

Book Reviews

Preventing intellectual disability. Ethical and clinical issues.
By Pekka Louhiala; Cambridge University Press, New York,
New York; 2004; \$ 40 (softcover), (hardcover: \$ 95), 174 pp.

Intellectual disability is what in North America has been usually referred to as mental retardation, or “being intellectually challenged.” Its various definitions are based either exclusively on the concept of intelligence or in a way that includes other criteria as well. The American Academy of Mental Retardation (AAMR)(2002) defines mental retardation as “a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. The disability originated before age 18.” The AAMR also adds five assumptions essential to the application of this definition (see at: www.aamr.org/Policies/faq_mental_retardation.shtml). However, the author of this book, Finnish pediatrician and philosopher Pekka Louhiala, prefers the term intellectual disability. He points out that in many cases no retardation actually takes place and that the problems people with this disability usually have concern more their intellectual functioning rather than their total mental functioning.

The attitudes towards persons with intellectual disability have been usually negative through history. People with intellectual disability have been ostracized and even became subjects of eugenics in some regimes. However, as Dr Louhiala points out, major and fairly positive changes in the attitudes towards the intellectually disabled occurred during and after World War II. Nevertheless, the issue of preventing intellectual disability continues to be a complicated problem that may differ from culture to culture. Many parents and their physicians faced the utmost difficult question: Should this pregnancy be terminated if the prenatal diagnosis confirmed Down syndrome, thus bringing an individual with intellectual disability to this world would be prevented? Some, after considering all the pros and cons, decide for termination, some decide against it.

Numerous ethical and moral issues are usually involved in the discussion and the decision about the prevention of intellectual disability. This slim volume provides a comprehensive discussion of these difficult issues in 10 chapters. The author reviews the definition and epidemiology of intellectual disability first and then gets into the general issues of preventing intellectual disability. He then discusses prenatal diagnosis, screening, and genetic counseling in detail. He suggests that genetic counseling has become popular not only because of the scientific developments but also because of the general political development, the

diminishing role of religion, the relative simplicity of genetic explanations, and the role of the media, especially science reporting. He also suggests that the geneticisation (priority is given to hereditary basis for most disorders and variations) “implies a shift of responsibility from society to the individual in the sense that if, for example, alcoholism and crime are explained in terms of genes, no societal change can be hoped to be of any help.” Geneticisation, as Dr. Louhiala notes, also implies determinism and reductionism. This discussion also formulates some characteristics of good genetic counseling and reviews the advantages and disadvantages of directive and nondirective counseling.

The major issue — why should intellectual disability be prevented? — is thoroughly examined in chapter seven, “the philosophical core of this book.” Five different arguments are probed in this discussion: the eugenic, the fetal wastage, the family burden, the societal burden, and the quality of life argument. The author does not find most of the arguments strong enough to support prevention with the possible exception of the family burden argument. In the case of successful family burden argument, the author argues that two conditions should be met. The familial reproductive autonomy should be given high value, and psychological or economical burden should be accepted as a justification for abortion. This discussion is followed by a debate of the moral status of intellectual disability and the debate of the ethics of prevention in practice. The author examines the ethics of prevention with reference to three syndromes: Down syndrome, fragile X syndrome, and aspartylglucosaminuria.

This is an interesting book that reviews a difficult and important ethical and moral issue of intellectual disability prevention. In a very comprehensive way, the author presents arguments for and against prevention of intellectual disability. However, he does not seem to find the arguments supporting the prevention of intellectual disability strong enough.

I found the book unfocused at times and its writing style a bit vague. It seems it made me unfocused and a bit vague in writing this review, too! Nevertheless, who may find this book useful? Ethicists, some pediatricians and genetic counselors, perhaps even some psychiatrists who have patients facing the dilemma of intellectual disability prevention. It may be also useful reading for those teaching or taking medical ethics courses. Busy clinicians will probably find this volume neither clinically useful nor entertaining, so they should save their money.

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Circles of recovery. Self-help organizations for addictions. By Keith Humphreys; Cambridge University Press, New York, New York; 2004; ISBN: 0-521-79277-0; \$ 85 (hardcover), 228 pp.

