Mental disorders are already a major public health problem and promise to be the major cause of disability days in the next 10–20 years. A survey of a representative sample of the population of the United States indicated that approximately 30% of the sample reported having a mental disorder in the previous 12 months (1). Less than half of Americans who report a mental disorder during their lifetime have received treatment for that disorder. It is clear that mental disorders are insufficiently recognized, let alone treated.

The authors of Recognition and Treatment of Psychiatric Disorders note correctly that primary care has become a de facto mental health system. The use of the term “system” is somewhat autistic when we recognize that the so-called system does not work for the mental disorders and may not work that well for much else. The authors attempt through this volume to assist primary care physicians in their task of rendering mental health services. It is not clear that any book, no matter how well written, can address the problem. Primary care physicians do not receive adequate training in the recognition and management of psychiatric disorders. This deficiency is compounded by the expectations that the primary care physician must see six or more patients per hour. It would be difficult under these conditions to recognize auditory hallucinations, let alone more subtle manifestations of mental disorder. Self-administered screening tools have been used, but they have not proven to be of great assistance.

Rational analysis of the situation might lead to the conclusion that psychiatrists should act as gatekeepers. The psychiatrist is trained to recognize and treat mental disorders and to recognize and refer medical disorders. This could lead to early intervention in psychiatric disorders and undoubtedly would prove to be cost effective as well. The likelihood of this approach being realized approaches zero.

Neither this volume nor its review will resolve the problems of health care delivery in the United States. Although the book will not solve the problems of the current primary care delivery, it is, nevertheless, of genuine value. The fact that it is not a Germanic Handbuch is both a strength and a weakness. It is not meant to replace a more complete explication of psychiatric knowledge, but it is an excellent starting place for a resident and an even better review source for the board applicant.

Reference


ROBERT CANCRO, M.D.
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proudly endorses a biopsychosocial model in which biology is a mystical grab bag of chemicals, pictures, and promise. Depression is explained as a disorder of too few chemical messengers, schizophrenia as a disorder of too much, and panic and obsessive-compulsive disorders as involving “dysfunction of certain chemicals,” a conclusion “supported by the finding that only one class of antidepressants (the SSRIs) is effective for obsessional symptoms” (surely a surprise to the marketers of clomipramine).

A green and yellow magnetic resonance imaging scan is used as a vivid illustration and labeled as “showing different areas of the brain.” The fact that Tourette syndrome responds to antipsychotic drugs suggests that it is a disorder of brain function, according to the authors, while understanding the mechanism of action of lithium depends on “complex biochemical theories.” A similar hesitation, however, does not apply to the explication of psychological or social theories. The views of R.D. Laing are inflated, and the contributions of Erving Goffman, Viktor Frankl, Albert Ellis, and Hans Eysenck remembered in perhaps too much detail. The most compelling and thoughtful chapters include one detailing a case history of Vincent van Gogh and another describing how to maintain good mental health. Illustrations are colorful and numerous but of questionable pertinence to the text, consisting for the most part of cartoons and examples of psychiatric art contributed by colleagues.

American readers who overlook the “down under” origin of the work may be bewildered by the admonition not to eat Vegemite while taking a monoamine oxidase inhibitor and by the absence of citralopram, bupropion, mirtazapine, and nefazodone from the list of available antidepressants, as well as the linking of Leo Tolstoy and Pablo Picasso to Dame Mary Gilmore in a discussion of effective aging. American psychiatrists may be similarly surprised to learn that chlorpromazine is a mainstay of treatment in mania and by a discussion of the treatment of sexual dysfunction that omits sildenafil. These and other omissions, as well as problems in balance and timeliness, make this a difficult book to recommend to an American readership of patients and their families.

VICTOR I. REUS, M.D.
San Francisco, Calif.


