

Book Reviews

The Treatment of Drinking Problems: A Guide for the Helping Professions—4th ed., by Griffith Edwards, E. Jane Marshall, Christopher C. H. Cook, Cambridge University Press, New York, New York; 2003; ISBN: 0-521-017149; \$ 50 (paperback), 412 pp.

This is a valuable resource for clinicians of all levels of proficiency. It can serve as a valuable resource for clinicians, patients, and families of patients who want to understand more about what they are dealing with. Easy-to-comprehend sentences throughout the chapters allows its information to reach anyone who is interested in this topic. The authors describe objectively what is currently known about problematic drinking and its wide range of impact on the person, their family, and society. It devotes a section to describing women with drinking problems and another to special presentations, recognizing the importance of understanding the different impacts alcohol can have in each case. It highlights the elements of “narrowing of repertoire” and “salience of drinking,” both described by Edwards and Gross in 1976 which are suggested as a valid addition to DSM-IV criteria of alcohol dependence for a more comprehensive understanding of it.

The book is divided into two major parts. Part one presents the background to understanding problematic drinking, and tackles all facets of this problem starting with an interesting historical background that incorporates terminology such as “the lemon cure era.” The second part is devoted to screening, assessment and treatment of drinking problems. It does not shy away from addressing difficult questions and uses all available data when addressing issues such as “normal drinking.”

The authors use a format of question and answer rather than writing long chapters; this is particularly valuable for readers who might not want to go through a whole chapter in order to find an answer to their questions.

Another feature that I find extremely valuable is the use of vignettes describing various types of drinking behaviors that illustrate the wide range of possibilities in terms of patient presentation and treatment needs.

Overall, this book is an excellent representation of enjoyable evidence-based reading, as well as a valuable resource for cutting edge knowledge in the field of alcohol abuse and dependence.

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Plasticity in the Human Nervous System: Investigations with Transcranial Magnetic Stimulation edited by Simon Boniface and Ulf Ziemann, Cambridge University Press, New York, New York; 2003; ISBN: 0-521-80727-1; \$ 95 (hardcover), 326 pp.

The editors, Simon Boniface and Ulf Ziemann, are, or at least at the time of publication were, a clinical neurophysiologist in the United Kingdom and a research university-based clinical neurologist in Germany, respectively. Their 12-chapter book has 22 additional contributors. Most of these chapter authors will be well known to those with an abiding interest in this and related fields, as they have each previously contributed extensively to this literature. As stated in the title, the book deals with the ability of the human brain to reorganize throughout life in reaction to various normal, as well as abnormal, situations and experiences.

The authors take the position that central nervous system (CNS) plasticity, both motor and sensory, is by now a well-established scientific fact. I do not believe that there are many who would currently argue this point, but in case there are, the entire volume is a testament to this statement. Various chapters within the book deal with issues of plasticity following trauma, disease states, sensory experience, and learning or other practice-based settings.

The book's first chapter is essentially a very thorough definition of what brain plasticity is, what it involves, and how it occurs, while the second is an overview of transcranial magnetic stimulation (TMS), since as the book's subtitle indicates, the vast majority of the evidence presented within this work was acquired by way of TMS. Because of the importance of the techniques involved in TMS to the data presented in this book, some description of differing types of TMS may be useful to readers of this review. The simplest version is single pulse TMS. This type of TMS, while not absolutely precise, can provide a gross mapping of the layout of the motor cortex. Thus, it is possible to study changes in cortical maps induced by various conditions, such as anesthesia, practice, immobilization, or disease. Paired pulse TMS utilizes two stimuli, separated by a time interval, to assess functional connections between different cortical sites by looking at changes in amplitude of response to the second stimulus following initial stimulation elsewhere. Repetitive transcranial magnetic stimulation (rTMS) is pulsed more frequently than the usual 0.3 Hertz (Hz) cycles produced by single pulse stimulators, and rTMS

stimuli can be used to produce effects that outlast the application of the stimulus for some period of time, usually in the range of minutes to hours. Low frequency rTMS cycles at 1 Hz, while high frequency is above 5 Hz, and often in the range of 10 Hz or higher. These differential frequencies can be useful in treating different types of conditions, as well as in inducing temporary disruptions of function (reversible "lesions"). Repetitive TMS can be produced with a circular or figure eight electromagnetic coil. I would also note that the book has some references to the older transcranial electric stimulation (TES), which excites corticospinal axons as they traverse the brain's white matter, whereas TMS is thought to excite pyramidal tract neurons presynaptically or at the level of the initial segment of the axon. Thus, one may compare results between the two techniques to look for differences in cortical excitability via electromyogram or similar recording.