Keith Humphreys writes in the first chapter of his book on self-help organizations that, “the use and abuse of alcohol, opiates, cocaine, nicotine, and other substances is arguably the greatest threat to public health in the developed world.” One can argue whether it is really the greatest or second greatest threat, but most would agree that the threat is great and that there is a lot to be done to contain it. Clearly, society(ies) and the health profession have not been very successful in containing this major threat so far. Interestingly, self-help groups/organizations have indisputably played a very important role in addressing addiction problems with alcohol and other substances of abuse. Most clinicians believe that self-help groups are valuable if not invaluable in helping patients in their quest with addiction and on their road toward recovery. Some, e.g., U.S. emergency physicians according to one study, even consider Alcoholics Anonymous to be more effective for alcoholism than the mental health professionals. But how much beyond the “mythical 12 steps” do most of the health care professionals really know about the self-help groups? Do health care professionals know much about the scope, origin, perspectives, spirituality, and other aspects of self-help groups? My guess is that their knowledge, as mine was, is very limited.

Keith Humphreys is attempting to help us rectify our postulated lack of knowledge by providing us with a volume, which summarizes and integrates the current knowledge and research on these organizations. The book consists of five chapters and an epilogue.

In chapter 1, “Definitions, scope, and origin of the health-related self-help group movement,” the author outlines the goals and scope of his book first. The four goals are to (1) describe a variety of addiction-related mutual-help organizations, (2) evaluate how addicted individuals are affected by their involvement in self-help groups, (3) provide guidelines for clinicians and policy makers concerning how to interact with such organizations, and (4) bring scientific knowledge to bear on hotly debated issues in the field. The author points out that, “mutual-help organizations are, by definition, social rather than individualistic,” and discusses essential characteristics of self-help organizations. The essential characteristics are as follows: members share a problem or status, the leadership is self-directed, there is a valuation of experiential knowledge, reciprocal helping is a norm, there are no fees, association is voluntary, and some personal-change goals are included. Furthermore, optional features include developed philosophy and program of change, spiritual or religious emphasis, nesting of groups within a larger organizational structure, political advocacy, internet presence, membership by relations of the substance-abusing participants, defined role for professionals, acceptance of external funds, and

residential structure. This chapter further discusses the differentiation of self-help organizations from other interventions (e.g., self-help books or patient education) and five forces that have fostered the modern self-help group movement: improved public wealth and health, weakening of family ties, limits of professional assistance, the rise of consumerism in health care, and benefits of participation. This is a very good introduction to the rest of the book, which provides the reader with a good summary of the main issues of self-help groups/organizations.

Chapter 2, “An international tour of addiction-related mutual help organizations,” describes 19 self-help organizations, e.g., Alcoholics Anonymous, Abstainers Club, Al-Anon Groups, Blue Cross (Croix Bleu), Narcotics Anonymous, Nicotine Anonymous, Oxford Houses, and their origins, philosophy, and membership. The author points out that these 19 organizations are obviously only a subset of all organizations that exist. Some other existing organizations not discussed in this chapter are controlled by professionals, others are defunct, or there is a lack of available good literature on them. The chapter concludes with comparing and contrasting the addiction-related mutual help organizations on five key dimensions: spiritual heritage, external funding, advocacy, professional role, and attendance by relations of the substance-abusing participants. This is a very interesting chapter, which enlightens the reader about the worldwide scope, appeal, and reach of self-help organizations.

Chapter 3, “Does self-help group participation lead to positive addiction-related, psychiatric, and medical outcomes?,” addresses a vital question — whether the self-help organizations are effective. The author reviews the available research studies. Understandably, the bulk of this chapter deals with the organization that has most available data — Alcoholics Anonymous (AA). The author concludes that AA usually helps patients maintain and build upon treatment gains. The chapter further discusses some intriguing questions: through what process does AA produce positive outcome, whether AA could actually affect population-level indices of health, and whether some individuals are harmed by AA involvement. This chapter provides an important summary argument for the effectiveness of self-help organizations, namely AA.

