

### Manic-Depressive Illness: Bipolar Disorders and Recurrent Depression, 2nd ed.

edited by Frederick K. Goodwin, M.D., and Kay Redfield Jamison, Ph.D. Oxford University Press, Oxford, England, 2007, 1262 pages, \$99.00.

The first edition of this work, published in 1990, was extremely helpful to me as a clinical reference and an aid for teaching residents. Because it was not a compilation of chapters by different authors, it had a coherence and efficiency that I especially appreciated. I also appreciated the attention paid to issues like treatment compliance (now termed *adherence*). I continued to use it well into this century, simply because there was nothing else like it. But, for years, I wished for a new edition.

The new edition has arrived. A distinctive feature of this new edition is the involvement of 15 distinguished collaborators, who are listed at the beginning of the book. They are not, strictly speaking, contributors. It is impossible to determine, for each topic or section, which collaborators were involved. The corollary is that this book retains the unity and efficiency of an authored text, as opposed to an edited compilation.

The basic outline and structure of the 1990 edition have been retained, but this is a larger work. The first edition ran to 938 pages; this one has 1262. It is very much up to date; many papers published in 2006 are cited, and, of 20 references scanned at random, 18 were published after 1990.

I read chapter 18, "Medical Treatment of Hypomania, Mania, and Mixed States" (25 pages, plus references), very attentively. It is very comprehensive, with drug-by-drug discussions and reviews of lithium, valproate, many anticonvulsants (including phenytoin, tiagabine, zonisamide, and others), all atypical antipsychotics (including clozapine), electroconvulsive therapy, and several typical neuroleptics. Other agents, such as tamoxifen, omega-3 fatty acids, and rapid transcranial magnetic stimulation, are fully reviewed. To summarize, the authors have fully and impressively dealt with all of the wide-ranging and complicated advances, and many of the false starts, of the past 2 decades.

I also paid special attention to the initial section, with its careful discussion of the history of our attempts to understand and help people with severe mood disorders. The historical introduction successfully draws attention to the philosophical difficulties in conceptualizing and classifying what we now call bipolar disorders and related phenomena.

Finally, the chapter on medication adherence (chapter 21) is very special, indeed. The similar section in the 1990 edition was remarkable for its humanistic approach. The new edition retains this. In effect, there are parts of this chapter that can be read by both patients and psychiatrists, with each group feeling that they are being spoken to and spoken for. The chapter in the current edition also contains very up-to-date reviews of the research that has been done on the topic of adherence. The authors quite correctly point out that this is the most crucial of topics.

It is still true that there is nothing quite like this textbook. Anyone with a clinical, personal, research, or academic interest in mood disorders should obtain a copy.

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### The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being

by Daniel J. Siegel, M.D. W.W. Norton and Company, New York, NY, 2007, 387 pages, \$26.95.

*The Mindful Brain*, by Daniel J. Siegel, is a fine contribution to understanding mind-body integration. As a psychiatrist with a long-standing interest in mindfulness, mindful awareness, and mindful meditation, I found the book extremely informative and helpful, providing deep insights into the process of mindful awareness. Techniques involving mindfulness are now relevant to emerging psychotherapy approaches in our field, making this book particularly timely and useful.

Basing his discussion in neurobiology, Siegel, a psychiatrist, lucidly explores mindful awareness in terms of intrapersonal and interpersonal attunement. He defines mind as "a process that regulates the flow of energy and information"<sup>(p5)</sup> within the body and brain as well as in the exchanges with other people in relationships. With this definition and his discussion of the mind's formative and reciprocal relationship with the brain, I believe that he is describing what he obviously views as a far more than merely philosophical entity. Neurobiologically, he links the practice of mindfulness to achieving adaptive neural integration, which can lead to feelings of well-being and security in our sense of self and in our interpersonal relationships. Mindful awareness involves a subjective awareness of the mind and all of its 8 senses—the conventional 5 senses plus the sense of body, the sense of the mind in ourselves and others, and the sense of a coherent feeling state growing out of attunement with ourselves and others. This kind of awareness opens new dimensions of psychological insight and facilitates a more balanced physical and emotional self, along with enhanced relationships.

A chapter entitled "Brain Basics" focuses on the anatomic area of the prefrontal cortex, its connections, and its relationship to mindfulness. The middle prefrontal cortex plays an important role in mindfulness, allowing a synthesis of brain function in which "we actively perceive our own mind and are aware of our awareness."<sup>(p110)</sup> The characteristics of right and left brain functioning and, interestingly, the effects of mindful awareness on the neuroplasticity of brain tissue, are also described in this chapter.

