**Book Reviews**

**History**


**Reviewer rating:** ⭐⭐⭐⭐

Review by Stanley E Greben, MD

This book comprises Dr Barney Berris’s memoirs. Dr Berris played an important part in developing academic medicine in Canada. He was born and raised in Toronto, where he acquired his undergraduate medical education and training. The early part of the book tells the story of his childhood and youth, his family connections, and his experiences as a student in Toronto’s public school system.

Dr Berris then describes how he became a medical doctor. This will be of great interest to all in the profession of medicine. For those of us who have been part of the University of Toronto Faculty of Medicine, his comments about some of the great teachers at that institution are most pertinent. The best teachers in the Toronto system were renowned in many communities. Two of the most admired professors were Dr JCB Grant, whose textbook, *A Method of Anatomy*, was used far and wide and Grant’s brother-in-law, William Boyd, who taught pathology. Several of his textbooks were also used by many faculties of medicine around the world. Dr Berris was also most impressed with Dr KJR Wightman, who taught therapeutics, and whose name was linked with Dr Berris in later years, when 1 of the 4 academies of the medical school was named the Wightman-Berris Academy.

Dr Berris is Jewish. When he graduated from the School of Medicine, he was a very successful student who ranked high in the large class of graduating students. To his great surprise, he was not selected to intern at the Toronto General Hospital, nor at the Toronto Western Hospital. In fact, his student record was much better than the record of others who were chosen. Dr Berris, whose story is not mired down by resentfulness, tells how the anti-Semitism in the community at large was equally pervasive in the medical school at that time. As a result, he accepted to intern at St Joseph’s Hospital, where he gained more experience working in a nonteaching hospital.

After completing his internship, he experienced another disappointment: he was not accepted for specialty training. Once again, however, it worked out well. He attended the University of Minnesota and had an excellent experience. As well, the Chairman of the department where he worked at the University of Minnesota was on very friendly terms with Dr Ray Farquharson, Chair of the Department of Medicine at the Toronto General Hospital. When Dr Berris returned to Toronto, he was given a staff position but was asked to take 1 more year’s training. He arranged for this, and in 1951 he became the first Jewish doctor to be appointed to the full-time staff of the Department of Medicine, University of Toronto. In many ways, Barney Berris was a person who, for reasons of timing and talent, led the way to a much more open and democratic system in Canadian medicine.

Dr Berris was chosen for the position of physician-in-chief at Mount Sinai Hospital. He spent 13 years in that post while it was developing into an important hospital in the University of Toronto network. His contributions were great as an outstanding clinician, researcher, and teacher. How he describes some of his experiences with patients, students, and residents makes heartwarming reading to anyone with any connection to academic medicine. Dr Berris, in his later years, was a highly appreciated person and role model. He also worked in positions outside the hospital, where he influenced his profession further.

He describes his 1-year sabbatical and the pleasure and stimulation of being invited to work with important medical contributors in places far away from Toronto.

Barney Berris was, to use his words, a “witness to change.” Many of those changes happened because of his style and his attitudes, which were well displayed during the course of his career. His book, *Medicine: My Story*, will interest anyone with any connection to the profession of medicine. As a highly gifted, very honest, well-written, and well-spoken leader in academic medicine, he has written this book— one which his colleagues will find heartwarming, in telling, and of great interest. Those in Toronto who are his contemporaries will benefit greatly from reading it. In addition, a much wider audience will be moved by his humility, the quality of his work, and the comments he makes about the present and future direction of medicine and our world.

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[>&<] Excellent ⭐⭐⭐⭐⭐ Good/bon ⭐⭐⭐⭐⭐ Fair/passable ⭐⭐ Not recommended/pas recommandé
Mood Disorders

Emotions, the Science of Sentiment, Dylan Evans, Oxford University Press; 2001. 220 p. CAN$27.50.

