Women's Mental Health


Reviewer rating: Good

Review by Vera Lantos, MD, FRCPC, Ottawa, Ontario

The critical importance of the dynamic interplay between women’s reproductive and mental functioning has been appreciated from ancient times; at the beginning of the 21st century it is an ambitious project to span the vast range of issues and give all the information that is relevant and currently available.

This book’s chapters are organized under 3 headings: “Pregnancy,” “Gynecology,” and “General Issues.” The “Pregnancy” section deals with themes of normal and medically complicated pregnancies, as well as adolescent pregnancies; psychiatric disorders during pregnancy and lactation; current treatment strategies; and fetal anomalies, perinatal loss, and postpartum disorders.

For clinicians considering electroconvulsive therapy (ECT) and psychotropic drug treatment, the information on physiologic changes in drug metabolism and potential teratogenicity during pregnancy and lactation is both vital and humbling.

Adolescent pregnancy is discussed in a developmental framework, with particular attention to the group at the highest risk for abuse, promiscuity, addictions, and sexually transmitted disease (STD). The simple and clear postpartum disorder classification is very useful as well.

The chapters on fetal anomaly and perinatal loss elaborate on grieving—a complex process with several individual components (for example, the actual loss and possible prior losses, deprivation of normal narcissistic motives for pregnancy, and blows to self-image)—as well as on interpersonal, circumstantial, and cultural variables that all ask for particular sensitivity from health care professionals.

The “Gynecology” section discusses issues of induced abortion, infertility, and new reproductive technologies, along with psychological aspects of the menstrual cycle and its end in menopause. Also discussed are gynecological pathologies from pain, disorders requiring surgery, and cancer and HIV. The pragmatic description of the neuroendocrine basis of menses and cyclicity is easily readable. The list of disorders (both somatic and psychiatric) affected by the menstrual cycle is satisfactory. Research on premenstrual syndrome (PMS) is fraught with methodological and political dilemmas, and considerable space is allotted to it. Clinicians will do well to pay more attention to the interaction between psychotropic and other medications and fluctuating estrogen levels—whether the fluctuation is caused by menses, oral contraceptives, or hormone replacement therapy (HRT). The chapter on menopause elaborates on the peripheral and central effects of estrogen and the mechanism of its impact on mood.

The host of highly charged ethical dilemmas surrounding the new reproductive technologies and induced abortion continue to challenge us all and influence the political arena. Section 2 discusses these dilemmas in terms of their psychosocial implications, while section 3 discusses them from a developmental and psychoanalytic perspective.

The management of several chronic gynecological conditions benefits from collaboration between the gynecologist and the psychiatrist—particularly in the area of oncology. Useful tables summarize medications that induce depression, offer a guide to assessing major depression in cancer patients and to discriminating it from the medical illness, and provide help in the difficult choice of antidepressants in this context (for example, extra care is needed in regard to side effects).

The guiding principle in this book’s organization is not clear: issues overlap and interrelate in a complex way. In the “General Issues” section, one reads about female sexual dysfunctions, eating disorders, addictions, psychopharmacology, breast cancer, women and violence, lesbian health care, ethics—even issues of minority rights. It seems that the interface of psychiatry and obstetrics and gynecology, having so many sociocultural implications, reaches into the political field. I particularly appreciated information concerning sex differences in pharmacokinetics. It is educational to read a discussion of related processes offered from different perspectives, even if some of it thereby becomes a bit repetitive.

Unfortunately, the scientific and empathic tone of this volume seems to shift into the oversolicitous in the discussion of addictions and abuse. Presenting women as victims has grave consequences, because it places the bulk of responsibility for change elsewhere, thus further depriving women of power. Women who are aware of their influence exercise it constantly—in choosing a partner, in maintaining or ending a relationship, and in rearing their female (thus, role modelling) and male (thus, planting the seeds of future heterosexual connecting) children. The acknowledgement that partner abuse appears comparable between lesbian and heterosexual couples (p 481) underlines our questioning of the premise that abuse is primarily a male–female issue. The time is ripe for a
more comprehensive trauma framework—one that will improve our understanding of abuse’s impact on the development of identity and personality structure (that is, cognitive and emotional consequences or limitations), as well as its transgenerational impact. I credit the authors for including the male perspective: the review of the transferential and countertransferential spectrum offers a satisfying balance.

