

Science and Psychiatry: Groundbreaking Discoveries in Molecular Neuroscience

by Solomon H. Snyder, M.D.; Arlington, Virginia,
American Psychiatric Publishing, 2008, 513 pages, \$70

Carlos Zarate, M.D.

Discovery in psychiatry is often attributed to serendipity. Well-known examples include the manner in which first-generation antipsychotic drugs, tricyclic antidepressants, and monoamine oxidase inhibitors were introduced into practice. Although many discoveries in our field occurred by coincidence, there are also multiple instances of findings made through state-of-the-art science. *Science and Psychiatry* brings to light some of these important breakthroughs and thoughtfully illustrates how they have had an impact not only on mental illness but also on other areas of medicine. The account of some of these key discoveries in psychiatry and neuroscience is well told through the story of Dr. Solomon Snyder, one of the most influential neurobiological scientists of our era. In *Science and Psychiatry* Dr. Snyder describes a path of scientific discovery by recounting his personal journey as a musician, student, physician, scientist, teacher, advocate, leader, and mentor. It is not often that we get to hear or read about groundbreaking discoveries deftly interwoven with the story of the protagonist's life; *Science and Psychiatry* accomplishes this and more.

This remarkable book is divided into ten parts and contains 27 chapters. Each of the ten parts begins with a commentary from one of the scientific leaders in our field who either collaborated with or was deeply influenced by Dr. Snyder and his work. Each chapter represents a seminal paper published by Dr. Snyder and his colleagues. The wide range of topics includes the isolation, molecular characterization, and distribution of several brain receptors;

the development of agonists and antagonists for these brain receptors; the pharmacology of antipsychotic and antidepressant agents; phosphoinositide and second-messenger systems; neural messengers of cell life and death; and what makes for creative discovery in science. In addition, the book is full of many interesting anecdotes about Dr. Snyder's life. Taken together, these components make for a wonderful and entertaining read.

Clearly, Dr. Snyder's work has been

crucial in paving the way toward a better understanding of the biology of psychiatric disorders and addiction diseases, as well as drug discovery. His impact on our field cannot be underestimated. But it is a testament to Dr. Snyder's skill as a writer that what the reader will most likely take away from this book is not just an acknowledgment of Dr. Snyder's impressive scientific contributions to our field but also the engaging manner in which he approaches the intertwined processes of research, teaching, mentoring, and stimulating interest in scientific discovery. I highly recommend this book for all those interested in science, the process of discovery, and psychiatry.

The reviewer reports no competing interests.

Principled Leadership in Mental Health Systems and Programs

by William A. Anthony and Kevin Ann Huckshorn; Boston, Boston University, Center for Psychiatric Rehabilitation, 2008, 272 pages, \$59.95

Michael F. Hogan, Ph.D.

Considering the role of leadership in mental health services presents many questions. Does it matter? Does change occur because of policies or people? If leadership is important, what are its ingredients? Do the qualities of leadership generalize, or are they particular to circumstances?

Two leaders in mental health, William Anthony and Kevin Ann Huckshorn, have helped us with these questions and more in their book *Principled Leadership in Mental Health Systems and Programs*. Anthony is the longtime director of Boston University's Center for Psychiatric Rehabilitation and is widely regarded as the most influential leader in this field. Huckshorn directs the technical assistance program of the National Association of State Mental Health Program Directors and is a champion of efforts to reduce use of seclusion and restraints in mental health settings.

This book is thoughtful, readable,

and well-informed—a “must read” for those seeking or, as is often the case, thrust into positions of responsibility. Anthony and Huckshorn anchor their work in mainstream literature on leadership, but the ideas and narrative emerged from their structured interviews with dozens of individuals who have provided leadership—as clinicians, managers, consumer activists, and academics in mental health services and systems. (In the interest of disclosure, I acknowledge being one of those interviewed.)

One reason why this book is welcome is that virtually nothing has been written about leadership in mental health. With thousands of mental health organizations requiring direction and with a field that has been in constant flux for over a gen-

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eration, this seems a surprise. But on reflection, perhaps this gap should be expected. Most individuals who end up in “positions of leadership” have been grounded in clinical work. Clearly there are parallels between clinical and managerial work; after all, Wilfred Bion’s path-breaking work on group dynamics emerged from experience with treatment groups. However, there are also many differences between the two. It is clear that many managers are not really leaders. Assuming a position of leadership does not necessarily mean assuming the posture of a leader in mental health.

Anthony and Huckshorn organized the book around eight principles of leadership (examples: principle 1, leaders communicate a shared vision; principle 8, leaders build their organization around exemplary performers). The principles they describe resonate with contemporary thinking about leadership; the two principles cited here borrow from themes identified by Peter M. Senge in *The Fifth Discipline: The Art and Practice of*

the Learning Organization and by Jim Collins in *Good to Great*.

Mainstream writing on leadership, as Anthony and Huckshorn acknowledge, has something to contribute, but not very much. It is dominated by business school research on profit-making companies. Some similarities in leadership tasks across settings may exist, but the mission, rules, and roles differ dramatically in the world of mental health care and in the world of private business.

