Moreover, the commitment to universal access has often been superficial. The fact that all plans to implement this ideal have failed suggests as much, verbal statements notwithstanding.

Derickson's book is undoubtedly an important contribution that deserves a wide readership. Even if the study of the past offers no concrete lessons, it nevertheless suggests some broad themes and provides an understanding of the importance of context that is useful in evaluating policy alternatives and strategies.

On Being Normal and Other Disorders: A Manual for Clinical Psychodiagnostics

by Paul Verhaeghe; New York, Other Press, 2004, 440 pages, \$35 softcover

Timothy A. Kelly, Ph.D.

Hae-Jin Park

Paul Verhaeghe, a professor of psychoanalysis at the University of Ghent in Belgium, draws heavily on the work of the French psychoanalyst Jacques Lacan, whose prolific work (primarily in the 1950s and 1960s) builds on Freudian thinking using structuralist linguistics and focusing on identity through self-other relationships.

In *On Being Normal and Other Disorders*, Verhaeghe makes an elegant case for the application of Freudian-Lacanian theory as a sorely needed metapsychology for the field of clinical psychodiagnostics. He criticizes the current *DSM* system as a simple enumeration of symptoms that produces negative value judgments, promotes conformity, and has no meaning for treatment. Verhaeghe argues that the fundamental premise of the *DSM* system, classification based on empirical observation alone, is actually a tautology and ultimately disrespects the subject. As an alternative, he presents in detail the concepts and application of a Freudian-Lacanian psychoanalytic metapsychology.

The relation to the "Other" is central in Verhaeghe's conceptualization

of pathology, and he explores the construction of identity, subject formation, fundamental fantasy, and actual pathology versus psychopathology. Verhaeghe then examines selected *DSM* disorders from a Freudian-Lacanian orientation, conceptualizing them through a three-pronged lens of neurosis, perversion, and psychosis. Language plays a prominent role in Verhaeghe's understanding of the construction of reality and power dynamics in the therapy relationship, and he frequently incorporates a sort of linguistic analysis. A potential link is there to the "narrative" in postmodern psychology.

Many readers will likely be sympathetic to Verhaeghe's critique of pure behaviorism and symptom reduction as meager substitutes for a meaningful and applicable understanding of etiology, psychopathology, and treatment. His call for a research-based metapsychology is laudable. However, the text is replete with unsubstantiated declarations such as "guilt is a central phenomenon that appears in nearly every form of pathology" or "depression begins when . . . the subject is convinced that she or he no longer satisfies the Other's desire." Such claims may sometimes be the case, but the certainty and universality with which these claims are made imply a rigid orthodoxy. Despite the claims of being research based, Verhaeghe acknowledges that

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“there are no specifically Lacanian research instruments.”

In sum, *On Being Normal and Other Disorders* is a fascinating look into the world of Freud-Lacanian theory and application. The language is unassuming, the reasoning is elegant, and the flow of ideas is smooth. Apart from a few points where the discrepancies in meaning between Dutch and English were

too great to capture, the translator does an admirable job. Overall, this work masterfully brings to life a somewhat obscure area of psychoanalytic theory. Whether Verhaeghe succeeds in providing the missing metapsychology necessary for meaningful clinical psychodiagnostics will be up to the reader to determine. But either way, the journey is enjoyable.

Dr. Posen observes that “the idealistic notion that all patients, regardless of their social status, should be treated equally is manifestly impractical and is treated as such over the centuries.” Really?

Nevertheless, I give Dr. Posen his due for having encompassed a topic coursing through the breadth of Western literature and for including excerpts from most of the great and relevant works. But reading this book makes me feel that I am walking past glass cases with butterflies and beetles pinned down inside and cards that note their similarity to, and difference from, their neighbors.

If others read this book and find themselves differently disposed toward it, please make your views known. As mental health professionals, we all must know how much our experience, whether of a person or of a book, is affected by the expectations that adumbrate it. I am unable to shake my interest in what this book might have been and so find less in what it is, however much I respect the intelligence and effort that shaped it.

