Clinical Handbook of Eating Disorders: An Integrated Approach

edited by Timothy D. Brewerton, M.D.; New York, Marcel Dekker, Inc., 577 pages, $175

Just a Little Too Thin: How to Pull Your Child Back From the Brink of an Eating Disorder

by Michael Strober, Ph.D. and Meg Schneider, M.A., L.M.S.W.; Cambridge, Massachusetts, DaCapo Press, 2005, 235 pages, $25

Lorie Gearhart, M.D.

Eating disorders have pervaded society for many centuries, even dating back to the ancient Greeks, who described "vomitoriums" and adhered to the philosophy of "eat, drink, and be merry." Voluntary self-starvation has also been long reported, including among nuns who restricted their caloric intake to avoid sinful gluttony and cachectic women who were once accused of being witches, because people believed that the women were losing weight in order to fly more easily. But only more recently have eating disorders been acknowledged as psychiatric illness and been given treatment and research consideration.

The *Clinical Handbook of Eating Disorders* strives to provide an integrated and current overview of the full spectrum of eating disorders: anorexia, bulimia, binge-eating disorder, as well as obesity—perhaps a contemporary validating nod to the nutritional impropriety and indiscretion of the multitudes. An international panel of authors, as well as writers from many disciplines, creates a convergence—and divergence—in the way one may approach patients with such afflictions.

The handbook ranges in complexity from the extremely technical to the simplistic. Although a wide array of interested readers will benefit from many aspects of the text, to say that one type of practitioner would appreciate the book in its entirety would be minimizing its heterogeneity. Physicians, psychologists, and other therapists would particularly benefit from such a reference, although students of medicine and nursing, dieticians, and researchers may also find it useful.

This source provides material outlined in four principal parts: diagnosis, epidemiology, and course; risk factors, etiology, and psychiatric and medical comorbidities; psychobiology, including a discussion of neurotransmitters, neuroendocrine and neuropeptide dysregulation, as well as neuroimaging and some molecular details of the illnesses; and treatment, which combines a consideration of psychotherapy, psychopharmacology, nutritional counseling, and a particularly insightful chapter on family assessment and therapy.

Common themes interwoven throughout the text, which may be found especially useful given the current financial climate of medicine, are the emerging role of cognitive-behavioral therapy in treatment as well as the increased use of partial hospitalization programs and intensive outpatient programs. Cultural aspects of eating disorders are emphasized in the first section and are incorporated at various points in other chapters, likely representing the diversity of contributors. Psychodynamic theory, as it pertains to the meaning of symptoms and their role in maintaining the psychic homeostasis of patients, is also addressed by several authors throughout multiple chapters.

The extensive referencing is suggestive of a comprehensive evaluation of the most up-to-date literature. Almost universally, the authors are not seduced by the temptation of subjectivity, nor do they minimize the complexity of these illnesses. This is also possibly a statement about the editor, Timothy Brewerton, who is affiliated with the Medical University of South Carolina. Although impressively evidence based, the text is coupled nicely with observed clinical material and relevant anecdotes. Overall, this is an impressive integration of ideas and information, which will be illuminating to anyone seeking to further understand these multifaceted diagnoses.

Clinicians aren't the only people who need information on eating disorders. For any parents who have ever wondered if their child is on the brink of an eating disorder, *Just a Little Too Thin* can assist in navigating through the confusion. This book is not only terrific for therapists taking care of adolescents who may be affected but also concrete reading for parents who are trying to figure out how to proceed with dealing with their child's problems.

Dr. Strober and Ms. Schneider have extensive experience in this area. Dr. Strober is on the faculty at the University of California, Los Angeles, Medical School and is editor-in-chief of the *International Journal of Eating Disorders*. Ms. Schneider, a private practitioner in New York, is coauthor of several books on parenting. They are aware that most parents experience fear and bewilderment and don't know how to begin to help their child. This book offers concrete advice on what to say, what to look for, and what to do.

The authors strive to accomplish multiple things: alert parents to changes that may signal conversion from a benign diet to one that is more disturbing, instruct parents how to back their child off the "slippery slope," help parents to understand where their child may rest on the continuum of eating disorders, and help parents understand the emotional components of the disorder.