Chapter 4, “A different perspective on changes in self-help organizations: spirituality, identity, life stories, friendship network, and politicization,” examines the benefits of friendship-building in self-help groups per se and reviews four domains of self-helps groups that are not usually considered part of the clinical treatment-evaluation perspective: spiritual change, identity, and life-story transformation, friendship-network composition, and politicization and empowerment. The author also addresses some other important questions, such as whether spiritually based self-help organizations are cults (they are not). In the conclusion to this chapter, the author points out that self-help group participation may have effects that are more commonly associated with voluntary associations and communities than with healthcare interventions.

Finally, chapter 5, "How should government agencies, healthcare organizations, and clinicians interact with self-help organizations?," outlines challenges to collaboration, strategies for government support of self-help organizations, and strategies for individual clinicians and treatment agencies for interacting with these groups/organizations. The author touches on important issues such as making referrals, dual-diagnosis patients, patients on medication and 12-step programs, involvement of adolescents, and helping patients who are averse to 12-step spirituality.

This book is clearly a state-of-art review of literature/research on self-help groups/organizations. It provides a lot of interesting and clinically relevant information on self-help groups and their efficacy and some practical tips on how to interact with and refer to self-help groups. The discussion of various self-help organizations around the globe is enlightening and informative. I believe that any clinician dealing with substance abuse patients or dual diagnosis patients (who is not, nowadays?) will find this book interesting and helpful. Those specializing in the treatment of addictions and thus frequently dealing with self-help groups will find this book invaluable. The book could be also used as a teaching text in addiction psychiatry fellowships. For those interested in the topic of self-help groups/organizations, this book is worth the money.

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Model psychopharmacology curriculum for psychiatric residency programs, training directors and teachers of psychopharmacology. Third edition. Committee of the American Society of Clinical Psychopharmacology (Ira D. Glick, James Ellison, James Halper, David S. Janowsky, R. Bruce Lydiard, Jessica Oesterheld, Peter Ross, Kim Walton and Sidney Zisook); The American Society of Clinical Psychopharmacology, Inc., Glen Oaks, New York: 2004; 3 volumes + CD ROMs; \$ 500 (+ \$40 for domestic shipping or \$ 85 for international shipping) (\$ 400 for society members or those who bought previous editions).

I reviewed the first edition of the American Society of Clinical Psychopharmacology (ASCP) psychopharmacology curriculum on the pages of this journal (1) a few years ago. As then, I have to disclose my continuing possible conflict of interest — I am still a member of the National Board of Trustees of the American Society of Clinical Psychopharmacology, Inc., although I have nothing to do with the creation of the society's psychopharmacology curriculum.

As I emphasized in my review of the first edition, creation of a model curriculum for teaching psychopharmacology in residency training programs is an important and laudable deed. Clinical psychopharmacology has undergone an enormous development during the past few decades. Whether we liked or

not, it has become the main focus of practice for most psychiatrists and a very important part of the care for mentally ill. Even the staunchest competitors and original opponents of "biological" psychiatry recognize the importance of clinical psychopharmacology, as illustrated by the quest for prescribing privileges by psychologists. Good and well-organized teaching of psychopharmacology should be an integral part of each residency training program. However, with the continuing expansion of knowledge, many programs may lack the expertise in every aspects and "corner" of clinical psychopharmacology. Thus, a "summary teaching tool," such as a curriculum created by experts in the field, could and should be helpful. Such a curriculum should provide guidance or "a royal road" to teaching clinical psychopharmacology, and not necessarily a national standard on what to teach exactly. I believe that this was the goal of the creators of the ASCP curriculum led by Ira Glick.

The third edition of this curriculum consists of three volumes and 2 CD ROMs. The first volume starts with the introduction on how to use the curriculum (this instruction is repeated in the other two volumes). The authors emphasize that the curriculum is neither a textbook of psychopharmacology nor a reference for research finding or a primer on how to prescribe. Rather, it provides "a clinically oriented overview of the field aimed at teachers, residency directors, and others with a responsibility for educating others and assuring standards of knowledge and practice, i.e., competencies, within an organization." The authors advise that the didactic psychopharmacology courses should be taught at three different levels: (a) a crash course taught at PGY-1 level, (b) a basic course with a full review of all agents in use during PGY 2 and 3, and (c) an advanced course taught in PGY 3 and 4 years together with a neuroscience course.