The Doctor in Literature: Satisfaction or Resentment

by Solomon Posen, M.D.; Abingdon, United Kingdom, Radcliffe Publishing, 2005, 392 pages, \$55 softcover

Timothy B. Sullivan, M.D.

HAVING BEEN an English major in college, I sometimes find myself—as I numbly scribble another outpatient treatment report or progress note rendered banal by the constraints of time and use—thinking wistfully of the habits and attractions of the university life that might have been mine if had I followed a different muse. So it was with a pleasant disposition—and thoughts of reading something in the vein of Helen Vendler, Frank Kermode, or even Roy Porter—that I opened *The Doctor in Literature* on a warm and briefly rainy Saturday afternoon.

I looked over the table of contents to get a feel for the book. My curiosity was aroused by the book's peculiar organization, and I then sampled a few of the chapters. I found it more resembled the collection of a 19th century amateur naturalist than a work of literary or sociocultural criticism. Although it is assembled thematically, as I read the book, I was distracted by my acute awareness of what appears to have been its method of construction. The author—who has read exceptionally widely, and admirably, in the midst of a medical career marked by significant

achievements and substantial scientific publication—has assembled a catalog of observations and literary excerpts about doctors as they are portrayed in works of literature. This catalog must have been recorded on something like index cards and carefully filed under headings such as “fees,” “physical examination,” “bedside manner,” and so forth. The chapters of the book are then arranged, as were the dividers in my imagination, according to theme. The purpose of this arrangement was, according to the author, to show the progress of and patterns in the depiction of the physician as a subject of the creative intellect.

In his introduction, Dr. Posen acknowledges that this is a work of reference, something to “browse through” rather than a study or commentary. Indeed, what thoughts are interposed between the narrative summaries and quotations are scarcely substantive. Even the “Conclusions” come to less than a page of text and conclude little other than a peremptory defense of physicians as respectable people. Despite the predations of occasional unfit practitioners, the vagaries of history, and the assaults of critics who can be fairly marginalized, doctors are justly honored by a grateful public and are so represented in literature throughout the ages. Intruding through the sparse commentary, this patrician tone, and the lack of any insight worth mentioning, grates me. In a closing comment,

The Age of Melancholy

by Dan G. Blazer, M.D., Ph.D.; New York, Routledge, Taylor, and Francis Group, 2005, 250 pages, \$34.95

Ellen B. Tabor, M.D.

I N the book *The Age of Melancholy* by Dan G. Blazer, a psychiatrist at Duke University, looks at the effects of the medicalization of psychiatry on the definition and formulation of major depression. He specifically rues the loss of a social perspective on the diagnosis and understanding of depression as a condition, an illness, and a state. He describes the gradual disconnection of the social milieu from the internal world, with unfortunate

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consequences not only to those who suffer from depression but also to society as a whole.

Dr. Blazer traces the history of social psychiatry, which constitutes an important part of the book. This material will prove fascinating, particularly for younger readers who may have received their psychiatric training after the heyday of social psychiatry. He also details the development of the term "major depression" as a symptom of the medicalization of a far more complex condition. He deplores the reduction of the experience of depression to a mere chemical imbalance and implores readers to expand their notion of depression, particularly its causation to disharmony between the person and his or her cultural and social milieu.

The author provides other models for the etiology—or at least for contributing factors to the onset—of depression, including stress, trauma, war experiences, and other social contexts. In particular, he examines the development of our thinking about depression in the context of societal evolution from the pre-Enlightenment world, with its emphasis on authority, to the rise of the Modern, with its emphasis on reason and the power of the individual. This same development changed Western thought from a belief in the supernatural, "natural law," and groups of people sharing similar beliefs and experiences to a belief in reason, in which scientific inquiry and individual autonomy predominated. This paved the way for illness, particularly depression, to be conceived as arising from within the individual as a result of observable, or at least discoverable, defects rather than being generated by unsatisfactory conditions within a social milieu. Furthermore, instead of minimizing the suffering of those with depression he believes and urges us to share in the belief that depression causes suffering that is only partially relieved by pharmacological treatment.

