The advent of a Freudian revisionist attitude in psychoanalysis has heralded several different models of how therapy works. For example, the work of Melanie Klein deviated from the classic approach in placing the oedipus complex at an early age in the life of the child and in offering the paranoid–schizoid and the depressive positions as central to early development. However, only in recent years has an almost anticlassic understanding appeared in the literature in the schools of self-psychology, of relational therapy, and finally, of the intersubjectivist model—the genre to which this book belongs. This is Frankel’s second book on the technique of therapy. Three years ago, I reviewed the first, Intricate Engagements, in this journal. The focus of Frankel’s present monograph is the role of the disjunction, a state of affairs that occurs during psychoanalytic therapy and both derails and enhances the process. This book’s relentless focus on this process makes it a most readable new perspective on the difficulties of therapy.

The book flows like a Russian novel along the lines of Pasternak’s Doctor Zhivago. There is a central character, who could be Doctor Zhivago travelling on the railway across Russia in the political context of war and revolution. He meets various people on route who love him, need him, and abuse him, yet he stoically maintains his empathic and steadfast clinical attitude. In Hidden Faults, Dr Frankel has us meet several disturbed and disturbing people, patients who come to him for therapy and psychoanalysis. He is the central character in the lives of his patients, all of whom enter into a disjunction with him in the process of treatment. As we read of them, we learn of the psychoanalytic theories with which Frankel is in accord and disaccord. For example, he hardly gives credence to classic analytic thinking, preferring to remain with Ogden’s concepts of the analytic third, Klein’s projective identification, and even an acknowledgement of neuroscience—in my view, mixing models. This is not unusual for current psychoanalytic thinking and, to return to my analogy, is like getting to know the landscape outside the railway car in Zhivago’s Russia. That said, there is always a common life and therapeutic thread running through the characters of Frankel’s patients.

For example, there is Magda, whose preoccupation with the unstable lives of her grown offspring confuses Frankel. He thinks that this is her way of avoiding her loneliness and traumatic past, despite her present strengths. Here, different agendas represent the disjunction in therapy that exists despite the illusion that all goes well in the years they spend together. Then there is Tessa, who reluctantly attends years of psychotherapy with Frankel, despite her insistence that she needs to address her unhappy marriage. Her goal is to help her husband with his irritating lack of practicality in the face of her ambition. Yet Frankel is convinced that she should continue individual therapy for her history of emotional deprivation, and this assumes priority—another disjunction. Surprisingly, Frankel ultimately sympathizes with Tessa, relents, and allows her to come to couple counselling with her husband. He writes that the couple therapy became vibrant and alive, in contrast to the bland individual work he had been doing with Tessa, suggesting to the reader that he had participated in the disjunction’s enactment.

Thus Frankel begins his journey through a landscape of disjunctions that are ubiquitous, insidious, and illusory (that is, therapy appears to be working when it has in fact stalled, because the partners like each other’s company). Frankel explains the roles of facilitation, analysis, and the (object) relation in the process of elucidating the disjunction. He returns to the term “self-object unit” (SO) as the way patients experience the therapist and the people in their past. This unit is akin to signposts and station stops on route that tell patients who they are and where they are going. Finally, we arrive at a major junction: Frankel defines exactly what he means by “disjunction”—a failure in the interpersonal engagement that forecloses understanding. At this point Len, a new patient, presents himself in the carriage with the author, bringing a greater and more difficult challenge.

Indeed, Len comes with a predetermined disjunction that causes him to believe he cannot be helped—that this therapy, as with previous therapies, will not work for his despair and loneliness. Despite some improvement, not a great deal changes for Len after years of working with Frankel, and his cynicism about therapy remains. Finally, in a philosophical moment, Frankel decides within himself to continue this therapy,
yet at the same time “not to know” (here, I think he means the outcome). Like the winter landscape in Zhivago, a lifelessness pervades this therapeutic journey, causing an overt and disabling disjunction that both patient and therapist are challenged to overcome—and they work to overcome it.

