

**Religion, Culture, and Mental Health**

by Kate Loewenthal. Cambridge University Press, New York, N.Y., 2007, 169 pages, \$85.00.

Kate Loewenthal, Professor of Psychology at Royal Holloway, University of London, is the author of numerous articles dealing with religion and mental health. In the present work, she brings credibility, balance, and clarity to the subject, anchored in genuine scholarship. The book's brevity (141 pages of text) belies the richness of the source material, much of it recent, that she taps for her discussion. The emphasis is on mental health—specifically, the standard psychiatric syndromes and the influence of religious beliefs on them. She does not address the historical evolution of religious practices, nor the role religion plays in social movements, politics, and international affairs. There is no consideration of fundamentalism, extremism, terror, or persecution (in fact, none of these appears in the index).

After an introduction that defines culture, religion, and mental health, 6 chapters, 1 each, are devoted to schizophrenia, manic disorder, depression, anxiety, somatization, and dissociation. The eighth chapter deals with positive states, and the ninth is the conclusion.

In a curious "Note about G-d," the author explains her use of this spelling. She is an orthodox Jew "who wishes to follow the prescription of Jewish law not to write out any name of G-d in full." The frequent reference to God in a book about religion means that the peculiar spelling occurs often, and when it does, it calls attention to itself. But it also serves to remind us of the author's religious viewpoint.

That notwithstanding, Loewenthal, to her credit, presents a balanced view of religion and mental health based on her work and extensive search of recent literature.

In discussing schizophrenia, she states that "religious beliefs may be two-edged weapons—while offering comfort, they may be a factor in suggesting or condoning bizarre or dangerous behavior" (p. 22). This, the longest chapter, includes a discussion of Afro-Caribbean schizophrenia as seen in the United Kingdom and the United States and the V-code category in DSM-IV of "Religious or Spiritual Problem," such as "the loss or questioning of faith or problems associated with conversion." This leads to a thoughtful discussion (p. 45) of boundary issues arising from the clinician's religious beliefs and their influence on his or her practice. She also quotes Butler and Pargament (2003) when they "make the important point that there are no methods of religious coping that in themselves are invariably associated with positive mental health outcomes" (p. 45).

The chapter on mania contains the one surprise in suggesting "that the neurobiological changes associated with meditative practices may contribute to a pathway which leads to the onset of mania." Two authorities are cited for this, Wilson (1997) and Yorston (2001), who describe the case of a young woman whose "manic episodes were preceded by days spent in Zen meditative retreat" (p. 50).

In the chapter on depression, she cites Pargament (1997) on particular styles of religious coping "associated with better or worse psychiatric outcomes . . . higher well-being is associated with . . . a secure relationship to G-d, lower well-being is associated with imposed religion . . . and a tenuous relationship with G-d and the world" (p. 59).

In considering obsessive-compulsive disorder (OCD), she shares the view "that religion is one more arena in which OCD expresses itself, but is not a determinant of OCD" (pp. 83–84).

In her discussion of dissociation, the author finds that trance and possession states have dissociative features. In considering positive states, she gives special emphasis to forgiveness, generally encouraged by most religions.

In her conclusion, she addresses and rebuts notions of religion leading to guilt, encouraging paranormal experiences, and making abuse legitimate. She finally concludes that on balance religious traditions "may have good effects on mental health."

There is always the question of cause and effect: Does good mental health lead to positive religious experiences or is it the other way around? Dr. Loewenthal does not specifically answer this, but she does provide rich material and a balanced picture for anyone interested in the topic.

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**Understanding Autism: From Basic Neuroscience to Treatment**

edited by Steven O. Moldin and John L. R. Rubenstein. Taylor & Francis, Boca Raton, Fla., 2006, 526 pages, \$152.00 (hardcover).

Autism emerged as a recognized pediatric neuropsychiatric disorder in 1943 with the publication of Leo Kanner's article entitled "Autistic Disturbances of Affective Contact" in a journal called *Nervous Child*. Kanner was the first Director of the Children's Psychiatric Service at Johns Hopkins under Adolf Meyer, and he lived until 1981 to see the "Kanner syndrome" gain worldwide attention. His initial article described 8 boys and 3 girls who were unable to relate well to other people and exhibited speech that was delayed and monotonous compared to that of their peers. Although these children appeared to be intelligent and had excellent rote memory, they were obsessive, dreaded change, and preferred solitary, stereotyped activities. Kanner observed that 5 of the children had large heads. He also commented that the parents of his initial group tended to be highly intelligent, high-powered professionals. He concluded that these children had a syndrome characterized by an "inborn disturbance of affective contact."

Scientific progress in understanding autism has lagged far behind its clinical recognition, but the tools of modern interdisciplinary neuroscience are providing useful insights. This progress is nicely summarized in this interesting and informative new multiauthored book.

Criteria for the diagnosis of autism have broadened considerably since the time of Kanner's original report, and the first chapter succinctly describes the range of behavioral phenotypes within the autism spectrum under the umbrella of pervasive developmental disorders. This section also describes associated somatic features and guidelines for diagnostic assessment.