The book argues that in many ways, major depression is not like other medical or even many psychiatric illnesses. For example, he states that

people with depression don't necessarily regard themselves as ill—nor do many people with other psychiatric illnesses, a challenge to psychiatrists—but rather identify their problems as deriving from a social context, such as losses and stresses at home and at work. It also presents interesting data that many people who meet *DSM-IV* criteria for major depression do not themselves act as if they are so impaired and generally meet their social and work obligations. Therefore, Dr. Blazer concludes, the medical model that defines major depression as an illness is, at best, inadequate and urges an approach to diagnosis and treatment that is multidimensional, even beyond the now hackneyed biopsychosocial model.

What I enjoyed most about this book was the history. As an erstwhile trainee at an urban community mental health center who saw the community mental health care movement as a way to incorporate now-rigorous biological science into the complex psychosocial needs of its neighbors in the community, I felt my own dedication to community psychiatry renewed. And yet, toward the end of

the book, Dr. Blazer is careful to advise the reader not to throw the baby out with the bathwater, acknowledging that even with the multifactorial etiology of depression, antidepressant medication plays a role in the amelioration of this common and painful condition.

The book is studded with examples that are meant to relate to the content at hand. The author is less successful at this. I found many of the examples oblique and only very tangentially related to the particular chapter or idea presented. The author's intent is evident despite this flaw.

The Age of Melancholy will delight all veterans of the community psychiatry movement and those whom they trained. It is so good to be reminded of psychiatry's history as a leader in public health and social activism, and younger psychiatrists and other therapists are well reminded of this. Hopefully, books such as *The Age of Melancholy* will inspire trainees and newly minted psychiatrists that the treatment of mental illness must venture beyond the boundary of the prescription pad to really meet patients where they live.

Violent Adolescents: Understanding the Destructive Impulse

edited by Lynn Greenwood; London, Karnac Books, 2005, 120 pages, \$19.99 softcover

Rence Sorrentino, M.D.

On April 20, 1999, two adolescent boys named Eric Harris and Dylan Klebold forever changed the American public perception of adolescent violence. Seven years ago, Harris and Klebold murdered their classmates and teachers at Columbine High School. The public concern about violence committed by adolescents is evident in the media, in the scientific literature, and in the community. Research studies have at-

tempted to elucidate the violent behavior of adolescents.

Violent Adolescents is edited by Lynn Greenwood, a psychotherapist with an interest in adolescents and adults who exhibit destructive behaviors. She teaches and writes on psychotherapy issues and has also acted as consultant psychotherapist for several television programs.

The central objective of *Violent Adolescents* is to provide an understanding of why adolescents can be violent. *Violent Adolescents* is a monograph in a series of books on forensic psychotherapy. Greenwood

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introduces five chapters by British colleagues. The book defines forensic psychotherapy as the use of psychoanalytically oriented “talking therapy” to treat patients who have committed violent offenses. It is suggested that serious adolescent violence is born from earlier disturbances often of a very specific nature. Chapter 2 examines the neurobiological features of aggression and discusses the circumstances of early developmental failures.

Chapters 1, 3, and 4 focus on the subject of childhood antecedents to violent behavior. These chapters are theoretical with little focus on treatment. The strongest chapters are about bullies and about working with adolescents who want to kill themselves. The chapter on bullies focuses on bullying in schools and draws on research from both developmental and organizational perspectives. The author provides a concise review of the literature and illustrates concepts with case studies. The chapter on adolescents who want to kill themselves includes a comprehensive review of the risk factors for suicide and the impact on practitioners.

The book has several weaknesses.