The authors also suggest that one can build his or her own lecture around the curriculum slides one chooses, as one may add, delete, change, or combine the slides provided. Besides instruction on how to use the curriculum, Volume I discusses issues such as how to organize a psychopharmacology program, what and how to teach, and how to evaluate. This volume also contains a list of textbooks and other useful books, journals, newsletters, overview of two curricula for special areas (child and adolescent psychiatry, geriatrics), a list of rating scales, a list of books and organizations for patients, forms for evaluation of trainee, supervisor, and/or of program, outline of an investigative psychopharmacology curriculum, guidelines for pharmacotherapy follow-up visits and quality of care, and flowcharts for pharmacotherapy of anxiety in patients with a history of chemical abuse and dependence, pharmacotherapy of depression and pharmacotherapy of schizophrenia, a brief outline on pharmacotherapy, and internet and P450 drug interaction computer program.

Volumes II and III contains hard copies of slides of 51 lectures. These lectures (slides) are also provided in PowerPoint on two CD ROMs. The PowerPoint lectures are intended for teachers; the hard copies are intended for copying and distributing to the trainees. These lectures cover almost the entire

clinical psychopharmacology, with topics ranging from “Psychopharmacology in the emergency room,” to “Pharmacokinetics of psychotropic drugs,” “Antidepressants,” “ECT,” “The therapeutic alliance of adherence and pharmacotherapy of depression,” and many others. Most of the lectures also include pre- and post-lecture exam questions (with answers!). The wealth of information and slides to be used is enormous. I counted 3,324 slides. Even if I am wrong by one or two hundred, this is a huge number — where else can you get this number of slides unbiased by the pharmaceutical industry for \$500?

It is impossible to list all the positives and the few flaws of this curriculum in the limited space of this review. There are still some minor issues which could be addressed differently, e.g., some classes of drugs are reviewed independently (antipsychotics, antidepressants), some are not (e.g., benzodiazepines, stimulants); a lecture is devoted to body dysmorphic disorder but not to hypochondriasis and somatization; a lecture is devoted to bulimia but not to anorexia; it is not clear why reboxetine is still discussed when it was not approved by the FDA. However, as with the first edition, these are truly minor flaws and one can correct them by adding his or her own lectures on missing topics and alter the existing lecture according to his or her opinion/need. I believe that the third edition of this curriculum is a significant improvement over the previous editions. The availability of slides on CD ROMs is an especially useful feature. I also like the fact that the authors provide their phone numbers and e-mail addresses for a possible free consultation and feedback.

The authors state that the curriculum was designed to ensure a comprehensive, uniform syllabus, emphasizing a core knowledge that will build on each previous year of training; decrease preparation time for the lectures by providing detailed lecture outlines or slides; cut expenses by providing subsidized teaching aids, including hard copies of slides; allow both large and small residency programs to fine tune the curriculum to custom fit their needs; and ensure that residents have the confidence, knowledge, and superior skills. I think that these goals are achievable by using this curriculum. Let us only hope that we all have time to present all the lectures in our programs. As with the previous edition, I would strongly recommend this curriculum to all training directors and to all clinical psychopharmacologists interested and involved in teaching clinical psychopharmacology. And, of course, to all clinicians who would like to hone their psychopharmacology skills.

One final remark: Reviewing this curriculum makes one fully realize how complex clinical psychopharmacology has become. Putting this volume together with the recent FDA warnings about the use of antidepressants in youths and about the use of new antipsychotics is general makes one wonder about some basic regulatory issues: Should the primary care physicians be allowed to prescribe psychotropic medications? How could anyone without proper knowledge of all complexities of this discipline, i.e., psychologists, even contemplate prescribing psychotropic drugs?

The curriculum can be ordered by calling (718) 470-4007 or faxing the order at (718) 343-7739.

REFERENCES:

1. Balon R. American Society of Clinical Psychopharmacology: The American Society of Clinical Psychopharmacology, Inc., Model Psychopharmacology Curriculum. For Psychiatric Residency Programs, Training Directors, and Teachers of Psychopharmacology. *Ann Clin Psychiatry* 1999;11: 92-94.

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Feeling Good: The Science of Well-Being. by C. Robert Cloninger; Oxford University Press, New York; 2004; \$35 (hardcover), 374 pp.