The remaining 10 chapters cover topics related to CNS plasticity and the existing empirical evidence surrounding it in differing situations and studied with the various forms of TMS outlined previously. There is a chapter on development of the corticospinal system, and how this has been studied using TMS. Next come chapters on practice-induced plasticity in the motor cortex and on skill acquisition. There are then two chapters on lesions, one focusing on the cortex and strokes, and the other covering peripheral and spinal cord lesions. Another chapter is devoted to the functional issues surrounding cortical plasticity. This is followed by a discussion of therapeutic uses for rTMS in psychiatric conditions and movement disorders (Chapter 10). The following chapter covers the implications of human nervous system plasticity for post-neural-insult rehabilitation. The final chapter is something of a summary, but focuses on continuing issues for further research and future development. Each chapter includes an extensive set of references, and there is a fifteen-and-a-half-page index.

This book is fairly technical in nature, and unless the reader is somewhat familiar with the subject matter already, it makes for heavy reading in some sections. Fortunately, there are many drawings and graphs that assist in the explication of the material, including a section of color plates about a third of the way into the book. There are a few typographic errors scattered throughout the text as well, but they are minor in nature and do not detract appreciably from the book's readability. As far as clinician readership is concerned, the first two chapters, on plasticity generally and the technique of TMS, should be of interest to all. Neurologists and neurosurgeons will probably be most interested in the chapters on cortical lesions, spinal cord injuries, and rehabilitation. Psychiatrists will likely be drawn to the chapter on therapeutic uses of rTMS, with its sections on mood disorders, schizophrenia, and obsessive-compulsive disorder. This chapter also contains an historical discussion of the use of electromagnetism in psychiatric disorders which is quite

interesting, despite its relative brevity. Neurologists may find this chapter of help as well, because it also covers movement disorders such as Parkinson's disease and Tourette's syndrome. Neurology and psychiatry residents, especially those in research tracks, may constitute another potential audience for this book or portions of it.

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Terrorism and Disaster: Individual and Community Mental Health Interventions, Edited by Robert Ursano, Carol Fullerton and Ann Norwood, Cambridge University Press, New York, New York; 2003; ISBN: 0-521-533-457; \$ 55 (paperback), 349 pp.

Terrorism and disaster have been on the front pages of the newspapers and our American conscious since the attacks on the Pentagon and World Trade Center towers on September 11, 2001. Before that, Americans had been largely spared the overwhelming experiences many others in the world have long known, whether it was devastating earthquakes in central Asia, plagues or wars in Europe, firestorms of nuclear weapons in Japan, or, more recently genocide in Rwanda. This book comes out now in the wake of America's greater awareness of terrorism and disaster. It points out how commonly disaster, defined as an event that overwhelms community resources, affects us, at least as it is promulgated and amplified by the news media, but also points out, unfortunately, how little is known about the treatment of persons subject to disaster and terrorism. This book adds an examination of responses to terrorism to the evaluation of historically well known disasters (i.e. floods, earthquakes, war, plane crashes) and is an update of a well received previous book, *Individual and Community Responses to Trauma and Disaster*, written by some of the same authors.

The relatively short book, with an abstract painting reminiscent of smeared blood and paint, is written in 18 chapters, many of which are multi-authored. Most of the authors have first hand experience with terrorism or disasters, and many have current or prior military experience. Most of the authors are well known in the field of post traumatic stress disorder.

The book is in four parts: I Introduction; II Terrorism: National and international; III Interventions in disaster and terrorism; IV The intersection of disasters and terrorism: Effects of contamination on individuals. The book also includes a compact disc that includes several related video and PowerPoint lectures.