Some of the treatment recommendations made by individual authors are vague and do not translate into direct care. For example, the chapter on self-destructive behavior suggests, “It is important for the adult professionals working with these individuals to remember that for the most part such behavior is symbolic of an underlying need to connect emotionally with an adult. By listening and taking time to unravel the emotional distress that underlies eating disorder and self-harm, adults who have responsibility for these young people can, on some level, begin to repair a fundamental process that had, for many reasons, not gone right with the original primary caregivers.” The book is not comprehensive and fails to address gender and ethnic differences in adolescent violence, comorbid disorders associated with violence, the relationship between the media and adolescent violence, and homicidal adolescents.

Violent Adolescents will interest clinicians who are interested in a psychodynamic explanation of violent behavior among adolescents. This book is largely theoretical and does not provide a practical description of treatment.

events, become mental experiences—more abstract experiential phenomena. He then applies his analysis to explain personality and mental disorders and the mechanism of psychotherapy. In many ways, he is successful in covering a lot of historical, philosophical, and scientific ground.

Unfortunately, the book is so laden with technical jargon and difficult concepts—“percepts,” “gestalts,” “engrams,” and “dialectics” abound but are never adequately explained—that much of what may be valuable content is difficult to comprehend. I found myself having to read and reread sentences, paragraphs, and even chapters in a frustrating attempt to understand the author’s arguments. Van der Velde is at his best when he uses specific examples to illustrate complex concepts, as when he discusses the difference between recognition, object permanence, and cognition by describing the brain’s various activities on an otherwise simple ride home from work. But such reader-friendly content is too rare.

Structurally, the book is odd. Its relatively short length is divided into five parts and 21 chapters, some no longer than three pages. Ironically, one of the shortest chapters is entitled “The Mind-Body Problem.” Few of the chapters have many cited references. Several chapters include rudimentary illustrations, mostly diagrams of the brain. Perhaps the quirkiest aspect of the book is Figure 10, a side-by-side happy face and sad face. The figure illustrates that mood can be determined by the shape of the mouth, a concept that would seem to need no graphic assistance.

It is certainly encouraging to see a psychiatrist actively involved in thinking and writing about fundamental issues of the mind-brain relationship and the implications for clinical psychiatry. The field could certainly benefit from a comprehensive and comprehensible analysis of current theory. *The Mind*, however, falls short of that goal, and although it may be of some value to experts—I acknowledge that I am not one—it is difficult to recommend this book to a more general readership.

The Mind: Its Nature and Origin

by Christiaan D. van der Velde, M.D.; *Amherst, New York, Prometheus Books, 2004, 242 pages, \$28*

Matthew Goldenberg, M.D.

Modern academic psychiatry has so concerned itself with clinical trials of pharmaceuticals and the neuroimaging of various mental disorders that the field often seems to overlook more fundamental questions about the relationship between the mind and brain that had been the intellectual domain of psychiatry for years. With a few notable exceptions, psychiatrists have largely ceded the scholarship on issues such as the na-

ture of consciousness to philosophers, psychologists, linguists, cognitive neuroscientists, and even neurologists. As a third-year psychiatry resident interested in theory of the mind, I have found this neglect surprising and somewhat disconcerting. I therefore eagerly anticipated reading *The Mind* by psychiatrist Christiaan van der Velde.

A psychotherapist and clinical professor at the University of Connecticut, Dr. van der Velde assumes the daunting task of trying to explain in a mere 242 pages how cerebral activities, which are discrete biological

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The Casebook of a Residential Care Psychiatrist: Psychopharmacosocioeconomics and the Treatment of Schizophrenia in Residential Care Facilities

by Martin Fleishman, M.D., Ph.D.; Binghamton, New York, Haworth Press, 2005, 446 pages, \$49.95 softcover

Timothy A. Kelly, Ph.D.

Deborah E. Gorton, M.A.

Dr. Martin Fleishman has more than 50 years of experience as a psychologist and psychiatrist and specializes in the treatment of schizophrenia in residential care settings—group homes that include medication management. He is an expert in the multiple dimensions of treatment in such settings, including psychopharmacology, psychosocial treatment, and legal and economic considerations. *The Casebook of a Residential Care Psychiatrist* is offered not only as a manual on how to provide quality residential care but also as a critique of the current system of care. The book is also a call for new mental health policies to promote more effective and efficient residential services for people with serious mental illnesses.