To be truly happy, people must learn to live radically new ways. Well-being only arises when a person learns how to let go of struggles, to work in the service of others, and to grow in awareness. So begins the preface to this book, which explores the process by which this can be achieved.

C. Robert Cloninger, Wallace Renard Professor of Psychiatry and Director of the Sansone Family Center for Well-Being at the Washington University School of Medicine, has been a creative and original thinker and contributor to the fields of psychiatry, genetics, and neurobiology for over 3 decades. His research has focused on the development of personality, personality disorders, substance abuse, schizophrenia, and what it means to be truly human. Dr. Cloninger's studies have led to the development of a complex, multi-dimensional model of personality. This is conceptualized as consisting of seven domains — four temperament: harm avoidance, novelty seeking, reward dependence, persistence; and three character: self-directedness, cooperativeness, and self-transcendence. Each of these domains arises independently and is associated with various physiologic, anatomic, and neurobiological functions. These are integrated with social and cognitive development to determine behavior and serve to distinguish various personality structures and disorders by methods that Dr. Cloninger has devised.

Dr. Cloninger uses these concepts combined with his personal ongoing struggles and thoughts to explore how the human mind seeks to achieve happiness. He suggests that this is ultimately achieved by developing a sense of self-awareness, self-transcendence, and finding a place in the world. In his explorations, Dr. Cloninger rejects both the theories of psychology with their emphasis on psychosocial approach to feelings and theories of psychiatry that emphasize the biomedical approach to psychic development as too limiting. Neither of these cognitive and biologic models is sufficiently comprehensive to explain the human experiences of creativity, self-awareness,

and intuition. Dr. Cloninger then begins to develop his own ideas and theories as to what leads to human happiness.

He begins by taking the reader through a history of the development of his thoughts. He emphasizes the ideas of so-called positive philosophers, e.g., Plato, Spinoza, Gandhi, and Krishnamurti, and integrates them with the concepts of modern science, genetics, neurobiology, radiologic imaging, and recent advances in computer networking and communication. The common thread, according to Dr. Cloninger, is that these thinkers broke with accepted notions of their age. He suggests that ideas develop in quantum fashion through creativity, spontaneity, and intuition—not through logical, rational thought processes. Dr. Cloninger leads the reader through various complex aspects of his thinking, which he hopes will enable each of us to overcome our conflicts and find a place in the world. He feels that this will allow each of us to achieve a sense of which we are, i.e., self-awareness, as an end in itself. This would then provide the means to achieve life satisfaction, authenticity, and contribute to the general good of all, i.e., personal well-being and happiness.

Dr. Cloninger has spent most of his life exploring and researching what it is to be truly human and reach a sense of satisfaction, happiness, and well-being. As such, all of us can identify with his thoughts, struggles, and doubts. As I noted, he uses his broad and extensive knowledge of numerous fields to give the reader insight into his ongoing thought processes to reach this goal. To view such a creative and challenging mind was truly a learning experience for me. However, I found this book very difficult to wade through despite Dr. Cloninger's attempts at thoroughness, reference to the basic sources of his thoughts, and down-to-earth writing style. It has been many years since I was a college undergraduate and exposed to many of the concepts and questions he raises. I found myself struggling to follow his reasoning and logic. This was complicated by the decision of the publishers to use unusually small-size type, at least to my aging eyes. It seemed to take an inordinate amount of time to decipher a single page. However, in the end, it was well worth the effort. I felt that I had immersed myself into the mind of a genius and had acquired a glimpse of understanding.

As a clinician, I wonder how this book will benefit my approach to and care of patients. Unfortunately, as the author indicates, this volume provides only the philosophical and scientific basis for future texts, which will apply these theories to clinical situations. I look forward to the arrival of these volumes!

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Women's Mental Health: A Comprehensive Text. Edited by Susan G. Kornstein and Anita H. Clayton; The Guilford Press, New York; 2002; \$65 (hardcover), 638 pp.