There are two well written first hand accounts by a psychiatry chairman in Manhattan and an embassy chief in

Nairobi who relate personal experiences of terrorism; the former discusses the World Trade Center attacks and the latter the devastating truck bombing of the U.S. embassy in Kenya. These are the most moving and memorable chapters of the book because they are personal accounts. These short chronicles give the feel of the terrorist experience rather than dry data about persons subject to disaster. The authors highlight how people are not prepared for such overwhelming catastrophes and how individuals and communities struggle to understand and cope with previously unthinkable events. Their experiences are obviously painful and difficult, and the reader gets a sense of what the terrorist-struck environment must be like, even if it is filtered through time and the written word. Although the authors point out how they dealt with the issues before them, it is clear that each situation will demand ingenuity and the support of hundreds of people, not the previously practiced skills of a single physician.

There are several chapters devoted to other terrorist related disasters, namely the bombing of the USS Cole and the attack on the Oklahoma City federal building. These are also descriptive and describe the concentric circles of the effects of terrorism on individuals and communities. These chapters also give good detail of the events and effects, but are more distant than the first hand accounts. A particularly relevant short chapter titled *A consultation-liaison psychiatry approach* provides a framework for the practicing psychiatrist to deal with disasters, stressing medical and cognitive examination, stressing life support measures.

Several chapters are devoted to treatment, and although there has been considerable experience from war-time psychiatrists, particularly in Israel, much more is known about what happens to individuals exposed to disaster and trauma than about how to successfully treat those persons. Brief attention is made to cognitive therapy for patients subject to terrorism or disaster, but this discussion is limited. In several chapters the authors discuss the unfortunate lack of empirical benefits of critical incident stress debriefing, citing that the limited controlled evidence does not support its use, and this procedure may even be harmful if applied too soon after the traumatic event. Although it is commonly understood that people need to discuss traumatic events, it is not yet clearly understood under what setting, with whom, and when.

Several of the chapters are typical academic reviews on a range of related topics and tend to be rather dry, even if they are scholarly and well referenced. Although the title of the text starts with the word *terrorism*, the book is more focused on disasters. Similarly, the compact disc included with the book discuss more about disasters than terrorism. The compact disc has several audio taped lectures by three speakers complete with PowerPoint slide shows. These are not just a repetition of the book; they are informative, but they are unfortunately relatively dry. The video quality is good and the disc is very easy to use. The only disconcerting glitch I

found, however, is that if you are impatient with the lecture by Michael Dinneen and try to advance the PowerPoint presentation by hitting the *next* option before the slide finishes on it its own, the dialogue from the slide becomes superimposed on the new dialogue, creating a bit of a crisis in comprehension. And, if you are interested in a near hallucinogenic experience, you can continue to advance the slides and hear the speaker's voice multiply on itself speaking about many topics. The tolerant viewer, however, can take in the lecture seamlessly if he allows the slides to advance on their own.

The book is informative and scholarly, though I am not sure as a practicing clinician how it would help me manage a natural disaster or a terrorist attack. The book does not suggest its intended readership, though at-risk community's leaders and emergency response professionals would clearly benefit.

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Statistics for Research, third edition (Wiley Series in Probability and Statistics), by Shirley Dowdy, Stanley Wearden and Daniel Chilko, John Wiley & Sons, Inc., Hoboken, New Jersey; 2004; ISBN: 0-471-26735-X; \$ 94.25 (clothbound), 627 pp.

This addition to the prestigious Wiley series in Probability and Statistics is aimed at students taking a first year course in statistics. Topics span the role of statistics, populations versus samples, levels of measurement, different distributions, chi-square tests, t-tests, simple and multiple regression and correlations, and analysis of variance. The analysis of variance presentation begins with techniques for one-way designs with post-hoc comparisons, then moves to more complex models contrasting random versus fixed effects, and then nested, factorial and repeated measures designs.

This third edition of the textbook expands previous editions by including actual output from statistical analysis on computers, logistic regression and provides more background on probability. The authors also mention a website to accompany the text, but I did not have access to it. I presume the website replaces the ubiquitous CD now accompanying statistical textbooks. Quite appropriately, the authors decided what to include in the new edition by surveying university statistics departments in the United States.

Their choice of surveying statistics departments as opposed to biostatistics departments explains the examples in the book, which are pulled from multiple fields. The book is intended for all statistics students, not just those in psychiatry or clinical medicine. As such, those in psychiatric research

should not be surprised to see examples from other fields, like agriculture and ecology.

