them take up the final two chapters. There are two appendices: one on medication interactions and the other on the individual effects of the various psychotropics. The book also includes an extensive set of notes on the text, as well as a listing of references and a subject index. While many of the citations are from studies on adults, especially when schizophrenia is specified, this is understandable since it is the only data available because schizophrenia in children is such a rare phenomenon.

This is an extremely complete review of psychosis in childhood. It is easy to read and highly internally consistent since it is the work of a single author. It is a text that would be useful for child and adolescent psychiatry fellows, clinical psychology interns on child rotations, and even experienced practicing child and adolescent clinicians. The author refers to many childhood experiences that I would term "normal" as being within the realm of "psychosis." But when carefully considered this is, of course, correct and is the basis for his statement early in the book that psychotic phenomena are "common" in children.

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The Abusive Personality: Violece and Control in Intimate Relationships, Second Edition. By Donald G. Dutton, The Guildford Press, New York, 2006; ISBN: 1-59385-371-8; $35.00 (trade cloth binding), 272 pp.

Dr. Dutton had his first edition of this book published in 1998 and in 2003 revised and expanded the chapter on treatment for a paperback edition. This second edition has further revisions plus two new chapters: "The Sociopsychoneurobiology of Attachment," and "Longitudinal Development and Female Abusive Personalities." It is divided into a preface, eleven chapters, and a subject index. The first chapter is an introduction to the topic and the history of its study discussing, among other things, when—about 1977, by the way—the social sciences took notice of intimate partner violence (IPV) and how such behaviors were viewed and studied over the course of the late twentieth and early twenty-first centuries. Nine chapters follow which are interconnected by the author's continuing review of theories and experimental studies into the possible antecedents, modifiers, and perpetuators of IPV and how each assists toward, or detracts from, our ultimate ability to understand and treat it. These explanations begin with modeling and learning theory, and move among psychoanalytic and other psychological approaches, feminist writings, attachment theory, and finally functional brain imaging studies. All of the major theorists in the field are represented in these chapters, from "Bowlby to Walker," so to speak. There are several notable statements, such as Erich Fromm's observation that, "Anger converts *a feeling of impotence into a feeling of omnipotence.*" Another pithy comment notes that, "Both aggression and achievement start from the perception that circumstances are controllable . . . [but] aggression is designed to control and change *people*." But in the end each of the theoretical constructs has problems explaining at least some of the differing aspects of IPV. Throughout the book, Dr. Dutton touches on his own synthesis, which involves an abusive, more or less borderline and cyclical, personality organization developed in early and imperfect interactions with the mother and father and perpetuated by subsequent trauma. The eleventh and final chapter focuses on treatment.

This book's central theme is presented compellingly. The middle nine chapters are constructed much like directions to an ultimate destination. Helpful figures, diagrams, and results tables are included as necessary. Most chapters have notes about the details of the text, and each chapter ends with a lengthy listing of references. The findings from the other chapters are utilized to describe the underpinnings of the treatment program that Dr. Dutton has been working on since the late seventies. He mentions in several places the differences between his ideal for a treatment program and the fairly well-known "Duluth model" for the treatment of batterers. His approach differs in several ways, including its use of cognitive behavioral techniques and its focus on the key role of the therapeutic bond. He states that it is important not to confront the abuser too quickly due to the shame the abuser already feels, lest a good therapeutic bond not be formed, and yet acknowledges that confrontation of some nature must occur before too long. He includes discussions of female to female violence in lesbian relationships and reciprocal (or "both partners") violence that occurs in a measurable sub-segment of heterosexual violence, topics that many past books on abuse and battering have glossed over quickly or skipped entirely.

This is a book that anyone who deals with partner-related violence might find helpful, whether they already know a lot or a little about the subject matter. Psychiatrists, emergency department or family physicians, nurses, psychologists, social workers, and trainees for any of the helping professions will each find that portions of this text speak to them and to the needs of their patients or clients. I found it very helpful in preparing for my own lecture on "Domestic Violence" for our third-year psychiatry residents.

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Bipolar Disorders: Mixed States, Rapid Cycling and Atypical Forms. Edited by Andreas Marneros and Frederick Goodwin, Cambridge University Press, Cambridge, United Kingdom; 2005; ISBN: 0-521-83517-8; $120 (hardcover), 395 pp.

