

## Book Reviews

*Schizophrenic Speech: Making Sense of Bathrooms and Ponds that Fall in Doorways*, By Peter J. McKenna, MRCPsych and Tomasina M. Oh, Ph.D.: Cambridge University Press, New York: 2005; ISBN 0-521-81075-2; \$95 (hardcover); 220 pp.

The authors of this book are a psychiatrist (Dr. McKenna) and an English professor (Dr. Oh). The collaboration of these two disciplines makes great sense for this book, since it explores the causes for the speech abnormalities in schizophrenia. The authors point out in the preface that this is quite likely the most highly studied symptom of the most researched syndrome in psychiatry. But they believe this work is fully justified because no books on the topic have as yet looked closely at the implications of Nancy Andreasen's Thought, Language and Communication (TLC) rating scale, nor truly taken advantage of new progress made in neuropsychological approaches to schizophrenia. So in eight chapters, the reader is led from a description of schizophrenic speech, through differential diagnostic issues, to major theoretical conceptual approaches about "thought disorder," and finally to a summarization and some speculation about the future. Schizophrenic speech is, to some extent, a window into schizophrenic thought, and therefore an exploration of the abnormalities of thought is necessary in trying to understand what happens to communication.

The authors make every attempt to enhance the readability of these theories and concepts, even injecting humor from time to time, but despite this obvious effort, the writing is fairly dense (heavily content laden) in spots. In fact unless one is already something of an expert in the field of thought disorder as a theoretical construct, or perhaps in computer models of human thought, many of the distinctions here may seem esoteric. However, the first chapter ("Describing schizophrenic speech") and the final chapter ("Some conclusions and a few speculations") are both very clear and, if read consecutively, give brief summaries and some understanding of the book's major theses. These would include explanations of thought disorder that are neurologically anchored (dysphasia), language-based ("communicative competence"), come from disorders of attention ("dysexecutive function"), and/or have to do with problems of semantic memory (the memory that involves general knowledge of the world).

The authors have provided a reference section, as well as a subject index, which are from time to time of great help in catching up to their important points or seeing where a specific

paper has fit historically. They include figures, graphs, and the occasional photograph illustrating results from some of the numerous studies which are cited in this book. Throughout the book, there are boxed-off segments that include quotations, definitions, and examples. Generally these are quite helpful, although occasionally they continue over several pages and the reader may get lost while trying to separate main-line text from what is set off.

I would *not* recommend this book for medical students or others just beginning their interest in schizophrenia, even though the title is rather eye-catching. I fear it is too deep an investigation of too narrow a topic to be of much benefit to them. However, psychiatric residents, psychiatrists and psychologists whose practices include schizophrenia, researchers looking for additional references or theoretical approaches to the mysteries of psychotic communication, and neuropsychologists would likely find the book of significant help and meaning.

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*Assessment of Eating Disorders*. Edited by James E. Mitchell and Carol B. Peterson; The Guilford Press, New York, New York; 2005; ISBN: 1-59385-196-0; \$35 (hardcover); 242 pp.

Every clinician would probably agree that eating disorders are notoriously difficult to treat and to deal with. Every clinician would probably also agree that good patient assessment is a foundation for a good diagnosis and treatment plan. Thus, a book on assessment of eating disorders should be useful for anybody interested and involved in treating eating disorders.

Drs. Mitchell and Peterson, editors of this volume, gathered 19 authors/presumed experts to address this topic in an organized and comprehensive volume. The book consists of a Preface and 12 chapters.

The first two chapters discuss diagnostic and classification issues of eating disorders. Chapter 1, "Diagnostic issues," by Timothy Walsh and Dana Satir, "reviews the evaluation and assessment of patients with disordered eating in general clinical setting." It goes over the psychiatric interview and differential diagnosis. It also briefly mentions the eating disorders not otherwise classified, such as subthreshold eating disorders, night eating syndrome, and childhood eating disorders. Chapter 2, "The classification of eating disorders," by Kathryn Gordon,

Jill Denoma, and Thomas Joiner, discusses first the DSM classification of eating disorders, then classification of eating disorders using personality types, and finally classification of eating disorders using taxometrics. According to the literature, three personality types have consistently emerged among patients with eating disorders: a high-functioning group with high levels of conformity and need for control; a socially avoidant and anxious, self-doubting group; and an impulsive group with poor coping strategies and a poor prognosis (p. 22).