It is appropriate that a work on leadership in mental health hews to the best of mainstream thinking and also explores aspects of leadership that may be more particular to the distinctive tasks and challenges that confront mental health organizations. This strength, coupled with the insights gained from interviews with diverse leaders in the field and a clear and readable style, make *Principled Leadership in Mental Health Systems and Programs* a timely, useful, and thoughtful resource.

The reviewer reports no competing interests.

nated power structures in cultures around the world have a vested interest in keeping the scope and extent of the ongoing problem of violence against women and children hidden and minimized.

Romito leads the reader through a thoughtful discussion of the ways in which our sociopsychological explanations mask male violence. For example, the old truism “boys will be boys” tends to normalize violent behavior and suggest that women who find such behavior threatening are overreacting. Romito is especially critical of attempts to understand violence in terms of the personal characteristics of the perpetrator. Such efforts lead to counseling, mediation, and couples therapy as interventions for violent behavior—which she believes give only the illusion of doing something useful while failing to address the power differential between men and women that is ultimately at the root of much male violence.

Romito also cites society’s use of re-framing language as a factor contributing to the relative lack of action against violent male behavior around the world. As long as certain crimes are labeled as a defense of male honor, or the rights of fathers and husbands to control their families, or the natural needs of soldiers to relieve sexual tensions, societies will not take action against behaviors that may range from mutilation, rape, and abuse to murder.

Romito is foremost a social critic, and in that role she accomplishes her task admirably. But other than laying bare the problem of violence against women and alerting the reader to the all-too-difficult task of changing power dynamics that have persisted for centuries, she offers little to the clinician or individual advocate to chart a strategy for change.

Linda Mills, on the other hand, in her book *Violent Partners*, accepts the premise that interpersonal violence is widespread, but she attempts to offer an approach to solving the problem that grows out of her belief that violent relationships develop because the female partner plays as much a role in the violence as her

A Deafening Silence: Hidden Violence Against Women and Children

by Patrizia Romito with Janet Eastwood (Trans.); Bristol, United Kingdom, Policy Press, 2008, 232 pages, \$110 hardcover, \$36.95 softcover

Violent Partners: A Breakthrough Plan for Ending the Cycle of Abuse

by Linda G. Mills, J.D., Ph.D.; New York, Basic Books, 2008, 288 pages, \$26.95

Maxine Harris, Ph.D.

Patrizia Romito, Italian psychologist and international researcher on violence against women and children, and Linda G. Mills, attorney and social worker, both agree that intimate partner violence is a problem of epidemic proportions, demanding immediate individual and societal attention. That, however, is probably where their agreement ends. Both authors have written thoughtful,

well-researched books on the problem of interpersonal violence, but they assume theoretical positions about the causes of violence and the possible remedies that could not be more divergent.

Romito, writing *A Deafening Silence* from a feminist perspective, asks the all-too-obvious question, “Given that we have been aware of the prevalence of violence against women and children for a number of years now, why has the societal response been so muted?” The answer, Romito suggests, is that male-domi-

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male batterer does. The current conceptual-clinical paradigm, Mills asserts, not only ignores the existence of male victims but also assumes that the only resolution to intimate partner violence is to blame and punish the man and to deny the woman the opportunity to remain connected to her male partner.

Mills posits that abusers grow up in families where abuse occurred and that they are often either repeating what they learned at home or acting in response to shaming, humiliation, and psychological abuse that they experienced as children. Many will find her assertion that mothers are the primary perpetrators of this emotional abuse to be one more attempt to shift the blame for abuse away from violent men and onto mothers, who damaged their sons and their wives, and onto girlfriends, who now trigger rage in their partners by repeating the shame and humiliation of their partner's past. Mills, however, anticipates this criticism and claims that such political myopia has prevented us from answering the difficult questions surrounding why men and women repeatedly return to violent relationships. Her argument, although supported by limited research data, will leave most readers unconvinced.

After outlining a number of clinical

interventions for dealing with intimate partner violence—from more traditional couples therapy or mediation approaches to the self-help spin-off group Violence Anonymous, where both men and women learn alternative ways to deal with frustration and anger—Mills turns to her most creative suggestions, namely the use of “healing circles” to address domestic violence in a more holistic and systemic way.

The healing circles program brings together multiple players in the violent drama that envelops a particular couple. The goal is to understand the origins of the violence, to give the perpetrator a chance to air his or her concerns, and ultimately to use the power of the community to alter individual and couples dynamics. Drawing on programs of restorative justice, such as the Truth and Reconciliation Commission in South Africa, Mills' healing circles program offers families who want to stay together an opportunity to “come clean” with one another and to repair relationships rather than abandoning them. Even if one does not agree with Mills' theoretical focus, one can still find some intriguing clinical possibilities in her systemic approach to healing violent relationships.

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Chapters in the book are organized around background information and diagnostic categories. Other related topics included in this book are battered women's syndrome, infanticide, and juvenile homicide. The book's layout is well organized, and the content covers tremendous ground. Malmquist begins with a discussion of the epidemiology of homicide and not only depicts how homicide rates have fluctuated within specific demographic populations over the course of recent decades but also suggests etiologies for these changes and outlines variables that may lead to an increased risk. In doing so, he lays a foundation for further discussion of the various patterns and methods of murder and provides case examples from his own work experience and from recent high-profile cases.