This is primarily a book about restrictive eating. Other disorders are touched upon but not deeply explored. An account of the progression of dieting, in very simple terms, is easy to understand for the lay public

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and nonmedically trained professionals. Although physicians may find it useful to recommend to families, the text does not explain how these disorders affect the body medically or address pharmacologic treatment. Further, parts seem outdated, such as referring to "the four food groups" and implying that avoidance of dairy is unhealthy.

The book describes the barely visible stage of "The Innocent Dieter," in which the child is beginning to study food labels. Recommendations are made to ensure the child's diet is healthy and to communicate in such a way that innocent dieting remains exactly that. An examination of the subtle transition to "The Exhilarated Dieter" follows. This piece reveals signs that a child's symptoms have progressed—such as, she or he eats in a secretive manner or cannot identify how much weight she or he wants to lose. Suggestions include explaining the concept of maintenance and understanding the connection between pain and chaotic eating patterns.

The striking progression to the next stage, "The Obsessed and Preoccupied Dieter," seems easier to notice. The authors discuss disturbing, unpleasant, and dangerous dilemmas that evolve with this type of dieting. The physical effects of food deprivation are outlined, and a connection is made with binge eating and purging behavior. Warning signs are identified, including avoiding certain social gatherings and forsaking interests unrelated to food.

The authors deserve ample praise in producing such an easy-to-understand account. The tangible and explicit suggestions they offer make this book perfect for perplexed parents or therapists seeking to help them and their child. ♦

Clinical Manual of Women's Mental Health

by Vivien K. Burt, M.D., Ph.D., and Victoria C. Hendrick, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 224 pages, $45.95

Leah Dickstein, M.D.

One of the best medical texts I have ever read is definitely the *Clinical Manual of Women's Mental Health*. This paperback is small enough to ensure that it is within reach wherever clinicians at every training or practice level, including students in all health fields and in every specialty, may find themselves.

Divided into ten succinct yet factually inclusive chapters, the text is clear and to the point. Etiologies of treatments are explained, and the authors describe which treatments are based on scientific findings and clinical experience and why other treatments have not been recommended.

Each chapter is structured to address general principles, epidemiology, etiology, and psychological and risk factors of an illness along with treatments, often not only for women but also for male patients, which emphasizes similarities and contrasts between the sexes.

The material included does, as the authors state, offer the latest data on women's mental health in this, their third text on this subject.

Important issues related to women's age, ethnicity, pregnancy, and breast-feeding state are included. The authors' extensive clinical expertise—learned, researched, and practiced at the University of California, Los Angeles, School of Medicine Women's Life Center—is extraordinary and so clearly and usefully presented. Each chapter section is immediately summarized in a chart that is easy to understand and use. Once readers have read the text or section, they can then simply refer to the charts, knowing they have previously read the text and understand the basis for the clear medical recommendations.

For example, in Chapter 2 on premenstrual dysphoric disorder (PMDD), the differential diagnosis specifics are included to make the diagnosis between PMDD, premenstrual syndrome, and other concurrent psychiatric disorders. The authors always include a recommendation about why they have chosen a certain procedure to verify a diagnosis and what to avoid and what not to overlook. Charts are included for patients to complete and bring to their appointments to ensure a complete and correct record of daily symptoms.

By following these assessment structures, the authors explain how to avoid diagnostic errors. These thorough models always include psychiatric and other medical evaluations, laboratory tests, biologic family history, and psychosocial issues. Also, they incorporate questions about use of other prescription or over-the-counter medications, herbal or nutritional supplements, and substances of abuse—such as alcohol, nicotine, and caffeine. They offer a guide for nutritional assessment, such as for excessive salt intake or other nutritional deficiencies—such as vitamin B6, calcium, and magnesium. Finally, they provide recommendations about comprehensive treatment, emphasizing the importance of exercise, therapy—such as relaxation and psychotherapy, including cognitive-behavioral therapy—and psychoeducation of the patient, family, and partners.

Consistent explanation is given about why we need to know about and understand how different medications interact with women's metabolism and have hormonal impacts. Drug trials are explained too.