The writing is clear and well organized, but I should warn you—this textbook does contain equations! It is not intended for those who want to simply discuss the use of statistics. It is intended to teach students to conduct statistical analysis. The authors' approach emphasizes understanding techniques and transparency of methods. This approach, unfortunately, falls apart in the last seven pages of the book where there is a section devoted to logistic regression, an advanced but increasingly common technique in clinical medicine. The presentation emphasizes understanding its use and interpreting output from a statistical package as opposed to calculating it by hand.

Other contributions from research in public health and clinical medicine are evident. For example, a discussion of relative risks and odds ratios, topics that are usually missing from statistical textbooks aimed at psychology or economics students is included.

Each section concludes with review exercises. In addition, an overall review is included at the end of each chapter, followed by a bibliography of selected readings. Answers to most odd-numbered section exercises and all review exercises are included in the appendix. A glance at the exercises confirmed that they cover the material appropriately and hit key concepts. A real gem is that chapters also include non-parametric tests (e.g., Mann-Whitney, Spearman Rank). Although the use of non-parametric tests is controversial in statistics with many statisticians being clearly in the camp to use them and others being just as fervent in the dismissal of them, the authors wisely choose to present them as techniques students should be able to use (if they want).

Also in the appendix are 19 tables, a veritable plethora of information for first year students. Although statistical packages have made the daily use of tables less necessary, the concrete presentation of them allows the students to see the concepts and have back-up if ever caught without a working computer.

What is missing or inappropriately covered? Advance topics are not included—as such this is not an exhaustive survey of currently used techniques that a reader of psychiatric research journals might encounter. It does not include, for example, survival analysis. Topics inappropriately covered are rare but do include observational studies, or as the authors describe them, surveys. A total of two pages split between two different chapters cover this key topic. One page deals with experimental data versus survey data with the emphasis on the problems in survey data. The second page discusses prospective versus retrospective studies and advocates matching as much as possible for retrospective studies. Such oversimplifications without reference to additional readings are a grave injustice to important design issues for people in clinical medical research in particular and for the larger population in general.

Notwithstanding this problem, *Statistics in Research*, third edition, is an excellent beginning textbook covering important statistical concepts and methods in clear terminology with resplendent examples.

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The Treatment of Anxiety Disorders. Clinician Guides and Patient Manuals. Second edition, by Gavin Andrews, Mark Creamer, Rocco Crino, Caroline Hunt, Lisa Lampe and Andrew Page, Cambridge University Press, Cambridge, United Kingdom and New York, New York; 2003; ISBN: 0-321788-77-3; \$ 65 (softbound), 611 pp.

As anxiety disorders are fairly common and frequently disabling, their treatment has become the mainstay of everyday psychiatry and primary care practice. Thus any book summarizing the treatment of anxiety and providing guidance for patients would probably catch the eye of many clinicians. I, as probably many, was attracted to *The Treatment of Anxiety Disorders. Clinician Guides and Patient Manuals* by the book's title and presumptive clinical usefulness.

This is, as the authors point out, an unusual book. It is written by six Australian authors, mostly psychologists, with a long and extensive experience in treatment of anxiety disorders. The book contains 28 chapters.

The first three chapters are devoted to general issues: chapter 1, "Read me," briefly explains how to read and use this book and its goals. This chapter also explains the major patient benefit of this book: it contains six detailed Patient Treatment Manuals (for panic disorder with agoraphobia, social phobia, specific phobias, obsessive-compulsive disorder, generalized anxiety disorder, and posttraumatic stress disorder), for which the publisher agreed that they may be photocopied by the purchaser of the book for the treatment of individual patients. These manuals are designed to be used as workbooks, are frequently annotated and personalized by the patients and contain various guides to techniques, tables and diaries. Chapters 2 and 3, "General issues in anxiety disorders" and "General issues in treatment: Clinician Guide," discuss, as suggested by their titles, authors' views of general issues in the treatment of anxiety disorders. Chapter 2 reviews issues such as models of anxiety, untoward life events, arousal and symptoms of anxiety, neuroticism or trait anxiety, vulnerability factors, comorbidity, the specificity of the individual anxiety disorders, and epidemiology and health service utilization. Chapter 3 focuses mostly on cognitive-behavioral therapy and clinical issues in the treatment, such as diagnosis, comorbidity, patient motivation, the role of concurrent medication, and therapist motivation. The authors suggest that, "patients need to become

