

Book Reviews

Attachment from Infancy to Adulthood: The Major Longitudinal Studies

Grossman, K. E., Grossman K. & Waters, E. (Editors). The Guilford Press: New York, 2005, 332 pp., US \$48.00 hardcover, US \$28.00 paperback.

Attachment theory has come to the forefront, providing an understanding of how people get to be as they are – a belief that the first years of a child's life and the security of their attachment to their significant caretaker figures determine their future mental health.

The editors have, for many years, conducted research into early relationships and followed their subjects over time. They approached the foremost investigators of attachment (23 contributors – 11 studies, from 3 decades of longitudinal studies) and asked them to reflect on how their projects began, the shape it eventually took and how their understandings changed as the projects went forward. What emerges is a very personal account of the research studies, the lessons learned and the investigators' reflections about the field and where it needs to go from here.

The book provides a detailed description of the theoretical constructs beginning with Bowlby. From this, various approaches were developed, beginning with observations in the home, to the development of the laboratory strange situation, to the development of the AAI, an interviewing test.

Clearly having a secure base does influence the child's growth and development, but it is not clear how. There are many happenings that influence the outcome from the child's temperament, to life events, to much that we don't yet understand. Security is protective but it is complex and depends on the context - the predominate affect of the caretaking figure, the quality of fit between parent and child, the sensitivity of the material, and care/commitment are all significant. Over time the quality of early life experiences does influence the ability to explore the world, develop peer relationships and, in the long run, develop close intimate adult relationships and on to the next generation and the ability to parent. Both parents play a strong role but in different ways.

Of interest to me was the longitudinal study of Kibbutz children who slept away from their parents in the children's house and were cared for by the "metapalet". No one was happy with this arrangement and it did not persist. More of these children developed an insecure attachment. If I understand the studies correctly, the attachment was to the group and there were issues in the ability to develop intimate relationships as adults.

This is an incredibly rich book. I found it fascinating how the different researchers approached the question of the attachment relationship and mental health development. It is impressive that they have been able to maintain contact with their subjects and follow them over time, from childhood to adulthood and to the next generation.

Bottom line is that early relationships are important and shape how people turn out, but not in any specific or predictable way. In many ways, we are just beginning to understand the various influences.

Much of the specific details given would be of more interest to researchers rather than clinicians, but I appreciated having the opportunity to share the researchers' thinking and how they were influenced by their findings. I was left with much hope that even if a child does not experience the most attuned and sensitive caretaking, that through other influences they can mature and bad things don't have to go to the next generation. It isn't black or white and there are multiple influences.

If one is curious about attachment and its effects over time, I would certainly recommend a read of this book.

Elsa Broder MD, FRCPC, Toronto, Ontario

Children with Cancer: The Quality of Life

Eiser, C. Lawrence Erlbaum Associates, Inc., Publishers: Mahwah, NJ, 2004, 344 pp., CA \$102.95.

Christine Eiser PhD is the group director of the Cancer Research UK Child and Family Research Group and member of the Department of Psychology, University of Sheffield. She has written several books and papers related to the psychosocial implications of chronic and life-threatening disease for chil-

dren and their families, which are listed on the Research Group website.

In *Children with Cancer: The Quality of Life*, Dr. Eiser accomplishes the daunting task of fulfilling the purpose of the book; namely, to offer not only a comprehensive overview of the issues faced by children and their families affected by cancer, but also to review the literature in a way to highlight research and clinical implications. The target audience is anyone who works in the field of Oncology, and a foundation is provided for both clinicians and researchers alike. The author's aim is to provide an impetus for further collaboration between clinicians and behavioral scientists at national and international levels. Dr. Eiser seeks to describe how quality of life is affected at different stages of the disease process through comprehensive reviews of the impact on physical activity, social life, educational achievements and family. An emphasis is on children with leukemia and brain tumors.

During the first part of the book, the holistic care of the child is described with a medical overview, a history of psychosocial care as well as theories and methods aimed at assessing quality of life. The second part of the book details children on treatment, highlighting the effects of chronic illness on the child, adjusting to cancer, impact on schooling, and learning difficulties associated with leukemia and brain tumors. The third section reviews the family in terms of the parents' perspectives at diagnosis and beyond, and the impact on siblings. The fourth section looks at the topic of surviving childhood cancer as it relates to the long-term consequences, the impact on lifestyle and the impact on parents. The fifth part reviews survival and quality of life research. Conclusions are drawn about current research, with a proposed model of quality of life for children with cancer and clinical implications.