This superb, specific, and succinct manual is comprehensive, thoughtfully inclusive, and thought provoking. Finally, recommendations always include excellent explanations along with statements that knowledge is incomplete. Pros and cons of different treatments are specified, as well as needs for further research. Summaries consistently follow explanations. Every clinician treating female patients must read this manual and always keep it at hand. ♦

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Strategies for Building Multicultural Competence in Mental Health and Educational Settings

edited by Madonna G. Constantine, Ph.D., and Derald Wing Sue, Ph.D.; Somerset, New Jersey, John Wiley and Sons, 2005, 328 pages, $45 softcover

Pedro Ruiz, M.D.

The book *Strategies for Building Multicultural Competence in Mental Health and Educational Settings* evolved from the "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" approved by the American Psychological Association's Council of Representatives in 2002. The original idea on the part of the editors of this book is to develop awareness and action around the enacted guidelines and to call attention to the psychological community in this respect. The objective of this volume is also to help the field of psychology to move from a monocultural model to a multicultural one. To achieve this task, a group of highly respected professionals, most of whom are psychologists, joined together as authors of the chapters of this book.

Influential in the conceptualization of this text was Robert Guthrie's book *Even the Rat Was White*, which depicts the biases of traditional psychology toward Western European cultures that are not applicable to an increasingly diverse population and in so doing depicts cultural oppression. Taking this concept into consideration, this book is a successful one. It opens the door for a solid understanding of what the United States currently is: a pluralistic, multiethnic, and multicultural society.

In essence, this text offers a foundation for culturally sensitive assessment, counseling, and therapy, as well as the possibility of organizational change based on this type of conceptual framework. The idea of integrating indigenous methods into traditional psychological practice is both novel and practical. Within organizational change, institutional racism can be addressed and appropriately resolved. The content of this volume is excellent for educational purposes. Moreover, the content areas of the different chapters can be a stimulus for further research and investigational efforts within the context of multicultural competence and treatment interventions.

The first part of the book offers a chapter written by the book's editors that describes the American Psychological Association's adopted multicultural guidelines. Part II embraces the application of the guidelines in clinical practice and comprises six chapters. These chapters address key topics, such as culturally sensitive assessment and diagnosis, multicultural approaches to individual and group counseling, multicultural interventions with couples and families, career counseling with people of color, independent practice settings that take multicultural models into consideration, and integration of multicultural competence within indigenous healing practices.

Part III consists of applying the guidelines to educational and organizational settings, such as academic mental health training settings, clinic and hospital settings, college counseling centers, and elementary school settings. Chapters focus also on issues that may arise during clinical supervision as well as on consultation and organizational development.

Part IV discusses research within the domain of cultural sensitivity. These three chapters address research pitfalls of the past and how to move toward the future, the practical applications of conducting research with ethnic minority populations, and the importance of qualitative research within the context of cultural sensitivity.

Part V has one chapter that offers concluding thoughts and future directions for increased use of multicultural competence in mental health and educational settings and its implications for social justice.

I very much enjoyed reading this book, and despite its focus on psychologists, I appreciate its relevance and significance in the mental health field at large. ♦

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Medicines Out of Control? Antidepressants and the Conspiracy of Goodwill

by Charles Medawar and Anita Hardon; Aksant Academic Publishers, 2004, 258 pages, $34.95 softcover

Stephen H. Feinstein, Ph.D.

The book *Medicines Out of Control?* is a passionate argument for reframing the way medicine, the pharmaceutical industry, and governments relate to each other and to the consumer in the development, evaluation, prescription, and marketing of medicines. In over 200 pages of very small print spanning 11 chapters that are loaded with footnotes, the authors confront the pharmaceutical industry, its regulators, and the medical community. Charles Medawar has had a long career as a public advocate and is the director of Social Audit, a British offshoot of Ralph Nader's Public Citizen Network. Anita Hardon is a professor in the Medical Anthropology Unit of the Anthropological Sociological Center at the University of Amsterdam.