Sex and gender differences are increasingly recognized as contributing to variations in presentation of and therapeutic

response to many illnesses. This modest-size textbook provides an extensive review of current knowledge in psychiatry as it relates to women. The book deals with how women experience mental health issues and disorders differently or respond to treatment differently and concludes that men and women should be assessed, diagnosed, and treated differently. It is edited by two leaders in the field of female psychiatry, Susan G. Kornstein, M.D., Professor of Psychiatry and Obstetrics/Gynecology at the Medical College of Virginia, and Anita H. Clayton, M.D., Professor and Vice-Chair of Psychiatry at the University of Virginia. They have assembled a diverse group of specialists on various aspects of female mental health, most of whom are academic psychiatrists, who survey female mental health from a biopsychosocial model.

The book is divided into five sections dealing with female psychobiology and reproductive cycles, assessment and treatment of psychiatric disorders in women, consultation-liaison psychiatry unique to women, social cultural issues of women, and research and health policy issues. Each section contains very readable, brief chapters that focus on specific topics. To the credit of the editors and contributors, each chapter is relatively uniform. Each begins with a basic introduction to the subject emphasizing those aspects unique to women. This is followed by sections on assessment, therapy, psychosocial factors that relate to the illness and response, and a summary of present knowledge. Controversies and uncertainties are presented and placed in perspective in an unbiased manner followed by the author's assessments. Each chapter is well-referenced with most citations dating from the late 1990s. The authors have succeeded in doing this by remaining well-focused with little repetition.

The first section begins with a review of biologic differences between men and women followed by a review of psychopharmacologic differences. Subsequent chapters cover psychological aspects of the menstrual cycle, pregnancy, the postpartum period, contraception, and menopausal depression. Unfortunately, the field of hormone replacement therapy is advancing so rapidly that many recommendations may no longer be valid.

Section two deals with differences in presentation, treatment, and outcomes of specific illnesses. This section also includes a discussion of complementary/alternative medicine, which is quite pertinent to modern psychiatric practice. A brief chapter on personality disorders, mostly borderline personality, is included.

The third section reviews the psychological aspects of medical disorders including gynecologic, oncologic, rheumatoid, endocrine, cardiovascular, gastrointestinal, HIV/AIDS, and neurologic and cosmetic surgery. It even includes reference to cardiac transplant and problems associated with long-term cancer survival. This section is particularly useful to primary care physicians and internists as well as psychiatrists providing consultation-liaison services by enabling them to appreciate uniquely female aspects of the disorders.

Section four covers the challenges of female psychological and social development in the late 20th and early 21st centuries. It deals with marital and family relations, career, trauma/violence, various ethnic variables and lifestyles, and aging. This section allows the reader to appreciate living in the world from a female perspective. It serves to enhance understanding of the topics discussed previously in the book.

The text concludes with two chapters dealing with research methodology and social policy issues that provide directions for future research.

This is an excellent text and reference book. It provides an extensive, balanced, easily understood, and readable review of current knowledge of the vast field of mental health in women. While it has been many years since I actually read a textbook, I found this book to be a delight to read, chapter by chapter, in addition to its use as a reference source. Despite its multi-authorship, the text is fairly uniform and the writing is succinct and comprehensible for the beginner and the experienced therapist. It would be a useful textbook for a graduate course on the subject or for seminars for psychiatry residents. It is also a useful reference for researchers and anyone caring for women. Its greatest benefit for me was the experience of viewing the world from a woman's perspective, something that would be useful to anyone who treats female patients. This is an excellent book that should be on every practitioner's book shelf.

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Morality and Ethics in Theory and Practice. By R. Aiken Lewis; Charles C. Thomas, Springfield, IL, 2004; \$63.95 (hardback), \$46.95 (paper), 288 pp.

I've always considered myself someone who was both moral and ethical, but until I read this book I couldn't have defined the difference. Now I can. It's right there on the first page of the preface to Dr. Aiken's text, written mainly for college courses: Morality evaluates in absolute terms what is good and what is bad, whereas ethics organizes both concepts, keeping in mind that, regardless of absolutes, people still have to get along together. Is that clear? (If nothing else, the definition seems a pretty good metaphor for the difference between surgeons and psychiatrists.) I was a little surprised, then, to read that Aiken tends to use the terms more or less interchangeably. Oh, well.