This is a fascinating book edited by three prominent French psychiatrists (colleagues and friends of mine for many years) that presents a comprehensive anthology of writings that have appeared in French from 1792 to almost the present. Many of the authors featured should be well-known by Americans, e.g., Pinel and Janet; some probably unknown, e.g., Daquin and Ey; some recognizable through syndromes named after them, e.g., Briquet, Tourette, Capgras, and de Clérambault; and some whom one might reasonably consider as “ringers,” e.g., Bleuler, Freud, and Serbsky (he who was tagged with discovering the diagnosis of “sluggish schizophrenia” pinned on Soviet dissidents, but who was the opposite in orientation to those serving the Soviet state apparatus). But all have made significant contributions to psychiatry, especially psychiatry in France. The anthology is lifted from the level of its genre because of introductory passages to the section on each author, which are well written, informative, and nicely translated, providing delightful nuggets of information in an unexpected manner. Let me give you some examples:

Joseph Daguin (1732–1815) is the first author discussed in the volume. Daguin wrote the first real psychiatric text in France, unfortunately (for Americans who regard such titles as stereotypic of French science) titled The Philosophy of Madness, in 1791. What Daguin espoused was really supportive psychotherapy in the context of moral treatment, which he was the first to articulate. Before Pinel, whom he admired, he saw the mentally ill as people suffering from illness who needed treatment, not just incarceration. He also advocated a variety of active treatments (psychological and biological), including what may be the first description of electroshock therapy.

Philippe Pinel (1745–1826), the second author featured, whom we Americans credit with being the first person in the world to see the mentally ill as people and strike off their chains, was actually preceded not only by Daguin but by the warden of the Bicêtre, Jean-Baptiste Pussin, who was the first to strike off the chains of the male patients there and who was then brought by Pinel to the Salpêtrière to do the same in the female section (1802). Pinel, too, wrote a text (as did many of the French psychiatrists featured in this volume), classifying illnesses according to a system he perfected in more than 800 patients.

I could go on with other explications about each specific author mentioned in the book but will instead provide only a few of the gems that I found fascinating, regarding several of the 33 psychiatrists featured in the book. These include the following:

- Esquirol, who instigated the law of 1838 that mandated asylums in each French département (governmental area).
- Itard, who treated the wild boy of Aveyron (1801–1805).
- Moreau, who studied hashish and hallucinations.
- Lasegue, who was fascinated by female shoplifters (1880) and male “energetic masturbators,” and who was the first to describe shared delusion (1887), e.g., folie à deux.
- Azam, who described “double life,” whose modern equivalent is multiple personality disorder.
- Magnan, who railed against the use of absinthe, among other drugs, and coined the term “dipsomania.”
- Cotard, who described “ nihilistic delusions,” e.g., the belief that one has no organs inside one’s body.
- Bernheim, who coined the terms “psychotherapy” and “psychobiology.”
- Binet, who in addition to his work on intelligence was interested in fetishism and human calculators.

All in all, this was a pleasant read. I enjoyed the book over a several-week period, during which I dipped in and out of all these famous psychiatrists’ histories, passions, and writings. However, I suspect it is a book whose appeal will not be universal but mainly limited to those with a love of France and French culture.

JOHN A. TALBOTT, M.D.
Baltimore, Md.

Theodore Millon is a behavioral scientist in the best sense of the word. Many psychiatrists know him as the author of the Millon Clinical Multiaxial Inventory. This book distills a lifetime of research and clinical experience into a complex system of diagnosis-directed multimodal psychotherapy. Readers and thinkers who appreciate Millon’s systematic and comprehensive style will justly call it an instant classic. As a different sort of thinker, I can pay Millon a less facile compliment: this is one review copy that will stay on my shelf and to which I will frequently refer. It will help keep me honest.

Those who believe that “it is essential to understand persons through constructs” (Roger Davis, in the introduction), even when they resent the neo-Kraepelinian categories of DSM-IV as Millon does, end up inventing subtler and more nuanced versions (compare with Millon’s “compulsive personality, belied type” or “paranoid personality, obdurate type”). Millon is aware of this irony. I am nevertheless reminded of Julio Cortazar’s classifying “scientist” in Cronopios y Famas:

He took the first group, consisting of eight pugnosed types, and noticed surprisingly that these boys divided actually into three subgroups, namely pugnoses of the mustached type, pugnoses of the pugilist type, and pugnoses of the ministry-appointee sort, composed respectively of 3, 3, and 2 pugnoses in each particularized category. (1)

Within such a framework Millon presents a stunningly complete model of the “domain dysfunctions” of various personality styles (e.g., expressive, cognitive, intrapsychic, and temperamental domains) and aptly demonstrates how personality assessment can lead to “strategic goals and tactical modalities” for therapeutic intervention—case after case after case. All theoretical orientations from biological to psychodynamic are given their due, but, in practice, brief cognitive behavior strategies seem to get the lion’s share of the work.

