

Book Reviews

Marijuana and Madness: Psychiatry and Neurobiology

Castle, D. and Murray, R. Cambridge University Press: Cambridge, UK, 2004. 234 pp. US \$80.00.

The Editors' stated purpose for this volume of 29 contributors from three Continents is to provide "...a comprehensive and up-to-date overview of the psychiatry and neurobiology of cannabis, with particular emphasis on psychotic disorders". The Editors' succeed admirably in their aim with comprehensive review chapters ranging from descriptions of the endocannabinoid system to 'cannabis psychosis' to the relationship between cannabis abuse and the course of schizophrenia. All chapters have an economy of interpretation, which does not go beyond the available evidence in the literature reviewed.

Highlights of this volume, especially from a clinical point of view, are: 1) cannabis intoxication as a model for endogenous psychosis, and cannabis as a therapeutic agent in Western medicine date back to the 19th century; 2) THC, the only psychotropically active cannabinoid in marijuana, was synthesized only in 1964; 3) the endocannabinoid system consists of the CB1 and CB2 receptors and counting and six endogenous specific ligands and counting, inhibits a variety of neurotransmitter systems, but the relationship between this and the high of cannabis intoxication, or the production of psychotic symptoms is unknown; 4) cognition and psychomotor functioning are impaired in a dose-dependent fashion during acute intoxication; 5) the proportion of depression attributable to cannabis is very modest; 6) cannabis produces transient psychotic symptoms only, there is no specific 'cannabis psychosis' and the major danger of psychosis among cannabis users is for those with a high psychosis vulnerability prior to use; 7) amotivational syndrome is best conceptualized as a reversible subacute encephalopathy, that occurs amongst heavy users only; 8) cannabis is neither a necessary nor a sufficient risk factor in the initial onset of schizophrenia but is a risk factor for relapse; 9) patients with schizophrenia are motivated to use cannabis for the same reasons as other

users; that is, to deal with negative affect, likely caused by their symptoms, but not as a direct treatment for their symptoms; 10) cannabis does have withdrawal symptoms; 11) heavy cannabis use does not create lasting or irreversible neuropsychological deficits; and, 12) an integrated treatment model for concurrent disorders is all the rage with little of an evidence base.

As someone, whose clinical work involves the interface between addictions and mental illness, the unsettling part of reviewing this book is the realization of the large discrepancy that exists between the scientific evidence for this relationship and the rhetoric about this relationship that pervades clinical discussions. We literally do not know what we are talking about! As Dr. van Os states in the Preface to this volume, scientific insights are adopted "...in an idiosyncratic, non-linear fashion".

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Intervening in Adolescent Problem Behavior: A Family-Centered Approach

Dishion, T. J. & Kavanagh, K.. Guilford: New York; 2003. 243 pp. CA \$56.75.

The aim of this book is to present "a multi-level intervention and prevention program for at-risk adolescents and their families". The dust cover text claims that the Adolescent Transitions Program (ATP) "has been nationally recognized as a best practice for strengthening families and reducing adolescent substance use and antisocial behavior".

The book itself describes the ATP in great detail. Abbreviations abound. It is fortunate that the reader is provided with a glossary listing what each of the 34 abbreviations means, as otherwise it is difficult to keep track of them—at least I found it so. The glossary starts with AIM (assessment, intervention and motivation) and ASUB (aggregated substance use), and ends with TRC (teacher daily report) and TPRS (teacher perception of risk). Details of how to obtain copies of 18 of the measures used in the program, and related publications, are to be found at: <http://cfc.uoregon.edu>. If you then click on "Child and Family Center" and go to "Adolescent Transitions Program" you will find more information. This may help you

decide whether you want to buy the book.

Successive chapters describe the ATP in detail. The importance of "family management" is stressed throughout the book, with the proviso (page 18) that this model suggests, not that parents are to blame for problem behaviour, but that "parenting is an important part of the solution", something with which most working in the field would surely agree.

Once the "ATP multilevel intervention strategy" has been described, the authors proceed to discuss the strategies they use to engage families. Here we meet the FIQ-A (Family Intake Questionnaire – Adolescent Version).

Next comes the "ecological assessment strategy". This is "a broad assessment that includes the youth's behavior and emotional adjustment, academic behavior, peer relations, contextual influences on the family, and family interaction patterns" (page 51). The various assessment procedures used are then described. These are extensive and even include videotaping the family in the home. They are offered "as a minimum for a family-based intervention". Additional assessments are recommended, "if relevant", but these are not named. In Chapter 5, we come to the "family feedback session". Motivational interviewing is recommended. Four phases of the feedback session are described, ending with "a menu of change options".