I found the book to be well organized, offering a detailed table of contents, permitting easy reference for the reader. A foundation is laid in early chapters with topics building on each another. A glossary of terms serves as a starting point. Theoretical models are highlighted and scales are explained.

I found it to be a useful resource in my work with children and families affected by cancer. In all, I would rate the book as excellent.

Claire De Souza MD, Toronto Ontario

Dialectical Behaviour Therapy with Suicidal Adolescents

Miller, A., Rathus, J., Linehan, M. Guilford Press: New York, NY, 2007, 346 pp., CA \$40.00.

This textbook has been long anticipated by many clinicians who work with suicidal and self harming adolescents. The work of Marsha Linehan on Dialectical Behaviour Therapy (DBT) has been modified and used with adolescents for a number of years and has been based on some of the earlier publications of Miller and Rathus regarding DBT and suicidal adolescents. A summary textbook covering this area has been long overdue, but as the forward in this book by Charles Swenson suggests, the effort and time put into this book was an attempt to "get it right" as opposed to "getting it done fast".

This text provides an excellent review of the literature, as it stands, on effective treatments for suicidal adolescents. It then goes on to outline the various treatment stages, targets and strategies related to the application of DBT in this age group. For those less familiar with this treatment, DBT skills modules include addressing emotional regulation, interpersonal effectiveness, distress tolerance, "walking the middle path" and core mindfulness. DBT incorporates a "compassionate stance" by therapists using the biosocial theory related to borderline type features, focusing on validation and the application of a dialectical approach which, for example, incorporates "we are doing the best we can" (acceptance) with behaviourism (change).

DBT functions and modes are described in length in chapter 4, including improving motivation for change via individual therapy and enhancing capabilities by skills training. The authors address the need to adapt DBT to the adolescent setting, including the involvement of family members in treatment. For the reader looking for concise information, the authors break it down using concise subheadings and summarize theory and information via figures and tables.

Chapters 5 to 10 represent the core of the application of DBT in this age group including: addressing "dialectical dilemmas", assessing adolescents for treatment feasibility, orienting adolescents and their families to this treatment

and gaining commitment, using individual therapy with the adolescent, and utilizing family treatment in the application of DBT. Chapter 10 outlines the skills training used with youth and raises specific group strategies for managing concerns such as motivation and homework compliance. Chapter 11 reviews approaches to termination as well as evaluating progress. The final chapter discusses programmatic issues that may affect feasibility of the application of adolescent DBT, an important aspect to consider prior to undertaking such an endeavor.

The core of this text, in this reviewer's opinion, may well be in the two appendices. Practical aspects such as the use of mindfulness exercises (many examples are given), "lecture and discussion points" and handouts regarding the skills module "walking the middle path" are presented. Unfortunately, the handout section is not complete as it does not cover all six skills modules. In addition, those that are available may be less than adolescent friendly despite the attempts to modify language and simplify the presentation. The authors do acknowledge that other treatment teams have further modified these handouts to meet the needs of their own clinical setting from both what they have offered and what is available in the DBT manual for adults.

While the information provided by this book is well written and of much use to clinicians, it is not in itself a fully practical manual for the application of DBT in adolescents. The results of any randomized trials of DBT in this age group are yet to be published along with an accompanying manual. Such work, as we all know, is painstaking and time consuming. This text represents a pioneering effort in this field and provides the reader with an excellent account of the theory and general application of DBT in suicidal youth.

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Child Language Acquisition and Growth

Lust, B. Cambridge University Press: Cambridge, UK, 2006, 389 pp., US \$34.99.

In this fascinating and comprehensive book, Barbara Lust has summarized the extant body

of research on the mystery of language acquisition, and in the process makes it clear that this human ability is close to miraculous. The arguments for whether this process is inductive or deductive, empirical or rational, are complex, and the processes by which these questions were investigated are intricate. Unravelling them is a challenge, but the author's knowledge and skill at doing so is impressive.