The editorial in the June 2002 issue of the Journal (1) addresses women’s mental health. We are about to open the Women’s Health Clinic in Ottawa. As we learn more about sex differences in metabolism, neurohormonal regulation, and brain wiring, a book that offers a responsible, readable, and up-to-date review of the issues at the interface of obstetrics and gynecology and mental health is a welcome reference.

Reference

Brain Imaging


Reviewer rating: Very Good

Review by Jimmy Jensen, PhD, Shitij Kapur, MD, FRCP, PhD

Toronto, Ontario

Functional Magnetic Resonance Imaging (fMRI) has received much attention and interest in the past decade. The increasing number of scanners around the world has made it possible for many groups to use this technique. Until now, however, it has been difficult to find a single, comprehensive source from which to gain the understanding of its different aspects that is necessary before conducting experiments (for example, physics, physiological underpinnings of the MRI signal, experimental design, and analysis).

Richard B Buxton’s book attempts to resolve this need for educational material. The author is not only a professor in radiology with a background in physics but a leading authority in the MRI field. In this book, he introduces how fMRI works, describing basic principles and the underlying physics and physiology as well as more recent techniques. His aim is that the book should be accessible to new investigators or clinicians and that it should contain sufficient depth for active investigators to find it useful.

The book is divided into 3 major sections. Section 1, a general introduction to imaging—especially fMRI—begins with a discussion about the brain metabolism and how it relates to activation. Buxton provides a comprehensive explanation of the physiology behind the most common signal measured with fMRI, the blood oxygenation level dependent (BOLD). The section continues with a review of basic MRI physics and principles, such as how localization of brain activations is performed. It ends with a discussion about different fMRI techniques. The section is clearly written, covers most basics, and can be quite easily understood.

The remainder of the book describes, in more detail, some issues that were discussed in the first section. The second section primarily covers the MRI signal and how it is imaged. Although the physics is more advanced and more difficult to grasp, we also learn more about fMRI core features: specifically, pulse sequences, k-space, and noise. This section provides benefits in that Buxton explains how features interconnect (for example, the relation between field-of-view, resolution, pixel, and voxel) and how the RF-pulse and band and magnetic field gradients relate to slice selection. Several areas in this section are advanced, making them less accessible for beginners in the field.

In the first part of the last section, Buxton is a bit ahead of current mainstream fMRI imaging. Along with BOLD, he discusses other more recent fMRI techniques, such as arterial spin labelling and contrast agent techniques. According to Buxton, these techniques will become more important in the near future. This section ends with 2 chapters that provide an overview of statistical analysis and experimental design for BOLD experiments. However, these last 2 chapters are less thorough: in other words, they do not contain the depth of previous chapters and, as a result, leave us wanting more information about conducting a good experiment and about how different preprocessing stages affect data. Design and analysis, however, are large areas to cover, and the author promises only fMRI principles and techniques in the book’s title.

This book aims to reach both beginners and active scientists and clinicians in the fMRI field, and Buxton has succeeded. The book relies on text and figures with explanations, rather than on colour pictures, which makes it a valuable reference source. Although he does not always succeed in explaining the difficult areas simply, readers will most likely find the answers to their questions. The book also offers a few boxes with highlighted areas to broaden the topic under discussion, and for the more advanced reader, mathematical explanations are included. Frequently, some topics are repeated over and over again (for example, the physiological foundation of the BOLD). However, if the sections were meant to be independent, these overlaps may have been a conscious choice. The best way to use this high-density fact book is as a reference. Unfortunately, most papers from the fMRI field contain strange words and acronyms; however, Buxton explains most of these and their relation to each other.

Évaluation finale : Excellent

Revue par Raymond Tempier, MD Montréal, Québec

L’évaluation de programmes et la recherche évaluative sont des domaines en général peu connus des psychiatriens. Pourtant, ces recherches sur les services de santé mentale peuvent améliorer les programmes de soins. Comme la détermination des besoins d’une population en matière de soins fait partie de ce type d’investigation, cet aspect de l’évaluation mérite donc d’être connu, et c’est le but de ce livre. Cet ouvrage est assez court (209 pages) et il cerne de façon concise (en 4 chapitres) le concept des besoins en santé mentale. Il est le fruit d’une coopération franco-québécoise de chercheurs, d’administrateurs et de cliniciens qui ont mené une enquête à partir de groupes de discussion pour approfondir cette notion de besoin. Les auteurs font autorité dans le domaine de la recherche évaluative, et plusieurs ont mené des enquêtes d’envergure tant au Québec qu’en France. Il s’agit ici moins de comparer les deux systèmes mais plutôt d’exposer les problèmes communs, car la planification et l’identification des besoins restent des exercices difficiles des deux côtés de l’Atlantique!

