

Dual Diagnosis: The Evolving Conceptual Framework

edited by R. Stobler and W. Rossler; Basel, Switzerland, S. Karger AG, 2005, 160 pages, \$89.25

Douglas M. Ziedonis, M.D., M.P.H.

Dual diagnosis, also referred to as co-occurring mental illness and addiction, is a common clinical issue that clearly worsens the course and outcomes of treatment and recovery. The topic is complex and includes a broad range of subtypes and etiological factors. The editors of *Dual Diagnosis* have put together a thought-provoking book based on the proceedings from a June 2003 conference held in Zurich, Switzerland.

The international perspective on dual diagnosis is enlightening and will provide many readers with new references from abroad. This text provides a good review of the complexity and heterogeneity of possible etiological models for dual diagnosis, particularly the need to subtype and consider many biopsychosocial factors. Etiological models that are described in this text include direct, indirect, and bidirectional causal models; common factor models; complex integrated models; independent development models; and a "complex vicious cycle" model.

In addition to the book's focus on theoretical conceptualization, some of the chapters offer brief but practical information on assessment strategies and a limited amount of information on treatment, including a very good chapter on how to modify the traditional therapeutic community model for patients who have a serious mental illness. As with any edited book, style and quality vary across the chapters, and there is a lack of consistency in terminology for similar models that are described in different chapters. Although there is no debate of the merits of competing models within the field, perhaps this can best occur at a

live conference event. The book is weighted toward describing the substance abuse perspective of the dual diagnosis issue, with an emphasis on chemical-abusing patients who are mentally ill versus mentally ill patients who are chemical abusers. There are excellent chapters and discussions on the neurocognitive impairments caused by substances, the importance of considering subthreshold mental disorder problems and polydrug addiction, and the genetics of addiction.

The focus on serious mental illness and also on tobacco is limited. Given the early age of onset and its precursor role to other addictions and mental illness, tobacco dependence could have been expanded upon in the etiological models.

The book does meet its objectives of stimulating the reader to reconsider conceptual models describing the relationship of co-occurring mental illness and addiction. Given the emphasis of the book and the fact that it is only 160 pages, *Dual Diagnosis* is not a book to help the reader understand how to assess or treat individuals with co-occurring disorders.

However, co-occurring disorder specialists, residents, students, clinicians, and researchers interested in conceptual models of dual diagnosis and in an international perspective on this common problem will find this book interesting. The book may also stimulate more discussion about how to expand and study the described models. *Dual Diagnosis* provides a good summary of how the field has evolved over the past 25 years and leaves us waiting for the next book on how to conceptualize "integrated treatment" and what maintains co-occurring disorders over time. ♦

Evolving Psychosis: Different Stages, Different Treatments

edited by Jan Olav Johannessen, Brian V. Martindale, and Johan Cullberg; New York, Routledge, 2006, 298 pages, \$35.95 softcover

Frederick J. Frese, Ph.D.

This volume is the third in a series of titles produced under the auspices of the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (ISPS). Two of the editors of this latest production, Jan Johannessen and Johan Cullberg, are the current and past presidents of ISPS, respectively. The other editor, Brian Martindale, is chair of the ISPS network in the United Kingdom and editor of ISPS books. The ISPS group claims a history of over 50 years of pursuing biological explanations for psychosis, but, particularly with this volume, the group is now suggesting that the tide is turning in its direction.

In this book's 16 chapters, the editors have collected the views of some 29 international authorities, based in the United Kingdom, the United

States, Canada, Australia, New Zealand, Germany, and Scandinavian countries. These contributors present various nonbiological perspectives on the treatment and understanding of psychotic conditions. I found the sections on early identification and targeted interventions aimed at preventing these conditions to be particularly valuable. The chapters by Patrick McGorry and Jean and Donald Addington focus on stages and phase-specific approaches to treatment of prodromal signs and symptoms and are especially useful. Also, New York-based social workers Susan Miller and Rachel Mason pro-

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vide very helpful, practical advice regarding various approaches to treatment of first-episode patients, including techniques for maximizing family involvement.

Erik Simonsen's chapter on psychosis and personality gives a particularly helpful, research-based explanation of the relationship between premorbid personality types with high probabilities of developing psychotic conditions. Other chapters of particular interest focus on topics such as the phenomenological prediction and cognitive remediation of schizophrenia and associated syndromes.