She begins with explaining the basic understanding of language, difficult to even discuss, as it is acquired so early in human development and without any conscious recognition of the process, making even definitions problematic. It quickly becomes clear that a purely inductive process cannot begin to explain these events. Biological programming for language is dependent on the specialization occurring in the left hemisphere, as well as other structural and functional networks that exist even before birth. Language "experiments" that occur in nature, such as children with congenital deafness, those with specific neurological deficits, and the changes that occur in language with specific acquired lesions are all employed to explain the complexity and wonder of this system, bringing many of my own patients to mind. Evidence of the inborn language abilities of infants was particularly striking; the ability of newborns to differentiate languages, for example, was fascinating. Other "experiments" demonstrate that the connection between exposure to spoken language and its acquisition are not what might be imagined. While the amount of exposure to spoken language, the frequency of repetition of words or phrases, and correction of the language of the child might be thought to be helpful, even necessary, they are not. It seems that the acquisition of language proceeds at its own rate in ways that are programmed, not learned, as we might understand it.

Next, the biological substrate, the brain, and its development are explored. Left cerebral dominance for language is present at birth, but language, itself, is not limited to a single area, in either hearing children or those hearing impaired children learning American Sign Language (ASL). A "complex multi-site, precisely timed organization" of language results (p 99). While input is required for the child to acquire language, an inborn structure is

imposed upon it, rather than the structure being deduced from what is heard. This structure is a kind of “theory” of how language should be, existing prior to their experience, but also developing as time goes on and the child’s mind is developed.

The author goes on to explore the various components of language acquisition. In the case of syntax, for example, correct word order is appreciated before multi-word speech or even meaning is acquired. Similarly, it has been observed that infants are more attentive to stories when pauses occur between clauses, rather than randomly. These abilities are language-specific by six months of age, showing the specialization of the child in their native tongue by then. As they begin to produce language, analysis reveals a knowledge of the language-appropriate structure, even if their speech is telegraphic. Many of these facts seemed counter-intuitive and intriguing.

Ms. Lust has produced a book primarily aimed at language scholars, and, as such, it contains many language samples reproduced in ways that are familiar to them but not to physicians. I found myself skipping over examples expressed in that terminology, or struggling to follow some of the linguistically oriented research. The intended audience of the book, after all, are those who need to be familiar with this body of knowledge in a way that most practising child and adolescent psychiatrists do not. Language acquisition or the lack of it may not be our main concern; however, it is often a component of the difficulties our patients face. So despite these aspects, this glimpse into a different scientific tradition, coupled with the opportunity to grasp the complexity of this uniquely human skill made this book well worth reading, if at times somewhat arcane.

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Children’s Rights and Power: Charging up for a New Century

John, M. Jessica Kingsley Publishers: London UK, 2003, 304 pp., CA \$37.95.

The author’s argument throughout this text is that the rights of children concern their entitlement to be treated as people regardless of

their age, circumstances or context. Mary John problematizes the assumption underlying current policies and practices which operate as if children are the same worldwide in terms of universal developmental stages, and as if cultural context and experience are not relevant. The needs and experiences of young people are most frequently defined by parents, educators, professionals, and policy makers in ways similar to disabled individuals. John examines thinking about children as an oppressed minority rights group, rendered invisible, and explores the means by which society can ensure that the voice of young people – the real experts - is heard and contributes to social change.

Chapter 1 illustrates the ways in which children have been conceptualized as “becoming” adults, not yet fully developed as persons. Children’s needs are most often derived from an adult viewpoint that underscores particular social and economic goals. The significant medical and educational interventions of the last century have been based on children’s needs as defined by professional concepts, assumptions, priorities and goals. In chapter 2, the United Nations Convention on the Rights of the Child is discussed in terms of the 3 “P’s” – participation, protection and provision. John adds an important 4th “P” – power, an issue rarely considered in the children’s rights literature, and an essential element to consider if an inclusive view of children is to be achieved.