Two fundamentals are neglected in this scheme. One is the enormous impact of culture on personality pathology. There is a short passage on individualism versus the group-oriented values of some ethnicities, but a whole chapter on narcissistic personalities makes no mention of consumer capitalism and how it reinforces narcissistic development.

The other neglected fundamental, which I will treat at more length, is the contribution of the therapist’s person to the therapy. This is clearly seen in the process of learning the trade.

To oversimplify for the sake of argument, we can consider two basic paths for learning psychotherapy: one moves from the “inside out,” the other from the “outside in.” The latter approach would consist, in part, of reading books like the one under review and then putting them into practice. (I tried and failed at this as a resident with Arnold Lazarus’s Multimodal Behavior Therapy [2], an important ancestor of the present book.) The novice therapist of an operational and systematic turn of mind would presumably look up the relevant personality pattern in Millon’s book and then implement his recommendations, with requisite flexibility and individualized tailoring. Such a therapist would have to be comfortable in a quasi-omniscient, authoritarian role as a “normal” person performing procedural interventions on an “abnormal” one, a clarifier of “erroneous beliefs,” etc.

Over time and with supervision, this beginning therapist would gain an awareness of his or her own personal limitations and develop a sense of clinical intuition (and—dare I say it—a “therapeutic self”). To successfully endure in the field, he or she would have to. In this “outside-in” orientation, however, such a therapist would have no language in which to think about these things. Millon’s own statement is illustrative. To compensate for the “incomplete state of the science,” as he puts it, “clinicians draw an ill-defined ‘intuitive’ sense. Unfortunately, this intuitive process is an elusive and entirely subjective act that can neither be clearly articulated to others nor examined critically” (p. 126). I would add: not in this outside-in tradition. In my own peer supervision groups, we are constantly attempting to articulate and critically examine our intuition, but we learned therapy in a different way.

Our tradition does not describe therapy as a procedural interaction between a “normal” behavioral scientist and his or her charge, the inhabitant of a static diagnostic category. We emphasize instead the nature of therapy as a unique match-up of two changing individuals at a particular point in time, albeit focused unilaterally on the needs of the patient.

Learning therapy from the inside out works best when the novice therapist starts with one internally consistent approach consonant with his or her own personality, knowing in advance that any such approach (cognitive therapy, psychodynamic therapy, etc.) will be limited, but learning it thoroughly nonetheless. This contrasts with the application of an “eclectic” range of techniques, which in beginners’ hands becomes a superficial hodgepodge.

In this learning trajectory, the limits of the chosen initial approach will correspond to the novice therapist’s personal limitations, which are simultaneously addressed in his or her own personal psychotherapy to the end of distinguishing what can be transcended from what must be accepted. As therapists mature, they will be able to expand their technical range—but not indefinitely. Real therapists cannot be all things to all people.

As an example of the sort of book that supports this inside-out trajectory, Winnicott’s Psycho-Analytic Explorations (3) served the purpose for me. I am not an analyst, and I neither agree with everything Winnicott said nor try to work as he did, but here was an honest individual voice with whose therapeutic struggles I could identify. (There is no sense of struggle in those of Millon’s cases that I read.) Winnicott gave me a human point of departure.

Personality-Guided Therapy is as good as the outside-in tradition gets, and that is very good. Systematic, operational thinkers could conceivably use it as a text for learning a comprehensive but basically cognitive behavior approach to therapy. Experienced therapists of a more literary/narrative/psychodynamic bent would do well to use it as a reference, to remind themselves of what their more subjectivist approach may be neglecting in any given case.
BOOK FORUM

References

PAUL GENOVA, M.D.
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Well into The Marriage Clinic, Dr. Gottman, clarifying his philosophical approach to marriage and the promise of marital therapy, makes two statements that grabbed my attention: “I am a ‘plumber,’ not an idealist or a theologian” (p. 184) and “I like to think of myself as a kind of quantitative Studs Terkel” (p. 185). It is sentences like these, and their humanistic underpinnings, that make this superb book so enjoyable.