Although most of the chapters provide useful or at least interesting information, two of them are little more than thinly veiled polemics arguing for reviving the concept of the schizophrenogenic mother and other such inherently family-blaming concepts that are couched under such adjectival rubrics as "trauma-based" and "post-Lacanian." However, I must admit that even these atypical viewpoints tend to contribute a de-

gree of stimulation to the discourse.

Overall, despite the outlier chapters, this volume provides a very useful collection of views on nonbiological approaches to the understanding, treatment, and possible prevention of schizophrenia and other psychotic disorders. For providers looking for a treatment approach beyond the prescribing and med-checks approach to care, this volume provides a broad spectrum of nonbiological perspectives on caring for members of this vulnerable population.

As a person living with schizophrenia, I think it may have been very helpful if I had been alerted as a youth to the fact that I was a person with a vulnerability for psychosis, before having it come crashing down on me without warning. I also feel that the perspectives on etiology and treatment overviewed in this volume may have value for those of us who are subject to these psychotic conditions.

As the editors announce at the beginning of *Psychosis Evolving*, with the help of this book, perhaps the tide may well be turning. ♦

own history, family, experiences, and style. At first, despite a sense of relief that this is not a dense, dry text, the poetics make for tough going, and the personal information seems gratuitous and self-involved. After all, Ackerman has a lot of scientific ground to cover.

However, her ability to reference materials from a wide variety of fields and bring them to bear upon each other is also refreshing and thought provoking. The images have lasting power. In another example, she illustrates the reason for the title. "Creative ideas are forged in an alchemy of mind, as the brain uses electrochemistry to confect ideas, and then more electrochemistry to think about those ideas, and so on in an endless hall of mirrors. This rarely happens in a tidy sequence. The brain can hold an idea in its stockroom for years, occasionally checking to see if it has changed at all, revising it a little, and then putting it back on the shelf, taking it down again when it seems to have evolved like a lemur from its original form." Chemistry, stockrooms, and lemurs don't usually find themselves in the same paragraph.

By the end, the book had reminded me of some neuroanatomy, neurochemistry, and neurophysiology and had insinuated itself into my thoughts. Not only did I find myself reflecting, but I reflected on what "reflecting" means and how it works. That's what this book is all about. ♦

An Alchemy of Mind: The Marvel and Mystery of the Brain

by Diane Ackerman; New York, Scribner, 2004, 320 pages, \$25

Nada L. Stotland, M.D., M.P.H.

Diane Ackerman, the best-selling author of *A Natural History of the Senses*, tells us in *An Alchemy of Mind*, "I've always trekked through imaginary worlds, lived on my senses, and fiddled with words. Writing is my form of celebration and prayer, but it is also the way I organize and inquire about the world. Driven by an intense, nomadic curiosity, I may find myself in a state of rapture about a field and rapidly coming down with a book. . . . I also love playing with ideas, looking at something from as many sides as possible, lifting up an observation, and shaking it to see if a revelation might fall out."

This is not how we might expect the

author of a book on the brain to explain her work, nor might we expect her to confess, or brag, that she had flunked her college course in logic. Her book is written in a poetic style, full of rich analogies and metaphors. The endmatter includes not only diagrams, notes, and references but also a table of alchemical symbols. The title is evocative, but the subtitle explains what the book is about. There are chapters on evolution, the physical brain, memory, the self and other fictions, emotions, language, and "the world we share." The chapters are divided into sections with poetic names, such as "Sweet Dreams of Reason," "The World is Breaking Someone Else's Heart," and "Never a Dull Torment." Each chapter begins with a literary quotation.

The author frequently refers to her

Handbook of Psychopathy

edited by Christopher J. Patrick, Ph.D.; New York, Guilford Press, 2005, 651 pages, \$75

Michael J. Vitacco, Ph.D.

The concept of psychopathy—defined by affective deficits, interpersonal glibness and superficiality, and poor behavioral controls—has improved our understanding of violent and aggressive behavior. But-tressed by a rich history, psychopathy

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has assumed a unique position within the field of mental health law. Considered to be the first personality disorder, psychopathy now has its own organization dedicated to its scientific study, a large number of journal issues and book chapters devoted to it, and an increasing number of students who are choosing to study psychopathy. Clearly, the field of psychopathy has a bright future.