In Chapter 3, John highlights the fact that children are rendered invisible by the practices used in collecting data about them, and because they are considered a social group represented within the family unit, their invisibility extends to national and international social statistics. The corporate construction of desire is the focus of chapter 4, wherein we are presented with the ways in which commerce and big business shape children’s values and consciousness. Ultimately, children as consumers are far from free, and are rendered powerless; ‘hostages who are conscripted into consumption’ (p.129).

John shatters some commonly held myths in chapter 5, primarily the belief that childhood is relatively stress-free. Assumptions about children growing up in a “normal” environment. It is argued that a key feature of childhood experience is surviving, tolerating and

enduring unbearable circumstances and experiences. Another myth is that children know and understand little. Once again, evidence is presented that illustrates that children do indeed know what is going on, but are powerless to change things.

Chapter 6 extends the debate to focus on children as workers under a wide variety of circumstances, in many different geographical contexts. The main message here is that this examination of the involvement of children in warfare and work demonstrates their power and challenges culturally-based assumptions about young people.

Many examples are provided in chapters 7 and 8 illustrating young people being recognized for the citizens that they are, actively participating in exercising real power and contributing to policy making. The three examples include a Youth Council in Devon, a Children's Parliament in India, and a Free School in North America. These model programs demonstrate that adult-child relationships must change significantly in order for children to be powerful, and that power sharing is an underlying factor.

This book challenges us to find ways to incorporate the perspectives and experiences of young people into studies, to engage them as co-researchers and to enter their worlds. Taking children seriously directs us to thinking about children's own needs and desires as young persons in and of themselves. Children should be consulted in matters that affect them, including the design and implementation of policies directed toward them and the services provided on their behalf. It is only then can we truly understand their lives and access their worlds in authentic ways.

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Framework for Thinking: A Handbook for Teaching and Learning

Moseley, D., Baumfield, V., Elliott, J., Gregson, M., Higgins, S., Miller, J. & Newton, D.
Cambridge University Press: Cambridge, UK, 2005, 358 pp., CA \$40.95.

What is thinking? The impossible challenge of trying to understand "thinking" by using "the very process that we do not fully understand"

is also an object of fascination. The aim of this book is to make the repertory of, summarize, describe and evaluate the various systematic approaches and classifications that describe thinking. The hope of such an exhaustive effort is to present a dictionary-like handbook that will help educators to better master the processes of teaching and learning. The main author is a Reader in Applied Psychology who led a number of research projects in the Center for Learning and Teaching at the University of Newcastle upon Tyne (UK). The other authors come from the field of education.

This handbook is designed and built to be a comprehensive reference for students and academics in the field of education. For mental health professionals – and specifically teachers and trainers - it represents an opportunity to learn more about the science of pedagogy and its vocabulary. The first thing you learn as you embark reading this handbook as a reviewer is that a superficial flicking-through it equates with a "pre-structural" understanding. Reading about one or the other frameworks without an attempt to relate them to each other or to one's own experience represents an "unistructural" level whereas "multistructural" understanding would require an effort of abstraction that would allow the induction of differences and similarities.

The book comprises of 7 Chapters. The first chapter discusses the nature of thinking and thinking skills. It gives a description of some basic concepts like meta-cognition (the awareness and regulation of one's own thinking), critical thinking, and creative thinking. Multiple perspectives have influenced the construction of frameworks, namely psychological, sociological and philosophical ones. The following four chapters give a detailed list, inventories, group, taxonomies and frameworks dealing with instructional designs (i.e. emphasizing a structured learning environment), productive thinking (i.e. inventive problem solving, critical and creative thinking) and frameworks dealing with cognitive structure or development. Piaget theories for example would fall into this last category. Chapter 6 presents seven all encompassing theories that account for personality, thought and learning. Examples of these are Adams' "Thinking Actively in a Social Context" theory, Verloop's categorization of learning activities and Marzano's taxonomy of educa-

tional objectives. Finally, the last chapter discusses the practical implications of the various taxonomies to the differing forms of cognitive education. It also offers a four-category framework (information gathering, basic understanding, productive thinking and reflective thinking) that would be of particular value to practitioners. After all, “the goals of thinking and learning may be concerned with information-gathering, with building understanding, with thinking that generates productive outcomes, or with dynamic combinations of all three” (p.7).

