

## Book Reviews

Michael H. Ebert, M.D., Editor

### **The Concepts of Psychiatry: A Pluralistic Approach to the Mind and Mental Issues**

by S. Nassir Ghaemi, M.D. Johns Hopkins University Press,  
Baltimore, Md., 2003, 337 pages, \$49.95.

This interesting and well-written volume can both enhance the reader's conceptual approach to understanding psychiatry and mental illness and also assist the reader's avoidance of dogmatism on the one hand and conceptual "glibness" on the other. The author's main purpose is "to explore the conceptual basis of the understanding and treatment of mental illness" (xxi). He also includes an important section on ethics and is an advocate for his version of pluralism. Ghaemi contrasts pluralism with the commonly endorsed eclecticism. He criticizes the latter as avoiding the important and real differences in the utilization of one particular approach in contrast to another. Ghaemi contends that we serve our patients and our colleagues better if we deeply understand the principles of neuroscience, psychology, interpersonal relationships, and cultural factors and then translate our understanding into different types of therapeutic action (at different points in time) in the relationship with any particular patient.

Unfortunately, the author occasionally overutilizes straw-man representations of the biopsychosocial model, mischaracterizes the American Board of Psychiatry and Neurology examination, and presents an outdated and reductionistic representation of contemporary psychoanalysis. He should also have given more attention to the temporal dimensions of pluralism, i.e., the change in the utility of different perspectives at different points in time and as many treatment relationships develop. Surprisingly, Ghaemi ignores the clinical concepts of intersubjectivity and the theoretical importance of Heisenberg in his introduction. He therefore subsequently provides very little treatment of how intersubjectivity or Heisenberg's uncertainty principle influences our building of models of the mind, brain, or culture. Sparse attention to transcendent dimensions of character or the neurobiology of personality is another shortcoming of the book.

Among many positive contributions, Ghaemi's introduction to Pierce as a seminal model builder and his description of the scientific method are helpful and will be new material for most psychiatrist readers. He mentions Kuhn, almost in passing, but not one of the more important clinical translations of his concept of paradigm shift: it is the accrual of anomalous experiences that allows a reflective practitioner to see things differently enough to initiate true shifts in the way he or she thinks about clinical phenomena. Such "openness" is critical for the continuing education possible in all good clinical work. Furthermore, there are contemporary clinical theorists, like Elizabeth Lloyd Mayer and Carol Gilligan, attempting to develop new theoretical models based on the careful and systematic study of anomalous experiences. Ghaemi's chapter on the scientific method in psychiatry endorses a scientific psychiatry

that describes truth as tentative "best guesses" at our moment in time and implies that we should hold on to such truths "lightly." Ghaemi advocates the pursuit of a professional balance that allows the practitioner to have enough doubt to let go of an idea that has outlived its usefulness but also enough resolve to take therapeutic action in the face of ambiguity and less information or certainty than might be desirable.

The chapter on the ethics of psychiatry is a nice introduction to 3 competing ethical systems: utilitarianism, deontology, and virtue theory. He provides clinically useful translations of these theories. The author's clear and explicit preference for virtue theory is somewhat surprising, since it forgoes an ethical pluralism that he advocates in philosophical and clinical domains. Nonetheless, this chapter is one that could be profitably incorporated into most psychiatric residency seminars on ethics.

Overall, this book is a valuable contribution to our literature and an important extension of McHugh and Slavney's 1998 text, *The Perspectives of Psychiatry*. In residency education, the text would best fit with courses, seminars, and case conferences designed to help residents integrate conceptual models presented at earlier times and (implicitly) to help faculty maintain access to and familiarity with conceptual models and clinical approaches that subspecialization activities lead them to ignore (or defensively devalue).

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### **Treatment Companion to the DSM-IV-TR Casebook**

edited by Robert L. Spitzer, M.D.; Michael B. First, M.D.;  
Miriam Gibbon, M.S.W.; and Janet B. W. Williams, D.S.W.  
American Psychiatric Publishing Inc., Washington, D.C.,  
2004, 334 pages, \$54.00 (cloth), \$39.00 (paper).