Despite the aforementioned positives, the field of psychopathy is currently marred by substantial infighting and disagreements. This factionalization has undermined alliances and hindered scientific progress. Thus the *Handbook of Psychopathy* faces an uphill challenge of trying to integrate various aspects of a multifaceted disorder. Despite this formidable barrier, the book succeeds through presenting multiple perspectives on psychopathy and demonstrating their relevance to applied clinical issues. Moreover, the book sets the direction for psychopathy research and informs both researchers and clinicians how to best utilize existing knowledge.

The *Handbook of Psychopathy* brings several of the foremost researchers in the field together and presents state-of-the-art research. The book comprises 31 chapters, which are divided into six subsections: Theoretical and Empirical Foundations, Issues in Conceptualization and Assessment, Etiological Mechanisms, Psychopathy in Specific Subpopulations, Clinical and Applied Issues, and Conclusions and Future Directions.

Several aspects of the *Handbook of Psychopathy* set it apart from the many previous books on psychopathy. For instance, readers interested in the development of psychopathy will be pleased that nine chapters are devoted to etiological theories of psychopathy. These chapters cover a variety of etiological theories ranging from congenital—such as genetic and neuroanatomical—to acquired—such as family background and environment. A truly exceptional chapter in this section, authored by Paul Frick and Monica Marsee, outlines devel-

opmental pathways to antisocial behavior among youths, with a specific focus on callous-unemotional traits. This chapter summarizes much of the theoretical and applied research done by Dr. Frick and his colleagues for the greater part of the last decade and provides a nomological net for understanding the development of psychopathic traits.

A second concept that warrants discussion is that the book takes the treatment of psychopathy seriously. For years, psychopathic individuals were largely deemed untreatable. Even worse, some evidence suggested that treating psychopaths actually made them more likely to commit further antisocial acts. Going beyond these stereotypes, two chapters present empirical information related to the effective treatment of psychopathy. One chapter offers more optimism regarding psychopaths' potential for change than in previous writings. Likewise, the second chapter provides further optimism for treat-

ment based on the notion that recent advances in neuroscience and neuroimaging may provide a template for future treatments.

A final thought for this review is to mention a theme that is represented throughout the book: integration. Support is evident for the notion that combining knowledge from multiple disciplines and theoretical perspectives provides the best opportunity for improved assessment and treatment. To that end, the *Handbook of Psychopathy* successfully integrates diverse theoretical viewpoints to advance the reader's understanding of psychopathy.

In conclusion, the *Handbook of Psychopathy* successfully transcends differences in the field and is replete with up-to-date information. The handbook is comprehensive, well written, and informative. I consider it a valuable resource for any young researcher or established scholar interested in improving his or her psychopathy knowledge base. ♦

This Changes Everything: The Relational Revolution in Psychology

by Christina Robb; Farrar, Straus, and Giroux, 2006, 480 pages, \$30

Nancy Glimm, L.C.S.W.

The book *This Changes Everything* is a history of academic and clinical courage. The author, Christina Robb, is a Pulitzer Prize-winning writer and journalist. She was a writer for the *Boston Globe* for more than 20 years.

This Changes Everything describes the cultural atmosphere in academic and clinical environments in the 1970s, specifically the psychology and psychiatry training at Harvard and at Wellesley, as well as at training centers such as McLean Hospital. Highly skilled academics, clinicians, and psychiatrists who were coming into their own professionally emerged at these institutions. Carol

Gilligan at Harvard University, Jean Baker Miller at Wellesley College, Judith Lewis Herman at Harvard Medical School, and more of their esteemed colleagues came to practice and teach simultaneously.

The book takes the reader on an intimate journey into the minds, hearts, and intellectual truth finding of these scholars. Ms. Robb writes about each scholar separately and describes their backgrounds in biographical form. They are presented in interpersonal and cultural contexts. The specific academic and clinical training they each received as graduate and medical students and their initial submersion into the professional cultures of academic and medical institutions are described in detail. These scholars develop a disconnection with the theories they are taught. The history un-

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folds as these young professionals seek a bolder, more inclusive truth.