Humility aside, Dr. Gottman is a prolific and world-renowned researcher and clinician in the field of marital therapy. The Marriage Clinic is the latest of more than two dozen books, videotapes, and audiotapes that he has produced for mental health professionals and couples. This book is the product of his prospective and ongoing research with more than 700 couples whom he has studied at the University of Washington in Seattle, where he is William Mifflin Professor of Psychology.

The book is divided into three sections. Part 1, Research and Theory, begins with a frank exposition of the myths of what marital therapy can and cannot do. Citing high relapse rates in couples within a year or two of treatment, Dr. Gottman calls for a more scientific and rigorous approach to marital therapy outcome research and decries reliance on therapist ratings and customer satisfaction alone. He explains his theory of the core triad of balance in marriage, which includes interactive behavior, perception, and physiology. Of his so-called Four Horsemen of the Apocalypse—criticism, defensiveness, contempt, and stonewalling—contempt is a significant predictor of divorce and is essentially zero in stable and happy marriages. In this section, Dr. Gottman also describes what he means by the sound marital house: marital friendship and its ability to create positive affect in nonconflict contexts; positive sentiment override, which facilitates repair during conflict discussions; conflict regulation, i.e., the ability to establish dialogue with perpetual problems, to use basic skills, and to offer physiological soothing; and the ability to create a shared meaning system.

In part 2, Assessment, Dr. Gottman builds on this introduction and infrastructure and explains in great detail how he assesses couples when they come for therapy. In addition to interviews (both conjoint and individual), he uses a number of questionnaires, which are all included in the appendixes to the book. This second section is particularly rich. There is a chapter dedicated to illustrating the particulars of the sound marital house theory and the ways in which couples handle their challenges masterfully or disastrously.

Part 3, Intervention, makes up the second half of the book. There are several chapters covering important clinical aspects: setting realistic goals with couples; promoting dyadic interaction and monitoring one’s own activity as a therapist; striving for a largely positive affective experience in therapy; recreating and reinforcing the marital friendship; assisting couples with problem-solving; explaining and helping couples to understand and work with perpetual conflict; dealing with resistance and eschewing diagnostic labels of personality pathology; helping couples to avoid relapse (which includes establishing rituals of emotional connection and a follow-up appointment 3 to 6 months after treatment ends); working with emotion, emotional discrepancy, and myths about gender differences in couples; and helping parents to reach out to their children in the face of marital conflict.

There is much here for practicing psychiatrists wishing to enrich their couples’ therapy. Each chapter begins with a synopsis, and there are many interesting case vignettes (both descriptive and prescriptive), a bounty of questionnaires and checklists, and a comprehensive reference list. Most important, Dr. Gottman’s writing is both scholarly and engaging. This book is highly recommended.

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The unsuspecting reader may assume that the “relational therapy” referred to in the title of this book is a variant of relational psychoanalysis, the increasingly popular theoretical school deriving from the work of Stephen Mitchell, Lewis Aron, and others. However, Jeffrey Magnavita uses “relational therapy” to refer to integrative relational psychotherapy, a model of conceptual understanding and treatment that leans heavily on familiar theories of family systems. To his credit, Magnavita avoids the frequent problem of reductionism by fully acknowledging the necessity of thinking in biopsychosocial terms. Genetic factors and temperament are taken into account. He also values psychodynamic thinking in understanding how early attachment relationships create patterns of internal object relations that are played out within family systems. He reviews much of the existing literature on personality disorders in a scholarly fashion and comes up with his own classification of dysfunctional personological systems. The subtypes involved in this taxonomy take some getting used to. For example, the paranoid dysfunctional personological system is abbreviated as “Par Dps,” the somatic dysfunctional personological system is abbreviated “Som Dps,” and so forth.