Medical service providers, medical scientists, and advocates for people with mental illness could find this book worth reading and the issues that it raises worthy of careful consideration. However, it is a whistle-blower's tale, and, as such, it offers a one-dimensional view of issues and events. Readers who believe that economic and political forces have compromised medicine and medicines will find support for their conclusions here, although those who are looking for a

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more balanced view had best look elsewhere.

Several themes emerge in the book. For one, all the mood-altering medicines, from the earliest to the most recent, produce both physical and social dependence. Also, secrecy in the industry and among its regulators stands in the way of timely publication of medication problems. The authors also say the pharmaceutical companies are reaching the end of their ability to innovate, and in order to survive they have shifted from developing new drugs to marketing those that are already in the pipeline. In addition, direct-to-consumer advertising illustrates their success in commercializing medicine and medical research; pharmaceutical regulatory systems are dysfunctional or inadequate, and their reliance on premarketing trials and reluctance to emphasize postmarketing surveillance and adverse drug reaction reporting are illustrative of this point. Another theme is that economic, political, and professional pressures too heavily influence medical science, which has produced biased and marginally useful drug research. And finally, medicines are the source of iatrogenic damage that extends beyond adverse reactions to a "loss of personal autonomy, reduced confidence in health and diminished opportunity for making sense of illness and disease."

One could come away from this book with the notion that there is a very unfavorable risk-to-benefit ratio specifically for mood-altering drugs and possibly for psychotropic medications in general. The authors express support for using patient outcomes to evaluate medications, but they do not take into account the thousands of lives that have been measurably improved, and sometimes saved, by these medications. There are clearly times when the advocacy of families and consumers is at odds with the views expressed in this book. This is the case for the authors' apparent opposition to the development of more effective psychotheraputic drugs as well as open access to medications chosen by a competent medical provider and an informed patient. ♦

9/11: Mental Health in the Wake of Terrorist Attacks

edited by Yuval Neria, Raz Gross, Randall Marshall, and Ezra Susser; New York, Cambridge University Press, 2006, 674 pages, $110

Sally L. Satel, M.D.

Within weeks of the September 11th terrorist attack on the World Trade Center many psychiatrists predicted that New Yorkers would experience posttraumatic stress disorder (PTSD) in epidemic proportions. Well over $100 million in taxpayer and private dollars poured into the city to establish vast treatment networks. In the end, however, the psychic doom forecasted was never documented, and the value of training thousands of mental health workers remains questionable.

Nowhere is this better illustrated than in *9/11* a 35-chapter book edited by four Columbia University researchers.

As three early chapters in the book reveal, we still do not know how many people were clinically affected by September 11th. Epidemiological research methods employed by researchers were not rigorous enough to nail down *DSM* diagnoses. For example, assessment techniques could not distinguish short-lived, predictable distress—such as sleeplessness, hypervigilance, and difficulty concentrating—from actual clinical pathology. Two of the research teams contributing chapters to this book did not assess functional impairment, which is vital to distinguishing symptoms from disorders; a third team did try to measure disability but used a screening tool for diagnosis.

Well aware of these limitations, the authors of the first three chapters used the term "probable" to qualify diagnoses of PTSD. One could even argue that the term "possible PTSD" would have been more accurate, particularly in light of the swiftness with which post-9/11 symptoms dissipated. According to researchers from the New York Academy of Medicine, the rate of probable PTSD among Manhattan residents after the attacks was 7.7%. Six months later, it had declined by 90%, an unprecedented speed of recovery. By contrast, the 1995 National Comorbidity Survey found only a 15% decrement of PTSD in the general population within six months of onset. Such a marked discrepancy—90% versus 15%—should make one wonder about the true nature of the phenomenon diagnosed as "probable" PTSD.

The chapters on counseling interventions mounted in New York City after the terrorist attacks also miss a solid bottom line. Although planners will welcome the accounts of logistics, public education campaigns, and utilization described in those chapters, the lack of a comparison group makes it impossible to judge effectiveness, and cost-effectiveness, of these efforts and, therefore, to draw public health lessons from them. Finally, the absence of a discrete chapter on inpatient and clinic-based treatment utilization is notable. Though the published literature on this is modest, it describes a negligible uptick in treatment use and medication prescribing in the wake of September 11th.