For teachers, clinicians and psychotherapists, all tempted by repetitive, habitual or ideological ways, classical or recent, this book is a fabulous source of new knowledge that can only foster their critical thinking over how they teach and how they heal. As an example of a “self-rectifying” exercise, those who are believers of the universal healing powers attributed to Cognitive Behavioral Therapy will learn regarding instruction in cognition that “not many teachers are enthused by what are widely regarded as simplistic behaviorist models... The behavioral objectives movement has been particularly influential in special education... and in main stream practice there has also been a trend towards setting and assessing precise learning goals and targets. The sterile and mechanistic nature of such approaches, however, has resulted in renewed interest in cognitive processes....” (p.25). Any person having such an interest should get this book and place it beside other long lasting reference works.

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The Mindful Brain: Reflection And Attunement In The Cultivation Of Well-Being

Siegel, D. J. W. W. Norton & Company, New York, 2007, 387 pp., CA \$33.50.

Can a scholarly book be read at the bedside? This one can be.

Initially, I chose to review this book because of its attractive title, “The Mindful Brain” and the implication that it can be used for the cultivation of well being. Precisely, this is the business we are in.

As I got started, I realized that this seemingly easy to read book is studded with complex

information that makes one’s mind to ponder over thoughtful questions. Answers are given in the book but again are deceptively hidden behind simplistic screen.

I have read other books by Daniel Siegel and I was very surprised by the change of his writing style, which is friendly, yet conveys important scientific information authoritatively. In the preface, his first sentence conveys this spirit of collaborative journey. “Welcome to a journey into the heart of our lives” (page xiii), and indeed, readers are amply supported in this journey through personal anecdotes, metacognitive observations and new scientific knowledge-base required to understand the mindful brain.

In this four part, fourteen chapter book, the definitions of mindful brain are interestingly laid out. One of them emphasized three points: awareness in the present moment, awareness through paying attention on purpose, and being non-judgmental to the unfolding of experiences (position taken by Jon Kabat-Zinn well summarized on page 10).

But Siegel goes further than these commonly accepted definitions. He describes for us what he calls COAL, acronym for curiosity, openness, acceptance, and love. This is just a starting point for acronyms. There are many more to follow. I actually felt crowded by these acronyms, and in some places they make the text more complicated than need be. Mindful awareness practices (MAPs), COAL, SIFT (sensations, images, feelings, and thoughts), MBCT (Mindfulness Based Cognitive Therapy), SOCK (sensation, observation, concept, and knowing), to name the few.

The chapter on “Brain Basics” seemed too basic but it could not be ignored. I had to remind myself that the book is probably written for a mixed audience, and for the non-physician community this chapter could be providing an essential basic tool to understand functioning of the brain and connections with mindfulness.

I am going to skip next few chapters where Siegel describes his own authentic experiments with mindfulness practices. This self-disclosure adds the friendly quality that I initially appreciated but it did not tie-in that well with the rest of the discussion.

This model for the functioning of the mind, he describes as the wheel of awareness. It comprises of the rim, spokes, and hub. The sectors

of the rim are divided into: first five (outer world), sixth (body), seventh (mind), and eighth (relationships). The spokes in this model are intentional focus of attention and the hub has the capacity to keep track of the target of attention.

Although the model is nicely pictorially represented, I wondered why I was getting the static sense of awareness from this model. The concepts of executive function, self regulation and attunement are explained on the basis of this model albeit in an inferential manner. The 'hub' of this model is ascribed this function of regulating sensory flow, the feelings, even sense of our own self. This discussion now leads to how we could harness these complex phenomena by being mindful. What follows is an elegant description of how mind can govern the executive functions and self regulation. This sense of static status, is probably a feeling of disjointed sense between the various descriptions of the components of the model, and it is entirely possible that readers have to achieve a particular mental status to grasp all the written and implied connections.

The essence of the next chapter (chapter seven) is to offer the key to unlock the art of mindfulness. In author's words, "Letting go of such top-down influences is the art of mindful awareness" (Page 160). He has defined top down influences as to the way some of the higher processes can take over the lower or perceptual processes in the moment. Siegel emphasizes that it is not just sensing the moment but also about not being judgemental. I absolutely loved one aspect of this discussion...he described how words can be good cognitive companions and how they can also entrap us. "If ...we see them as real, their top-down influences on our lives can be devastating" (page 161).