Reviewer rating: 1+1+1+1

Review by Paul Grof, MD, FRCPC, PhD, Ottawa, Ontario

Psychiatrists, like the rest of the world, have been accustomed to the idea that reason and emotion are separate and opposite functions. During the past 10 years, the barriers between these functions have been breaking down gradually. Perhaps the most visible symptom of this change has been cognitive psychotherapy, which was developed on a rather novel assumption that cognition can significantly alter ab normally feel ings. The arguments for a more integrative functioning of “the head and the heart” have been steadily growing. Antonio Damasio, whose books have been reviewed earlier in this journal, has best articulated the support for integration from the neuroscience side. Dylan Evans summarizes some of the psychological and anthropological support in a popular version.

The book is useful in introducing to what is taking place in psychological thought and research on emotions. Reminiscent of ideas from the Enlightenment and Romantic times, the emotions are back as one of the central processes. And Evans provides a nice, lean, and rich survey that both enlightens and surprises. His small-looking book is often a surprisingly large account of an aspect of our mental activity that has often been neglected. Evans argues for a return to the view that was favoured a couple of centuries ago—the view of emotions as reason’s ally, not its enemy. He wants the readers to achieve this by learning about the recent scientific advances in our understanding of emotions.

Written in an introductory manner, the book touches on the issues that have recently become important again—issues such as the origins of emotions, how far they can be controlled, and why they are important to us. Evans makes a strong case for the idea that human emotion embodies a so-called just war that is of equal value to—and sometimes even deeper and broader than—conscious rationality.

Some of the questions about the emotions are intriguing in deed: Was the emotion of love invented by European poets in the Middle Ages, or is it part of human nature? Is it possible to build robots that have feelings? Would there be adverse consequences of such technologies? Will winning the lottery really make you happy?

While the book was probably meant primarily for a popular audience, it will interest psychiatrists because of the tremendous emphasis on mood in recent psychotherapy. For much of the 20th century, research in emotions was confined to a few psychologists; emotion and moods have now become hot topics in several other disciplines.

While most of the quoted material is of experimental psychological nature, he also draws on wide range of research from anthropology, artificial intelligence and, at times, neuroscience. Evans’ examples from belles-lettres are particularly appealing.

Drawing on anthropological and psychological research, Evans concludes that basic emotions are our common heritage, a universal language. While there are some cultural differences in expressing emotions, the differences between emotional expressions around the world are minor when compared with the similarities. He describes at length “the technology of mood,” ranging from psychotherapy and art to drugs and mediation and promiscuity. In a separate chapter, Evans explains how emotions affect memory, attention, and perception. He describes how this impact enables those with technologies exploiting emotions to abuse this relation, for example, advertisers and politicians. The last chapter deals with questions raised about emotions in the field of artificial intelligence. Evans appreciates that a solid theory of emotions is still beyond our grasp.

The book is well-written, interesting, imaginative, and entertaining. The simplification has gone a bit too far in neuroanatomy and neurochemistry, and for my taste, the emphasis on evolutionary theory remains overdone. But these points do not detract from the value of this book. The basic argument about an integral interconnectedness of “the reason and the passions” is very timely. The sections that discuss further reading and source material are excellent and valuable. The book is a stimulating contribution to the current rethinking of our basic concepts.


Reviewer rating: 1+1+1+1

Review by Peter Moore, MD, FRCPC, Toronto, Ontario

Gay men need therapists with specialized and sensitive understanding. Despite broad experience with other kinds of patients, many therapists flounder in the ebbing waters of gayness. Jack Drescher’s book is a welcome rescue.

Drescher, faculty member and supervisor at the Wilian Alanson White Institute, among many other distinctions, writes
from 14 years of work with over 400 gay men (some in brief consultation and some in 3 weekly sessions). Psychoanalysis, as he suggests, in his introductory first chapter, must avoid resentment in the traditions of gender conformity. This is the first step to affirming gay sexual identity. He reminds us that harm per ing the health of this gay identity are not only society’s strictures against homosexuality but also a gay man’s lifelong sense of false pleasures to dodge the indignity that so widely awaits him.