The reader is provided the opportunity to see the space around the questions these doctors ask as they pose research questions. Each new question creates a new context for finding the truth. Initially they are not working together and are unaware of each others' work. Yet they are breathing the same air. The impact of the intellectual and political culture of the 1970s, the push for greater freedoms, and the understanding and respect for individuals begins to filter directly into the work of Gilligan, Miller, and Herman.

Robb describes the impact of the scholars' work and the contributions of their colleagues, students, and patients. The contributions made to the knowledge base in clinical psychology, psychiatry, and education are clearly detailed. The author credits each of the scholars and reveals the magnitude of their findings. The paradigm in clinical care, theory building, and psychiatry is shifted. Being in relationship becomes the new model. Truth finding reveals that interaction and relationships are the states of health and the conditions that human beings seek. Health is no longer viewed as the lone individuated self. The lone genius who builds theory in isolation is also brought to question.

Robb takes the time to contextualize the theoretical giants Freud and Erikson, to see the environments from which they grew and the forces that drove them to see health from a context of interpersonal separation versus connection. Robb describes how Freud and Erikson's work could never be separated from their cultures. Both men received positive support from their colleagues, and both stirred up controversy. They worked in intellectual and academic environments and learned through interactions with others.

The reach of the new paradigm enabled the scholars to explore uncharted areas of research. Before the 1970s, rape was an unspoken event, thought to be experienced by a rare few. It was believed that trauma itself occurred mainly to soldiers and was

poorly understood. The incidence of incest was cited in clinical literature as approximately one person per one million population. Often incest was considered a reflection of the victim's fantasized desire for the alleged perpetrator and was not taken seriously. Domestic violence was class based and not especially a mental health concern.

Mental health services in general were focused on individuals who could articulate conflict and demonstrate insight. Health was achieved when individuals separated and achieved states of increased independence from others. Male psychology was dominated by theories of male health as a chronic state of disconnection from others—dissociation and being emotionally cut off were states of wellness. Male wellness was the model for all individuals independent of sex, age, or culture. Listening to patients was considered valuable only to the extent that one could help them to conform to existing theories or at least to get them to verbally accommodate the therapist with agreement.

Gilligan, Miller, Herman, and their colleagues opened all these therapeutic locked doors. They allowed the

spaces between people to exist in relationship. They allowed patients to breathe new fresh air and to receive sunlight. They allowed new ideas to enter the rooms of academia and healing. Over time, male colleagues joined them in reexamining doctrinaire theories and examining clinical taboos.

This Changes Everything is a most valuable contribution to the history of clinical psychology and psychiatry. For the classically trained researcher it will offer a summary of the evolution of the caregiver's relationship to the patient and to practice. For the newly trained it will fill in the gaps in the history of care, from the attitude of "we know better" to "we will work together to understand this." We are repeatedly reminded in this book to listen, to not know, and to care. The context, the relationship is the center of healing and learning.

This is a book that contains great wisdom. It is well written and extremely accessible. Carol Gilligan, Jean Baker Miller, and Judith Lewis Herman demonstrate great courage in their clinical and academic work. The benefits we have received from them, their colleagues, students, and patients are immense. ♦

Loss, Trauma, and Resilience: Therapeutic Work With Ambiguous Loss

by Pauline Boss; New York, W. W. Norton, 2006, 251 pages, \$27.50

Sandra L. Bloom, M.D.

I was driving in the car with two friends of mine, who are both psychiatrists, last weekend. One of my friends was discussing a particularly challenging problem she was confronting, and what came to my mind was Pauline Boss's book, *Loss, Trauma, and Resilience*, which I had just finished reading.

Dr. Boss has covered important territory, because she has focused on the neglected subject of loss, particularly as it applies to situations in which the

person is physically gone but not dead. Into this category fall experiences as traumatic as having a family member who is kidnapped or a prisoner of war or whose body is never found after a disaster. Other circumstances are so unfortunately common that they are not generally classified as "traumatic," such as being a part of a family in which someone suffers from Alzheimer's disease, chronic mental illness, or addiction.