Now get ready for the best easy-to-understand description of the mirror neurons, attention to intention, and internal attunement. Even if I have said elsewhere that readers can get lost in the jungle of acronyms, this chapter surpasses all those intricacies and conveys the connection between mindfulness and mirror neurons. A rather simplistic description of the brain as a social organ and an anticipatory machine follows.

In chapter nine, we are given balanced perspectives on the concept of integration-inter-

personal relationships, attachment –narrative, and coherence-cohesion. Some clarification is essential, as for example, the author tells us that coherence and cohesion are phenomenally different. A "cohesive state" is created as a set of equations that rigidly defines the in and out group status of any variable...." (page 207). Coherence on the other hand was explained as having many embedded variables that influence the equation itself. How does this fit into mindfulness? The triangle of wellness is said to be composed of neural integration, a coherent mind, and empathic relationships. Mindfulness will influence dynamic interaction between the neural, mind and relational aspects (page 208).

The next two chapters teach us the aspects of flexibility of thinking, and reflective thinking. There is a good discussion on recent findings of how attuned interactions induce the neuroplastic changes in the offspring (Meaney, 2001).

Part IV focuses on the reflections on the mindful brain. This part has three clinically relevant chapters. Chapter twelve introduces the Fourth "R" in the education of the mind. The first three Rs are reading, writing and 'rithmetic. The fourth one is reflection, and is essential to developing mindfulness. Siegel describes the neural terms of developing this fourth R as the indirect training for the development of the prefrontal cortex. He describes in detail how domains of neural integration can be promoted in psychotherapy. The horizontal integration is described as linking the two sides of the nervous system, which are logical and emotional/visceral representations. The vertical integration helps us to disentangle past unresolved losses and experiences that separate us from experiencing the vitality of present senses. Memory integration has to do with interwoven connections between the implicit and explicit memory. But narrative integration discussion captured my full attention. Siegel particularly excels here, and states that the creation of a narrative of our own life involves a "witnessing self" (page 309).

There are three additional ideas of integration that follow, namely the state integration, temporal integration and interpersonal integration. State integration is accepting our different states of being, but the temporal integration

was difficult to grasp. Essentially what I got out of this is how to guide ourselves and our patients on existential issues such as uncertainty, impermanence and death. I wished Siegel would have expanded on this discussion which is quite crucial for psychotherapeutic interventions. Interpersonal integration was not what I thought. Siegel sees it as “a vital way in which our brain’s hardwiring to connect enables us to feel grounded in the world” (page 317). The next level of integration, I did not know even existed. The transpirational integration is said to open our minds to another dimension of perception, a beautiful new way of thinking of opening the mind to infinite possibilities.

The author has provided a useful glossary and appendix that deals with the resources to work on mindfulness. Neural notes are added as a help to understand middle prefrontal functions. My earlier comment on how basic the brain functions chapter was has to be now balanced with this addition.

Overall, the author convinced readers like me that mindfulness has a place in the personal and professional domains. It is here to stay, and it has always been with us, but never got the scholarly status that it enjoys currently.

In my view, it is a must reading for all therapists who practice psychotherapy and use the vehicle of cognitive therapy for their patients.

My rating for the content is 8/10, usefulness 8/10, but for the flow of the material 5/10.

Happy reading.

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Reference

Meaney, M. J. (2001). Maternal care, gene expression, and the transmission of individual differences in stress reactivity across generations. *Annual Review of Neuroscience*, 24, 1161-1192.

Toward a New Diagnostic System for Child Psychopathology: Moving Beyond the DSM

Jensen, P. S., Knapp, P. & Mrazek, D. A. Guilford Press: New York, 2006, 194 pp., US \$30.00.

This book is the result of extensive discussions among its editors and authors on the

future of our present diagnostic system for psychiatric disorders in children and adolescents. The editors formulate their ideas in six of the 10 chapters in the book while the rest are authored by invited distinguished members of the US academic child and adolescent psychiatry and psychology establishment (M. Kruesi, C. Pfeffer, D. Pine, J. Schowalter, T. Shapiro, L. Steinberg and P. Tanguay).