The characters in Frankel’s journey of disjunction management become increasingly difficult; yet with the constant help of his own love for his patients and his passion for his work, the difficulties are resolved. Kate, who he distresses by attending the social function of a friend who is also a rival of hers, is followed by Elise, whose erotic fantasies cause him to withdraw emotionally from the therapy. Each instance represents a colluded disjunction; yet Frankel extricates himself by showing us how he understands the disjunction, rather than interpreting it; thus, he joins with his patients to repair mistakes. Finally, at the end of the journey we meet Keith, to whom Frankel must lie when Keith demands to know whether he is paranoid or borderline. Frankel cares for Keith, despite his severe psychopathology, but calls this a crippling caring—crippling to both. Somehow, being able to maintain a distance in the therapy and not to worry about outcome enables the resolution of the disjunction, despite the extent of its destructiveness. We all have patients that make us wonder whether they will ever recover from their disabling interpersonal pathology. The idea of the disjunction reassures us that inevitably and with time and patience, and not necessarily with interpretation, a positive change will accrue from the therapy.

This is a novel approach to an old therapeutic problem in psychoanalysis and psychotherapy—one that has been discussed by others in such terms as Balint’s “basic fault,” Schwaber and others’ “acceptance of the enactment,” and Henry Smith’s “listening to one’s inner conflicts.” However, in Frankel’s Russian battlefield journey, we are at one with him and his patients: we are compelled to question our own enactments and inclinations toward self-disclosure, for better and for worse, in the attempt to resolve the disjunctions we share with our own patients.

### General Psychiatry


**Reviewer rating:** Excellent

**Review by Mostafa Showraki, MD, FRCPC, Toronto, Ontario**

Finally, we have a new, unconventional textbook of psychiatry that meets the needs of psychiatrists in this millennium. Oxford University Press has published this volume as the final section of a trilogy. The first 2 texts are *Psychiatry* (An Oxford Core Text), designed for medical students, and *Oxford Textbook of Psychiatry*, targeted at psychiatric residents. This new and comprehensive textbook is specifically written for practising psychiatrists. Edited by Michael Gelder from Oxford University, Juan J Lopez-Ibor from Spain, and Nancy Andresan from the University of Iowa, who is also the editor-in-chief of the *American Journal of Psychiatry*, the book has been compiled by a group of world-famous experts and does indeed fulfill the needs of psychiatrists around the globe.

In 2 volumes, 11 major parts, and 2938 pages, this beautifully crafted text focuses on 3 themes that dominate psychiatry in our era. These are the growing unity of the subject, the pace of scientific advance, and the growth of practice in the community. The book attends not only to the treatment of mental ailments but also to their prevention, not only to academic psychiatry but also to community-based psychiatry, and not only to domestic psychiatry but also to international psychiatry and the challenges facing the discipline worldwide.

The first part deals with the subject matter of, and approach to, psychiatry. It is a rarity in many conventional psychiatry textbooks. This part starts with the tender subject of what it means to be a patient! “It is difficult to be a psychiatric patient, but a good doctor makes it less so . . . Patients, when first given a psychiatric diagnosis, are commonly both relieved and frightened” (page 3). While reading this section, I pictured a client of mine who had been terrified and shocked by the diagnosis of dysthymic disorder that her previous psychiatrist disclosed to her without any consideration of her feelings and the tenderness of the matter. To the last day of our treatment, I had to work to clean up his mess. “The specifics of what a doctor says, and the manner in which he or she says it, are critically important” (page 3).

This interesting opening section discusses the stigma of mental illness and the public attitude toward it and provides good references for further studies. In this section, the reader will become familiar with the differing ways in which mental illness is perceived. To treat psychiatric illnesses effectively, competent psychiatrists need to be able, with the help of the sufferers, to defeat stigma. This means having a good knowledge of all the facets of ignorance expressed as stigma in their society. They must enlighten both their patients and the public alike to the fact that psychiatric illness does not equate to being “dangerous, contaminating, weak or culpable,” (page 5) that these are true and not feigned illnesses, and that psychiatric patients are not complainers or individuals avoiding responsibilities. This book reminds us that stigma is as dangerous as any other prejudice and that it is especially important to battle it now that psychiatrically ill persons are not locked up in mental institutions but treated in general hospitals and community clinics.
If the cardinal contributory factors to stigmatization are ignorance, fear, and hostility, then the antidotes are information, reassurance, and a vigorous anti-discriminatory campaign on the part of policy makers and opinion-formers (page 7) Here, the important role of media in des-tigmatization is also emphasized.