Le premier chapitre fixe le cadre conceptuel et propose une définition simple : un besoin de soins existe si une personne présente un problème clinique significatif ou qu’une intervention thérapeutique peut réduire ce problème. Les principes éthiques (autonomie, continuité, efficacité, etc.) à respecter dans la planification sont aussi rappelés. L’état de santé d’une personne n’est pas seulement vu ici selon l’axe santé-maladie, mais aussi selon un axe bien-être-détresse psychologique et par rapport à son fonctionnement. Cette vision est intéressante car elle élargit le cadre psychopathologique habituel, et est particulièrement valable pour les interventions de réadaptation. Enfin, le sujet en question peut-il accepter qu’il a un problème et ira-t-il chercher de l’aide? Ces questions soulevées ici sont cruciales lorsqu’on essaie de planifier des services adaptés aux besoins.

Les contextes français et québécois en matière de planification sanitaire et social sont décrits dans le deuxième chapitre. La France s’appuie sur la carte sanitaire et sur les schémas d’organisation sanitaire, tandis que le Québec se sert des textes d’orientation et des plans régionaux d’organisation des services. Mais les auteurs déplorent que, de part et d’autre, les modes de planification actuels se préoccupent marginalement des besoins des usagers et font plutôt primer les intérêts corporatistes, institutionnels, économiques et politiques. Le troisième chapitre expose les méthodes de mesure des besoins, que ce soit à partir d’enquêtes de population ou de systèmes d’information ou encore à la suite d’une évaluation de services. Les résultats de plusieurs enquêtes de santé mentale en population générale y sont aussi rapportés. Une discussion sur l’utilisation des indicateurs sociaux pour modéliser les besoins en santé mentale nous éclaire sur le type de collecte de données de base à utiliser. Enfin, le dernier chapitre propose des stratégies de mesure des besoins comme l’élaboration de systèmes d’information harmonisés ou la confection d’enquêtes pour des populations spécifiques.

Quatorze fiches techniques bien détaillées complètent les chapitres. Les instruments courants de mesure des besoins des adultes et des enfants y sont aussi décrits et comparés. Une autre fiche technique présente l’évaluation de la qualité de la vie dans la détermination des besoins. Cette présentation est un peu succincte quoique les références bibliographiques soient très nombreuses. De nombreux tableaux statistiques complètent texte clair et concis. Enfin, et c’est bienvenu dans ce type de sujet, la dernière fiche est un glossaire des abréviations et des sigles utilisés le plus couramment dans ce domaine.

Ce livre constitue à mon avis un très bon ouvrage de référence pour tout clinicien, chercheur ou administrateur qui s’intéresse à l’évaluation de programmes en santé mentale. Le rapport qualité prix en est excellent!

Psychotherapy


Reviewer rating: Excellent

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

This text has the double merit of being both very scholarly and of exercising an important influence in the practice of psychoanalysis and psychodynamic psychotherapy. The first section, “Critique of Classical Psychoanalytic Theory,” contains chapters on Freud’s theory of cognition, primary process, unconscious fantasy, and unconscious pathogenic beliefs. Dorpat states, “nearly exclusive focus on the intrapsychic domain obscures...”
the profound and complex ways in which the analyst is implicated in the clinical phenomena he seeks to study and to interpret” (p xiii). The authors successfully demonstrate the importance of object relations and the interactional perspective in understanding and interpreting patient communications and actions, looking not just vertically to the depths of the patient’s psyche for the causes of behaviour but also horizontally at the individual’s interactions with the environment. They indicate that little attention is given to the actual interactions between patient and therapist and to how the patient unconsciously evaluates and represents these interactions. The second section, “Interactional Theory,” contains chapters on basic principles of mental organization and development, the mind in operation, defense and psychopathology, and process and technique and concludes with a clinical study. Miller focuses on “how a patient’s psychopathology is expressed and the types of interactions in which he or she engages the analyst and in the meaning that the patient assigns to these interactions” (p 98). He applies Piaget’s 5 classes of operational schemes, showing how they “organize the elements of lived experience into mental structures called schemata” (p 111).