Siegel utilizes a very useful metaphor—a wheel with its hub, spokes, and rim—to clearly illustrate the workings of the process of mindfulness. The hub contains derivatives of the bare, basic sense of self, and it is linked by the spokes to experience, including the distorted and conflicted influential earlier experiences laid down on the rim. All component parts participate in perception, with mindful awareness' allowing nonjudgmental, reflective, conscious awareness of self and other and clearer, balanced insights about these interworkings. Mindful awareness facilitates a participant-observer function in viewing the outer world, our body, and our mind. This useful paradigm of the hub, spokes, and wheel contributes to the reader's comprehension of the process. In the text, the author provides a useful mindful awareness exercise based on this metaphor that is applicable to clinical work with patients.

The book also provides a discussion of the place mindfulness, attunement, and integration of experience have in the psychotherapy process and gives case examples to illustrate how mindful awareness can contribute to gaining insight and effectively integrating problem-causing experiences lurking on the rim of the wheel. Siegel gives case examples illustrating the kind of process he employs.

Throughout the book, the reader encounters a number of acronyms used to represent characteristics of the various component parts and characteristics of mindfulness. For instance, the acronym FACES stands for the “flexible, adaptive, coherent, energized, and stable...low of mental well-being”<sup>(p78)</sup> growing out of neural integration and attunement available through mindful awareness. Importantly, the text provides the reader with an extensive conceptual vocabulary about the mindfulness process and should facilitate self-reflection and communication with others about the subject. The glossary is particularly helpful.

In Siegel’s book, discussions of same or similar concepts and terms appear a number of times, and some readers may find this approach repetitious; I found the writing style reinforcing of my learning process and educating rather than bothersome. And, as I write this, I am aware that this book has a meaty richness that is difficult to present in a succinct manner, for the brevity of a book review possibly distorts the enormously thorough and, yes, enlightening discussions the author presents.

REFERENCE

1. Siegel DJ. *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. New York, NY: WW Norton & Co; 2007

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**Electroconvulsive Therapy: A Guide for Professionals and Their Patients**

by Max Fink, M.D. *Oxford University Press, New York, N.Y., 2009, 176 pages, \$17.95 (paper)*.

The oldest current somatic treatment for psychiatric illnesses, electroconvulsive therapy (ECT) is potent and yet controversial. Simultaneously, for patients with severe depressive illnesses and their families, it may be the most lifesaving and the most frightening option. For Dr. Fink, after fifty-plus years of study, the last dilemma lies in obstacles to universal accessibility. To remove the obstacles of misinformation, misperception, and heightened apprehension, the author offers the prospective patient, family member, and professional an appropriately detailed, direct, and balanced discussion of technique, treatment responses, and side effects. Modern ECT methods are described in detail, replacing the movie-land macabre with reassuring, well-reasoned text and clearly explained images. Chapters can stand alone, each addressing a core concern, but the author recognizes that even brief text segments can be difficult for severely afflicted patients and, in his foreword, recommends use of videos to accompany these chapters. The material is brought to the patient with numerous first-person accounts (including a few celebrities) and a score of case examples that describe the transformative power of ECT. Side-effect risks are described fully and objectively, including memory complaints and death. Statistics are presented comprehensibly using common analogies, such as rates of death being lower from ECT than from spontaneous childbirth. Pointedly, risks are never hidden but are shown in comparison to the lethality of untreated illness.

The first chapters in sequence demystify ECT with its definition, treatment events, and common procedural variants. Side

effects, especially regarding memory, are discussed objectively and in perspective. Diagnostic indications, in chapters 5 through 8, are described for depression, mania, movement disorders, psychosis, pregnancy, and status epilepticus. A cautiously presented chapter recounts limited experience with ECT in pediatrics. Theories regarding mechanisms underlying the effect of ECT are described in chapter 10, followed by a historical sketch of convulsive therapies. Descriptions of 4 novel somatic therapies (transcranial magnetic stimulation, magnetic seizure therapy, vagus nerve stimulation, and deep brain stimulation) are reviewed, but these therapies are dismissed as experimental or lacking demonstrated efficacy. Having put to rest anti-ECT claims of inadequate benefit and excessive risk, the author declares a new ethical challenge: assuring the availability of this uniquely potent treatment. The risks involved with ECT are never ignored but are outweighed by its life-saving capability, creating a moral imperative that patients needing ECT find it just as available and accessible as all other ethical treatments. The author closes with short objective appendices that list diagnostic indications for ECT and, equally important, diagnoses for which ECT is not considered effective.