What these situations have in common, according to Dr. Boss, is the condition of ambiguous loss—situations in which it is not known if a

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loved one is dead or alive, is absent or present, or is in or out of your family or relationship. In some cases, the ambiguously lost person is physically absent but remains uncomfortably psychologically present. In other cases the lost person is physically present, but the person he or she once was is gone in some fundamental ways. In such cases, the classical notion of "closure" becomes impossible. The actual experience of ambiguous loss is so universal that Dr. Boss questions the viability of closure as a useful concept. She asserts that in fact "closure is a myth" and that "perhaps the reason we talk so much about closure is that we can't stand the pain."

Although Boss spends a great deal of time in the book discussing her theoretical premises and the therapeutic frameworks that inform her work, she is obviously an experienced family therapist, and the meat of this book for clinicians comes from the therapeutic guidelines that clearly de-

rive from a wealth of practical, hands-on experience with suffering individuals and families. She does not deny the traumatic losses she has encountered, but her experiences have taught her about the resilience that often lies in the background of families who brush up against, or are hit with the full force of, tragedy.

The book has some redundancy, which can be forgiven in service of the value of repetition. The chapter on trauma and stress is weakened by the lack of reference to other people in the field of traumatic stress studies who have been carefully enumerating the connections between trauma and loss.

This decidedly is a book worth reading, especially for new therapists in the field, because it reminds us all that both psychodynamic and family systems principles are as relevant today as they were in previous decades. For human beings, attachment and loss remain central to our existence on this planet. ♦

ness during pregnancy and the postpartum period. It covers depression, bipolar disorder, anxiety disorders, and psychotic disorders. It emphasizes the risks of discontinuation of treatment and the risks of untreated illness for the mother and the neonate. The chapter substantiates the authors' contention that pregnancy is not "protective" with regard to risk for new onset or relapse of a psychiatric illness.

Subsequent chapters address the diagnosis and treatment of mood and anxiety disorders in pregnancy and postpartum. Nonacs' chapter on postpartum mood disorders is especially informative, with clear explanations of data about the detrimental effects of maternal depression on child development and well-being. This chapter also highlights the importance of health care professionals' awareness of postpartum depression, screening, early identification, appropriate treatment, and the fact that postpartum depression is not recognized frequently enough.

Another highlight of the book is a comprehensive, carefully researched section on psychopharmacologic treatment. The discussion of risks and benefits of pharmacologic treatment for pregnant psychiatric patients is very well written and meets the authors' central objective of helping clinician readers to be able to weigh the risks and benefits of medications. The authors point out that decisions regarding the use of psychotropic medications during pregnancy are ideally made before conception, and they discuss clinical approaches for doing so. The role of nonpharmacologic interventions is also rightfully highlighted. A subsequent chapter reviews the use of antidepressants and mood-stabilizing agents during breastfeeding, including a comprehensive summary of relevant published data. The authors correctly explain the limitations of standard sources of information about psychotropic medications during lactation, such as the *Physician's Desk Reference* and the American Academy of Pediatrics' periodically issued statements on the transfer of drugs into human breast milk.

Mood and Anxiety Disorders During Pregnancy and Postpartum

edited by Lee S. Cohen, M.D., and Ruta M. Nonacs, M.D., Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 164 pages, \$41.95

Nafisa Ghadiali, M.D., F.R.C.P.C.

Should women with mood and anxiety disorders be treated with medication while they are pregnant or postpartum? Are nonpharmacologic interventions viable alternatives to medications during pregnancy or lactation? These crucial questions have no simple answers, yet patients frequently need evidence-based information about the course and treatment of psychiatric illness during pregnancy, the postpartum period, and lactation. Clinicians who provide care and advice to these women also need evidence-based information in

order to weigh the risks and benefits of treatment and the risks of deferring treatment. *Mood and Anxiety Disorders During Pregnancy and Postpartum* offers clinicians practical, evidence-based information and guidelines for caring for their patients.

Edited by Lee Cohen and Ruta Nonacs, this book covers critical areas in the clinical care of women during pregnancy and the postpartum period. Its primary objective is to help the clinician collaborate with patients who have experienced or are currently experiencing psychiatric illness but who wish to conceive, who are pregnant, or who are in the postpartum period and plan to breastfeed.