Subsequent chapters deal with "interventions for family management"; "working with adolescents"; "working with parents in groups"; "family centered interventions in schools"; "empirical support for ATP"; and "science as a tool for change". There are two appendices—one with guidelines for writing the family check-up, the other dealing with the "next-year plan and summer check-in".

Reading this book left me with a sense of awe. The procedures are so detailed and are described in so much – almost obsessive – detail. I find it hard to find fault with them, except that implementing them in most clinical settings where adolescent with behaviour problems are treated seems unrealistic. The staff time involved must be huge and the cost enormous. How many of us have the resources to videotape the families of troubled adolescents we see, in their homes? But I suppose that if in the long run it does prevent troubled youths

becoming adult drug addicts and criminals, it could be money well spent.

The ATP has been developed at the Child and Family Center, University of Oregon-Eugene, which is no doubt well funded. It clearly owes much to the pioneering work of Gerald Patterson, eleven of whose publications are listed among the references. There is much good sense in it and it is based on some sound research, but I wonder how easily it could be implemented in other centers? However the authors do suggest (on page vii) that "readers will find different areas of interest", and it may indeed be that many will find it helpful to take some of what is offered here, leaving aside that which is impractical in their settings.

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Hanging by a Twig: Understanding and Counseling Adults with Learning Disabilities and ADD

Wren, C. & Einhorn, J. W. W. Norton & Co: New York; 2000. 240 pp. CA \$45.00.

This book could not have come into my experience at a better time. My patients are growing up, and lo and behold, they are still disabled!

Hanging by a Twig is the way one disabled adult described her life, i.e., just hanging on and always precariously. Mary's story is told in chapter 2, intermingled with information on the historical context of our current understanding of learning disabilities, learning styles, cognitive strengths and weaknesses. Each chapter in this book is built around the story of an adult with specific learning issues. Carol Wren moves us through the stated purpose of the chapter while Jay Einhorn gives us a psychotherapeutic commentary on the issues described. Together they take us through development of self, coherence of self, adult skill set, self-esteem, addiction, and other comorbidities, looking at the issue and its impact on the individual.

The pervasive nature of these impairments of cognition on the overall functioning of the individual becomes very evident as we read these real life stories. In addition, the challenges for doing therapy with these people, who are intrinsically at heightened risk for personal-

ity distortions, jumps from the pages. The authors make clear the need to help these adults understand their own strengths and limitations. Then they are better able to make informed choices in regard to further education and career, to seek appropriate supports for themselves, and to begin to consider the impact their disabilities might make on personal relationships.

As a group involved with children and adolescents, I believe that we also have an obligation to attempt to help our adult colleagues understand that these individuals suffer.

This book is a resource that we can recommend with enthusiasm. It is well written and provides clear descriptions of a number of possible scenarios as well as suggestions for management. I will be encouraging those I know who counsel adults with residual developmental concerns to read and learn from *Hanging by a Twig*. I have already recommended it to our local chapter of the Learning Disabilities Association. It is an excellent resource and an enjoyable reading experience.

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Development of Psychopathology: Nature and Nurture

Pennington, B. F. Guilford Press: New York; 2002. 380 pp. US \$48.00.

This book is organized into six chapters: 1. Fundamental Issues 2. Methods of Syndrome Analysis 3. Disorders of Motivation 4. Disorders of Action Regulation 5. Disorders of Language and Cognitive Development and 6. Conclusions.

This is a bold and far-reaching book. Pennington raises fundamental issues on the nature and development of psychopathology. He articulates a fresh approach that is at once challenging yet informative and exciting, calculated to help advance the science of psychopathology. It should be required reading for all students of psychiatry, psychology and related disciplines.

Pennington attempts an integrative multi-level approach in which he examines etiology, brain mechanisms, neuropsychology, and symptoms. In this way, he tries to show connections between these different levels of analysis. His argument is that we need a new

framework or a paradigm to understand the development of psychopathology, and cognitive neuroscience provides this framework. He seeks to provide an underlying level of behavioral analysis that is closer to and more consistent with brain mechanisms than either symptom descriptions or purely psychological accounts. This approach directly challenges the latent dualism in much of psychology in which mental constructs are studied without consideration for how they are implemented by the brain.