“Applications and Exemplifications” describes the intersubjective system of reciprocal mutual influence of transference and countertransference. The chapter explains the significance of self-fulfilling prophecies in projective identification. A revised theory of defences is proffered, which recognizes the role played by object relations in the development, internalization, and maintenance of defensive activity. A concluding chapter uses case vignettes to illustrate the contribution to dream formation made by patients’ unconscious meaning analysis of recent events.

Each of the 3 sections of this book begins with an introduction that describes the goals of the section and the way in which the authors reach the goal. This book is well organized and convincing; the authors arrive at their conclusions in a logical manner. Although I noticed several typographic errors, the writing is clear and concise, carefully referenced, and packed with ideas. The authors convincingly present their revision of psychoanalytic theory in a nontendentious way. Throughout, the scholarship and clinical ideas being presented are of very high quality. This is essential reading for anyone practising psychoanalysis or a dynamic form of psychotherapy. It is refreshing to read authors who diverge from Freud, showing where recent discoveries in various scientific disciplines demonstrate some of his conclusions to be incorrect, without either walking on eggs or trying to show that their divergence was implied in Freud’s work, as if Freud could never be wrong. Each chapter is broken up into several short subchapters that help readers organize their thoughts, making the contents of the book more digestible. This is important, because rarely have I seen a book with so much meat in it. This book certainly bears more than a single reading.

### Schizophrenia


Reviewer rating: Good

Review by Mary V Seeman, MD

Toronto, Ontario

Reading this second book in a series by the World Psychiatric Association (WPA) is a humbling experience. It is humbling because not one of its 100 contributors from around the world is Canadian, and I had always thought of Canada as a world leader in the field of schizophrenia studies. It’s true that there is a single contribution by Peter Liddle, writing from his former Vanouver address as Schizophrenia Chair at the University of British Columbia; however, Peter Liddle has now left Canada—another humiliation to our national pride. Judging by the names, 15 contributors are women. It’s hard to know what the correct representation of female authors should be in a book such as this, but a closer-to-equal sex distribution might have represented international interests better.

The book consists of 6 long reviews: 2 are from the US, and 4 are European, with the UK being the main player. Each review is followed by approximately 15 commentaries that seem to come from every corner of the globe except Canada. The book’s intended aim is to provide an international perspective on diagnosis, pharmacotherapy, psychotherapy, stigma, spectrum disorders, and costs, as they pertain to schizophrenia. These topics were probably selected because opinions and practices with respect to them could well differ among countries, and disagreements may have stirred up some interest. Unfortunately the reviews, some excellent and some suffering from language problems and hasty preparation, do not elicit much debate. Invariably, each commentator praises the review and adds some innocuous remarks of little interest to the reader. Therefore, the book’s purpose is not really fulfilled. It would have been more readable if it had comprised only the reviews.

The chapters on diagnosis, pharmacotherapy, psychotherapy, and spectrum disorders—some very thorough and well written—sum up knowledge to date but do not contribute new knowledge. The pharmacotherapy chapter and its commentaries were written sometime prior
to 1999 and are already dated, as pharmacotherapy book chapters are wont to be. This rapidly changing field is today preoccupied with the health risks of atypical antipsychotics, yet the chapter and its commentaries do not address this important issue and are insufficiently critical of the newer drugs’ supposed advantages.

The best chapters take a novel approach. They are the chapters by Cancro and Meyerson on prevention of disability and stigma related to schizophrenia and the chapter by Knapp, Almond, and Percudani on costs of schizophrenia. Cancro and Meyerson first cover the history of schizophrenia treatment and conclude that “it is very difficult not to draw the conclusion that these patients mobilize considerable ambivalence in the healer.” The authors do not include modern treatments in this gentle remonstrance, but it is hard not to think that future generations will categorize current treatments in the same way. They then distinguish among impairment, disability, and handicap and discuss the 3 levels of prevention. They cover different rehabilitative approaches from a global point of view and offer a good discussion of stigma and of ways to counteract it. One commentator, Richard Wagner, mentions the WPA-sponsored global antistigma campaign and its first pilot, launched in Calgary, Alberta, in 1997. Warner adds meaningfully to the discussion by providing several examples of antistigma techniques that work.