The first chapter is an excellent review of the course of psychiatric ill-

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Bipolar disorder is arguably the psychiatric disorder that poses the most vexing treatment dilemmas during pregnancy and postpartum. The book's section on in-depth management of bipolar disorder during pregnancy and the postpartum period is especially helpful in addressing these clinical challenges.

One caveat about this book, with which the authors would concur, is that knowledge about perinatal psychiatric disorders and treatment is

rapidly evolving. As with any book on this topic, new information about the effects of psychotropic medications in pregnancy and lactation has been published since the book went to press.

Overall, the book is easy to read and has a wealth of information on a very important topic. It offers practical clinical guidelines and is an outstanding and valuable read for all mental health professionals involved in the care of women of child-bearing age. ♦

Hope and Despair: How Perceptions of the Future Shape Human Behavior

by Anthony Reading; Baltimore, Johns Hopkins University Press, 2004, 248 pages, \$45

Timothy B. Sullivan, M.D.

This book made me think of *My Dinner With Andre*, Louis Malle's 1981 film in which the viewer observes an extended and idiosyncratic conversation between Wallace Shawn, actor and playwright, and Andre Gregory, noted theater director. Shawn portrays the bemused, slightly impatient, pragmatic, but curiously unsettled Everyman, who tries to reassure himself that he understands his life and is reasonably comfortable with it. Gregory recounts his own eccentric quest for meaning and significance, prompted by his fear that he is being extinguished by modernity's banal indifference to matters of the soul.

Where the film is subtle, allusive, experiential, ultimately mysterious, affirming of fundamental humanistic principles, and above all hopeful, Anthony Reading's book, a record of his lifetime interest in the psychology of hope, manages to say quite a lot about the state of our understanding of how the brain perceives and organizes its response to its environment. In doing so the brain generates constructs about the self and about the future,

without conveying any unique insight into why and how hope is such a unique and powerful emotion.

In *Hope and Despair*, the tone is academic, polemical, and ultimately reductive, despite its eminent scholarship. The book offers little to enliven a topic that is so important to us as persons, not only as clinicians. It is not the best review of cognitive psychology that I have seen, though it is comprehensive. There are curious nonsequiturs and quote piled on quote to seemingly address questions, or points of view, that remind me of other books I have read that appear to be constructed, like a literature review, through consultation with a file of index cards. When it comes to discussing how we can use hope as a means to help others, encompassing all our differences, Reading appears not to have a point of view or dives behind opinions of others, as if he is reluctant to take this issue on. This is most clear when he devotes a scant eight pages to a discussion of "Science and Religion as Ways of Knowing."

To be fair, Reading says his aim is to describe the state of the art in our understanding of the mind with respect to what cognitive psychology, neurophysiology, and related empirical studies can tell us about how the brain creates hope as a cognitive construct, a

type of future perception. He laments the lack of serious study of hope in the experimental psychological literature, though he presents a number of studies addressing issues related to it. Reading's own pragmatism—and excitement about our increasing understanding of the brain—blinds him to why the study he envisions is unlikely to proceed from the type of research he illustrates. Given his stated depth of interest in the subject, I think he could have written a more interesting and evocative book.

This brings me back to the film. As I was reading, I imagined that I was listening to Dr. Reading as I would a dinner companion discoursing at sometimes tiring length on a topic of interest, about which he was extremely well informed. But instead of being in the presence of a mind that is provocative, curious, or engaging, I felt like I was sitting through a didactic exercise, meant to convince me that hope could be explained through a better understanding of cognitive systems. And I found myself longing to know what Andre Gregory, in all his credulous, outlandish, and whimsical eccentricity, would have to say about why we have hope, and why we need it so. ♦

Essays in Social Neuroscience

edited by John T. Cacioppo and Gary G. Berntson; Cambridge, Massachusetts, The MIT Press, 2004, 168 pages, \$32

Eben L. McClenahan, M.D., M.S.

This book, following the initial *Foundations in Social Neuroscience*, brings together the fields of ethology, genetics, primatology, neuroimmunology, and endocrinology. The editors, John T. Cacioppo, who is a Tiffany and Margaret Blake Distinguished Service Professor at

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the University of Chicago, and Gary G. Berntson, professor of psychology, psychiatry, and pediatrics at Ohio State University, have assembled 11 scholarly essays to build rapprochement between social and cognitive neurosciences, once considered disparate epistemologies. The first author, in a chapter titled "The Nature of Nurture: Maternal Effects and Chromatin Remodeling," states that the schism was tantamount to studying "rectangularity" while exclusively attending to either width or length.