In this cutting-edge and comprehensive text, psychiatric illness is recognized as a worldwide public health problem—a burden to all humans, regardless of origin. We learn that depression currently ranks fourth on the list of leading causes of disability worldwide and that it will soon rank second, after ischemic heart disease. Among the suggested key initiatives in the book are

better mental health services for children and adolescents including early detection and prevention, coordinated efforts to improve gender policies, to interdict violence toward women and to empower women (page 10–11)

Regarding the history of psychiatry, we are warned about the “crisis in psychiatry.” At this time, the crisis is not caused by the conflict of one school of thought with another, but by the rising practice of psychiatry among nonpsychiatrists.

In Germany a medical psychotherapeutic specialty distinct from psychiatry has been created. . . . In France 60% of antidepressants are now prescribed by general practitioners. . . . There is undoubtedly a movement towards a limitation of psychiatry specialty to the care of the most severe cases (page 26)

But while the text warns us about the new threat that psychiatry—or at least the psychosocial part of it—may be eliminated, it ends with the ray of hope that the current crisis is “another transitory episode” in psychiatry’s tumultuous history.

The section discussing the education of psychiatrists emphasizes 4 major perspectives. These are “the disease perspective, the dimensional perspective, the behavioral perspective, and the life story perspective” (page 42) The authors cite the Johns Hopkins psychiatric residency program as a well-known example of such an educational approach. Psychiatrists are becoming more and more involved, not only in the treatment of mental illnesses but also in managing and providing psychiatric programs in the community, and a section has been dedicated to this subject, as well.

In the chapter on classifying psychiatric disorders the book, unlike many American psychiatric texts, does not limit itself solely to the DSM-IV but familiarizes the readers with the international classification of diseases (ICD-10) as well. North American psychiatrists are obliged to follow the DSM system, and it has helped us over the past 2 decades to have a consensus, at least. However, now may be the right time to reach beyond the DSM—as Nancy Andreasen recommends in her new book, Brave New Brain: Conquering Mental Illness in the Era of Genome:

The scientific basis of DSM is credible. But it is not infallible. Because DSM has become institutionalized in training programs, it’s revered too much and doubted too little. . . . DSM criteria may limit creativity and flexibility in thinking, which may inhibit progress in understanding the underlying mechanisms of mental illnesses (1).

“From Science to Practice” is a chapter that may help practising psychiatrists to keep up-to-date with knowledge that is expanding rapidly in the wake of evidence-based medicine. This section will even teach readers how to perform a single-case study on their clients and how to improve patients’ clinical conditions. It explains how to gather evidence from different resources and provides good practice guidelines. Busy clinicians will learn how to gather the most reliable information from the seas of data surrounding them in many journals and the Internet. Readers are also shown how to appraise the articles they read.

Unlike other psychiatric textbooks, the section on “The Scientific Basis of Psychiatric Aetiology” places major emphasis on the historical development of etiology in psychiatry, on developmental psychology, and on the current theoretical trends in regard to causality. It asserts that medical, psychological, and social models of mental diseases with no link and interaction with each other “fragment the causality process and render themselves sterile.” The authors believe that “views on causality are historical events—the result of ideology and social expediency. . . . and they are not empirical in any real sense” (page 152) While endorsing the view that the history of psychiatric etiology has been influenced by the dominant trends of time, I personally believe that the truth of the matter is not a unitary vision of one model or the other, but an interaction of all. In this era of “the mind meets the brain,” even the interactive-integrative model should not be a dogma but amenable to modification as the need arises over time. This is not an era of “left” vs “right” or of psychopharmacology vs psychotherapy. As Kandel accurately points out, “Insofar as our words produce changes in our patient’s mind, it is likely that these psychotherapeutic interventions produce changes in the patient’s brain” (2).