The *Treatment Companion* picks up where the *Casebook* leaves off. The *DSM-IV-TR Casebook*, as you probably know, is the fourth in the *Casebook* series, the first having been published after the debut of DSM-III, but the *Treatment Companion* is something new. It reprints selected vignettes from the *DSM-IV-TR Casebook*, including the diagnoses and any follow-up, and adds a treatment discussion provided by someone with expertise in the area under discussion. The treatment discussions, averaging 6 or so pages, typically include not only an extensive discussion of treatment considerations, but also an insightful discussion of diagnoses and etiologies, as well as a useful list of references and/or suggested readings. Here's a run-down of the basic stats: 41 experts provide 38 treatment discussions (3 discussions have dual authorship) on 34 cases (4 cases have 2 independent discussions). By my count, 29 cases come straight from the *Casebook's* collection of 235 cases. Most are

from the first chapter ("Adults"), but 4 are from Chapter 2 ("Children and Adolescents"), and 2 are from the third chapter ("Cases Illustrating the Multiaxial Assessment"). There are no cases from Chapter 4 ("International Cases") or Chapter 5 ("Historical Cases").

The 5 new cases not found in the *Casebook* are: (1) "Toxic Neighborhood," wherein the patient is diagnosed with schizoaffective disorder; (2) "Frustrated Librarian," sexual dysfunction; (3) "Mike DeBardeleben," sexual sadism; (4) "Martini Man," alcohol dependence; and (5) "Time Traveler," Asperger's disorder. As this brief list suggests, the cases cover a wide range of mental disorders. Others include separation anxiety disorder, attention-deficit/hyperactivity disorder, Alzheimer's disease, schizophrenia (3 cases), schizophreniform disorder, delusional disorder, bipolar disorder (I and II), depression (4 cases, including a case of premenstrual dysphoric disorder), generalized anxiety disorder, panic disorder, social phobia, obsessive-compulsive disorder, posttraumatic stress disorder, body dysmorphic disorder, somatization disorder, anorexia nervosa, pedophilia, gender identity disorder, cocaine dependence, and sundry personality disorders (4 cases—including a case of self-defeating personality disorder, a diagnosis that was deleted from the DSM-IV).

There is not enough room in this review to identify all the contributors, but they are a diverse group, and they are all eminent practitioners. Just to give some idea of this diversity, the discussants for the 5 new cases listed above are: (1) Paul Keck of the University of Cincinnati and the Veterans Affairs Medical Center (VAMC) in Cincinnati, an authority on the nosologic issues and pharmacologic treatment regarding schizoaffective disorder; (2) Lawrence Labbate of the Medical University of South Carolina and the VAMC in Charleston, who has written extensively on sexual dysfunction and antidepressants and is coauthor

of the personal digital assistant (PDA)-based version of the *Handbook of Psychiatric Drug Therapy*; (3) Michael Stone of Columbia University and the Mid-Hudson Forensic Psychiatric Hospital, who reportedly totes the biographies of more than 100 serial killers around on his laptop computer; (4) Marc Schuckit of the University of California, San Diego, and the VAMC in San Diego, where he directs the Alcohol and Drug Treatment Program and researches the genetics of alcoholism; and (5) Fred Volkmar of Yale University, coauthor of *Asperger Syndrome*.

Other contributors include Otto Kernberg, a principal architect of object relations theory; Marsha Linehan, developer of dialectical behavior therapy; Marshal Folstein, of Mini-Mental State Examination fame; Lewis Opler, codeveloper of the Positive and Negative Syndrome Scale; Max Fink, pioneer in the use of electroconvulsive therapy; and E. Fuller Torrey, designated "the most famous psychiatrist in America" by the *Washington Post*. Need I go on? Suffice it to say that this is a great book. It even has an extensive index, not only of diagnoses as in the *Casebook*, but also of medications, therapies (e.g., cognitive-behavioral therapy), names (e.g., Beck), and symptoms (e.g., anosognosia). This book is a helpful guide to the diagnosis and treatment of a number of mental disorders, and it's also a snapshot of contemporary psychiatric thinking. The book should be useful for the boards as well, with the caveat that some opinions expressed by discussants may not be exactly mainstream, although this is generally made clear by the context.

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