In the book Fleishman walks through the people, places, and problems inherent in residential care. Drawing on his vast experience and the literature, he provides a thorough overview of the tasks and challenges facing providers, including, for example, a chapter subsection titled “A Typical Day in the Life of a Residential Care Facility Psychiatrist.” His detailed presentations, usually flavored with a personal anecdote, thoroughly cover every aspect of care. Fleishman provides explicit guidelines for how to interview and assess patients in a time-sensitive manner, how to reduce the often overwhelming task of paperwork, and how visits should be conducted with regard to frequency, duration, and space. He also provides information about the ideal provider team and how to maximize each member’s contribution, the critical role of psychopharmacology in residential care, and the impact of state and fed-

eral regulations with regard to various mental health services available in residential settings.

By using a welcoming writing style, Fleishman invites the reader to accompany him on a personal journey through the challenges and intricacies of residential care psychiatry. Although the book is a straightforward read overall, Fleishman sometimes has a tendency to wander off course in an attempt at humorous narrative that can seem unnecessary and even a bit distasteful. However, the author does acknowledge his propensity for digression and states, “If there is a bon mot lurking in that part of my brain in which comedic material accumulates, then it must be expressed or I get very nervous even if it leads to digressive ramblings—as is exemplified by this paragraph and to an extent, throughout this book.” He also lets the reader know early on that the book is “partly autobiographical—nostalgically so . . . and unapologetically so.” Thus an idiosyncratic aspect to this book works well at times yet at other times can get in the way of the point being made. However, these whimsical forays do not prevent the book from detailing how to provide quality residential care in a clear and comprehensive manner.

Overall this volume is an applied clinical guidebook and is useful for any mental health provider interested in quality residential care for people with serious mental illness. Replete with case vignettes that shed a sensitive yet candid light on the complexity of caring for people with chronic and severe schizophrenia, Fleishman’s book offers the reader a learning experience marked by practical wisdom and personal insight. The book is thus a refreshing departure from the characteristically dry and technical writing of many educational texts and is a good read for those so inclined.

Somatoform Disorders: A Medicolegal Guide

by Michael Trimble; Cambridge, United Kingdom, Cambridge University Press, 2004, 254 pages, \$75

Jagannathan Srinivasaraghavan, M.D.

Michael Trimble’s *Somatoform Disorders* is packed with a lot of useful information for both clinicians and lawyers dealing with personal injury claims. The book contains current knowledge from scientific data. It is easily readable and simple enough for a person with a medical background. Although the book is intellectually stimulating, there is an inherent danger in how the clinicians and legal professionals who read this book would perceive and interpret the data, given that clinicians see various shades of grey and lawyers are often trained to see only black or white and weave the evidence to suit their bias.

The first chapter deals with a historical review of hysteria, the historical name for somatoform disorder. This chapter describes the changes in psychiatric nosology from the wandering womb noted by Greeks and Egyptians over 2,000 years ago to witchcraft in the 16th century and further moving on to concepts of Freud, Charcot, war neurosis, and railway spine. The next chapter, which deals with classification, describes the view from *DSM-IV-TR* and *ICD-10*. Because courts in the United Kingdom prefer *DSM* diagnoses in cases involving somatoform disorders for unclear reasons, there is ample information on the interaction of axis I and axis II diagnoses. Based on the social variability of behaviors related to illness, “abnormal illness behaviour” is a term introduced by Pilowsky. A nice paradigm combines the personality types in the classification.

The next two chapters deal with

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clinical presentations and malingering. Trimble includes a thorough analysis of research findings from conversion disorders and symptoms and classification of Briquet's syndrome. In the clinical picture, pain syndromes, chronic fatigue syndrome, fibromyalgia, dystonia, whiplash injury, and occupational disorders of the upper limb are all described concisely. Although clinicians suspect malingering, most often they are reluctant to label this condition. The chapter on malingering not only provides examples of malingering from historical writings but also differentiates them in a superb manner from factitious illness, Munchausen's syndrome, pseudologica fantastica, and lying. This is one of the best written chapters in the book.