Throughout this prolific work, readers are entertained and introduced to many rare, interesting, and important subjects and concepts that may not be found in other texts, including recovered and false memories; obesity as a psychiatric issue; psychiatric problem gambling; adjustments to physical illnesses, handicaps, and bereavement; health screening and prevention programs in psychiatry (with compelling evidences of the efficiency of such strategies); and health psychology. This last subject area targets the wide range of psychological processes in health, illness, and health care; the inter-relation of patients’ health and illness behaviour; lifestyle and health; and practitioner aspects of health.
psychology. For those who find it difficult to understand journal articles and scientific trials that employ the sophisticated language of biostatistics, there is a comprehensive review of clinical trials that includes such hard-to-digest methodology as metaanalysis, analysis of group trials, the effects of placebo and nonspecific factors on the outcome of trials, and the significance of their inclusion. There is a good discussion of the general principles of drug therapy—a subject that it is most important for practising psychiatrists to consider before deciding on what medication to prescribe for their clients.

The section entitled “Psychotherapy” offers a scholarly explication of cognitive-behavioural therapy (CBT) in 4 subchapters. This is an invaluable section, because other textbooks do not offer much on CBT, despite the increasing number of promising outcomes from different studies and trials of this effective and scientific psychotherapy. CBT could well be combined with pharmacotherapy to treat many psychiatric illnesses.

Chapters such as “Rehabilitation Techniques,” “Psychiatric Nursing,” “Social Work Approaches to Mental Health,” “Traditional Non-Western Folk Healing Methods,” and “Alternative Treatments” will familiarize practising psychiatrists with the reality of what is happening around them—a reality not taught in medical school! Not many psychiatric textbooks cover areas like public policy and environmental issues; service needs assessment of individuals and populations; planning and providing mental health services for a community; cultural differences in pathways to care, service use, and outcome; evaluation and economic analyses of psychiatric services; the role of advocacy; self-help; care groups and voluntary organizations; the special psychiatric problems of refugees, homeless people, and ethnic minorities; the influence of family, school, and the environment on mental health of children; prevention of mental disorders in childhood; child abuse and neglect; the effects of adoption and foster care on child mental health; and the effects of parental psychiatric and physical illnesses and bereavement on child psychological development.

Special forensic issues discussed include juvenile delinquency, the child as a witness, offending; dangerousness, risk, the prediction of probability, the impact of victimization, the psychiatrist in court, the legal use of psychiatry and law as an instrument of psychiatric practice, and organization of services. All these subjects are discussed with distilled wisdom, lucidity, and richness in this now gold standard text.

**References**


**Psychotherapy**

**Unfree Associations: Inside Psychoanalytic Institutes.** Douglas Kirsner.

**Reviewer rating: Good**

Review by Paul Ian Steinberg, MD, FRCP, Edmonton, Alberta

This book comprises 4 initial chapters—each devoted to the psychoanalytic institutes in New York, Boston, Chicago, and Los Angeles—and a concluding chapter entitled “The Trouble with Psychoanalytic Institutes.” In its account of hostile and irrational functioning within groups of presumably intelligent, highly educated, and psychologically insightful individuals, this text provides ample data for anyone who needs to be disillusioned. A common problem described is the power struggle, with training analysts attempting to maintain control and withhold power from most psychoanalytic society members. Of the 4 institutes discussed, 3 were controlled by an elite group—a few individuals who actually ran the institute. It would have been interesting had the author compared the pathological functioning of these institutes—apparently so dominated by narcissistic characters—with the functioning of other institutions, such as business and government-run institutions, including hospitals. Such a comparison might have taken some of the sting out of the descriptions. One analyst was quoted as saying that the members of the faculty needed to “learn how to listen,” that “once you get out of your office you don’t have to do that. You can just get in there, fight, and do anything, you don’t have to listen any more.” (Page 137) The author appears to be aware of the positive qualities demonstrated by the central characters in these dramas, but tends to focus on activities that highlight their irredeemable narcissism, even paranoia. As interesting as group politics can be, the detail offered here is so voluminous as to become tedious at times; it likely will discourage many otherwise interested readers. As well, because of the nature of the subject, the material is quite repetitious. The exhaustive chapter on the Los Angeles institute is especially lengthy—almost as long as the combined chapters on the other 3 institutes. There is just too much information, except for a reader with a burning interest in a blow-by-blow account of each institute’s vicissitudes. While the contents of this volume might represent the truth, the whole truth, and nothing but the truth regarding these institutions, another sad truth is that the audience for whom this is of sufficient interest is likely to be quite limited.