The author goes over a number of treatment interventions in a truly pluralistic manner, drawing from many different theoretical schools. Unfortunately, what readers gain in the breadth of the author’s coverage is not matched by the depth of case material. What is sorely lacking in the book is a detailed and extended clinical case that illustrates the author’s method in great detail. The clinical examples provided are quite sketchy and unsatisfying. So the reader is left with headlines but no details. The other major deficiency in the book is lack of any empirical evidence that the approach is useful. Even in the absence of systematic research, the author might have at least outlined a way to study the method that he is proposing.

Psychiatrists and other mental health professionals who are interested in family approaches to personality disorders might find this book interesting and useful. However, much
more testing of the method is needed before one can endorse broad use of the treatment described.

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Consultation-Liaison Psychiatry


Cancer remains the second leading cause of death in the United States. According to 1998 statistics from the American Cancer Society, approximately 1.2 million people are newly diagnosed with cancer and more than 500,000 people die each year from cancer in the United States. Unlike patients with cardiovascular disease, the nation’s leading killer, cancer patients have often been shrouded in a lack of understanding of the disease process, fear of transmission, lack of an inciting “event” to which to attribute morbidity and mortality, pain, and certain death. With advances in cancer therapy, including surgical, radiation, and chemotherapy options, cancer patients began to display the presence of the disease more visibly. Cachexia, hair loss, ostomies, radiation tattoos, and mastectomies are only a few examples of treatment-related stigma of cancer that are rarely seen in other disease processes.

Scientific study into grief began in the 1940s. However, it was not until the early 1950s that literature describing psychological reactions to cancer first appeared (1). By the 1970s, quality-of-life concerns began to be addressed. Although research into the psychological issues related to malignancy began more commonly being addressed in the 1980s, the psychobiological (psychological, social, behavioral) effects that influence morbidity and mortality have largely gone unstudied until recent years. We are only beginning to understand the extent of posttraumatic stress and treatment-related cognitive deficits in cancer survivors (2, 3). Cancer-related distress frequently goes undetected or ignored, and the attitudes of, “Of course he’s depressed, he has cancer,” are still common. It is not difficult to imagine that the dissemination of concise information concerning the identification and treatment of the psychological burdens of cancer was limited until 1989 with the publication of the Handbook of Psycho-oncology (4). This text provided the first comprehensive review of psychological issues encountered by patients with cancer.

In Psycho-oncology, a follow-up text to the Handbook, Dr. Holland acknowledges that in the late 1980s, the field of psycho-oncology was in its infancy. The new text is a compilation of evidenced-based information that acknowledges the growth of the field and firmly establishes the specialty as an independent discipline. Psycho-oncology is a masterwork that should be a standard text of general practitioners and oncologists, mental health professionals, and palliative care workers.

Psycho-oncology has greatly expanded from the original Handbook. The text covers more than 1,100 pages and has great breadth of coverage. Organized into 18 sections, the book’s 102 chapters provide in-depth, comprehensive, evidence-based reviews of a wide variety of topics that appeal to all aspects of care of the cancer patient. The text carries the reader through the entire process of terminal disease, from prevention and screening to factors associated with the dying process and bereavement. The 18 sections are edited by a wide array of specialists in psycho-oncology.

Specific sections may be broadly grouped into topics including 1) cancer screening and prevention; 2) psychological and treatment aspects of cancer-related symptoms and syndromes; 3) interventions, including psychotherapy and spiritual assessment; 4) special populations, such as children, families, and staff; and 5) ethical, research, and policy issues. Providing far-reaching perspective and experience, individual chapters are authored by a wide variety of topic experts from academic institutions and cancer centers across the United States. Chapters cover not only specific psychiatric syndromes associated with terminal disease but also specific malignancies such as breast cancer, hematopoietic dyscrasias, HIV infection, and lung cancer, providing information that is accessible to health care providers of all backgrounds.

Extensive coverage is given to the management of specific symptoms such as pain, vomiting, cachexia, and fatigue. Importantly, Psycho-oncology addresses more than the psychiatric aspects of cancer and the sequelae of terminal diseases; it also tackles issues in training and supporting health care providers working in oncology as well as ethical and research issues. The models presented in these chapters reach beyond cancer patients and are applicable to the care and study of patients with other chronic and terminal diseases.

