

### Psychiatry, Psychoanalysis, and the New Biology of the Mind

by Eric R. Kandel, M.D., *American Psychiatric Publishing, Inc., Arlington, Va., 2005, 444 pages, \$57.95.*

Paths of outstanding researchers taking an innovative approach to difficult scientific problems are always a treat—especially so for explorers of the mind when the problem at hand is how the mind learns, and the path stretches the entire length and breadth of the fabric that defines psychiatry. Each of us finds, in every clinical encounter, a rich history folded into consciously and unconsciously stored memories, and from that trove we guide patients to discover the memorized connections that control their neuroses. This Nobel laureate's scientific path through the structures of the mind intrigues, entices, and rewards the explorer-reader much as clinical complexities of the mind demand our attention and draw patients to make changes. Dr. Kandel's path, though, uniquely teaches us the (currently) absolute neurobiological truths about how our mentation changes. Can we see these changes happen, prove that the psychoanalytic encounter is more than informal chatter (as the uninformed might assert), and unlock clues to interminable transferences?

Thoughtfully arranging 8 widely acclaimed distinguished papers and lectures to bring the reader gently up to speed in the molecular nuances of memory, Dr. Kandel asks extraordinary colleagues to give introductory commentaries for each. Each chapter feels like walking into a plenary session, with an insightful appetizer to prepare the listener. In the first article, from a lecture honoring Dr. Elvin Semrad in 1978 entitled "Psychotherapy and the Single Synapse: The Impact of Psychiatric Thought on Neurobiologic Research," Dr. Kandel vitally, with an ever-personal, engaging, conversational style, synthesizes the foundations of the problem. With him, we witness the birth of neurobiology through a progression of observations by Spitz, Harlow, and Hubel and Wiesel. The paradoxical tensions and romance between biological and analytic lines of thought are brought to life. The argument succeeds remarkably, now proven over the past quarter century: neurobiologists can teach a great deal about the *brain*—everything from molecules to neural networks—but will need to learn about the *mind* from the analysts. Dr. Kandel goes on in the remaining lectures to explain, with consistent ease of style and an almost gleeful tone, what is known about the neurobiology of memory. He makes this knowledge accessible to any reader, giving all along a strong sense that he especially hopes the analysts might be reading and getting ready to help. Yes, we can see neurobiological changes after talking therapy; Freud's talking cure is not just informal chatter. As for interminable transferences, maybe we still need help.

If Dr. Kandel's training had never eased the neuroses of more than a few patients in therapy during his residency training, but his internationally recognized work brings light to the black box of memory, conscious and unconscious processes, and awareness and volition, is that reason enough to read this book? Absolutely. To miss this volume is to wander in the dark. The reader will find the pleasure of discovery on every page, with outstanding illustrations and explanations that make this path irresistible. An exhaustive and helpful index spans all 8 lectures as one whole. This reader can't wait to go back and walk that whole path with Dr. Kandel again. Everyone in our profession should share this experience.

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### Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940–2004

by Christopher M. Callahan, M.D., and German E. Berrios, M.D. *Oxford University Press, New York, N.Y., 2005, 214 pages, \$49.95.*

I really enjoyed reading this book, and I think that it is very useful for individuals involved in health care planning and service distribution and for people interested in the history of the treatment of depression, particularly in primary care. This book relates the history of the treatment of depression in the United States and the United Kingdom, particularly since World War II, with a focus on treatment in primary care settings. The book is informative and interesting in its historical perspectives, clearly revealing where we have been and how we got to where we are now. There are suggestions for the future, although these suggestions are made cautiously. There is a lot in this book that I found new as well as a great deal that resonated with me, given my involvement in the latter part of the 20th century with some of the issues described in the book.

Depression is generally regarded as a disorder that should be treated in primary care settings, but studies demonstrate that recognition and treatment of depression in primary care could stand considerable improvement. The "50 percent rule" seems to apply—50% of patients seen in primary care settings are not diagnosed. Of the 50% who are diagnosed, only 50% are treated; of the 50% who are treated, only 50% receive adequate treatment. This unfortunate status has been rather steady for the past decade or two and reflects badly on our ability to improve the recognition and treatment of depression. Furthermore, if one looks at the mean duration of antidepressant treatment in the United States, this has held stable at about 100 days in spite of recommendations made over a decade ago that the treatment of the initial episode of depression be continued for 6 to 9 months after remission of symptoms. Although some improvement in the detection and treatment of depression in primary care settings must have occurred as evidenced by increased pharmaceutical sales of antidepressants, demonstration of this effect is lacking. I agree with the authors that most of the research regarding treatment of depression in primary care has not involved primary care itself. It is important that leadership regarding treatment of depression come from primary care.

The overall thrust of this book suggests that both the amount of research into depression and the number of researchers on depression from within primary care should increase and also that policymakers and thought leaders from within primary care, who can obtain the resources for providing more primary care research, should emerge. What is of interest is the notion that these changes should occur not only in the United States but also in the United Kingdom.

I am not sure how widely this book will be read among primary care practitioners, but I think that it would be quite useful for those primary care physicians who are currently involved in depression research to read this book. I think that they will clearly agree with its conclusions.

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