Conversely, and to be fair, this is a very good book for what it is. It offers an extremely well-documented history of 4 major American psychoanalytic institutes. It is very carefully and comprehensively organized, with 34 pages of notes, a bibliography, lists of interviewees, and cited personal communications. The
Kirsner concludes that psychoanalytic education has come to transform illegitimate power into a rational authority. Secrecy and lack of detailed public evidence have long fostered opportunistic practices of anointment... the model of idealization/denigration is a pervasive and structural one finding a correlate in the day to day life and management of even the smallest institutes... Training issues are everywhere and routinely resolved by fiat. Passionate power struggles are ubiquitous and can elicit a zeal that rivals forms of the most uncompromising fundamentalisms (Page 237)

Kirsner believes that the atmosphere of anointment has persisted through the medium of the training analysis and the appointment of those who have the right to train. These, he feels, have always lain at the heart of all analytic disputes.

Kirsner really comes into his own in the concluding chapter, especially in the final passages offering his cogent opinion about how psychoanalytic institutions need to change. The conclusion begins positively, describing changes achieved “despite intrinsic problems which remain at the heart of psychoanalysis and its institutes” (Page 232) One may understand the childishness, internal focus, phenomenon of anointment, and fratricidal behaviour thus: “Issues concerning the right to train are crucial determinants in psychoanalytic controversies” (Page 239) According to Kirsner, the claimed knowledge implied by qualifications is far greater than its real level. Analysts do not face this but substantiate the knowledge implied by qualification in terms of anointment. He concludes that, despite reforms, the underlying problems in these institutes remain. This final chapter is far more gripping reading than the minutely detailed accounts of each institute that precede it. The final chapter should, I think, be required reading for all psychoanalysts and psychoanalytic candidates. Perhaps, in fact, it would have been better to write a shorter book of 2 chapters, the first being a summary of the difficulties within all the institutes instead of a repetitious rendering of each institute’s problems. Kirsner’s reasonable and seemingly inevitable conclusions are important for psychoanalysis as an institution to consider.

Including the history of the Toronto and Montreal psychoanalytic institutes would have increased interest for Canadian psychiatrists and psychoanalysts, but this is clearly an American text. I found several ungrammatical and incomplete sentences and occasional non-standard English in the text, which appears to reflect some carelessness in the editing.

References

Mood Disorders, Psychotherapy


Reviewer rating: Very Good

Review by John I Telner, PhD, CPSych, Robert J Bialik, PhD, CPSych, Ottawa, Ontario

A recent paper in the New England Journal of Medicine (1) has been well publicized as the first study to show that combination treatment with antidepressant medication ( nefazodone) and a particular variant of cognitive therapy—cognitive-behavioural analysis system of psychotherapy (CBASP)—is more effective than either
treatment alone in cases of chronic depression. This approach is the core of this comprehensive textbook discussing CBASP in the treatment of chronic depression. The book starts out with 2 interesting chapters on well-known problems encountered by therapists treating patients with chronic depression. The author lists these in capsule form and frames the questions we all at some time ask ourselves, such as Why do I keep feeling that nothing I do will make a difference? How can I effectively treat a patient who is unmotivated to change? and Why do I keep having feelings of inadequacy and helplessness when I am with this patient? The stage is thus set for presenting not only the problems inherent in the treatment of chronic depression but also, and more importantly, a treatment strategy that differs notably from what has been offered previously.