The final paragraph of the book states that the “challenge of psycho-oncology is to produce high-quality research that is relevant to the daily delivery of cancer care and to actively work to ensure that findings from this research inform further research, clinician training, and health care delivery.” This text provides the foundation from which health care workers and researchers can base a substantial understanding of the patient with cancer. Psycho-oncology goes unparalleled and will serve the reader well for years to come.

References

CAROLINE CARNEY DOEVELLING, M.D., M.S.
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This edited textbook covers a variety of approaches to consultation-liaison psychiatry. The premise of what constitutes consultation liaison is well developed in the beginning por-
MAPPING THE BRAIN


How do we find our way through complex environments? How do we perceive, act on, and remember the objects located around us? The amazing ability of spatial cognition is one of the most fascinating topics of cognitive neuroscience and—as is stated by the editors of this book—far outstrips those of man-made devices. During the last decade, scientists from different areas of research including neuropsychology, brain imaging, neuropsychology, and computer science have been inspired by these questions and have successfully shed light on the complex mechanisms that enable the adequate processing of spatial information.

The Hippocampal and Parietal Foundations of Spatial Cognition is based on the proceedings of a Royal Society discussion meeting that took place in March 1997 in London and brought together an international selection of the leading groups in this area of research. Accordingly, the approaches and methods presented have a strong interdisciplinary aspect and cover behavioral studies in individuals with brain lesions, functional brain imaging, computer simulation, and recordings of the electrical activity of single neurons.

Several neuroanatomically distinct brain regions have recently been implicated as involved in spatial perception and action, including parts of the prefrontal lobe, the parietal cortex, and the hippocampus. The present book focuses mainly on the role of the latter two brain regions in spatial cognition. Thus, the three main sections of the book are Parietal Cortex, The Hippocampal Formation, and Interactions Between Parietal and Hippocampal Systems in Space and Memory. Each section consists of six to eight chapters that present and review recent empirical data encompassing various aspects of the main topic.

The chapters themselves are mostly clearly written and highly interesting each in their own right. Before the reader plunges into the details, however, the introductory chapter offers the opportunity to refresh relevant neuroanatomical knowledge. Furthermore, this introduction gives a concise overview of fundamental aspects of spatial functions of the parietal lobe and the hippocampal formation as well as the functional relationship between the two structures with respect to spatial cognition. It thus excellently prepares the reader for the study of the following sections.

The Parietal Cortex section contains papers on the effect of damage to the parietal lobes and the neural mechanism of the parietal representation of space. It appears that the core function of the parietal cortex in spatial cognition is the constitution of “egocentric” spatial frameworks. In simple terms, this means frameworks that move with the body as it moves through the environment. This central hypothesis is illustrated and exemplified by, among others, studies on humans suffering from disorders of spatial orientation and visual or spatial neglect as well as a fascinating neural network model of the posterior parietal representation of space that is used to “mimic” the “symptoms” of hemineglect.

The section on The Hippocampal Formation focuses on its role in spatial cognition and derives evidence mainly from single-unit recording in freely moving rats and from studies on individuals with brain damage. Once again, I thought that the studies on the spatial function of the hippocampus in humans using experimental neuropsychological paradigms and/or functional brain imaging were most fascinating. In addition, the animal experiments presented provide exciting insights into the neurophysiological basis of spatial orientation. One intriguing example is the existence of so-called place cells and head direction cells in the rat hippocampus, which respond only when the rat is in a particular place or facing a particular direction. Together, both form a kind of “cognitive map” of the animal’s location and orientation in its environ-
ment. In summary, the research presented in this section strongly supports the hypothesis that the hippocampal formation not only plays an important role in episodic and spatial memory but also provides a neural substrate for the representation of spatial location within an “allocentric” frame of reference (i.e., frameworks that are fixed to the environment itself or to the individual object).