The chapter by Knapp and others from the London School of Economics and the Institute of Psychiatry is the most comprehensive review of schizophrenia costs that I have ever seen. After defining key terms, it looks at overall schizophrenia costs, especially cost-of-illness evaluations. The authors then examine the specific costs of relapse, inpatient services, residential care, mortality, lost employment, family impact, and public safety. The chapter also addresses different methodologies (for example, cost-offset, cost-minimization, cost-effectiveness, cost-consequences, cost-benefit, and cost-utility analyses). It takes a closer look at pharmacotherapy, psychosocial therapy, and care arrangements with respect to the ratio of outcome over cost. Given finite resources, it examines the evidence for what treatments can be deployed most effectively and most equitably. The authors conclude that across all societies relapse is a particularly costly event and that mortality, given that it occurs in younger adults, has major economic consequences. So too has loss of employment. Other important costs are inpatient services, specialized community accommodation, and family caregiver support. The authors also observe that community treatment can be shown to be cost effective. Family interventions reduce overall cost, and short counselling intervention improves compliance with medication and improves clinical outcome without adding to the cost of standard care. With respect to drugs, they note that clozapine has been shown to be more cost-effective than typical drugs. At the time of writing, comparable evidence for the other atypicals was not available, and evidence for the superiority of any single case management model was lacking. The authors conclude that cost-effectiveness gains seen in empirical research may not necessarily be cost-effective in practice and that this needs constant reevaluation. They also point to the difficulties in measuring indirect costs, such as those incurred by family caregivers.

Overall, this is a good resource book, but it is too expensive for personal libraries.

It is free of production errors but not free of linguistic awkwardness. The format of commentaries on a review is used successfully by some journals. However, it does not work here because the reviews themselves do not take any specific stand. As a result, the commentators have little with which to disagree. In general, they are overly bland and repetitious. I think the WPA should consider a different format for the next book in the series. Perhaps Canadian content would help.

Schizophrenia


Reviewer rating: Excellent

Review by Emmanuel Stip, MD, Montreal, Quebec

It is currently estimated that 24 million people on our planet have schizophrenia. That represents the entire population of Canada. Continuing the metaphor, it has always been difficult to write about the “country” of schizophrenia because of its complexity, heterogeneity, and weight of stigmatization. This year, interest in the disease was renewed by the release of A Beautiful Mind, a film about an exceptional life affected by this disease. The scientific literature on schizophrenia is abundant, and each year there are many congresses on the subject. However, it is even more difficult to interpret the findings and to explain the disease in lay terms. We are therefore lucky to see this splendid book appearing on the shelves of our libraries. Its author, Michael Green, is a professor at University of California, Los Angeles (UCLA), and head of the Department of Veterans Affairs. Known for his work on the importance of cognitive deficits in schizophrenia, Dr Green is a leader in his field. His contribution to this discipline is recognized in North America and in Europe. What is unusual is to find such a researcher and clinician able to explain schizophrenia in simple, accessible terms for all readers—a quality that also relieves the specialists in this field from boredom in reading. Dr Green tries to provide the general public with the information essential to understanding this disease. A challenge here is to explain and supply information without betraying the scientific way of thinking; however, Dr Green’s endeavour succeeds in every chapter.
As a member of the board of directors of the Société Québécoise de schizophrénie, I have had the chance on several occasions to exchange information, give explanations, and describe both the status of scientific research and the limits of our progress, bearing in mind that it relates to 1% of the world population. Today, I’m reassured to have this book in my possession. It allows me to tell my professional colleagues and my patients that there exists a work explaining what concerns them. Unfortunately, this work is not translated into French, but we hope for a future translation.

Dr Green brilliantly integrates the recent developments in our understanding of schizophrenia, which he organizes according to a train of thought proceeding “from neurons to social interactions.” When I closed the book on the train from Montreal to Toronto, I felt that I had read a good detective novel. I mentioned previously that this work describes the equivalent of a country with a population of 24 million inhabitants. It surprised me to think that I had just read a book that was scientific and objective, yet at the same time able to maintain a glimmer of hope, while drawing me into this tragic country.

The work is organized in 7 chapters, the first of which introduces the history of this mysterious disease. At the end of about 15 pages, the reader realizes that this disease consists of symptoms that can be looked at in a dimensional way; that is, positive symptoms, negative symptoms, and symptoms of disorganization, in conformity with Peter Liddle’s model (1). This chapter ends with the construction of the schizophrenia diagnosis and the characteristics of prodromal symptoms, which present a heterogeneous prognosis.