We are all aware of the pivotal role played by memory in medicolegal settings. The classification of memory, false memories, assessment of memory, and malingering and memory are dealt with in outstanding depth, with emphasis of the unreliability of repeated recall of a story that gets more distorted with retelling. However, memories recovered by hypnosis that become important in legal matters are not men-

tioned. Several rating scales for assessment of somatoform disorders and various treatment options are included, but the author impresses on readers in no uncertain terms the paramount importance of clinical skills with intimate knowledge of psychiatry, neurology, and general medicine in evaluation of patients with complex disorders.

In the last two chapters, the author articulates current knowledge of the theories of mechanisms involved: from biologic studies, psychological underpinnings, and sociocultural influences in one chapter and the causation of symptoms in law, medicine, and psychiatry and the question of consciousness in the other.

Chapter 7, which deals with somatoform disorders in a medicolegal context, primarily addresses application of law in the United Kingdom. The author emphasizes the unique qualifications of psychiatrists in medicolegal matters compared with psychologists. However, the focus on British laws may prevent widespread use of this book as a guide on this side of the Atlantic.

Overall the scientific merits of this book make it a worthwhile guide for clinicians.

plication to the Criminal Justice System and focuses on the origins of criminal behavior.

The second volume, *The Science, Treatment, and Prevention of Antisocial Behaviors*, is designed to meet the needs of clinicians, researchers, and policy makers who work with persons who display antisocial behaviors. The construct of antisocial behaviors is enormously complex, and one of the goals of this book is to help advance understanding of these behaviors through the use of multiple lenses. The book addresses genetic, neurobiological, and environmental perspectives on the origins of antisocial behaviors. Dr. Fishbein has taken on the task of bringing scientific evidence to explain the origins of antisocial behaviors, because, as she writes, "science must inform ideology as a basis for inquiries within the criminal justice system and for the development of effective treatment, prevention and policy strategies."

The book is divided into four parts. The first part reviews the state of the science in relation to antisocial behaviors, primarily focusing on how environmental stress influences brain development and emotional regulation. The second part focuses on modern assessment techniques of antisocial behavior, which range from neuropsychological testing to uncovering neurochemical alterations found in antisocial persons. The third part reviews transdisciplinary approaches to prevention and treatment of antisocial behaviors. Notably, this part includes a chapter on psychosocial and pharmacologic treatment of substance use disorders and one on aggression and agitation. The final section focuses on violent and substance-abusing offenders and on the impact of antisocial behaviors on the criminal justice system. Lastly, an appendix reprints parts of a report by the Human Rights Watch entitled "Recommendations for the Humane and Effective Treatment of Mentally Ill Inmates."

Several central themes recur throughout this volume. One is the

The Science, Treatment, and Prevention of Antisocial Behaviors: Volume 2: Evidence-Based Practice

edited by Diana Fishbein, Ph.D.; Kingston, New Jersey, Civic Research Institute, Inc., 2000, 637 pages, \$125

Timothy W. Fong M.D.

Antisocial behavior is a complex set of behaviors that represent a lack of consideration for others and a disregard for their rights. It is commonly linked to criminal behavior, and its components may include aggressiveness, impulsivity, attentional deficits, labile emotional regulation, and poor judgment. Within the *DSM-IV*, antisocial behaviors are seen in a variety of disorders,

primarily antisocial personality disorder but are also notable in substance use disorders and impulse control disorders.

Diana Fishbein is the director of the Transdisciplinary Behavioral Science Program for RTI International and has a wealth of research and expert experience in the areas of neurobiology of behavioral disorders, criminal justice, and risk factors for antisocial behaviors. The result of much of her work is summarized in this two-volume series on antisocial behaviors. Volume I is entitled *Ap-*

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effect of acute and chronic stress on neurodevelopment and emotional regulation. Ample evidence is presented to demonstrate biological consequences of stressful environments; some of these consequences can result in impaired learning, impulsivity, and poor adaptation skills, which are all elements of antisocial behaviors. A second essential theme of the book highlights the importance of prevention of antisocial behaviors. Early intervention and developing appropriate systems of protection—for the genetically and biologically vulnerable—are neglected areas of research and should be the target of translational research.