This volume is divided into two sections. The first uses four chapters to present the theory that grounds our understanding of morality (or ethics), including the philosophy of ethics, moral development, individual and group differences, and "moral education and immoral behavior in schools." The second section, about twice as long, applies the theory in diverse

contexts, of which only two, bioethics and research ethics, are directly relevant to a medical audience. The remainder include environmental ethics and international relations, sports and sexual ethics (interesting grouping), and individual sections devoted to business, media, and law and government. These practical sections include many listings of codes of conduct and much advice. Each chapter has questions and activities and lots of website URLs for further exploration—some allow you to download the texts of relevant references. A 14-page glossary will be quite useful for deciphering some of the terms used in the text.

With all these terrific features, why did *Morality and Ethics* leave me wanting something more? Perhaps it is the prescriptive nature of so much that one reads in this area, whereas what's wanted is something that will make you think. Let me digress with a brief description of something else I've been reading lately: Sissela Bok's *Lying*,¹ which offers just such an analysis.

Here is a text that touches on a surprising number of ethical issues that matter to clinicians. Bok, currently a senior visiting fellow at the Harvard Center for Population and Development Studies, recounts the history of our understanding of the moral relevance of lying, ranging from Kantian rejection of all lies (even to save an innocent person from a killer) to the teachings of some religious commentators that a lie is permissible as long as you mentally acknowledge it at the time you utter it.

She offers a 3-stage process to judge the justification of a lie: (1) Is there an alternative? (2) What are the moral reasons for the lie? (3) How would the general public evaluate the lie? With these precepts she guides us to our own discovery of the effects deceit can have on all our relationships. In addition to a general approach to the physician-patient relationship, the issues that will specifically interest psychiatrists are the use of placebos, full informed consent for research subjects, worth with the dying, physician-assisted suicide, and suicide as a reaction to bad news. We read about the benefits and (mainly) drawback of paternalism (though why oh why haven't we long since adopted instead the anagrammatic *parentalism*?). There's even a discussion of pseudopatients (à la the famous Rosenhan study²) in research—yep, she's got some arguments against that, too.

Bok writes in an easy, conversational style that draws you into her net: pretty soon, you find yourself murmuring approval when you agree, and talking back when you don't—all in all, a meaty treat for those who would undertake an ethical appraisal of their own behavior and that of others. Bok's book I can recommend without reservation.

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¹Sissela Bok. *Lying*. New York, Vintage, 1989.

²Rosenhan DL: On being sane in insane places. *Science* 1973;179:250-8.

The Biology of Gambling. By Mikal Aasved; Charles C. Thomas Publisher Ltd., Springfield, IL; 2004; ISBN: 0-398-07445-3; \$86.95 (hardcover); ISBN: 0-398-07746-1, \$57.95 (softcover); 372 pp.

This is the third volume in the *Gambling Theory and Research* series, the previous two having been *The Psychodynamics and Psychology of Gambling*, published in July 2002; and *The Sociology of Gambling*, published in June 2003. In the preface to the series, Dr. Aasved cites his concern about the absence of a single source that would provide background on the motivation for both normal and excessive gambling. This series is his attempt to fill that gap. There is a fourth volume planned that will deal with the epidemiology of gambling. Each book can stand independently, however, and one does not have to read the entire series to benefit from this volume. Dr. Aasved is a member of the Department of Sociology and Anthropology at the University of Minnesota in Duluth, and he has been researching addictions of one sort or another since the 1980s. His approach to the subject is quite scholarly.

This is a single author book, not an anthology of chapters by different writers. It is divided into four parts. Part one consists of three chapters that explore various models of addiction in its entirety, not just gambling. He titles this section, "Medical or Disease Models of Addiction." This segment is then the background for the second set of chapters, 4 through 10, which deal with "Medical or Disease Models of Pathological Gambling." Part three consists of three chapters on "Multicausal Models of Pathological Gambling"; and part four, chapters 14 and 15, is for "Conclusions."