9/11 contains strong review chapters, including summaries of methodological controversies in disaster research, treatment efficacy, and disaster response. Chapters on journalists and September 11th and on leadership by people like Mayor Rudolph Giuliani and Red Cross president Bernadine Healy are novel contributions. For this reader, the best part of the volume is the last section called "Perspectives on Response and Preparedness." Three bold chapters therein question the orthodoxies of traumatology.

The first is called "The Epidemiology of 9/11: Technological Advances and Conceptual Conundrums" by psychiatric epidemiologist Naomi Breslau

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and clinical psychologist Richard McNally, who ask a number of pressing questions that trauma experts need to confront squarely. For example, what exactly does it mean to be "exposed to 9/11," a phrase used throughout the book? Could PTSD caused by narrowly escaping the World Trade Center attacks possibly be the same clinical phenomenon as PTSD from watching the events on television? It strains logic to think so, but according to *DSM-IV*, with its expanded definition of stressor, the answer is yes. Breslau and McNally call this "bracket creep" and note its worrisome implications for diagnosis and treatment—not to mention forensic practice and the increasing societal penchant for medicalizing otherwise normal, albeit painful, responses to loss and threat.

British psychiatrist and epidemiologist Simon Wessely contributes the second chapter, called "What Mental Health Professionals Should and Should Not Do." His prescription is this: restrain themselves. The best psychological support, he says, actually flows from practical help such as provision of food, water, means of communication with family and friends, transportation, financial help, and so on. "I continue to have some skepticism about the immediate role of the mental health professional in the acute drama, other than his or her role as a good citizen," Wessely concludes. "Once the dust has settled, literally and figuratively, those with defined psychiatric disorders can now access decent quality treatment."

Arieh Shalev, an Israeli psychiatrist, speculates on the uniqueness of the attack in the third chapter, "Lessons Learned From 9/11: The Boundaries of a Mental Health Approach to Mass Casualty Events." He wonders "whether PTSD symptoms are, indeed, the essential measure of a maladaptive response to mass trauma." He later notes the unusually intense focus on psychological aspects of the disaster's impact. As Shalev puts it, the fact that most of the city remained infrastructurally intact "may again have contributed to the salience of psychological reactions, which, in other disasters can become second in importance to other needs, such as food and shelter needs."

As is common with edited books, *9/11* is redundant in parts and contains internal contradictions. Depending on the chapter, for example, one can read about a populace that weathered calamity quite well or a city that suffered mental crisis. Some chapters extol the great need for mental health professionals in the immediate aftermath of disaster, whereas others question whether acute deployment of mental health professionals is even necessary and caution against the self-fulfilling prophecy of morbid predictions.

These conflicting perspectives are barely engaged by psychiatrist Randall Marshall, one of the book's editors and author of the concluding chapter. He does, however, take a most ungentlemanly swipe at contributors Breslau and McNally—who claim that an epidemic of PTSD never materialized—in likening them to the "conspiracy theorists who believed the moon landings had been elaborately staged." I, too, have questioned the existence of an epidemic. Marshall goes on to accuse them, unjustly, of "outright denial of human suffering" and of "abandon[ing] the basic principle that mental health scientists . . . should respond to public health needs." Then, with near-comic timing, he laments that the "the post-9/11 debate has become so shrill."

This book is a good reference for those interested in the aftermath of September 11th. If anything, it tells us more about the mental health profession's response to the terrorist attacks on the World Trade Center and the Pentagon than about civilians' responses. Indeed, as a reader I felt as though I were left hanging. After all, we still do not know how many individuals were clinically afflicted by September 11th or whether counseling programs established to help New Yorkers had a meaningful public health impact and justified spending millions to create them. ♦

Cognitive Therapy of Schizophrenia

by David G. Kingdon and Douglas Turkington; New York, Guilford Press, 2004, 219 pages, $37

Timothy B. Sullivan, M.D.

It's hard to say how bad ideas, misinformed or misguided clinical saws, originate. One of the most enduring in psychiatry is the notion that talking to patients with schizophrenia about their symptoms or about their subjective experiences is potentially harmful. It is little wonder that so few medical students or psychiatric residents wish to specialize in work with patients who have seriously mental illness.