their own therapists” (p. 32). The review of concurrent medication contains some controversial statements, such as: “benzodiazepines are contraindicated on two grounds. First, they interfere with the generalization of new skills learned during psychotherapy to a drug-free state. Second, even when the pharmacodynamics make benefit impossible, patients misattribute successes to having taken a tablet and attribute failures to their own poor grasp of technique” (p. 34). The authors further state that, “Antidepressant drugs seem to be different. Although these drugs do not interfere with treatment, it is our practice to withdraw medication from those patients who were given it for their anxiety disorder and to continue medication in those patients who were given it for depression” (p. 34). I am not sure how many physicians routinely treating severe anxiety disorders would agree with these suggestions.

The next twenty-four chapters focus on six anxiety disorders—panic disorder with agoraphobia, social phobia, specific phobias, obsessive-compulsive disorder, generalized anxiety disorder and posttraumatic disorder. Each disorder is addressed in four chapters, Syndrome, Treatment, Clinician Guide, and Patient Treatment Manual (e.g., Social phobia: Syndrome; Social phobia: Treatment; Social phobia: Clinician Guide; Social phobia: Patient Treatment Manual). The chapters’ structure is similar across the six disorders, for example the “Syndrome” chapter for each disorder addresses issues such as diagnosis, differential diagnosis, assessment, etiology, course, epidemiology, comorbidity, and also contains a case study. Although the chapters’ structures are similar in the six anxiety disorders, the chapters are unevenly and at times poorly written. Take, for example, the simplistic statement on page 105: “Initially alcohol acts as a depressant; however, a few hours after drinking it acts as a stimulant.” The most useful are the Patient Treatment Manual chapters. They provide patients with information on the nature of their illness, guidance to various psychological treatments (e.g., graded exposure, relaxation, cognitive therapy, assertiveness) and recommended resources. Only two of these manuals, the ones on obsessive-compulsive disorder and generalized anxiety disorder, discuss any medication.

The last chapter, “Conclusions,” explains a point which should have been explained in the introduction, and not after one gets through 550 pages. The authors state that much of their book is focused on the cognitive behavioral treatments simply because the instructions for prescribing medications are relatively simple and, courtesy of advertising by the pharmaceutical industry, do not need repeating in a book on treatment of anxiety disorders.

As noted, there are chapters of this book which are useful—the Patient Treatment Manuals—though most of them should be expanded with information on medication treatment. I disagree that a book on treatment of anxiety disorders does not need to contain any information on medica-

tion treatment of these disorders as instructions are provided by the pharmaceutical industry anyway. Should we surrender our role to the pharmaceutical industry? Certainly not. Is the information provided by the industry unbiased? Certainly and understandably not. But it is our role as psychiatrists to analyze the information and provide it in the most objective form possible.

The rest of the chapters are a bit problematic and as the “Conclusions,” reflect the authors’ bias. One almost gets the feeling that the underlying basic notion is that the use of medication in the treatment of anxiety disorders is something bad. The authors frequently mention the relapse rate after the medication is stopped, but do not discuss as frequently what happens when therapy is terminated. Though one of the claims on the cover of this book is that it is well referenced, one might question this and consider the selection of the references as an example of, what I feel, is the authors’ bias. For instance, the cited review articles on pharmacological treatment of panic disorder and agoraphobia are mostly from psychology and not psychiatry or psychopharmacology journals. The treatment review of panic disorder and agoraphobia also mentions SSRIs in just two sentences: “However, with the relatively recent emergence of the SSRIs it is premature to draw strong conclusions about these drugs. Nevertheless, the data to date are promising” (p. 61). (Two references, one from 1998, one from 1997.)

Some of the treatment program descriptions are interesting but of limited usefulness. For instance, the chapter on panic disorder and agoraphobia describes a 3-week intensive program structure, with patients attending the clinic Monday through Friday from 9 am till 5 pm. An enviable program, unfortunately probably not available in many places in the United States. The program description does not say anything about follow-up or continuous treatment. I doubt that those patients do not need any after this intensive treatment. The main weakness of the programs and manuals description is the lack of efficacy data. The authors have used these methods “successfully” in clinical practice for over 15 years. One would like to know what the success rates and follow-up rates were and how they compared to success rates of other treatments.