The authors examine maternal influences in socialization and stress adaptation among adult offspring. The first essay discusses how female rats who engage in high levels of grooming, licking, and arched-back nursing rear less fearful offspring. These offspring have an attenuated hypothalamic-pituitary-adrenal (HPA) axis response to stress, which is an inducible defense modulated by DNA methylation of cytosine nucleotides at exons within glucocorticoid-receptor-promoter sequences.

The second essay, "Aggression, Serotonin, and Gene-Environment Interactions in Rhesus Monkeys," describes the impact of deficient serotonergic (5-HTT) functioning upon rhesus monkeys' social regulation of aggressive behavior. A heterozygous, short allele within the promoter—with resultant decreased transcription of the serotonin transporter gene, in the context of peer-reared monkeys—poses a vulnerability toward impulsivity and excessive alcohol consumption. There appears to be a similar diathesis for alcohol-dependent human probands wherein reduced serotonergic expression bears association with the 5-HTT short variant polymorphism (1). For rhesus monkeys, secure early-attachment relationships with their mothers assuage, and provide buffering against, potential deleterious effects.

Another author, vis-à-vis stress mediators, introduces the concept of allostasis—a metalevel mechanism for achieving stability via change that is helpful during limited

periods. Yet the mechanism can lead, under sustained stress, to allostatic overload, which is an imbalance reflected in a condition such as chronic fatigue syndrome within a setting of low cortisol and elevated cytokines. Estrogen mitigates the HPA response to stress, and female animals, in situations that are not life-threatening, demonstrate a pattern of "tend-and-befriend" versus fight-or-flight.

Later, in "Oxytocin and the Prairie Vole: A Love Story," one author renews appreciation of the role of social bonding in overall well-being of organisms and learns that oxytocin facilitates positive social interactions, even partner selection. Oxytocin acts to down-regulate autonomic reactivity, such as heart rate and blood pressure, and has anatomical colocalization with dopamine, thus serving to integrate the means whereby "love bestows its benefits." Then, in "On Pheromones, Vasanas, Social Odors,

and the Unconscious," the author writes of social chemosignals and proposes androstadienone as a useful pheromone in enhancing brain glucose utilization and allocating cognitive resources toward emotional tasks, including sexual mating. There is also a discussion of the effects of ovarian pheromones such that female rats that give birth within a fortnight of one another undertake communal nursing, and in turn the pups attain greater weights.

I have merely skimmed a few of these richly stimulating essays in a collection that is beguiling for its brevity. Upon finishing this text, one eagerly anticipates further contributions to this series on social neuroscience. ♦

Reference

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Borderline Personality Disorder Demystified: An Essential Guide for Understanding and Living With BPD

by Robert O. Friedel, M.D.; New York, Marlowe and Company, 2004, 250 pages, \$15.95

Susan E. Bailey, M.D.

Robert Friedel wrote this admirable book primarily for individuals who suffer from borderline personality disorder. In doing so, however, he renders a valuable service to the rest of us—the loved ones, family members, and treatment teams of people with this disabling condition. While reading his book, I squirmed with chagrin, realizing how often I've rolled my eyes, grimaced, and explained to my residents a patient's latest annoying exploit with the dismissive phrase, "She's a borderline!" I need to develop—and inculcate in my students—the understanding, patience, clarity, and hopefulness of Dr. Friedel.

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I will no doubt do everyone more good by emphasizing the author's most insistent point: the impulsive, self-destructive behaviors and frantic manipulations of these patients arise less from willfulness than from impaired neurotransmitter activity, brain dysfunction along important neural pathways, and learned, maladaptive behaviors that substitute for flexible coping skills.