The overriding theme of this book is the conceptualization of psychiatric disorders using an evolutionary model as it applies to adaptive/maladaptive symptoms in conjunction with contemporary structural neuro-developmental and neuro-cognitive findings. The authors hope in this way to explain the almost daunting complexity of many symptoms and behaviours, e.g., in reflecting on aggression or post traumatic stress, we make a diagnosis without regarding their potential survival value and cultural meaning.

Specifically, they remind us that behavioural changes via genetic mutations take thousands of years, highlighting the powerful effect the environment has had in creating modern man. Many of our basic brain structures developed very long ago and retain behavioural expressions that can best be understood within a historical or evolutionary context.

Examples would be the fact that ADHD or Conduct Disorders have not disappeared spontaneously despite their commonly adverse effects on our society. Their incidence is also higher than one would expect to see in a spurious genetic mutation. This led the group to look at these (and other) conditions in terms of their possible value to increase the chances of survival in the past and to use this analysis as a guide for the diagnosis and treatment of these conditions in the future. For example, Jensen and Mrazek in a chapter on ADHD speculate that in the distant past there were societies where food and other resources were scarce, requiring individuals who were active in their search for resources and able to shift their attention easily to spot them quickly. In such groups ADHD would be a significant asset for the survival of the group. A sad affect or depression, likewise, could be seen as a potentially useful response to neglect following the loss of a family member, as it brings the affected individual to the attention of the group

and with that increases his or her survival. Other symptoms of depression, such as a decrease in activity and refusal to eat could then also be seen as a way to preserve energy while waiting for the rescue. Even conduct disorder of the type leading to an adult Antisocial Personality Disorder (ASP) could potentially be useful in a developmental period where strong and aggressive men were needed to protect early agricultural settlements. This may also apply to the tendency of antisocial men to have more children than the average yet refuse to care for them. The authors of this chapter (Kruesi and Schowalter) call this “an alternative reproductive adaptation” that is based on having many children early, even by raping women, since the life expectancy of these individuals is statistically short because of the associated behavioural recklessness and violence. It is of interest that the right temporal lobe and the prefrontal volume is smaller in youngsters with severe Conduct Disorder, providing a biological marker for this disorder.

It should be stressed that the authors make no claims for the validity of their evolutionary understanding of at least some present day psychiatric disorder. They stress that other aspects of behaviour – such as the relationship of the child with members of the family – are equally important variables to factor in when thinking about DSM-V.

There are obviously a good number of issues that challenge this overall approach to diagnosis. For example, ADHD children show “aimless activity” which may not have been optimal for systematically finding scarce resources in the past. There is also the impact of our present day social environment on the actual amount and interpretation of aggressive behaviours – as demonstrated by the profound difference in the percentage of incarcerated members of the population even in developed countries. Yet the book provides the reader with a novel and well referenced way to look at the complexities associated with diagnosing and treating children with disturbed and disturbing behaviours.

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Psychodermatology: The Psychological Impact of Skin Disorders

*Walker, C. & Papadopoulos, L. (Editors).
Cambridge University Press: New York, 2005,
158 pp., US \$55.00.*

This book is focused on the psychological aspects of skin conditions. Although it is an edited book with contributions from several writers — nine in all — this focus is maintained throughout.

Most clinicians would expect some degree of psychological distress co-existing with the skin conditions; however, this book is beyond that basic understanding. Editors have put the extant psycho-neuro-immune knowledge regarding skin disorders under the auspices of “psychodermatology”.

The ten chapters of this volume review different psychological aspects of skin conditions. Chapter one is written by one of the editors, Carl Walker, who is a health psychologist well published in the psychological and social aspects of skin conditions. Readers are introduced to the historical aspects of links between skin disorders and their emotional impact on individuals.

In the second chapter, readers once again are invited to explore links between the diseases of the skin and neuroimmunology. There is a concise description of neuro immunological pathways in common skin conditions such as atopic eczema, inflammatory skin conditions, and psoriasis.

The following three chapters describe psychiatric comorbidity in dermatological disorders. The commonest psychiatric distress encountered in the field of dermatology is depressive illness. Other psychiatric disorders described include obsessive compulsive disorder, onychophagia, and neurotic excoriations.