Chapter 2 describes methods of syndrome analysis that examines different levels of analysis. These include, epidemiology, behavioral and molecular genetics, neurobiology and neuropsychology. This chapter includes a detailed discussion that will be of interest to those wishing to be brought up to speed on the current ideas in these different areas. It serves as a framework for what follows.

Chapters 3, 4 and 5 provide an overview and commentary on major syndromes in psychiatry. Each section follows a similar format. Pennington identifies and critiques the major theories of etiology for each of the syndromes he discusses and tries to show how these different areas relate to one another. He also summarizes treatment information identifying what is known and where there are deficiencies in our current treatment approaches.

In his concluding chapter, Pennington stresses the importance of neuroscience in understanding psychopathology; he also resists reductionistic or dogmatic claims about the priority of a given level over others. He stresses the bidirectional nature of relations between levels and argues that this multilevel approach should attempt to integrate psychology with the rest of science. Work at these different levels should be mutually constraining. For example, although there are many branches of biology all are constrained by evolutionary theory. This principle of mutual constraint or conceptual integration is a powerful tool and can save time so that untenable theories do not see the light of day.

His comments on the DSM are noteworthy. Behaviorally defined diagnoses are provisional and somewhat crude and there is accumulating evidence that diagnostic distinctions are misleading, such as the one between mood

and anxiety disorders, for example. A goal of psychopathology research is to develop a classification system based on underlying causal processes to replace the current descriptive taxonomies. We need to understand psychopathology, at the level of pathogenesis or pathophysiology.

There is insufficient evidence for the discriminate validity across disorders at the level of brain mechanisms. Many of the same neurotransmitters and brain structures play a major role in many disorders. Pennington tells us that all disorders appear to have multiple neurotransmitter and structural correlates. The hypothesis of a single cause for disorders at the level of the brain is not tenable. Likewise although a great deal is known about environmental correlates of psychopathology, it has been difficult to specify which environmental correlates are actually causal.

Pennington reminds us that the etiology of a disorder does not necessarily dictate its treatment; psychosocial interventions can be very helpful for highly heritable disorders and medications can be beneficial for disorders whose etiology is mainly environmental. Pennington concludes that the neuroscience approach advocated in this book will increase scientific understanding on how psychopathology develops and will also lead to new advances in prevention and treatment.

This book should be part of the library of every practitioner. It is not an easy read, and raises important questions and concepts that may challenge traditional ideas and well-worn attitudes. There are many pearls of wisdom, and it is embedded with rich, thoughtful and comprehensive ideas that on the one hand identifies our limited understanding and ignorance of psychopathology and its development, but on the other hand summarizes much that is known, integrates and critiques information from disparate sources, and at different levels in a way that is very seldom done. It offers fresh ways of thinking and offers us a promising direction to help guide future attempts to develop a comprehensive integrative theory of psychopathology. Pennington is to be applauded and congratulated for this excellent book.

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Creative Therapies with Traumatized Children

Bannister, A. Jessica Kingsley Publishers Limited: London and New York, 2003. 173 pp. CA \$36.00.

This is a small book with a relatively large presence. The author has 25 years of experience as a probation officer, a social worker and a psychotherapist. After publishing extensively on child protection issues, psychodrama, dramatherapy and play therapy she now reflects on how her "Regenerative Model" of assessing and treating traumatized children came into being. She was building a new team with the National Society for the Prevention of Cruelty to Children (NSPCC) in the U.K., specifically to increase knowledge of child sexual abuse and treatment of affected families. She wanted to know exactly what a therapist was doing in a creative therapy session with a sexually abused child, how was this affecting the child, how it was altering behaviour if at all and finally where there was a lasting effect on the child why this was happening.

She describes the origins of the model being influenced theoretically by the work of several giants in the child development field including Ainsworth, Winnicott and Moreno. She acknowledges the work of Herman and Van der Kolk in terms of understanding trauma and treatment and she presents an excellent review of current knowledge in the field of sexual abuse.

The team developed a child centered interactive approach to assessment and treatment and called it the regenerative model. Working with large numbers of children and families provided answers to the questions through the children's narratives as well as through the changed behaviour that was witnessed.

In phase 1. ASSESSMENT the children's level of development was first estimated using embodiment play, projective play and role-play. Attachment aspects looked at sociograms and observed the children's interactions. Coping Strategies included information about locus of control and dissociative processes and finally assessment of the child's Safety involved examination of the home situation and the children's own methods of self-protection.

In phase 2. ACTION included helping the child build attachments through acceptance,

appropriate boundary definition and confirmations. It also involved all kinds of creativity using the ideas and metaphors put forward by the children.