Dr McCullough tells us that he was motivated to develop this particular approach to psychotherapy by the less-than-optimal response of patients to more traditional cognitive therapies. His model aims to explain why patients get stuck in therapy and do not benefit from the standard cognitive-behavioural approaches to modifying attitudes and core beliefs. The book is divided into 3 sections. In the first section, the author explains his model, CBASP, and how it accounts for psychopathology. Here, he develops his rationale for the goal of therapy with these patients, which is to facilitate blocked or delayed cognitive-emotional development. McCullough takes a rather elongated and intricate route to convince us that his approach is sound. Although we do not entirely agree with his rationale, we agree with his conclusion. There is common ground between McCullough and Marvin Goldfried, the author of the book’s forward, which emphasizes cognitive-affective development. In addition, McCullough’s model is not dissimilar to that of Jeffrey Young, which goes beyond cognitive schemas and directly addresses affective systems.

The second part of this book focuses on actual methods and procedures used with the CBASP approach. This section is what most people would look for in such a text; readers should not be disappointed. McCullough divides this section into 5 major chapters that range from strategies to enhance motivation for change to measuring outcome. Chapter 6 very clearly describes the 6 steps used in situational analysis and provides relative case material. Chapter 8 focuses on the therapist-patient relationship as an important aspect of modifying behaviour—something that many cognitive therapists may find foreign but is in keeping with McCullough’s interpersonal and integrative approach. The third and final part of this volume deals with the history and other aspects of CBASP. This section contains a chapter that compares CBASP with both Beck’s cognitive therapy and Klerman’s interpersonal psychotherapy. A most welcome chapter is the final chapter, which deals with common patient problems and the lack of positive outcome with this approach. Personal responsibility is an important component of this treatment. On the one hand, McCullough argues that patients are not responsible for their illness because they have not learned the appropriate coping skills or have learned maladaptive coping skills from early experiences. On the other hand, he advocates that patients take responsibility (that is, ownership) and take charge of what they can do about their illness. As Goldfried points out, McCullough is a strong advocate for letting the patient do the work of therapy.

Early in his book, McCullough identifies changes that he is trying to facilitate with this approach to psychotherapy. The most central concepts in our minds are captured by the following statement:

Teaching preoperational patients formal operations problem-solving techniques makes it possible for them to become perceptually aware of behavioural consequences (p. 17).

On page 33, he describes how most patients with chronic depression have 3 important preoperational views: 1) they experience unpleasant emotions (for example, sadness and anger) as unending experiences, 2) they generalize negative experiences with a single person (or type of person) to all somewhat similar people, and 3) they cannot separate their past experiences with parents and family from a potentially different present. Therefore, McCullough suggests that “the perception of time literally stops for the chronic patient, such that the past defines interpersonal possibilities in the present and future” (page #?) It follows that a detailed analysis and focused encouragement to experience, perceive, and behave in new ways is required if these patients are to make therapeutic gains.

This book should interest therapists from various orientations who work with individuals suffering from chronic depression. It is a well-written treatise on a novel approach to treating a difficult and at times frustrating disorder. Technically, the book is attractive, seems free from production errors, and is well-priced.

Reference


Forensic Psychiatry


Reviewer rating: Good

Review by Graham D Glancy, MB, ChB, FRCPsych, FRCP(C) Toronto, Ontario

Professor Arboleda-Flórez is a leading and much-respected figure in Canadian
forensic psychiatry. He is currently Head of the Department of Psychiatry, and Chair of its Forensic Division at Queen’s University, Kingston, Ontario. He has built an international reputation through his work as a consultant for the World Health Organization, and the World Psychiatric Association. He is a recent winner of the Bruno Cormier Award for distinction in Canadian forensic psychiatry, being particularly known for the scientific rigour with which he approaches any issue. He has written this book in conjunction with Ms Deynaka, a practicing lawyer with a background in nursing.

According to the book’s preface, its purpose is to provide lawyers and forensic clinicians with a simple reference guide on basic scientific concepts and research methodologies as they impact upon forensic psychiatry and psychology. Dr Arboleda-Flórez notes the dearth of publications dedicated to understanding systems as they are used by the criminal patients with mental illness who interact with forensic specialists in these systems. In the preface, the authors also point out that they have dedicated extensive areas of the book to ethical matters that impact upon law and psychiatry. Currently, no up-to-date Canadian textbook of forensic psychiatry exists (1). Although the stated intentions of this book are not necessarily to fill this void, the meat of the book, in fact, could well serve this end.