A dearth of longitudinal and prospective studies with methodological vigor has seriously limited our ability to draw conclusions from reported stigma by patients with skin disorders. Patients with vitiligo often report more stigmatization than other disorders. This element of perception of stigma with skin disorders is well explained in chapter four and well illustrated with the help of many subjective reflections from patients. There is a sense of sadness permeating through this chapter, but a

strong message is conveyed that important research endeavor in psychodermatology should focus on the reduction of stigma.

Chapter five has lots of information on coping mechanisms involved in people living with "skin condition". This chapter advocates another important point. The authors emphasize that the term "skin condition" is more appropriate than the term "skin disorders". There is an important discussion regarding how couples cope with skin conditions when one of the partners is affected. Authors point out that relational factors are important determinants of successful interventions for persons with skin conditions.

The interacting factors that influence an individual's coping styles include early experiences and cultural stereotypes regarding skin conditions. Emotions and distress around a particular diagnosis also affects coping strategies. Furthermore, a person's social relationships can be influenced by rejecting or accepting skin conditions. In the midst of a quite dense description of coping mechanisms, I suddenly found an interesting account of an affected person's personality characteristics and core beliefs. Higher levels of insecure avoidant attachment styles as well as shame proneness are seen as vulnerability factors. I learned two new concepts here. One, how a relationship focused on coping can be promoted as an intervention, and the second concept of "dermatological shame." This specific form of shame is described where focus is on the appearance of the skin. Other cognitive factors elaborated in this chapter are that of alexithymia and illness preparation.

Child psychiatrists would value the next chapter titled "The Impact of Skin Disease on Children and Their Families." Skin conditions are common in childhood and we all know about young teens and preteens going through agony due to temporary skin problems such as acne formation.

Atopic dermatitis affects 20% of young children. The impact of skin conditions in childhood is not a straightforward derivation. The impact likely will be dependent upon the child's age and level of dependence on their caregivers. For young children, the impact will be moderated by the caregiver's acceptance/rejection of the child's skin condition. There

was a convincing description of how the mother-child relationship affected the child's skin condition. However, the empirical evidence is sadly lacking in this area. Most of the observational studies have focused on mother-child relationships. One single important finding from this observational research is that there are not always difficulties in mother-child relationships; however, affected mother-child dyads need sympathetic understanding without mother blaming.

The other vulnerable period in childhood is adolescence where the psychological impact of skin conditions can be multiplied. Understanding of these developmental factors is important for the application of psychological interventions in dermatological disorders. However, the fact remains that there are very few dermatology services that could have a liaison service with a mental health professional. Moreover, both the dermatological condition and the psychological referral might evoke passive resistance and issues with the child's self-esteem.

One of the co-editors, Linda Papadopoulos, wrote the next chapter on psychological therapies for dermatological problems. This chapter is very relevant to our practice. There was an adequate description of the different types of therapy (behavior, cognitive-behaviour, group, and psychodynamic psychotherapy) as applied to skin conditions. I only wished there were clinical examples with each of the approaches mentioned. In addition, there is a brief discussion on the levels of counseling that will be helpful to children with skin conditions.

Chapter nine focuses on the research methodology involved in measurement of the quality of life (QOL) assessment. Of particular importance is QOL research in dermatology. There are many questionnaires that have been developed in the past twenty years, but there are several research challenges in this field including validation of techniques. Authors also express challenges in using the QOL in special populations such as children, adolescents and the elderly.

Finally, the most important chapter in this book describes psychodermatology in its context. This chapter synthesizes multiple approaches and dissects the psychology of the patient with skin condition. There is a brief dis-

cussion about personal beliefs and stigma regarding skin diseases and identity difficulties.

Overall, this book will give readers a multi-faceted description of psychological conditions affecting patients with skin conditions and approaches to measuring their quality of life. It briefly touches on the psychological therapies for skin conditions.

I liked some chapters and found the book

to be more interesting when clinical excerpts were provided. In sum, this book is neither written with an exclusive clinical focus nor is it a comprehensive research review. It is useful in providing the very basic concepts of psychodermatology. My rating is 5/10.

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