In phase 3. RESOLUTION self redevelopment was achieved and was indicated by the child's ability to express and understand feelings, his or her awareness of self identity and ability to make, maintain and terminate relationships appropriately.

Although the author is not describing hard-core outcome studies the narratives are powerful and convincing. In fact a highlight of the book for me was the richness and clarity of the clinical examples including the cautionary tales about what happens if one starts treatment when a child is in an unsafe situation.

The author's attention to team processes led her to an understanding that these reflect and parallel treatment issues especially when supervision is carried out in a group format. I agree with her respect for and nurturance of the vulnerability of therapists and the necessity of providing safe supervisory groups for all who attempt the difficult and affecting work of treating abused children.

Although like many British books this is expensive for its' size and scope, it provides an intriguing introduction to the field for a beginner and is a rewarding and stimulating review for a seasoned therapist.

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Bulimia Nervosa A Cognitive Therapy Program for Clients

Cooper, M., Todd, G. & Wells, A. London, Kingsley Publication Ltd: England and Philadelphia, USA; 2000. 253 pp. CA \$38.95.

The authors who have clinical psychology backgrounds have written a self-help manual for clients with bulimia nervosa that is also useful for those playing a support role to individual sufferers (friends and family), as well as therapists designing individual therapy programs. The book draws on cognitive theory and provides a practical, stepwise approach for its target audience.

The book is organized around two main sections: Part 1 is short (52 pages) consisting of four introductory chapters, which use a psycho-education approach to understanding the disorder.

Part 2 is longer (160 pages) and consists of the principles of the program and details of implementation, broken down into 15 chapters. There are six appendices, which cover topics ranging from the methodology to calculate Body Mass Index (BMI) to a summary of the theory and evidence for a cognitive model of bulimia nervosa and include appendices on eating disorder associations worldwide, worksheets and additional reading.

Each chapter contains "boxed summaries" that highlight key aspects of the chapter content. The chapter ends with a bullet form chapter summary that succinctly outlines the main take home messages for the chapter. This makes the book very readable and user friendly. The book is well written, easy to follow and avoids technical jargon. The authors use relevant examples from their clinical practice throughout the book.

The first chapter in Part 1 is an overview of what the reader will expect in the book including a definition of cognitive theory and it's derived therapy, a description of the layout of the book and what it is geared to achieve for the interested reader. This is followed by the second chapter, which describes bulimia nervosa and its common and less common comorbidities. The chapter uses a DSM IV framework, but without jargon, and is clear and explicit about the long term impact of the disorder on functionality and self esteem. It distinguishes normal dieting, which predisposes to eating disorders, from bulimia nervosa. The following chapter takes the reader through a diagnostic decision tree and determines that the program will be potentially helpful with a diagnosis of bulimia nervosa, bulimic anorexia nervosa or binge-eating disorder. The authors clearly direct those with bulimic anorexia nervosa or restrictor anorexia nervosa, to seek advice from their family doctor and to obtain professional advice. They also recommend the program for readers without a full syndrome eating disorder but who are at risk because of disordered eating. There is a further questionnaire enquiring about comorbidity and complications with direction to seek professional advice if questions are answered in the affirmative and particularly if the individual has self-harm plans. Part 1 ends with a chapter on various theories of Bulimia Nervosa, negating those theories for which there is no sound evidence and revisiting cognitive theory, comparing

and contrasting it with other theories.

Part 2 begins with a page of directions, which although explicit, leave the reader some flexibility in utilizing the "program". Chapter 5 focuses on the motivation for change, the physical consequences of bulimia nervosa and how to set out a problem list and goals. Reasons and rationale for change continue into the next chapter and then the detailed program is launched. The authors encourage the client-reader to work through the subsequent chapters at the rate of one a week for the earlier chapters (6 to 14), slowing down to a chapter every two weeks for the remaining chapters (15 to 19) to assimilate the material and complete the worksheets over a more extended period. These chapters are replete with summaries and worksheet examples that reinforce the text.

The ultimate question is whether this book adds to the smorgasbord of self-help books and manuals for eating disorders? Certainly it is clearly written and readily understandable. It follows an established evidence-based intervention for bulimia nervosa (cognitive behaviour therapy) with an added psycho-educational approach. Its drawback, as with all self help programs, is the difficulty in working through an entire program without the benefit of a mirroring relationship with an empathic therapist.

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Autism – From Research to Individualized Practice

Daniels, R.L. & Hill, D.E. (Eds). Jessica Kingsley Publishers: London and New York; 2002. 288 pp. CA \$36.95.