Chapter 2, “Defining a Gay Identity,” is described as not being a matter of finding a “life style.” In stead, it slowly explores the many ways in which gayness can unfold. For gay youth and gay men, this unfolding is twisted by their struggle with shame. Uniquely and personally, each man’s own shame hinders his growing sense of romantic and sexual longings for other men and engenders self-hate with all of its covert and overt stains.

Attempting to fathom the origins of these longings dissects the therapist’s pitch from the far more important task of learning, together with the patient, what it means to be the patient’s particular kind of gay self. Chapter 3, entitled “Etiological Theories of Homosexuality,” considers ways in which many therapists—rather than searching for the patient’s meanings—have lost them selves in the con descension avoidable when science gets side tracked by personal values. Or gins, whether homosexual or heterosexual, remain a mystery.

But ancient and sanctified beliefs that privilege the philosophical, moral, and legal positions condemning gayness have often led therapists to ignore this mystery. Chapter 4, “Therapeutic Meanings of Antihomosexuality,” invites therapists to reflect on attitudes they have held. Antigay bias—embedded in our culture—has been a pathologizing force leading to feelings of “helplessness, shame, victimization, exploitation and rage” that most gay men, in varying degrees, have lived with and tried to live above for many years of their lives.

In Chapter 5, “Psychoanalytic Theories of Homosexual Development,” Drescher con tinues to emphasize therapists’ duties to think and to think their propositions. Rather than see ing gayness as a normal sexual variation, the prevailing view has been that homosexuality is failed heterosexuality and, as 1 Toronto authority defined it, a “deviancy” grouped with necrophilia, pedophilia, and sadomasochism. Moreover, that there is greater masculinity in a man loving another man than in a man engaging with prostitutes is denied. If the highest achievement of sexuality is reproduction, men visiting prostitutes are on the right track. “To avoid retraumatizing gay patients in treatment,” Drescher says, “the primary goal should be to help them understand the sense they make of their hypererotic affects, rather than as suming one can determine why they are gay.”

The trauma of being gay sometimes leads men to seek healing through the “Reparative Therapies,” which are discussed in Chap ter 6. Per suaded that homosexuality is a developmental arrestor, a con flict born of trauma, some men who are deeply troubled by their hypererotic feelings are easily seduced by the promise of cure. Despite failure in this cure (that is, two-thirds of the seek ers fail to change) and the subjects’ thus feeling worse about themselves, many reparative therapists continue to encourage hope. It is unknown if the one-third of men be stowed with the label “cured” are simi lar to all co hol ics who choose not to drink—in other words, sim ply cho osing not to act on their feelings. If that is the case, the dissociative ten den cies of a life time are simply being reinforced. Reparative therapists see integrating one’s same-sex feelings as part of one self not only as embracing sickness but, often, as also giving one self over to sin.

Chapter 7, “The Therapist’s Stance,” deals with the reinforcing nature of habit. The author points out that what we do know and what we don’t know are of ten intermingled. Working with gay men demands that we—gay therapists as well as nongay therapists—value same-sex feelings and behaviors respectfully. We must always appreciate that, unlike heterosexual identity, gay identity demands psychological adaptations made with little or no support, of ten in the face of insult and violence. Monitoring countertransference will help the therapist cling to the goal of joining the gay patient in his search for meaning, not of cementing their own re ceived truths.

In Chapter 8, the “Developmental Narratives of Gay Men,” boys who grow up to be gay struggle painfully to integrate their desire and affection for other boys into their identities. Having yet to learn that what we think of as masculinity and femininity are merely gender constructs, they struggle against the dissonance between what they feel and what they’ve been taught they should feel. Gender, despite its many facets, is all most universally man dated: no gray areas permitted. The gay boy, desiring another boy, may wonder, because he wants what girls want, whether he will be a girl. Heterosexual girls and boys—celebrated with so many socalized encouragements (that is, school dances, parties, and fondly approving smiles)—acquire social skills and sexual knowl edge that the isolated gay boy only finds out (if ever) as a battle-scarred stranger. Deviled by guilt, confined to outlawed fumbling, he learns about alienation and bitter ness, not about trust and love.