The second chapter covers the controversial area of autism epidemiology and the question of whether there has been a major increase in the prevalence of autism over the last few decades. Based on an extensive review of available data, this review estimates a prevalence of 6/1000, with most studies showing a strong predominance of males. The author suggests that recent estimates of a secular increase in prevalence may be related to changes in diagnostic criteria and awareness, but

concludes that current data sets make it difficult to answer this question.

Four chapters then cover the search for genes and epigenetic influences in autism. Evidence from family and twin studies shows a high concordance for monozygotic twins of 60% to 92% and a sibling recurrence risk of 6% to 8%, making autism one of the most heritable neuropsychiatric disorders. On the other hand, current evidence suggests that a heterogeneous group of genes is likely to be implicated.

Approximately one third of the book deals with neural systems and neuronal circuits related to core deficits such as language disorders, fear and anxiety, and disrupted social interactions. The chapter on the social brain and the amygdala in autism is especially comprehensive and well illustrated with color figures of brain circuits. Equally interesting and lucid are chapters on neuroanatomic and neurochemical studies of post-mortem brains from individuals with autism and structural neuroimaging using magnetic resonance imaging in living patients. The neuroimaging section covers the extensive evidence for abnormal trajectories of brain growth during development that were first suggested by Kanner's original report of macrocephaly in his patients. These abnormalities in brain growth may be clues to systems and genes that are a common focus of pathology in autism. New methods for morphometric analysis of cerebral cortex and other brain structures described in the book suggest that disorders of neuronal connectivity may be a unifying concept in the neurobiology of the disorder. There are also chapters on the neuropsychological evaluation and pharmacologic treatment of individuals with autism, as well as on behavioral and educational therapies.

Overall, this is an excellent survey of current basic and clinical knowledge in autism that also covers major research areas in some depth. The book will be of interest to clinicians and neuroscientists alike who are interested in autism, and it may also be useful for therapists, teachers, and families who want a detailed resource.

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### **The Spectrum of Psychotic Disorders: Neurobiology, Etiology, and Pathogenesis**

*edited by Daryl Fujii, Ph.D., and Iqbal Ahmed, M.D.*  
Cambridge University Press, Cambridge, United Kingdom,  
2007, 572 pages, \$150.00.

Decades of research into the intrinsic (e.g., neurobiological and genetic) and extrinsic (including in utero and prenatal insults, substance abuse, and traumatic experiences) etiologic factors for psychotic disorders, particularly schizophrenia and related primary illnesses, has contributed greatly toward an improved understanding of the neurobiological underpinnings of their characteristic symptoms and signs. Schizophrenia-like psychotic experiences and behavior, however, are present in a variety of other psychiatric illnesses that are not classified as primary psychotic disorders and in general medication conditions that adversely affect the central nervous system.

In this volume, Drs. Fujii and Ahmed argue for a reconceptualization of schizophrenia-like psychotic phenomena present in primary psychotic and mood disorders, as well as in a variety of other general medical contexts, as a common neurobiological

syndrome that involves dysfunction in frontal and temporal systems and/or disturbances in their functional connectivity. Psychoses or, more specifically, schizophrenia-like psychotic signs and symptoms, are regarded as somewhat localizable clinical phenomena with consistent syndromal presentations, reproducible by differing pathophysiologic mechanisms. To advance their argument, the authors have assembled 51 individual contributors who, true to the volume's title, cover the spectrum of schizophrenia-like psychotic manifestations across many types of conditions. Indeed, the word *spectrum* in the book's title refers to the myriad psychiatric, medical, and substance-related causes of schizophrenia-like psychotic signs and symptoms.

The book's 27 chapters are divided into 9 sections, beginning with a brief discussion of the theoretical and conceptual shortfalls of the current descriptive classification system for psychotic disorders and with a presentation of the authors' conceptual framework. The following 7 sections of the book describe psychotic features occurring in the context of primary psychotic disorders, mood disorders, neurodevelopmental/genetic diseases, central nervous system disorders, substance abuse and medication use, neurodegenerative disorders, and sensory impairments—all of which may be routinely encountered in clinical work. Each chapter is uniformly edited to describe the epidemiology, onset, course, suspected neuropathology, suspected neurochemical abnormalities, genetic and nongenetic risk factors, and treatment of psychosis occurring in a specific disease or disorder. This is done with a view toward the proposed similarity of psychotic symptoms and signs and approaches to their symptomatic treatment across diagnoses, and how the available evidence for disrupted neural functioning in each of the specific disease states converges on the proposed underlying frontal-temporal model of psychosis. Each chapter begins with a table that provides an objective rating of the level of evidence for each etiology in terms of its presentation, course, and underlying neurobiology. Opinions and biases in areas in which rigorous investigation is lacking are therefore minimal and are appropriately stated. As such, the chapters offer more than a simple compendium of research studies, and the book's organization, which is its most useful feature, allows for a fairly rapid and "user-friendly" comparison of diagnostic and clinical features of psychotic symptoms and signs across illnesses and for identification of those areas in need of further study.