There have been studies and reviews, most famously the Patient Outcomes Research Team recommendations (1), which have directed our attention to the lack of efficacy (2), obvious paucity of controlled observation, and insufficiently documented putative harm associated with "uncovering therapies," by which is meant psychoanalytic therapy and its congeners. Kingdon and Turkington lament the effect these proscriptions have unintentionally had on creative engagement of persons suffering from disorders such as schizophrenia. They note that "many practitioners continue to believe that the content of psychotic symptoms should be ignored and that any psychological work . . . is liable to lead to increased distress and exacerbation of symptoms, as a result of having opened up disturbing areas."

Of course the problem with past, well-intentioned, and compassionate efforts by a legion of gifted therapists is that the therapeutic model, and the theory of mind supporting it, did not accurately reflect the nature of the dis-

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order. It was not the effort to be empathic that was flawed but the various notions about how symptoms were produced or could be ameliorated. If you don't understand what you're treating, you will misdirect, misinform, and inevitably disappoint.

Kingdon and Turkington set out to provide clinicians with a treatment model that will make the uncertain knowable and that which is alienating comfortable. They successfully present a cogent, approachable, and flexible model for psychotherapeutic engagement of persons suffering from serious psychotic illness. This is not a "manualized" treatment, and the authors explain why that approach is not appropriate. A careful exposition of the nature of the illness processes, and the theory of cognitive-behavioral therapy and its particular adaptation to this setting, is explicated. There are many clinical examples, guidelines, forms to use, and even patient handouts that can be copied and distributed are included. The succinct review of the psychology of schizophrenia is particularly useful, such as the discussion of "externalizing bias" and the central role of stigmatization in symptom development.

The fourth chapter, on therapeutic engagement, and later chapters on work with delusions and hallucinations, are not only brilliantly executed but come as close as one can, in print, to detailed individual case supervision. Even experienced practitioners will find these presentations extremely helpful, because they reflect the careful thought of talented clinicians who have immersed themselves in their subject and achieved valuable insights.

I do have one brief quibble. As a heuristic device, Kingdon and Turkington use four clinical subgroups to differentiate "types" of schizophrenia. In the context of the book, these subgroups are useful and unify their presentation. I am not sure I can agree that the subgroups encompass the range of patients I see.

Reviewers will often say that the book they are reviewing belongs on everyone's shelf. I urge you to please buy and read this book. Our patients deserve our attention to these issues. Those of you who are talented clinicians but who avoid this population out of confusion or lack of confidence in your ability to help will, I assure you, find this book crucial. You will find yourself able to approach a person with schizophrenia with confidence, and it will change how you think about your work. ♦

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The Ethical Brain

by Michael S. Gazzaniga; Chicago, University of Chicago Press, 2005, 232 pages, $25

John Weagraff, Psy.D., Ph.D.

Michael Gazzaniga has written an intelligent, insightful, and provocative book that is ready to assume its place in the line of important contributions that evolutionary science and sociobiology have made toward the development of a scientifically based ethic. His conviction about the relevance of cognitive neuroscience for matters moral and ethical is resonant with the bold claims of Edward O. Wilson and the early sociobiologists, who challenged the restraints of the "naturalistic fallacy."

This book is most compelling in its demonstration of the critically important insights that cognitive neuroscience has to offer in current moral debates, including the abortion issue; the emerging questions regarding brain enhancement; and the unreliability of witness testimony. Dr. Gazzaniga demonstrates a "prudence" that takes counsel from his own cautions against letting beliefs and theories harden innate moral responses that are only contextually relevant into absolutist positions. His proposal—that brain enhancements that do not violate the social contract implicit in our natural sociality have a sturdier moral claim than those that would give us an advantage over others—is one example of the discriminating manner in which he introduces the insights of cognitive neuroscience without activating anxiety about positive eugenics. He is not afraid of the slippery slopes in any of these debates, it would seem, because he is unusually confident that the innate moral guidance system will assert itself.