Friedel dedicates his book to his sister, Denise, who suffered from borderline personality disorder. She died much too early from one of the common complications and comorbidities of her disease. And there are many—substance abuse, mood disorders, eating disorders, panic attacks, and posttraumatic stress disorder. He thus brings to his book not only the voice of the psychiatric re-

searcher and clinician—he is distinguished clinical professor of psychiatry at Virginia Commonwealth University and professor emeritus at the University of Alabama at Birmingham—but also the voice of family and relationship. He knows intimately the frustration and anger that family members can feel in relation to the person with borderline personality disorder, but he has also focused an impressive career upon the biology of this disorder and the most effective treatments, particularly pharmacologic ones.

Friedel organizes his book, initially created as a series of handouts for his patients and their families, in such a way that one can skip about easily among topics of special interest, such as medications, psychotherapies, and symptoms. Nevertheless, if reading the book straight through, one discovers that Friedel carefully lays the groundwork for understanding both the symptoms—emotional storms, impulsivity, and bizarre or paranoid reasoning and perceptions—and the pharmacologic treatment—primarily selective serotonin reuptake in-

hibitors, low-dose neuroleptics, and mood stabilizers—of the disorder by describing impaired brain function in the amygdala, the anterior cingulate and orbitomedial prefrontal cortex, and the dorsolateral prefrontal cortex. None of his reports of research findings is footnoted within his text, but he supplies a bibliography keyed to each chapter at the end of his book.

Although Friedel devotes more of his text to pharmacologic treatments, he doesn't overlook the importance of therapy and the multiple types that can be useful, including dialectical behavior therapy, interpersonal group therapy, and individual supportive therapy. He maintains an optimistic outlook on both treatment fronts. As our understanding of brain chemistry and neural systems deepens, so will our ability to target more accurately and effectively our pharmacologic and therapeutic interventions.

Friedel's compassion, wisdom, and skillful writing result in a highly readable, useful book for patients, families, and providers. ♦

adults and manage chronic illness. The book is divided into three sections: emotional and mental problems, health problems, and social problems. The editors incorporate topics ranging from anxiety and suicide to obesity, gambling, and economic instability. Although the wide breadth of topics attempts to be inclusive, it occasionally leaves the reader unclear for whom the book is intended, and the omission of a chapter on tobacco use is surprising. The editors include little in the way of commentary that might have alleviated this confusion. Usually, I find multidisciplinary approaches illuminating; however, in this case, the editors failed to link common themes or situate the disparate topics into facets of a coherent whole.

In an effort to emphasize risk reduction and prevention, the editors reject the traditional public health model of primary, secondary, and tertiary prevention in favor of Gordon's model of preventive practices. As a result each chapter follows a specified layout that includes background, incidence and trends, risk factors, universal preventive practices, selective preventive practices, indicated preventive practices, practice and policy implications, and future directions. The ability of individual authors to mold their topic into this framework varied, and the limitations of Gordon's model are apparent in the often unsuccessful attempts to apply it to specific topics. Nonetheless, many chapters provide solid lists of potential preventive practices that may serve as a starting point for exploring the topic. In addition, I applaud most authors for their focus on evidence-based practice and their acknowledgement when evidence is lacking.

Overall, this book may fill a void in resources aimed at adult prevention. It is not meant to be read straight through. Instead, it is best used as an initial reference for people who want a brief introduction to potential preventive measures on a diverse range of topics. ♦

Handbook of Preventive Interventions for Adults

edited by Catherine N. Dulmus, Ph.D., and Lisa A. Rapp-Paglicci, Ph.D.; Somerset, New Jersey, John Wiley and Sons, 2005, 480 pages, \$60

Catherine A. Fullerton, M.D., M.P.H.

In the anthology *Handbook of Preventive Intervention for Adults*, editors Catherine Dulmus and Lisa Rapp-Paglicci have compiled a series of essays that examine a range of adult social, medical, and psychological problems through the lens of prevention. Dr. Dulmus, whose research looks at juvenile violence, is an associate professor of social work at the University of Tennessee. Dr. Rapp-Paglicci is affiliated with the Universi-

ty of South Florida, and her research focuses on juvenile crime and violence, at-risk children and adolescents, and prevention. With this book they have attempted, with mixed results, to extend their traditional focus on childhood prevention to adults.

The book aims to be a one-volume resource for the preventive care of the adult. It is a timely book in an age when the high cost of our technologically focused and disease-centered health care is becoming increasingly difficult to maintain. Prevention and alterations in lifestyle may represent the most effective way to improve the quality of life for

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