Chapter 1 is an interesting disquisition on the nature of science. This flows into a second chapter on expert evidence that is particularly useful in describing how the Daubert standard has been interpreted in Canada. The authors criticize both forensic psychiatrists and the justice system for not using scientific knowledge in this field with more discernment. However, they save their greatest cynicism for the use of “syndrome evidence”—most particularly in regard to recovered memories and the “child sexual abuse accommodation syndrome.”

In Chapter 3, they refer to “the scientific paradigm,” which includes a primer on probability and statistics—something we can all afford to brush up on from time to time. Chapters 4, 5, and 6 are the core of this book. These chapters could serve as an abbreviated textbook on forensic psychiatry in Canada; they are useful for reference and make interesting reading as well.

Chapter 7, “Examining the Expert,” is presumably aimed at lawyers, although having glanced through it, I suggest that anybody who may face cross-examination will want to be forewarned by a more detailed prior reading. No doubt this will send many of us rushing back to our textbooks and journals, a result I am sure would be applauded by the authors. An excellent chapter on ethical issues follows. It includes a discussion of the ethics of forensic psychiatrists and lawyers and a separate section on the confidentiality of medical records.

The first page of the preface states that “while forensic psychiatrists are usually up-to-date in clinical knowledge, they are in a vacuum regarding research issues.” It then goes on to say that “equally, lawyers, usually hail from liberal arts degrees, have seldom been exposed to scientific methods or taught research methodologies.” Since this book appears to be aimed at forensic psychiatrists and lawyers, alienating both groups does not seem the most diplomatic start!

Dr Arboleda-Flórez next chides us for the lack of publications attesting to the scientific basis of assumptions made by forensic witnesses. Unfortunately, he does not quote any scientific evidence or research to support these stereotypical views and thereby is subject to the same criticism. He states that there is a similar dearth and knowledge in the area of the systems within which we and our patients interact. Although they purport to right this wrong by explaining these systemic interactions, nowhere in the book do the authors mention the Canadian Academy of Psychiatry and the Law (CAPL)—the body under the auspices of the CPA that represents forensic psychiatrists in Canada. This apparent blind spot is again demonstrated by the fact that the ethical guidelines of the American Academy of Psychiatry and the Law are presented, but similar guidelines instituted by CAPL are ignored. Through his work with international organizations Dr Arboleda-Flórez, is able to give a world view, but he sometimes neglects what is happening in his own backyard.

Inevitably, cases in textbooks are out of date before they are published. In this case, the important Supreme Court of Canada cases R v Mills (2) and R v Jones (3), which relate to the confidentiality of patient records and the duty to warn third persons, are neglected. The reader will have to keep up to date by reading The Canadian Journal of Psychiatry and other journals to learn about the latest important developments. The book also inevitably portrays the bias of the authors—not bias according to the uneven glossary’s statistical definition (“deviation or interferences from the truth”) but bias as in partiality or interest. Only 1½ pages are devoted to young offenders or dangerous offenders, whereas over 20 pages relate to statistics.

That said, my criticisms are merely nit-picking. Overall, the book is an important contribution to the field and is essential reading for all residents in psychiatry, for general psychiatrists who stray into the field of forensic psychiatry, and for forensic psychiatrists. It would also be most useful for lawyers who find themselves working in this area. It is well-written and nicely presented in a handy paperback form that fits easily into a briefcase. By now, we are used to paying 10 times the price of the latest John Grisham paperback for a similarly sized textbook, so the price is something with which we have come to terms. I encourage anybody connected to the field to buy this book and read it. Hopefully, specialists in forensics and, more particularly, general psychiatrists and mental health workers who stray into the field (for whom there is a greater need) will respond to Dr Arboleda-Flórez’s challenge and introduce greater scientific rigour into their work. If this is indeed the result, the authors will have fulfilled the stated aim of this excellent book.

References