The book is also ambitious because of the wide audience that Dr. Gazzaniga seems intent on reaching. He is clearly speaking beyond his relatively small enclave of cognitive neuroscientists to the cadre of intellectuals who have been sidetracked by the benign nihilism of postmodern antifoundationalism. He also speaks to an even broader public that seeks refuge from the moral crisis of postmodernity in the conviction that the "war of poetry" embraced by Nietzsche can be won, if not by conquering then by shaming one's opponents into silence.

If Dr. Gazzaniga is correct, the Enlightenment still has hope because there is a new, scientifically validated foundationalism in town. Of course, his is not the first call for a universal morality. He stands in good company among ancients and moderns alike. He is better situated, though, in the company of those moral philosophers from the Enlightenment who distanced themselves from their predecessors by eschewing metaphysics, lowering their sights, seeking new foundations, and taking their bearings from generally observable human behavior. In either case, it seems now that the first guesses of ancients and moderns can be safely considered with the heuristic provided by cognitive neuro-

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science. Dr. Gazzaniga's case is for a universal natural morality is enticing. Such a morality is more accessible because it is acquired through relaxing our moral confusion rather than through the arduous discipline of a life of virtue. However, the imagination being what it is, it is still going to be a long walk back to the state of nature. ♦

Hardwired Behavior: What Neuroscience Reveals About Morality

by Laurence Tancredi; New York, Cambridge University Press, 2005, 240 pages, $28.99

Andrew E. Slaby, M.D., Ph. D.

Sigmund Freud presciently wrote in 1914 that "we must recollect that all our provisional ideas in psychology will presumably someday be based on an organic substructure." Indeed, history has proven this to be true not only in the psychodynamic areas of interest to Freud but also to subjects of interest to other early investigators in the behavioral sciences. Freud addressed, among other things, the relation of anger-turned-inward to anger-turned-outward. Introjected rage was considered at the basis of depression and suicidal behavior. Subsequently, others, such as Aaron Beck, identified hopelessness as even more important than depression as a risk factor of suicide. Today suicidologists believe that impulsivity coupled with depression and despair may be most critical in determining who is most at risk of suicide. Research indicates that impulsivity in suicide, homicide, and other impulsive behaviors is linked to decreased serotonin in the ventral medial prefrontal cortex of the brain.

Laurence Tancredi, a psychiatrist and lawyer with an enduring interest in the biological basis of homicide and particularly in the psychology of serial killing, writes cogently in this fascinating, easy-to-read volume of the genetic basis of human behaviors long considered under conscious volition or so-called "free will"—human behaviors at various times deemed illegal, immoral, or unethical. Those interested in the primary sources or the data presented will find them, along with further discussion of legal, ethical, and research implications, in a well-annotated bibliography for each chapter. Using the language of neurobiology, Tancredi describes the foundation of many human behaviors that supplement or even supplant the metapsychology presented by pioneers in psychoanalysis, philosophy, and sociology. The biological bases of a number of behaviors are discussed, raising interesting questions regarding long-held cultural assumptions of free will and moral development.

The opening chapters critique issues of morality given the current state of knowledge in neuroscience. Subsequent chapters address the biological basis of sexual behaviors, self-destruction and other destructive acts, deception, and greed. In the chapter on sex, not only is the biological basis of object choice addressed but also addressed is what appears to be the genetic determinants of polygamy or monogamy and the presence and absence of maternal or paternal behavior among human beings and our most closely related primates.

The chapter on money addresses among other issues hoarding behavior and greed, as well as the drive to take risks in gambling and investment that are easily undertaken by people who sometimes accrue great wealth. These chances are shunned by the risk-aversive with an almost atavistic drive to avoid anything that may be self-destructive.

The chapter on violence raises serious questions regarding current concepts of individual responsibility for physical abuse. This discussion is of particular interest to lawyers, philosophers, and forensic psychiatrists. It appears that the risk of outwardly directed violence is no more equally distributed under extreme circumstance than is the risk of suicide. Variables have been identified that explain susceptibility to expression of particular personality traits and behaviors. For instance, there appears to be an "aggressive gene," a defect in the gene responsible for the metabolism of various neurotransmitters in the brain.