Part 1 reviews diagnosis and assessment of autism. There is a review of neuropsychological assessment consideration, psychological theories of autism including "theory of mind", and neuroimaging research review. There remains a wide gap between theory and practice of treating those with autism. A thorough review of medical aspects of autism includes the vast variety of physiological theories that have been entertained to explain the condition.

Part 2 focuses on child centered interventions. The theories for laying the foundation for individual and family growth are detailed. There is a great deal of practical information that can be applied by clinicians and supportive people

for the child with autism. Meaningful communication for the autistic child is classified into a framework that allows detailed consideration of the complex nature of developing communication interventions to address specific deficits and differences in assisting a child with autism. Occupational Therapy interventions are suggested to improve sensory processing and sensory modulation. Educational best practices are reviewed with practical indicators that would be useful for educators and for parents.

Part 3 considers specific aspects of family and community interventions. The unique sibling relationships are reviewed. Suggestions for psychoeducational sibling support groups are revealed. Establishing social experiences for adolescents with autism in a group setting is suggested. There are comprehensive suggestions to facilitate such a group. The final chapter deals with what families wish service providers knew.

This book has been comprehensively researched and is well written. It has extensive references, recommended websites, and many practical suggestions and charting devices that could help professionals and families in assisting a child with autism. This book targets critical aspects of assessment, diagnosis, and treatment, as well as offering ideas on the integration of research findings and clinical application to aid the professional in addressing the child and family's needs. It provides the professional with a resource guide to assist the child and family from initial diagnosis through treatment.

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Affect Regulation and the Repair of the Self

Schore, A.N. New York: W. W. Norton & Company, 2003. 303 pp. CA \$67.50.

This is Dr. Schore's third book in a trilogy of books on affect regulation. This volume of 303 pages is devoted to the critical relationship between affect regulation and the organization of the self. Clinicians are likely to find this volume useful in their practice for two reasons. First, it mimics the comparatively new process of interdisciplinary integrated academic research, and second, it imparts the importance of affect regulation as a critical element in therapy, well accepted by most of us.

The book has two parts and eight chapters. The first part is devoted to discussion on developmentally oriented psychotherapy and the second on developmental psychoanalysis.

First two chapters contain a rich resource of information on the neurobiology and psychobiology of attachment bond formation. As if the detailed description was not enough, now readers are rewarded with implications of research findings, seen through: psychoanalytical metapsychology background. The opening chapters are descriptive in nature and very carefully tease out similarities between the different theoretical models and new interdisciplinary research. Some concepts described were new to me; some challenging and others reaffirmed stances that most of us put in our practice.

The viewpoints that were new were terms such as 'psychological immune system' that is advocated as a function of security of attachments. Other challenging views were redefining "intuition" as the subjective experience associated with the use of knowledge gained through implicit learning. There was also affirmation of the concepts such as, limbic circuit working as a social editor.

In chapter 3, pages 58-107 are devoted to the discussion of model of projective identification. I started reading it with some skepticism. I was right. It is a full in-depth description of Melanie Klein's original concept and then a scholarly debate about how this concept links clinical psychoanalysis with developmental psychoanalysis, psychology and more so with developmental neuroscience (especially affective neuroscience). By my third reading, I understood the essence of what was being conveyed. The most important message I learnt as how the therapist's autoregulation of projected negative states helps with interactive repair (in a therapy situation). This, I felt was the real treasure I almost missed, as this is indeed one of the core statements that links with the title of the book.

I would definitely recommend readers to read Chapter 4 entitled "Advances in Neuropsychoanalysis, Attachment Theory and Trauma Research". This is fabulous academic reading that is equally applicable to our clinical lives. Four topics from this chapter are absolutely essential reading: traumatic attachment, right brain pathomorphogenesis, right brain dysfunction and self-psychological deficits.

Chapter 5 is quite lengthy and contains another scholarly discussion on early superego development, and the emergence of shame and narcissistic affect regulation in the practicing period. I found this chapter very tedious. This chapter has many color plates of brain imaging that are somewhat helpful in understanding the concept overlaid in this chapter. Chapter 6 makes a point that the rapprochement between psychoanalysis and neurobiology could happen any moment. Chapter 7 on "The right brain, the right mind, and psychoanalysis." cleverly combines the present state of psychoanalysis with future predictions. It addresses the historical aspects of developmental emotive theories as seen through Freud's writings. Then it provides the evidence through neuropsychanalytic contributions to affect theory. This chapter draws many interesting corollaries between two disciplines: psychoanalysis and neurobiology that are later explored fully in Chapter 8.