Personally, I found the book uneven, lacking synthesis, and disappointing. I consider the title, “The Treatment of Anxiety Disorders,” a bit misleading. The book should be more appropriately called “The Psychological Treatment of Anxiety Disorders,” as that is the main focus of the book. My criticism should not take away the positive and useful aspects of this book. As I noted, the Patient Treatment Manuals are very good and useful (though could be expanded, in all fairness, with medication information). I almost wish that these manuals were available as a separate publication for patients. Many clinicians would probably like to own this book just for having the manuals for their patients. That might be a very good reason for getting this book. However,

I doubt that busy clinicians would appreciate the remaining chapters much.

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Research Training in Psychiatry Residency. Strategies for Reform, by Committee on Incorporating Research Into Psychiatry Residency Training, Board on Neuroscience and Behavioral Health, Institute of Medicine, The National Academies Press, Washington, D.C.; 2003; ISBN: 0-309-09071-7; \$ 35.10 (softbound) (free to read online), 253 pp.

I dare to say that most psychiatrists have had no training in research and have poor or no understanding of research, basic or clinical, its intricacies and significance for the further development of the field of psychiatry in particular and medicine in general. As a discipline we have been doing worse than other medical disciplines. Only 2% of practicing psychiatrists spend more than 50% of their time engaged in research. This number is significantly lower than the numbers in other disciplines, for example neurology (6.3%) or internal medicine (6.1%). Sadly, even at U.S. medical schools, so-called bastions of research activities, only 15% of psychiatrists who are faculty spend more than half of their professional time engaged in research (1). The situation is especially critical in the area of clinical research, and not only in clinical psychiatric research. The proportion of physicians among the NIH grant applicants in clinical research declined from 40% to less than 25% during the last three decades (2).

The reader may ask: should I care, why should I care and if I care, why is this happening, and what could be done about it? I believe that the reader and the entire field of psychiatry should care. There will be no advances in mental health care without research. Without research-gathered evidence we would not be able to argue with the rest of the mental health field and medicine that our treatments are effective, useful, appropriate. On a personal level, research literacy helps one to enhance the ability to care for patients, to discuss the uncertainties of disease course or treatment outcome to patients, and to eliminate some of the barriers to recruitment into clinical studies. Only a few would argue that research in the mental health field should not be led by psychiatrists. This does not mean to disqualify the body of excellent research done by Ph.D.'s and other researchers. However, psychiatrists possess a valuable and unique set of skills and perspectives encompassing clinical neurosciences, psychopharmacology, psychotherapy, mental illness diagnostics, and integrative human physiology (3). Why do we see a decreasing number of psychiatrists entering a research career?

Difficult to say, probably for various reasons, such as lack of research training, low salaries among researchers, stigma of the research focus—mental illness, isolation of the field, heavy emphasis on difficult-to-study areas such as psychoanalysis, and others. Finally, what could be done about this dire situation? One of the answers is to increase and improve research training in psychiatry—an issue discussed in the newest report of the Institute of Medicine (IOM).

The National Institute of Mental Health (NIMH), recognizing the growing lack of clinically oriented psychiatric researchers, asked the IOM to “convene an expert committee to evaluate the current goals of psychiatry residency training and consider strategies for enhancing research training during or in close proximity to residency.” This committee published the results of their research, discussions, and deliberations in a form of report with several recommendations, summarized in this book.

The committee looked into the goals of residency training, programs that train researchers successfully, obstacles to efficient research training, and strategies to overcome those obstacles. According to the committee, the major factors influencing research training could be conceptualized as regulatory, institutional and personal. The committee also emphasized the widely acknowledged opinion that more than 2 years of uninterrupted research training is necessary to launch the career of a successful physician-researcher. The committee report is divided into Executive summary, six chapters (1. Introduction; 2. Residency as part of a longitudinal career continuum; 3. Regulatory factors; 4. Institutional factors; 5. Personal factors; 6. Future directions for promoting the development of psychiatrist-researchers), references and four appendices (A. Data sources and methods; B. Federal and other funding mechanisms listed and summarized by career stage; C. Brief descriptions of psychiatry residency training programs; and D. Committee and staff biographies).