Aberrations of this gene may lead to aggression and violence. Investigators have found that even among male children with the aggressive gene, the degree to which they grow up to be violent is related to the amount of maltreatment as a child. Those who are maltreated grow up with expected antisocial problems. Interestingly, further genetic studies indicate that girls may also inherit the defective gene but are usually born with a sufficient amount of the normal gene, so they are not affected. In most instances males with the aggressive gene who were abused as children have a probability of becoming violent as high as 85% to 90%.

This book is replete with other examples of personality traits that are labeled criminal, psychopathological, or otherwise culturally or developmentally unacceptable. These traits appear to have a genetic basis, which allows environmental factors to have an impact. The data Tancredi presents raise a considerable number of questions about what we see as morally "bad" or psychologically "mad" and thereby challenges us to reconsider how courts should view behavior and how contemporary concepts of morality may need to be altered to better reflect state-of-the-art science to foster more humane treatment of people so genetically programmed. Of course for those of us in psychiatry, it raises the need for further research to determine how both developmental and treatment interventions may impact genetic endowment.

This book establishes the historical

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framework for a change of focus from examination of mental activity—mentalism—to that of examination of the physical activity of the brain—physicalism—to how we understand thinking and behavior. This includes the way we deal with moral and ethical issues and our evolving, but often frustrated, efforts to develop an ideal humane society by maximizing individual potential in ways consistent with what we are as human beings rather than false assumptions about what we think we are or should be. ♦

Crazy: A Father's Search Through America's Mental Health Madness

by Pete Earley; New York, Putnam Publishing Group, 2006, 384 pages, $25.95

Susan D. Pasco, L.C.S.W.

Pete Earley, a former *Washington Post* journalist and author of several nonfiction books on crime, turns his journalistic skills to an investigation of the criminalization of mental illness in American society in his latest book, *Crazy*. He is impelled to write by the heartbreak he experiences when his son is diagnosed as having bipolar disorder and arrested after committing a crime. The arrest launches Earley directly into unraveling the complicated relationship between our country's criminal justice system and mental health policies. The book tells two stories. The first is a depiction of his son's journey into the craziness of our "broken mental health system," and the second is a record of the author's yearlong investigation of the Miami-Dade City Jail and the surrounding community.

Given unrestricted access to the city jail, Earley shadows inmates and patients and tells their personal stories in conjunction with interviews with family members, mental health professionals, correctional officials, police, lawyers, judges, historians, and legislators. Over the course of a year he uncovers the maze of contradictions and complexities that exist in our current mental health laws in the wake of deinstitutionalization. Although Earley's journalistic investigation does not tell a completely new story—most of the facts he reports have already been noted by E. Fuller Torrey, the well-known psychiatrist and public advocate for mental health reform—his story nevertheless is a moving and human portrait of what life is like for someone struggling with serious mental illness in this country today.

Earley's only failure is that he does not fully recognize the perspective of those who may be the victims of crimes committed by people with mental illness. In the case of his own son, Earley presents a critical attack on the family who felt violated and afraid after his son broke into their unoccupied home during a psychotic episode and caused thousands of dollars of damage. Despite this one limitation, Earley does a commendable job of depicting the irrationalities of our current mental health and legal systems and advocates effectively for much needed reform.

The audience for Earley's book will certainly include the layperson because he presents a very compelling account of what it is like for family members struggling to get help under current mental health laws for a loved one who suffers from a mental illness. He accurately describes the despair and desperation relatives encounter when a loved one is psychotic and unable to make rational and appropriate decisions about his or her mental health treatment. At the same time, for those of us who work in the mental health profession and are already familiar with these frustrations, Earley's book reminds us in a poignant and human way what it is like to be on the receiving end of our services. ♦

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Additional Book Reviews Available Online

Reviews of three 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.

- Saifullah Nizamani, M.D., reviews *Solving Psychiatric Puzzles,* by V. Sagar Sethi
- Daniel Bradford, M.D., reviews *Marijuana and Madness,* edited by David Castle and Robin Murray
- Donna M. Norris, M.D., reviews *Expecting to Fly,* by Martha T. Dudman