Bipolar disorder (BPD) is probably one of the most fascinating and most confusing psychiatric disorders at the same time. It is fascinating because of the multiplicity of

presentations and challenging complexity of this disorder. It is confusing to patients, families, and to us, as physicians, because it is commonly misdiagnosed as major depressive disorder, anxiety disorder, attention deficit hyperkinetic disorder, substance-induced mood disorder, or schizophrenia, among others. Besides, there is no laboratory test for diagnosing the disorder. Over the years, it has been classified and subclassified in many ways from the time of Hippocrates and Aretaeus of Cappadocia to Kraepelin then DSM IV. The constant shifting of the classification system in an effort to catch up with the evolving research, though sometimes necessary, makes it perplexing to physicians and other mental health care providers.

The "Mixed States, Rapid Cycling and Atypical Forms" of BPD that have been traditionally "rejected" and excluded from clinical trials, have become the "corner stone" of this book. Mixed state, argued by some authors to be the most common presentation of BPD, is suggested to be the most confusing to diagnose and to differentiate from rapid cycling. For instance, when rapid cycling of both "poles" is too rapid, it can mimic in presentation a mixed episode.

The book is divided into 17 chapters which are written by a number of authors and experts in the field. The first chapter, by Drs. Marneros and Goodwin, is a well-written historical summary of BPD and mixed episodes. Chapters 2–14 address different topics: emerging concepts of mixed states (Drs. Perugi and Akiskal), rapid cycling (Drs. Elhaj and Calabrese), BPD I and II dichotomy (Dr. Vieta et al.), recurrent brief depression (Dr. Angust et al.), atypical depression (Dr. Benazzi), agitated depression (Dr. Koukopoulos et al.), schizoaffective mixed states and acute psychotic disorder (Dr. Marneros et al.), to mention some. Chapters 15 to 17 discuss treatment issues. Chapter 17 (Drs. Sachs and Graves) focuses more on exciting investigational strategies.

The more I read, the more I was humbled by our current state of knowledge of BPD. There is no agreement between researchers and experts in the field to "where to draw the line" between some important diagnostic and prognostic issues like mania, hypomania, duration of hypomania, number of episodes per year that constitute rapid cycling, atypical depression, symptomatology needed to define mixed episodes, the separation between BPD and schizoaffective disorder, bipolar type, and the significance and importance of subsyndromal episodes.

The very symptoms and signs of the disorders are also grades of normal variation in mood and temperament. What makes things more confusing is trying to diagnose subsyndromal episodes. It may be hard, in these cases, to find a "zone of rarity" (1) that separates normality form pathology, "In fact, a great number of individuals with the so-called soft or subsyndromal states belong to the bipolar spectrum by virtue of their positive family histories, their pharmacological response, and their tendency to progress to full clinical disorder" (Vieta et al., chapter 4). Perhaps, that is what prompt Dr. Sachs to develop the elegant Bipolarity Index (Figure 17.1), to assign a degree of affiliation, and consequently an index of suspicion, for diagnosing BPD.

Obviously more research needs to be done to better classify these areas based on more clinically valuable anchor points like prognosis, response to treatment, family pedigree, etc. However, the dilemma is that sometimes an agreed upon classification is needed before studies can be done. One day may come, though, when we will be classifying based on neurotransmitter and genes, as argued by Dr. Merikangas et al. (chapter 13).

Several authors of this book do not agree with DSM IV or ICD 10 classifications in various aspects. For instance, Drs. Perugi and Akiskal classified six subtypes of interaction between temperament and affective episodes (Table 2.6) that differ from the above-mentioned classification systems. Dr. Angust et al. describe some soft signs of BPD. Consequently, they found the ratio between major depressive disorder versus BPD to be 1:1 (Zurich soft criteria), which is in contrast with DSM IV ratio of 10:1, respectively. Several authors argue that the cut off for the duration of hypomania is arbitrary and not supported by research (e.g., Dr. Benazzi, chapter 6). On the other hand, there is more agreement in the chapters that discuss treatment and predictors of response (chapters 14–17).

In summary, most readers of the book will probably agree that we still have a long way to go for better understanding and defining mixed states, rapid cycling and atypical forms of BPD. Nonetheless, this book is a valuable resource to psychiatrists and residents, presenting a review of the state of the literature and the depth and dimensions of our current understanding of these specific areas. In addition, the chapters are written by various experts and researchers in the field (in the US, Canada and Europe) presenting different schools of thought, with references at the end of each chapter.

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