

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Models of the Mind: A Framework for Biopsychosocial Psychiatry**

by Stephen L. Dilts, Jr., M.D. Brunner-Routledge,  
Philadelphia, Pa., 2001, 326 pages, \$29.95 (paper).

Introductory clinical guides to psychiatry are challenged by a need to assemble vastly varied approaches with balance, brevity, and neutrality. This monograph models mental illness in the human condition very well. The author richly describes complex interactions among key components that contribute to illnesses of the psyche. This comprehensive but compact overview of clinical psychiatry integrates, in an internally consistent, highly readable synopsis, the cloaked heritage that we assume as clinicians. The reader is rapidly drawn from the earliest vestiges to the current theories of psychiatry without bias or overvaluation of any single viewpoint.

Bright gems of description set this jewel apart from other instructional texts, which often shrink to the relatively concrete, biological substrata of our professional work. The author sparks the outline of accurate (although too often oversimplified) information with rich case examples and a clear, conversational expository style. The structure follows Engel's biopsychosocial framework, artificially breaking apart the biological, psychological, and social components of each clinical syndrome. The balanced presentation of the triumvirate creates order from chaos in psychiatric gnology. Exceptional sections on psychological constructs and therapeutic strategies were especially enjoyable to read.

Any under-300-page volume covering so much will suffer obligatory compromises in the course of summarizing and generalizing. Twenty-four short chapters span a 5-part text, starting with a lone chapter in part I that introduces the biopsychosocial model. To this reader, the introductory chapter was the one most affected by brevity. Gross oversimplification, generalization, and, at some points, self-contradiction in the introductory chapter were disturbing but were clarified in later chapters. For example, initially gratuitous vilification of Freudian psychology is more constructively revisited in later chapters. Also, dogmatic phrases in the introduction seem out of place while embracing eclecticism, such as, "The biological, psychological, and social dimensions of a mental disorder must be integrated through the biopsychosocial model into a unified assessment and treatment plan" (p. 19). It might be more parsimonious to allow that these dimensions may be integrated. We know that the biopsychosocial model is valuable, but is it really the last word? Some of these claims begin to overreach, differing from the generally thoughtful, balanced treatment of complex issues in later chapters. Also, in the first chapter, a case example appears to inadvertently report a patient's first name, rather than keeping with the first-initial style used elsewhere. The unique tone and style made me wonder if an editor's hand had a strong influence, perhaps needed in some ways to give the book a unifying mantle, but deviating from the generally open-minded stance found elsewhere.

Some of these complaints are petty. The book reviews our heritage admirably. However, if the goal is to take the reader into the future of psychosocial medicine, there is another problem. This book is written for the next generation of psychiatric clinicians and should offer new challenges, not just recapitulate the past. Social and educational rehabilitation will become increasingly important as our patients "awaken" (à la Oliver Sacks) with ever-improving treatments. Second messenger and gene transcription will soon be mainline concepts. However, this model of the mind remains a throwback to what was taught in residency programs 10 years ago.

Still, this book is ideal for students in psychiatry and all related fields including social work, nursing, counseling, and therapy. It flowingly integrates disparate concepts, bringing a greater comfort to the challenge of learning the ties between serotonin molecules and supportive emotional environments. It does not, however, replace traditional texts. While it would be a pleasant and informative read for psychiatry residents in an early training seminar focused on broad overviews of the psychiatrist's role, it is better suited to medical students and allied mental health trainees, for whom this abridged "nutshell" volume is sufficiently detailed.

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### **Homosexuality and the Mental Health Professions: The Impact of Bias**

by the Committee on Human Sexuality for the Group for  
the Advancement of Psychiatry. *The Analytic Press, Inc.,  
Hillsdale, N.J., 2000, 152 pages, \$29.95.*

Changing societal views concerning gay men and lesbians have left health professionals unprepared to deal with the phenomenon of antihomosexual bias in themselves, their patients, and their institutions. This report provides a review of the literature, clinical examples of the outcome of such bias, and informed positions by this study group of psychiatrists. The purpose of the report is not to argue any position about gay men and lesbians but to improve patient care by bringing to light causes and consequences of antihomosexual bias and to assist health professionals in dealing with it.

The Group for the Advancement of Psychiatry (GAP) was established to study and issue position reports on relevant and controversial psychiatric issues. GAP reports have been intended for a sophisticated audience and have been widely accepted by psychiatrists, other mental health professionals, and leaders in social change. These reports, such as *Psychiatric Aspects of School Desegregation* (1957) and *The Social Responsibility of Psychiatry: A Statement of Orientation* (1950), are seen as advanced views based on a dynamic evaluation of

current research, clinical experience, and consensus-building discussion. The current report—*Homosexuality and the Mental Health Professions: The Impact of Bias*—is in this same vein and addresses an issue with widespread implications.