Malmquist attempts to explain the characteristics of those who commit homicide and those who become victims of homicide and the complex interpersonal relationships that can instigate a violent interaction between these individuals. His explanations of the theories that potentially lead to these deadly interactions include early psychological development and personality structure, and he discusses how individuals with various maladaptive personality styles can be pushed to the point of reacting violently. Malmquist then goes on to discuss the relationship of various psychiatric illnesses, such as depression, mania, psychosis, and posttraumatic stress disorder, to violence and homicide.

In addition to outlining a comprehensive view of how impaired psychological, social, and interpersonal functioning can lead to homicide, Malmquist reviews the research and current thinking regarding various biological factors that could predispose an individual to aggressive behaviors. These include genetic predispositions, altered states of consciousness, seizures, and the relationship of hormones and neurotransmitters to aggressive tendencies.

Malmquist's expertise in the field of forensic psychiatry is evident throughout the book as he outlines the histo-

Homicide: A Psychiatric Perspective, 2nd edition

by Carl P. Malmquist, M.D., M.S.; Arlington, Virginia,
American Psychiatric Publishing, 2006, 463 pages, \$64

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Author Carl P. Malmquist is a psychiatrist who is board-certified in adult psychiatry, child and adolescent psychiatry, and forensic psychiatry. In his book *Homicide: A Psychi-*

atric Perspective, he displays his expertise in the area of violence and homicide as he discusses a wide range of medical, psychological, social, and legal topics pertinent to the trends of violence in society. This volume is the second edition of the original work. In his preface, Malmquist eloquently reflects on the ten years since the first edition, observing the changing professional landscape and increased interest in homicide.

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ry of legal arguments used in specific cases of violence with regard to criminal responsibility. Moreover, he discusses landmark legal cases related to homicide and the legal implications of the psychiatrist's involvement in homicide cases and in homicide research. He finishes by suggesting future research in specific areas, which is needed in order to improve our understanding of the nature of homicide in our culture.

Regardless of the forensic overtones in *Homicide*, this book would

be a valuable resource for any psychiatrist or mental health professional. Given the impact that homicide has on our society, the possible relationship between violence and some psychiatric disorders, the fact that psychiatrists are responsible for assessing risk among their patients, and the complexities of criminal responsibility assessments, this book offers even more to those working within forensic and criminal justice contexts.

The reviewers report no competing interests.

Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice

by Joel Paris; New York, Guilford Press, 2008, 260 pages, \$35

Sarah Guzofski, M.D.

Providing good treatment to people with borderline personality disorder comes with many challenges: assessing safety, managing boundaries, selecting appropriate therapeutic interventions, and even making the correct diagnosis. *Treatment of Borderline Personality Disorder*, calling upon both clinical experience and a rigorous review of the research literature, provides a guide to each of these facets of patient care. For example, one chapter looks at the diagnostic boundaries of borderline

personality disorder and offers the reader several clear questions to help distinguish borderline personality disorder from other conditions. A chapter on pharmacotherapy reveals the significant gap between the common clinical practice of polypharmacy for people with borderline personality disorder and the current research base that offers only limited evidence for the effectiveness of single medications. The most recent research regarding cognitive and psychodynamic therapies is also summarized, and the author offers his own view of which elements of therapy are particularly critical to success. Later chapters focus on specific guidelines

for management, discuss suicidality and hospitalization, and advise the reader about approaching common problems in therapy.

This book is written by one of the foremost experts in borderline personality disorder. Joel Paris, M.D., a research associate at the Sir Mortimer B. Davis Jewish General Hospital in Montreal and professor at McGill University, has enriched the field's knowledge regarding diagnosis, treatment, and outcomes of this complex disorder, and this book is yet another important contribution.

Treatment of Borderline Personality Disorder is written with clarity and offers sophisticated and advanced analysis that will be instructive to anyone offering treatment to persons with this disorder, regardless of the clinician's level of experience. The summary of research is concisely written in a straightforward and clinically applicable manner. When he offers his own observations about a research debate, Dr. Paris clearly delineates his opinions from the evidence base. Throughout, the author offers the field's best practices for diagnosis and care as well as his own expertise. Case examples illustrate key points, and each chapter concludes with a bulleted list of clinical implications. In all, this is an excellent resource, offering a balance of science, wisdom, and insight designed to improve the treatment of those affected by borderline personality disorder.

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Additional Book Reviews Available Online

Reviews of four additional books are available as an online supplement to this month's book review section on the journal's Web site at ps.psychiatryonline.org:

- Kathleen Biebel, Ph.D., reviews *Confidential to America: Newspaper Advice Columns and Sexual Education*
- Joshua Blum, M.D., reviews *Nim Chimsky: The Chimp Who Would Be Human*
- V. J. A. Buwalda, M.D., reviews *Man in Isolation and Confinement*
- Caroline Fisher, M.D., Ph.D., reviews *Chosen by a Horse*