Living in “The Closet” calls on mechanisms of dissociation that relieve the rage bred of anxiety and shame and
trauma. Chapter 9 explores dislocation, the drug that allows life to be lived beyond insult. Beyond insult, however, is the hatch ing ground of the false self. For the false self, masquerading as hetero sexual is safe. Revealing one’s gay ness can invite dis saster. Men report re hearing every thing they say, striving always to make the right im pres sion, duck ing questions that may lead to awk wardness or danger. Rewarded for these ruses, they are left with a stunted self in a stunted life.

Drescher has writ ten a fine book. Authoritative, rich in clinical material, and at - trac tively laid out with all chapters divided into help ful subsec tions, the book’s short com ing, acknowledged by Drescher, is its con fine ment to white mid dle class New York ers mostly in their 30s and 40s. Most of us would ben e fit from learn ing more about gay men of di verse back grounds.

“Com ing Out,” Drescher’s fi nal chap ter, opens with a quote from Heartlands (1992), by Darrell Yates Rist: “I’ve come to be lieve it’s bet ter to be hated for what you really are than loved for what you pre tend to be.” Com ing out de mands that you re ally be lie ve it’s better to be hated for what you are than loved for what you pre tend to be. The author’s ex posi tion of the back grounds and pre mises is what cap tures the pur pose and sets the tone for ap prec iat ing ev ery thing about it. What’s im por tant and pro gres sive about the book is the recogni tion and ac cep tance of “men tal ill ness” as a le gal prem ise.

The book’s con tent is orga nized into 12 chap ters that are sub di vided fur ther into mul ti ple sub head ings and sub sub head ings. In the first and intro ductory chap ter, the au thors dis cuss the book’s scope and review the laws and pol i cies relevant to the man age ment of se rious men tal ill ness and men tal health re for activi ties and pro cesses in Can ada. It also pro vides a sum mary of how its con tent is struc tured.

Chapter 2 sum ma rizes leg is la tion across Can ada that may apply when as sess ing se rious men tal ill ness and men tal health legis la tion across Can ada. The in tro duc tion sketches out the vari ous issues for dis cuss ion in the body of the book. A 17-page table of contents out lines in detail its vari ous topics and subtopics. The au thors empha size that the book is writ ten from a “human needs per spe ctive,” com pared with a 1987 book that had a sim i lar title by H Sav age and Carla McKaguei which, in keep ing with the times, took a lib er tar ian per spe ctive. The au thor’s ex posi tion of the back grounds and pre mises is what cap tures the pur pose and sets the tone for ap prec iat ing ev ery thing about it. What’s im por tant and pro gres sive about the book is the recogni tion and accep tance of “men tal ill ness” as a le gal prem ise.

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Service and Advocacy,” establishes the historic grounding of Canadian law in the British legal tradition and its dominant influence on Canadian law into the 1960s. Such legislation is lauded for volun.

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luntary commitment with implied permission to treat and no provision for safeguarding personal rights. It mentions that several factors subsequently influenced the evolution of Canadian laws, including legal case decisions in the US, and a strong antipsychiatry trend in Western society, which was prevalent in the late 1960s to 1970s. This trend includes the writings of psychiatrists, such as Thomas Szasz, Lang, and Rosenham.

The influence of the social and community psychiatry movement was also important, and it reflected the social construction of the roles that were existent at the time. Also important at that time was the civil rights movement. These all led to high “threshold dangerousness” criteria for commitment and the separation of treatment from involuntary admission. The chapter shows how cases in volving the need for treatment questions versus those in fluencer this trend. Over time, experience with dangerous patients led to softening and broadening of committal criteria from dangerousness to “need-for-treatment,” as a result of violence, the relation of hallucinations and delusions to violence, and the suicide frequency in various psychiatric disorders. In conclusion, the material comes alive and is made more memorable by the appropriate use of details from important studies. This is particularly well done in the section on schizophrenia. The references to medicalization and hospitalization make the following point: this is a genuine biological illness, and pharmacologic treatment and early intervention have demonstrable benefits.