The report outlines some of the many obstacles to research training, such as fragmentation of opportunities to do research during residency, extreme demands and requirements of clinical care, lack of research mentors in many training programs, lack of research training in residency curricula, lack of research training funding, lack of researchers' involvement in residency training, high indebtedness and low salaries of young psychiatric researchers, lack of experienced researchers' involvement in developing national research training curricula and others.

Here are examples of some of the committee's recommendations: 1. Departments of psychiatry should organize optional research experiences and mandatory research didactics in residency as early steps in research career development pathways, leading from residency to a junior faculty appointment. 2. The American Board of Psychiatry and Neurology (ABPN) and the Psychiatry Residency

Review Committee (RRC) should make the requirements for board certification and residency accreditation more flexible so research training can occur during residency at a level that significantly increases the probability of more residents choosing research as a career. 3. The ABPN and RRC should require patient-oriented research literacy as a core competency of residency training in adult and child and adolescent psychiatry. 4. The organizations that nominate members for the RRC and ABPN should include on their nomination lists substantial numbers of extramurally funded, experienced psychiatrist-investigators who conduct patient-oriented research (RRC membership requirements do not include research experience). 5. The NIMH should take the lead in organizing a national body, including major stakeholders and representatives of organizations in psychiatry that will foster the integration of research into psychiatric residency and monitor outcomes of efforts to do so. Those and other recommendations sound quite reasonable and practical. It remains to be seen what the field is going to do with these recommendations and if accepting them will lead to increased research training and increased number of psychiatrists entering the research career.

The IOM Committee report is a very thoughtful, in-depth, well-organized, well-documented, practical publication, which requires attention of the entire field of psychiatry. I especially liked the emphasis on clinically-oriented or patient-oriented research. A busy physician will probably not find it attractive reading. However, the book is a must for all departmental chairs, residency training directors, policy makers, researchers and all those interested in research training. Embracing its recommendations will help us to enhance the education of future psychiatrists and ultimately improve the care for our patients. A remark for computer buffs: the book is free to read online (www.nap.edu).

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Sexual Disorders. Perspectives on Diagnosis and Treatment, by Peter J. Fagan, The Johns Hopkins University Press, Baltimore, Maryland; 2004; ISBN: 0-8018-7526-9 \$ 18.95 (softcover) \$ 40 (hardcover), 151 pp.

As Paul McHugh points out in the Foreword to this slim volume, books on sexual pathology (I would add, professional and lay ones) by psychologists and psychiatrists line library shelves, but they teach little about the specific character of the sexual difficulties patients bring to physicians. Thus, with every new book, we hope that “this one will be better,” yet are afraid that it will be just shelved again, with little impact on our thinking or practice. My hopes were a bit higher than usual when I opened this book. The author of the book comes from the Sexual Behaviors Consultation Unit and Center for Sexual and Marital Health at Johns Hopkins University, well known for its innovative, thoughtful and comprehensive approach to sexual problems. In addition, the endorsement on its cover by two leading experts in the area of sexual disorders also contributed to my expectations. Finally, the cover of the book also promised more than just the usual one- to two-dimensional picture of human sexuality.

The book is divided into seven chapters. The first chapter, ‘Introduction to the Perspectives on Sexual Disorders,’ outlines the four “perspectives” of sexual behaviors—disease, dimension, behavior, and life story—which, as Dr. Fagan suggests, “offer an epistemology, a way of thinking, about sexual disorders and disordered behaviors so that treatment can be rationally applied to the particular situation.” The perspectives were proposed originally for psychiatric disorders in general by Paul McHugh and Phillip Slavney (1). They are “four different ways of viewing a clinical case.” The disease perspective is categorical, the dimension perspective focuses on gradation and measurements, the behavior perspective is goal directed, teleological, and the life story perspective is narrative. The author also discusses the external relationships of the four perspectives, such as the relationship of perspectives to sexual science, biopsychosocial model, psychiatric history, clinical formulation and DSM diagnoses. Dr. Fagan also emphasizes that all four perspectives are equal and all can contribute to the formulation. The last part of this chapter points out that not all sexually disordered behavior has a psychiatric diagnosis, that sexual diagnosis does not imply causality and that sexual diagnosis is an alterable construct.