In the preface to the report, the changing attitudes toward homosexuality as reported in several previous GAP reports are reviewed. Antihomosexual bias has been as prevalent in the medical profession as it has been in the general population. Gay and lesbian psychiatrists have felt that bias was so strong that they should remain secretive about their sexual activities. The GAP Committee on Human Sexuality chose to study this subject because of the increasing awareness of the harmful effects of antihomosexual bias on patients and therapists. The committee asserts that with such widespread existence of antihomosexual bias, it is not surprising that mental health professionals, consciously and unconsciously, absorb society's values.

Cultural backgrounds for antihomosexual bias are summarized, and definitions are presented. Psychological causes and consequences of antihomosexual bias are discussed. The view of mental health professionals that homosexuality is a normal variant, while the dominant clinical paradigm, is not persuasive enough to negate antihomosexual bias. More tolerance and acceptance have resulted, however, because of this view.

Clinical vignettes, followed by discussion, appear very helpful in showing the influence of antihomosexual bias in the therapeutic setting, and alternative approaches are suggested. In the chapter on supervision and training, the report states, "While we do not believe that it is necessary for psychotherapy supervisors to be gay or lesbian in order to supervise gay and lesbian trainees, it is helpful and morale enhancing if at least some faculty are openly gay or lesbian" (p. 57). The report has other recommendations for medical school and residency programs to improve the education about homosexuality and reduce the antihomosexuality bias. The last 2 chapters of the report summarize legal aspects of antihomosexual bias and the bias related to the human immunodeficiency virus and acquired immunodeficiency syndrome.

I found this book to be sobering, informative, and, in some ways, provocative. The most provocative aspects relate to how we allow antihomosexual bias to influence our therapy, supervision, and conclusions, either consciously or unconsciously. I believe that everyone in the mental health professions should read this GAP report, as it gives insight into the manner in which the profession is dealing with this controversial issue.

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### **Behavior and Mood Disorders in Focal Brain Lesions**

*edited by Julien Bogousslavsky, M.D., and  
Jeffrey L. Cummings, M.D. Cambridge University Press,  
New York, N.Y., 2000, 554 pages, \$80.00 (paper).*

The publication of this book could not have been timelier. The burgeoning literature on the topic of neurophysiology and emotions, new discoveries relating to neurotransmitters and neuropharmacologic issues, and the "Mind-Body" topic of this year's meeting of the American Psychiatric Association reflect the massive interest in this topic. Nothing prepared me more for those meetings than this publication. The progression and expansion of our understanding of the limbic system from the concepts of Willis, Broca, and Papez to the 2 dozen or so structures

receiving serotonergic, dopaminergic, and noradrenergic neurons have allowed for this neural correlate of behavior. With a little help from a basic anatomy text, this reader received a clearer view of brain function as it relates to emotions and behavior. The editors, both well-known scholars in their own right, have gathered the experts of each type of emotional consequence to brain states and lesions.

The book begins with an overview, setting the stage for an exciting journey through the limbic-cortical connections and the manifestations of their psychopathology. Methodological issues, including limitations, are covered early and reveal the many challenges an investigator will encounter in the study and interpretation of data of secondary mood disorders.

There follows an amalgam of symptom- and anatomically based pathology. Behavior and mood states are treated as completely as discrete lesions and their resultant manifestations. For example, the cognitive actions and syndromes of the basal ganglia are outlined in chapter 6 using a description of the fronto-subcortical circuits. The control of emotions and cognition is discussed in relation to the key filtering role of the basal ganglia. Topographical correlations of mood and behavior are reviewed for lesions of each ganglia structure. Finally, depression, mania, personality changes, and obsessive-compulsive disorders are discussed in terms of their anatomical correlates and reactions to lesions of anatomical sites (frontal and temporal lobes, basal ganglia, and the thalamus) are described.

The book is to be read slowly and deliberately. Each page deserves careful attention, and reading the book is therefore time consuming, but it is both an up-to-date summary of the mind-brain concept and a valuable addition to one's reference library.

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### **American Psychiatric Press Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2000**

*American Psychiatric Press, Washington, D.C., 2000,  
768 pages, \$74.95; \$56.95 (paper).*

The time was 6:00 a.m.; I was in my office working on a report with a deadline, and my telephone was ringing—the inside line. Only a select few in the hospital know that number, most of whom would be bearing bad news. With some trepidation, I lifted the cradle and was greeted by the somber tones of the hospital's general counsel. After the usual pleasantries, he got to the point: "I don't have bad news for you, so relax. I need a reference that will give me a notion as to guidelines for appropriate treatment of mental disorders." He went on to say that he had been reviewing a couple of psychiatric cases and found himself at a loss to understand that which constituted the current state of the art in treatment. I explained that treatment strategies are not static, with new developments and research ongoing at all times, nor is one particular treatment always the treatment of choice. Clinical judgment must always be based on the circumstances of an individual case. "With that caveat," I said, "I have just the reference for you."