Presenting the array of major mental symptoms in tabular classification of 5 groups (reality distortion, disorganization, psychomotor excitement, psychomotor poverty, and depression) provides a useful structure for thinking about symptoms without oversimplification.

When the author writes “treatment is usually effective in alleviating the symptoms that are at risk to patients, and others” and that “the risks of admission to hospital are far less than the risk of untreated illness,” I feel that the case has been made.

Chapter 5, “Criteria for Involuntary Admission to Hospital,” and Chapter 6, “Admission Procedures and Hospitalization,” deal with issues of hospital admissions. The discussion in Chapter 5 on the background information for the analysis of involuntary admission criteria is quite thorough and covers definitions as well as the historical and sociopolitical climate in Canada. Further, it covers relevant jurisdictions, such as the US and the UK. In Canada, the current involuntary admissions criteria are based on the Charter of Rights and evoked from earlier mental health acts, based on the British North America Act. Several issues of importance in this evolution are discussed (for example, the question of the purpose of involuntary admission and the implications for court decisions in such cases, which are included under such criteria). In addition, Chapter 5 covers the separation of involuntary admission from treatment, the evolution from broader to narrower criteria of immediacy and dangerousness under the civil libertarian influence, and the more recent broadening to the prevention-of-deterioration criteria of the human interest movement.

During this analysis, several important points are discussed—one such point is that, unfortunately, most Canadian Mental Health Acts, including Ontario’s, do not state their purpose. Stating the purpose would provide a guide to their interpretation and would make court decisions more important.

An intriguing discussion about experiences in different provinces—with broader versus narrower definitions of mental health disorders—shows consistent in consistencies in the various definitional elements of a “men tal illness” among the provinces that have specific definitions. Certain psychiatric disorders such as attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and psychopathy are not plainly included. Clearly, we need to study the consequences for patients that are under these different definitions in different provinces. It looks as if part of the controversy in this area over what disaggregates should be included is more related to the fact that some diagnoses do not fit mental health states while others do.

However, what is most important

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for most involuntary admissions is the mental state of the patient. People are admitted because they are in an at-risk state, either by mandate or pre dictable by history, and this may be in the pend of mental health.

This chapter effectively uses a case example to demstrate how treatment differs from one jurisdiction to another. The chapter ends with several recommendations (for example, make a nonbinding second opinion by a psychiatrist available to involuntary patients, but only after the first renewal of treatment).

Chapter 10 discusses comprehensive Mental Health Legislation.” Comprehensive Mental Health Legislation (CMHL) is described as “a legal framework for a comprehensive mental health care system.” It obligates the states to provide a full range of services that persons with serious mental illness requires and that are available in the involuntary detention and treatment provisions of the Mental Health Act. Restricting individual rights should be accompanied by guarantees, most of which on voluntary treatment and compare treatment. The authors use a hypothetical case to demonstrate how treatment differs from one jurisdiction to another. The chapter ends with several recommendations (for example, make a nonbinding second opinion available to involuntary patients, but only after the first renewal of certificate).

Chapter 11, entitled “Psychiatric Treatment and the Criminal Justice System,” discusses the increase in the number of persons with mental illness in the criminal justice system over the last 20 years. In addition, it reiterates the various legal mechanisms by which such an individual may be treated as “a pa tient” and how that individual obtains psychiatric assessment and treatment (for example, through diversion programs, referrals, and being judged not eminently re sponsible by reason of mental disorder [MCRMD]). No recommendations are made.