The second chapter, ‘Sex and the Disease Perspective,’ deals basically with the three steps, or conceptual triad, that organize the disease perspective: clinical entity, pathological condition, and etiology. The author reminds us that the clinician and the patient alike frequently overlook the somatic conditions necessary for full sexual functioning and instead give a psychological interpretation of the cause of the dysfunction. Dr. Fagan also reminds us that the body is

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involved in all sexual expression. The chapter discusses issues such as psychiatric disease and sexuality, drugs and sex, the healthy body and sex, the aging body and sex, illness, injury and sex, and somatic treatments of sexual dysfunctions and disorders. At the end, the author emphasizes that, "the past is prologue" in the sense that the baseline level of sexual functioning prior to the onset of the disease is probably going to be the optimum level of functioning possible with the most successful treatment.

The third chapter, 'Sex and the Dimension Perspective,' explains that the dimension "perspective" counts and concludes in numbers rather than in categories. It measures three principal domains: personality, intelligence, and the sexual behaviors themselves. However, the dimension perspective does not attempt to search out the causes of the traits or the behaviors. The chapter also discusses sexual behaviors and the five factors of personality: neuroticism, extraversion, openness, agreeableness, and conscientiousness. The discussion of sexual behaviors and intelligence provides some interesting facts. For instance, measured by educational level, the higher the intelligence the greater the variety of sexual experiences that can be expected in an adult population; or adolescents at the upper and lower ends of the intelligence distribution are less likely to have sex.

The fourth chapter, 'Sex and Behavior Perspective: Problematic Behaviors,' first discusses what sexual behavior is, and then it proceeds to antecedents, behaviors and consequences. It emphasizes that antecedents of sexual behaviors are multiple: genetic, physical, sociocultural, developmental and personal meaning assigned to the behavior. I liked that, as the author points out, meanings attributed to sexual behaviors can be elicited and processed within any theoretical system: cognitive-behavioral, existential or psychoanalytic. What is important to remember is that many possible meanings may be attributed after the fact. The discussion of sexual behavior itself states that one must be exact in quantifying the object, frequency, duration and intensity of the problematic behavior.

The fifth chapter, 'Treatment of Sexual Disorders in the Behavior Perspective,' gets the reader out of the perspectives for a moment. It focuses on behavioral treatment of sexual behaviors such as compulsive sexual behaviors, impulsive sexual behaviors, paraphilic sexual behaviors, and sexual behaviors that are neither driven nor paraphilic but are harmful to self or to others in their possible consequences. This chapter also outlines treatment stages, pretreatment assessment of motivation, medications for behaviors and relapse prevention.

The sixth chapter, 'Sex and the Life Story Perspective: The Question of Meaning,' attempts to put sex and sexual behavior into life story perspective, and give it some meaning, understanding and explanation. It provides an extensive table of components of psychosexual history and possible significance of an event in the development of the individual's psychosexual life. In explaining the 'narrative,' the author presents several varieties of narrative, for example, Scharff's on reciprocal psychosomatic partnership or Freund's on courtship disorders.

In the last chapter, 'Integrating the Perspectives,' the author suggests that "to work successfully with perspectives, the therapist needs to select the primary perspective that best fits the patient and then integrate the other perspectives into the formulation and treatment to make use of the additional contributions they may provide" (p. 119). To better explain this concept, he then discusses all four perspectives as primary treatment perspectives. In the conclusion of this chapter Dr. Fagan emphasizes that perspectives require collegiality, are conjunctive and not disjunctive, and entail completion more than perfection.

This small volume provides any reader interested in sexuality and sexual behavior with a new, fresh, more complex view of sexual behavior, disorders, their diagnosis and treatment. The attempt to understand sexual disorders from the multiple perspectives will be quite useful to beginners in the field of human sexuality, but also to many experienced clinicians in this field. The multi-perspective approach, in contrast to the mentioned one or two-dimensional views, will definitely benefit our understanding of human sexuality and our approach to treatment of sexual disorders. I would recommend this book to all clinicians interested in human sexuality. It may be also a useful text for psychiatric residents or psychology interns as it richly illustrates the complexity of sexual disorders and suggests a new, multi-dimensional approach to the diagnosis and treatment of these disorders.

REFERENCE

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