Throughout, the book is well written and has great clarity. The problems with definition — just what is "excessive" or "problem" gambling — are discussed at some length in this book. Where does gambling "addiction" begin and "normal" gambling end? While it may not be too hard to answer this question at the extreme ends of the spectrum, there is a vast middle ground that is more complicated and confusing. And like all research, studies in gambling require a strict set of definitions to give reliability and validity. The final two chapters are a review of the information that has been presented in the first three sections in more succinct and comparable format, with a brief discussion of directions in which future research might best be aimed. For those who want all the loose ends "tied together" by the end of a book, I must warn you that this treatise leaves the reader with as many questions as it answers. There are still a host of things to be resolved in the realm of problem gambling, and the author delineates those but does not claim to have found the final answers. His listing of future gambling research questions includes virtually everything in the field — resolving the "nature" versus "nurture" causality question; studying differences by gender, age, and other demographics; describing the transition from "normal" to "pathological" gambling; developing a standard gambling research vocabulary; developing reliable diagnostic criteria; and developing a reliable prevalence assessment tool.

After the concluding chapters, there is an appendix that defines each of the major theories covered in the book, 25 pages of chapter-by-chapter notes, 53 pages of reference listings, and a thorough index.

This book will be very useful to current addictionologists who have an interest in the field of gambling as well as addiction psychiatry fellows and American Society of Addiction Medicine trainees who wonder how gambling fits into "addictive behaviors." Indeed, any psychiatrist or other physician who treats someone who has a gambling problem, whatever the primary reason for the doctor visit, may find some bit of knowledge that is helpful or useful in this book

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The Confinement of the Insane: International Perspectives, 1800–1965. Edited by Roy Porter and David Wright, Cambridge University Press, New York, September 2003; ISBN 0-521-80206-7; \$70.00 (hardbound), 389 pp.

This book is an edited series of studies, three of which have already appeared in somewhat different form elsewhere. The two editors are joined by 15 additional authors. Each chapter covers a country. Although chapter formatting is far from uniform, most chapters deal with social events during the time frame under discussion, examples of patients admitted and their circumstances, and statistical data regarding the population served. Different chapters cover different time frames within the 165-year span of the subtitle, as well as differing countries.

The 14 nations reviewed, in the order in which they are discussed chapter by chapter, are South Africa, Switzerland, France, Canada, Australia, Germany, the United States, Japan, Argentina, Mexico, India, Nigeria, Ireland, and England. Most of the chapters deal with only one or two facilities, although various facilities within the state that represents the United States, South Carolina, are mentioned, and there is some discussion of surrounding states' mental health accommodations as well. The chapters cover such issues as mental health legislation, philosophies of care, and changes in the local economy and social structure brought on by war, occupation by a foreign country, or other such important events as appropriate.

The purpose of this book seems to be to help fill the gap in the history of psychiatry created by relative lack of access to many historical archives and the tendency to focus on only one country or continent. The critiques of Thomas Szasz in the U.S. and Michael Foucault of France are cited as providing much of the popular, and even some of the scholarly, view of psychiatry's history in the nineteenth and early twentieth centuries. These approaches would look at psychiatric institutions as primarily instruments of social control, with early

psychiatrists trying to grab the power of such control away from other social institutions as well as from other types of physicians. This book tries to bring more data to bear on the questions of how those with psychiatric disorders were treated in this period, and thereby, shed light on causation as well. The data are gleaned from admission and treatment records, with demographics of the patients compared to the general population of the area at the time. What seems clear throughout the book is that the patients (usually called “inmates” or “the insane” in this book) were not so deviant from the typical members of society at the time, and the institutions of the 1800s and 1900s had many of the same problems with which to deal as we do today — funding problems and difficulties of classification (diagnosis). Fortunately, much of the overcrowding seen in earlier times is currently behind us, although some would say that we still have insufficient beds to meet the needs of those who might need mental health treatment.

There are listings of figures and tables at the beginning of the book and a subject index at the end. Notes on the contributors list their most relevant credentials and usually their current positions. They include scholars in psychiatry, other mental health disciplines, the humanities, the classics, and history. The editors are both medical historians. Dr. Porter died in 2002, and the book is dedicated to his memory.

This book may be most useful to those who wish to better understand how we have arrived at the current state of the public mental hospital. Psychiatrists can always learn from such works, since those who do not know the past are doomed to repeat it, to paraphrase the great Hispanic-American philosopher and poet, George Santayana.

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