Judging from early online consumer reviews, *Electroconvulsive Therapy: A Guide for Professionals and Their Patients* is already widely read. It is regarded positively and commended for clarity and thoroughness even by several who express negative views of ECT. This reviewer recommends it highly for patients, families, and clinicians who seek accurate answers to common questions about ECT indications, procedures, risks, and benefits.

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**Experiences of Mental Health In-patient Care: Narratives From Service Users, Carers and Professionals**

edited by Mark Hardcastle, David Kennard, Sheila Grandison, and Leonard Fagin. *In book series: The International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses. Routledge/Taylor & Francis, New York, N.Y., 2007, 248 pages, \$35.95 (paperback)*.

The International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (ISPS) is a global society composed of multidisciplinary professionals organized at national, regional, and local levels. This text is one in a series produced by the ISPS reflecting the resurging interest in psychosocial factors and their effects on psychotic disorders. The idea for the book came out of 2 conferences on making inpatient wards therapeutic, organized by members of the ISPS in the United Kingdom. The editors come from 4 mental health disciplines: nursing (Mark Hardcastle), clinical psychology (David Kennard), art therapy (Sheila Grandison), and psychiatry (Leonard Fagin). Their therapeutic orientations represent a mixture of cognitive-behavioral and psychodynamic models. The format used was to solicit first-hand accounts from those on the front lines of inpatient treatment including service users (patients), carers (family members), and service providers.

*Experiences of Mental Health In-patient Care* is divided into 5 sections. The first section sets out the historical context of the book relating to the care and treatment of people with severe

mental illness in the United Kingdom. It details the transition in the 1980s from the asylum model to the modern hospital model, with resultant reduced hospital stays and the efforts to expand outpatient services. As with the experience of deinstitutionalization in the United States, for some patients, this resulted in an increase in drug abuse, incarceration, and homelessness and a worsening course of the illness.

Sections 2 to 4 represent a uniquely crafted and fascinating part of the book. These sections present accounts of various experiences from service users, carers, and service providers. Each account is given a title that conveys the predominant feeling of the writer.

Section 2 highlights the experiences of service users. The chapter titles consist of "Feeling Misunderstood," "Bored on the Ward," "Feeling Out of Control," "Restraint: a Necessary Evil?" "Feeling Alone: Experiences of a Female Teenager," and "Feeling Humiliated: Experiences of a Black Man." The patients represent a diverse group with a mix of age, gender, and ethnic backgrounds, as well as of voluntary and involuntary inpatient status.

Section 3 relates the experiences of family members. Chapter titles include "Why Us?" "Feeling Invisible," "No Sex Allowed," "Frustrated and Angry," and "Feeling Grateful." These accounts are graphic and convey the gamut of feelings that family members experience. There are accounts of kind and caring providers; however, the overall picture suggests that family members are given minimal consideration until time for discharge.

Section 4 offers the accounts of the mental health staff experiences, with chapters titled "Feeling Helpless" (junior doctor), "First Experience" (acute ward nurse), "Feeling Unprepared" (hotel services assistant), "Mixed Feelings" (nursing assistant), "Feeling Marginal" (clinical psychologist), "Feeling Apprehensive" (psychiatrist), "Taking Control" (nurse), "Feeling Frustrated" (occupational therapist), "Taking It Personally" (hospital CEO), and "Finding Meaning" (hospital chaplain). Each chapter is followed by commentaries from the editors reflecting their responses to the chapter material.

The final section offers a very useful summary of suggestions by the editors on "Things You Can Do to Make Inpatient Care a Better Experience." The topics covered include "Be Human"; "Be Yourself"; "Tell People What's Going On and Why"; "Involve Patients and Relatives in Clinical Care Planning"; "Look After Yourself: the Value of Communication, Sharing, and Reflection Between Staff"; "Staff Need to Recover Too"; and "Carrying Out Meaningful Practice Audits."

This collection of personal accounts brings the experience alive for those involved in inpatient psychiatry. As such, it is a valuable resource for mental health professionals, patients, and patients' families.

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