The final chapter, entitled “Trends and Recommendations,” draws together “the major policy themes in mental health legislation” and examines likely developments in scientific knowledge and treatment, the service system, and global trends that may shape the development of mental health laws in Canada.” It is one of the more interesting chapters. It culminates in the pro posal of a model Mental Health Act. It foresees mental health legislation in the coming years facilitating more treatment of persons with serious mental illness at the earliest possible stage in the community. Because of globalization trends, experience in other democracies will have a major impact on how mental health laws and policies should be evaluated on the degree to which they focus on therapeutic and antitherapeutic outcomes, a concept called “therapeutic jurisprudence.”

The book clares its treat ment-oriented approach to mental health legislation and policy-making in the forewords and in explicit statements and restatements in the early chapters. The early parts of the book are slow and some times repetitive with overexplaining. It makes one wonder about the intended target audience of the book. Was it to get at mental health and legal professionals, the psychiatrists and clients, or at the general public, including patients and their families and representatives? The lan guage, the exhaustiveness, and the level of dismissal seems more than get at the lay public. The de gree of intellectual rigor, however, is creases in the later chapters and seems to rise cli matically to the final chapters, in this

"Psychiatric Treatment Author ization and Reusal,” and Chapter 8, “As sisted Com mit tyn treat ment,” deal with compulsory treatment. Chapter 7 provides a history of the evolution of the separation of authority to treat from the power to de tain. Fur ther, it compares and con trasts the two compulsory models for authorizing treatment in Canada: the state model and the private model. The authors take on the sur prise task of making a case for the involuntary treatment of the involuntary patient under the Charter of Rights, in part, by showing that de lay and refusals of treatment do prive patients of cer tain Charter rights by ex posing them to harm that may flow from their behav iour in the un treated state. The patient is deprived of “freedom of thought and liberty” that would else be restored with appropriate available treatments. This analysis appropriately uses the Fleming versus Reid case (40.R) (3A) 74 (CA). Chapter 8 provides the back ground to the development of various forms of as sisted com mit tyn treatment, such as extended leaves and communities. All sides of the issue are dis cussed, in cluding the impor tance of broader de tention criteria, evi dence for the effectiveness of as sisted community treatment, and the impor tance of appropriate supportive substitute decision leg isila tion. The authors provide their own rec om mon dations for a model as sisted com mit tyn treat ment law.

The next 3 chapters, 9 to 11, deal with the topics of “Rights and Safeguards,” “Mandated Services and Comprehensive Mental Health Legislation,” and “Psy chi atric Treat ment and the Criminal Justice System.” Chapter 9 discusses the legal bases for the protection of the rights of involuntary patients and compares and contrasts the various rights and safeguarding mechanisms within the mental health acts of different provinces and territories. The authors use a hypothetical case to demonstrate how treatment differs from one jurisdiction to another. The chapter ends with several recommendations (for example, make a nonbinding second opinion available to involuntary patients, but only after the first renewal of certificate).
chapter, a model mental health treatment act is proposed; it contains some very progressive ideas that emerge from the author’s critical review and analysis of mental health legislation across the country, including real-world experiences with these acts, the outcomes of legal challenges to these acts, and a comparative look at non-Canadian jurisdictions.

The ideas reflect a balance between an appreciation of the reality of mental illness and the value of treatment vs the appreciation of the reality of mental illness. Physicians who treat persons with severe mental illness, judges, lawyers, families, and patients themselves should read this book. It will also interest students and professionals in mental health law, and it will assist fabricated states and identify the role of antipsychiatric propaganda and the importance of having factual and readily understandable information available to the court and the public to counter antipsychiatric attitudes and to provide sound bases for judicial reasoning.

The book is a triumph of reason over rhetoric and of information over emotion. Nonphysicians (even lawyers) who have taken the care to truly in form themselves about mental illness, about its causes and effects, and about its treatments and outcomes can come to reason about mental illness, even if they are not physicians.

Books Received

The following books have been received; the courtesy of the sender is acknowledged by this listing. Books of particular interest to readers of the Journal will be reviewed by selected individuals. Not all books are available for review.