The final section of the book tries to integrate the hypothesis derived from the preceding sections. The main question is, How do the parietal cortex and the hippocampus cooperate to master the requirements for spatial orientation? The preliminary answer is based on an earlier hypothesis developed by Ungerleider and Mishkin, who stated that visual information is processed along parallel ventral and dorsal streams, which are concerned, respectively, with what objects are present and where they are. Taking into account the empirical evidence derived from the Parietal Cortex section of the book, the chapter authors hypothesize that the parietal cortex, as part of the dorsal stream, codes for the spatial location of objects in an “egocentric” framework (appropriate for orienting the body or hands to a particular object, for example). The hypothesis is extended by considering that hippocampal and parahippocampal structures, at the meeting point of both streams, might be concerned with the representation of object locations within an allocentric framework (appropriate for encoding the relative position of relevant objects, for example). Only a close cooperation of both systems would enable the individual to “overlay” and integrate the relevant egocentric and allocentric frameworks. This is the most important prerequisite for performing many of the complex spatial tasks successfully. The results of the chapters presented in this section—approaching the subject again from different methodological angles—convincingly support the proposed integrative model of spatial cognition.

In conclusion, this is a well-written and intriguing book about one of the most fascinating research topics in cognitive neuropsychology. It should be of interest for students of cognitive neuroscience who are looking for an ambitious introduction into this field of science, and equally so for advanced researchers. Further, the thorough and extensive subject and author indexes permit its use as a comprehensive reference tool for readers who do not have the time to study it from cover to cover.

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Published as a volume in the Studies on Neuropsychology, Development and Cognition series, this beautiful little book evolved from a didactic lecture course given by the author to graduate neuropsychology students. These were lucky students. Papanicolaou manages to be infectiously and rather touchingly awestruck by recent advances in functional imaging while remaining very much the master in terms of his clear and critical understanding of the field. The book is in three parts. Beginning with a section on Basic Concepts, Papanicolaou examines the important questions of the fidelity of functional images and the relation of activation patterns to brain functions. In section 2, the methodologies of magnetoencephalography, functional magnetic resonance imaging, and positron emission tomography are lucidly described, and in section 3 he explains the principles underlying correspondence between activation patterns and brain function involved in behavior.

Brain imaging research currently is a victim of its own success in that the acquisition and analysis of data have become so accessible that investigators can carry out activation studies involving complex neuropsychological paradigms without a personal understanding of the underlying limitations or strengths of the techniques. This can lead to some highly dubious data interpretation and weakens the field. Fundamentals of Functional Brain Imaging is precisely what is needed to correct this deficit. Highly readable, comprehensive, and thoughtful, the book will be equally at home on the desk of a newcomer to imaging and on the shelves of an experienced authority who from time to time feels the need to refresh himself or herself on the clearest way to visualize the processes that underlie experimental work. I do not know of any other book or series of articles that I could say this about, and I heartily recommend the book to anyone who is interested in functional imaging at any level. It should be compulsory reading for anyone who is awarded a research grant or takes on a research post in the field.

Brain imaging is, of course, a very visual science, and the 81 color figures that pepper the text are highly informative and appealing. Many of them will unofficially find their way into the slide collections of those of us whose teaching or research covers the area. I predict that the delightful drawings by Dr. George Zouridakis will be seen in lecture halls across the globe.

Robert Howard, M.A., M.D., M.R.C.PSYCH.
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The most common psychiatric disorders presenting to pediatricians include ADHD, anxiety disorders, depression, substance-use disorders, and conduct disorder. Approaches to recognition include screening for psychosocial concerns using specific questions in the clinical interview, and using brief, written questionnaires. Case vignettes illustrate comprehensive treatment planning for children with psychiatric disorders in the primary care context. As psychopharmacologic treatments and the new subspecialty of pediatric psychopharmacology take on growing importance, the traditional oversight role of non-psychiatric providers is increasingly called upon to provide medical treatment for their patients suffering from neuropsychiatric illnesses. If pharmacotherapy is elected as a mode of treatment, psychopharmacology in primary care settings. Prim Care. 2016;43(2):327–40. PubMed CrossRef Google Scholar. 7. Pharmacologic treatment of insomnia disorder: an evidence report for a clinical practice guideline by the American College of Physicians. Ann Intern Med. 2016;165(2):103–12. PubMed CrossRef Google Scholar.