As a whole, this text masterfully accomplishes the primary purpose of advancing the field in regard to understanding antisocial behaviors. It is

an impressive and comprehensive scholarly review of antisocial behaviors. Researchers who are doing work in substance use disorders and people who actively work with criminal populations stand to benefit the most from reading this book. Clinicians who are interested in understanding antisocial behavior from a neurobiological perspective will benefit greatly by reading this book but only if they are able to dedicate enough time to study it.

Overall, this is a tremendously valuable book. It summarizes a large volume of work in an area that is clinically significant. This work will serve as a valuable resource tool for researchers, forensic consultants, and clinicians who require an advanced understanding of antisocial behaviors.

dialectic has foundations in Socrates's and Plato's ideas of transcending the opposition and sublimating the conflict between thesis and antithesis via questioning to develop a synthesis, an emergence of an ever-evolving greater set of truths and for the client an improved life.

Although the initial chapters focus on theory and background, a majority of the chapters thereafter target specific psychopathology, including depression, anxiety, trauma, bulimia nervosa, borderline personality disorder, alcohol and drug use disorders, and couples conflicts. These concepts are operationalized into specific therapeutic technologies, including mindfulness-based cognitive therapy, acceptance and commitment therapy, DBT, and Vipassana meditation. Each author describes the theoretical concepts and their associated clinical approaches with often detailed descriptions of therapeutic strategies, which allows the reader to better understand the therapy. The contributors also compare their models with other theories and cognitive-behavioral strategies.

Although clinical efficacy is discussed and the authors examine future implications for theory, clinical application, and research, the detail varies in regard to the evidence base supporting the treatments. In addition, the volume does not address the overlap of these concepts with other areas of study in mental health, including parallels with psychoanalysis and similarities with wellness, empowerment, and recovery. Attention is primarily focused on adults; more attention could have been devoted to the relevance of mindfulness and acceptance to childhood and adolescent development and to the application of these concepts in pediatric psychotherapy.

Nonetheless, this book is one not only to read but also to keep on the shelf for reopening by psychiatrists, psychologists, social workers, nurses, and other mental health clinicians who treat, teach, and just enjoy a good adventure of expanding the mind.

Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition

edited by Steven C. Hayes, Ph.D., Victoria M. Follette, Ph.D., and Marsha M. Linehan, Ph.D.; New York, Guilford Press, 2005, 319 pages, \$36

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It's time for self-liberation. Expanding a cognitive-behavioral tradition from within the insitution of cognitive-behavioral traditions might sound like a radical cognitive reframing and behavioral intervention for a patient with a fixed practice of thoughts and behaviors, ironically performed by the patient him or herself. The poetic irony continues in that Drs. Steven Hayes, Victoria Follette, and Marsha Linehan, the three editors of *Mindfulness and Acceptance*, are leaders in their field. All are professors of psychology who bring together the pioneers who are leading the application of mindfulness and acceptance into the domain of behavioral and cognitive therapy. This volume, planned ini-

tially during a summer conference in 2002, documents their journey and findings into this new frontier of empirical clinical psychology. If the first wave was behaviorism and the second was cognitive advance, then the "third wave" is a movement into the new worlds of mindfulness, acceptance, dialectics, relationship, values, and spirituality.

The book is a well-organized, visionary, and pragmatic presentation of multiple new concepts, which were originally off limits for traditional, purely cognitive-behavioral therapists. These concepts range from the application of eastern Zen "acceptance" to a value-based approach, asking clients, "What do you really want your life to stand for?" and from a transcendent sense of self to the therapeutic application of Hegel's dialectic. The D in dialectic behavior therapy (DBT) is based on Hegel's philosophic paradigm. The

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