Chapter 3, "Conducting the diagnostic interview," by Carol Peterson, discusses specific strategies for conducting a diagnostic interview with patients with eating disorders. It provides some tips on establishing rapport; assessing eating disorder symptoms including compensatory behaviors, associated symptoms, preoccupations, rituals, checking, and avoidance behaviors; and assessing comorbid psychopathology. The chapter includes examples of interviews with patients. Chapter 4, "A standardized database," by James Mitchell, presents an example of a standardized database system, Eating Disorders Questionnaire, which could be filled out by the patients prior to their first visit to obtain additional information. Chapter 5, "Structured instruments," by Carlos Grilo, reviews various structured interviews, such as The Clinical Eating Disorder Rating Instrument (CEDRI), the Eating Disorder Examination (EDE), the Interview for Diagnosis of Eating Disorders (IDED), and the Structured Interview for Anorexic and Bulimic Disorders (SIAB-EX), and also briefly discusses Structured Clinical Interview for DSM-IV Axis I Disorders and for Personality Disorders. Chapter 6, "Self-reported measures," by Carol Peterson and James Mitchell, in a similar fashion goes over self-reported measures, such as the Eating Disorder Inventory (EDI), Eating Disorder Examination-Questionnaire (EDE-Q), Multiaxial Assessment of Eating Disorder Symptoms (MAEDS), Stirling Eating Disorder Scales (SEDS), and Eating Disorder Questionnaire (EDQ), and screening measures, such as the Binge Eating Scale (BES), Three-Factor Eating Questionnaire (TFEQ), measures to assess eating disorder cognitions, and dietary restraints, and Impact of Weight on Quality of Life questionnaire (IWQOL). In addition, this chapter includes discussion of assessment of associated features, comorbidity and personality. Chapter 7, "Medical assessment," by Scott Crow and Susan Swigart, describes a standard medical assessment of low-weight patients, patients with binge eating and purging behaviors, obese patients with binge eating, and recovered patients.

Chapter 8, "Nutritional assessment," by Cheryl Rock, presents a very useful summary of nutritional assessment of patients with anorexia, bulimia, and with binge eating disorder. Quite helpful is a table of objects useful for estimating portions in dietary assessment (e.g., cooked rice, 1 cup = tennis ball; slice of bread, one = CD case), and the suggestion that one has to be very exact in assessing the amount of food eaten ("How much of the bagel did you eat?" instead of being satisfied with the statement that the patient had a bagel for breakfast). Chapter 9, "Family assessment," by Daniel le Grange, presents a

description of anorexia nervosa families, assessment methods of families (self-report measures, observational methods), the family interview and the adolescent patient, and the family of the adult patient. The author emphasizes that the first priority as in any other treatment is to establish rapport with the family.

Chapter 10, "Assessment of body image disturbance," by Kevin Thompson, Megan Roehrig, Guy Cafri, and Leslie Heinberg, presents theoretical explanations of body image and reviews the assessments of body image disturbances (8-page table listing the most widely used measures for the assessment of body image disturbance—one can just wonder why there are so many and whether they are all validated and reliable). Chapter 11, "Ecological momentary assessment," by Scott Engel, Stephen Wonderlich, and Ross Crosby, reviews a relatively new and innovative means of collecting data called ecological momentary assessment—which is basically a daily diary research or experience sampling, allowing for the assessment of behavior and psychological states in the natural environment. Finally, in chapter 12, "Treatment planning," James Mitchell focuses on treatment planning for anorexia nervosa, bulimia nervosa, and binge eating disorder, also using useful figures of treatment elements for each disorder.

This book's cover states that this volume is concise, comprehensive, timely, evidence-based, and designed for optimal utility in day-to-day clinical practice. I beg to differ with some of these points. I believe that the book could be useful for only a very narrow audience of people seriously interested in eating disorders, and possibly involved in research in this area. I am not sure whether this book would be useful in day-to-day clinical practice. Some of the material presented is very simple, almost on the undergraduate level, and other material, for instance the numerous questionnaires, would probably not be used by a busy clinician. That brings up another weakness of this volume—a lack of critical summary and recommendations. What should one specifically do, how should the entire assessment proceed? The book is also repetitive at times. The most useful for psychiatrists not very familiar with eating disorders will be the chapter on nutritional assessment. I believe that a good review article on this topic published in a widely read clinical journal would do a better service to the field. Thus, in spite the authors' solid efforts to put together a useful volume, save your money.

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*Psychobiology of Personality. Second Edition. Revised and Updated.* By Marvin Zuckerman; Cambridge University Press, New York, New York; 2005; ISBN: 0-521-01632-0; \$50 (paperback, hardcover \$100); 322 pp.

Personality and temperament have a wide impact on what we do and how we do it and on the expression of psychopathology.