Last year, the American Psychiatric Association published a volume titled *Practice Guidelines for the Treatment of Psychiatric Disorders: Compendium 2000*. Comprising 10 practice guidelines previously published as individual monographs in *The American Journal of Psychiatry*, this compendium is

a highly accessible, well-written collection of strategies for patient care intended to facilitate medical decision making by clinicians. The editors emphasize that these guidelines do not represent a specific standard of care, nor are they intended to represent every potential treatment modality for a given condition. The 10 topics include the psychiatric evaluation of adults, delirium, Alzheimer's disease and other dementias of late life, substance use disorders (alcohol, cocaine, and opioids), nicotine dependence, schizophrenia, major depressive disorder (second edition of the guidelines), bipolar disorder, panic disorder, and eating disorders (second edition of the guidelines). These represent a wide range of therapeutic challenges faced by psychiatric consultants on a regular basis. In making this volume friendly to use, the authors have included summaries within each guideline set, followed by generously detailed discussion of diagnostic and treatment issues. Two of the collected guidelines represent second editions.

"While intended for clinicians," I advised my attorney friend, "you too will find this an informative, readable book, with many useful references at the end of each section. And, depending on your budget and preferences, the book is available as a paperback or in hardcover form." My colleague decided to head off for the medical library, and I returned to my work after looking up a couple of things in my personal copy of *Practice Guidelines*.

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### **Principles of Behavioral and Cognitive Neurology, 2nd ed.**

*edited by M.-Marsel Mesulam, M.D. Oxford University Press, Oxford, England, 2000, 540 pages, \$84.95.*

M.-Marsel Mesulam, M.D., edited the first edition of *Principles of Behavioral Neurology* in 1985, and it rapidly became a classic, embodying a combination of basic neuroscience and clinical information about the brain and behavior, together with a methods manual for bedside testing of patients. In the 15 years between editions, the field of "cognitive neuroscience" has grown exponentially. In addition, the new applications of functional magnetic resonance imaging and positron emission tomography have linked basic neuroscience with clinical brain imaging in ways not previously possible. Research has increasingly combined the interests that the behavioral neurologist has in patients with focal lesions and the testing methods of the cognitive neuroscientist. For this reason, the word *cognitive* was added to the title of the second edition. Following Mesulam's lead, the Behavioral Neurology Society recently changed its name to "Behavioral and Cognitive Neurology," as well.

The book begins with 120 pages of basic neuroanatomy, including a wealth of specific information about brain organization, but also clinical discussions of the anatomy of language, attention, executive functions, comorbidity, affective states, and the "distributed large-scale networks" that underlie much of behavior. Dr. Mesulam has been an important contributor to the understanding of these networks. Readers who have the staying power to read this chapter in its entirety will have a strong understanding of brain organization as a basis for the clinical chapters that follow.

Chapter 2, by Sandra Weintraub, Ph.D., is an updated bedside mental status examination, with discussion of formal tests usually administered by neuropsychologists rather than behavioral neurologists. Understanding the results of such tests is very important for psychiatrists and neurologists who seek to comprehend their patients' behavior. The ensuing chapters cover delirium and acute encephalopathies as well as spatial neglect syndromes, memory, aphasias, affective prosody, higher visual processing disorders, temporolimbic epilepsy, psychiatric disorders, and dementias. These chapters are all written by well-known authorities in their fields, and all attempt to link the basic neuroanatomical and neuroscientific foundations from Chapter 1 with detailed clinical information.

The chapter by Robert M. Post, M.D., on neural substrates of psychiatric syndromes will have special interest for psychiatrists. The well-known DSM-IV criteria for manic and depressive disorders, anxiety disorders, posttraumatic stress disorder, obsessive-compulsive disorder, schizophrenia, and autism are discussed, together with brief but tantalizing accounts of neuroscience findings and a few clinical vignettes. The chapter is brief but an excellent summary of the field.

Overall, the book has a tight organization, a remarkable paucity of errors, and a coherent approach to the linking of neuroscience with clinical phenomena that is unusual for an edited, multi-authored book. The volume should be highly useful to medical students, residents in neurology and psychiatry, and practicing psychiatrists and neurologists. It has perhaps more neuroanatomy than some would like to plow through, particularly before getting into clinical topics, but the book can be read in the opposite order just as profitably. A few topics are unaccountably missing: multiple sclerosis, Parkinson's disease and related disorders (there is a brief discussion of diffuse Lewy body disease in the chapter on dementia), Huntington's disease, and stroke. The chapters on language and on psychiatric disorders are very brief, though of high quality and by recognized leaders in their fields. The book probably goes as far toward the elusive goal of the understanding of the complex relationship between that gray, soft organ—the brain—and the ethereal concept of mind as any previous work has done.

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