My rating is 9/10 for the academic content, new information, and bold ways of helping readers to step out of the routine and explore the unknown. My rating is 6/10 for readability of the book as a whole. It may not appeal in its entirety, but again I am partial to Chapters 7 and 4. These chapters will appeal to clinicians who practice psychotherapy and should be required reading for clinicians in psychotherapy training.

Happy reading.

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Affect Dysregulation and Disorders of the Self

Schore, A.N. W. W. Norton & Co: New York, 2003. 403 pp. US \$45.00, CA \$67.50.

Allan Schore has for some 15 years written about the processes underlying affect regulation in normal and abnormal self-development and attachment. His best known book entitled *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*, published in 1994, was the first coherent attempt to integrate the then recent findings of neurobiology with clinical observations in children and adults and brought down barriers that had impeded the understanding of the self and its disorders. In the present volume, Schore incorporates the vast amount of data from neuro-

sciences since 1994 and presents the reader with a truly compelling theoretical synthesis of this literature.

In part I, there are 4 chapters on developmental affective neuroscience. They deal with the contribution experience expectant vs. experience dependent phenomena make to the development of affect regulation. The former are primarily gene dependent (e.g., the CNS of a newborn is equipped to function well in infants who live within a reasonably safe environment and are exposed to gradual rather than violent changes) while the latter are dependent on the care taking practices the child is exposed to. One example cited is the affective transmissions in mutual gaze transactions between infants and their mothers. These affective parental responses are the first means by which mothers can provide a model of affect modulation to their infants (e.g., mother senses when her baby is becoming overstimulated and will respond by decreasing her own stimulation, leading to calming the infant). Such soothing behaviors will secondarily effect the maturation of the orbitofrontal cortex and strengthen its regulatory abilities. Attachment behavior is likewise based on the reciprocal activation of the couple's endogenous opiate systems but also regulates the dopamine levels in the infant's brain. Schore brings these and other interdisciplinary findings together by citing the available evidence and at times even presenting colored PET or fMRI scans to make his point.

In part II, 5 chapters deal with developmental neuropsychiatric data and their relevance on development of the right brain, secure attachment relationships and on symptoms of PTSD, borderline and antisocial personality disorders. Here again, Schore cites studies that explain important psychological processes through neuropsychiatric data. For example, he cites evidence that in the context of face-to-face interactions, mothers trigger production of corticotropin releasing factor (CRF) in their infants. The CRF, in turn raises the concentration of noradrenaline, increasing general energy metabolism but also controls endorphin and ACTH production, leading to an elated state in the infant.

When it comes to PTSD and other well-defined psychiatric disorders, the overall picture becomes more complicated. For example, Schore claims that PTSD is related to the inability

of the right prefrontal cortex to sufficiently modulate amygdala (i.e., aggressive) functions. The fact that this also occurs in children with a disorganized disoriented insecure attachment pattern is then seen as proof that this particular early maternal caretaking pattern contributes to later dissociative psychopathology. One could counter that proposition by pointing out that elevated cortisol levels are important for overall stress management – but that prenatally elevated levels, especially in the third trimester of pregnancy, have been found to be especially pathogenic as they effect the developing brain at its most critical time. However, high cortisol levels can be caused by a variety of conditions. Intra-uterine growth retardation (IUGR) is a common condition associated in children born with 'small gestational age' (SGA). It is innately stressful for the infant, hence associated with elevated prenatal cortisol levels that are not associated to later maternal attachment patterns. Aggressive behavior disorders are also described as a consequence of a right brain system impaired for regulating aggressive affective states. Here it is said to be the low arousal state characteristic for antisocial and aggressive individuals that such individuals try to increase back to optimal or normal levels by seeking stimulation. While this may be one pathway leading to aggressive behavior disorders, there are authors such as Tremblay and colleagues in Montreal who claim that all young children are highly aggressive and must "unlearn" this behavior in the process of development. Those who do not or cannot do so will make up our clinical population.

In summary, the present volume of Allan Schore provides the reader with a provocative and stimulating theoretical synthesis of multidisciplinary work that relates affect regulation to the development of the self and its deviations. Schore's writing style is almost poetic and transforms potentially dry data into an exciting story of discovery and multidisciplinary dependency. He also suggests, at least indirectly, preventive measures that can address the problem of violence and other dysfunctions of the developing self in children through optimal early social-emotional experiences. I highly recommend this volume to researchers and clinicians.

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