On the other hand, there are limitations to the authors' approach. Of course, the strongest support for the authors' thesis comes from those disorders in which psychotic phenomena are best characterized, e.g., adult, nongeriatric schizophrenia or psychotic symptoms occurring in various dementias. While the individual chapters provide a thorough review of the available published data on psychotic phenomena occurring in the various disorders and disease states in most cases, many, if not the majority, of the psychoses reviewed were not well enough described by the current literature or were too encumbered by inconsistent findings to provide clear support for the authors' primary thesis, which represents one of the book's shortcomings. In addition, since "schizophrenia-like" psychotic symptoms and signs are the syndromal focus of this book, a more expanded discussion of non-dopamine-related neurochemical abnormalities that may also lead to dysfunction in the proposed psychotogenic neurocircuitry would have been welcome, as would have a brief review of the electrophysiologic data supporting a role for disrupted connectivity between frontal and temporal structures in schizophrenia.

In all, *The Spectrum of Psychotic Disorders* is a successful contribution for consolidating an impressive breadth of information and presenting it in a manner that will appeal to both

clinicians and researchers—not such an easy task—who are drawn intellectually to patients with psychotic syndromes and possess greater than usual curiosity about the neurobiological basis of psychotic phenomena. Though not intended as a stand-alone clinical reference, the book will also appeal to clinicians who routinely evaluate psychotic syndromes across the etiological “spectrum,” as the authors have defined it.

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**Massachusetts General Hospital  
Comprehensive Clinical Psychiatry**

*edited by Theodore A. Stern, M.D.; Jerrold F. Rosenbaum, M.D.; Maurizio Fava, M.D.; Joseph Biederman, M.D.; and Scott L. Rauch, M.D. An Expert Consult Title, Mosby Elsevier, Philadelphia, Pa., 2008, 1273 pages, \$239.00 (hardcover with online access included).*

Most textbooks in our field begin their overview with stultifying readings on historical roots of psychiatry or conceptual explorations of psychological developments in infancy. The editors of *Comprehensive Clinical Psychiatry* assemble a dream team of American psychiatry, start with a section of 4 chapters on the Approach to the Patient, and succeed in creating a novel and alluring patient-care centered text. The thoughtfulness of this outstanding and very human entrance will not surprise those familiar with the qualities of the Massachusetts General Hospital board review courses or the ageless update and board preparation volume also edited by Dr. Stern and colleagues. Perhaps the editors here were inspired by the writings of Harry Stack Sullivan, emphasizing this common goal of all psychiatrists, which is a quintessential element in board exam success. The physician-patient relationship is of critical importance in the successful delivery of optimal care. The authors provide eloquent descriptions of this interaction; there are no hidden secrets. Miracles can happen when the therapeutic realm receives the therapist's full attention and the patient's full participation, and this textbook sets that priority straight from the start and keeps it close throughout.

The writing style is even—cover to cover, clear and crisp, comprehensive yet concise, rich, and yet refined. Over one hundred authors of almost as many chapters present authoritative

detail on every topic covered, from embryonic folding of the neural crest to psychodynamic issues surrounding death and dying. Lengthy discussions are eschewed, often leaving the reader hungry for additional detail, but the essences are selectively distilled in this exhaustive tableau spanning all the ranges, even if only the mountaintops are visible. Illustrations are generous in some chapters but lacking in others or are color-enhanced only to set apart tables and diagrams. The color probably adds more than its associated printing costs to the volume's value in readability and general visual appeal. (My daughter would say that the enlarged Lyme tick drawings belong in the discussion on dream anxiety disorders.) However, considering the expanding opportunities for graphic presentations of brain activity and the use of color micrographs of plaques and tangles, things like a lonely black-and-white positron emission tomography fluorodeoxyglucose image in the imaging chapter and rare use of inadequately labeled graphics from functional magnetic resonance imaging throughout seem oddly anachronistic, especially when juxtaposed with cutting-edge and colorful diagramming of prefrontal connections. Overall, though, the content is up-to-date and highly referenced, readying the clinician for the era of evidence-based medicine.

Since many of the 21 sections contain only 1 chapter, this reader gets an impression that welcome expansions of some sections might be planned. I wouldn't wait, though, especially if seeking a text for use in residency or board exam preparation. The book can be used in print or accessed online using a code provided with each purchase. This supplementary feature makes its voluminous expertise available anywhere, even on the wards. Unfortunately, there are no review questions, neither in the print nor online versions. It is part of the Expert Consult series, and like a good consultant, it provides just the answers.

This book merits a very strong recommendation, covering with excellence both theory and practical aspects of treatment challenges. It will be most valuable to residents in psychiatry and especially so for their board exam preparation. It is not beyond the reach of inquisitive medical students who wish to delve more deeply in selected areas. Active psychiatric clinicians who are preparing for recertification exams will find the work refreshing and rewarding. When the closing chapters on future psychiatry are integrated into the body of the text, this will become a reference incomparable for all time.

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