In chapter 2, the author concentrates on the development of schizophrenia. With exceptional clarity, he analyzes the various arguments that give way to the neurodevelopmental theory of schizophrenia. He is interested in population studies, risk factors, and abnormal developmental markers. With equal care, he inquires into the risks that trigger the disease and examines structural and molecular brain studies in schizophrenia. He finishes this chapter by concluding that the disease has neurodevelopmental elements but also elements in favour of a progressive disease, placing himself among the authors who favour a theory proposing the possibility of 2 phenomena that are not ultimately incompatible. As in the first chapter, he constantly provides illustrative clinical examples that refresh the reader absorbed in synthesizing a wealth of data.

Chapter 3 is concerned with the genetics of schizophrenia. It is a welcome chapter for those who have always found it difficult to establish the link between genetics and schizophrenia. With flawless simplicity, the author leads us gradually to realize the inevitability of the genetic factor in this multifactorial disease.

Chapter 4 finds Dr Green in his stronghold. Here, he writes about cognitive deficits in schizophrenia. This chapter displays undoubted mastery and confidence, but it is without arrogance. It serves to remind many skeptics that schizophrenia is a disease of cognition, that cognitive deficits are the most significant feature, that 85% of patients have cognitive deficits, that these deficits range from mild to severe, and that they contribute greatly to the prognosis and outcome of the disease.

Cerebral imagery is essential for understanding the processes implicated in schizophrenia. In chapter 5, the author presents a factual and didactic overview of neuroimaging. He describes the techniques and their role in understanding cerebral dysfunction as well as mental and emotional brain activation. He ends by describing the mechanisms of drug action on the brains of patients with schizophrenia.

In chapter 6, Dr Green approaches with reserve and in a critical spirit the current interventions to alleviate schizophrenia. He describes the effects and side effects of medications and the advantages of the new medications. He gives a relatively good idea of the current state of knowledge, with an optimism that will assure the public, for whom this work is intended. Although one might have expected more criticism from prominent scientists regarding the effects of medications, especially in the long term, it is interesting that this chapter confirms the enormous challenges remaining to be conquered in the field of psychopharmacology: the drugs developed to date relate only to positive symptoms—a single, small aspect of the disease. Regarding medication for neurocognitive deficits and negative symptoms, there is a desert. This chapter ends by describing the extrapharmacological interventions that make it possible to improve the functional existence of patients and their psychological well-being. It cheerfully integrates family interventions and the development of patients’ social abilities.

Chapter 7 is devoted to the results of all these interventions. The author includes the results of clinical trials, and he also devotes some pages to the patients’ subjective satisfaction with their well-being. Further, he elegantly introduces a subject that has for several years been precious to him in his writings: social cognition. Social cognition can be defined as the grey zone lying between what belongs to cognitive functions (such as memory, language, vigilance, and attention) and what belongs to social interactions. In this section, the author fully masters his arguments, which allows him to finish the whole work on a note of optimism. If written 20 years ago, this work would have dedicated more space to psychoanalytical therapy and community psychiatry. The current lack of text on these aspects might lead readers to think these areas are not appropriate—an unfortunate conclusion, because the quest to make sense of such a disease and the
accompanying necessary social changes are always pertinent.

Overall, this book is a delight. It returns the focus to the families, the patients, and the professionals who have been interested in this disease for years. If readers are satisfied after reading this book, I believe it is because they realize that, for an author to achieve such a well-constructed work with such simplicity, we have indeed made significant progress in understanding the plague of schizophrenia.

Reference


Psychotherapy


Reviewer rating: Good

Review by Karl M Tomm, MD FRCPC, Cynthia A Beck, MD MASc FRCPC, Calgary, Alberta

As suggested by its title, this book is a guide to committed relationships and is primarily intended for a lay audience. Written informally in the first person, it invites partners to evaluate the strengths and weaknesses of their relationship and to consider what could be done to enhance it. In the introduction, Dr Myers outlines his credentials as a practicing psychiatrist and marital therapist, lending credibility to his comments.

The book’s first 7 chapters are generally structured around common themes in relationship difficulties. The copious case vignettes in these chapters and throughout the book form the basis of the material and illustrate concepts nonjudgmentally, making it accessible to readers with no background in the field. Dr Myers offers particular suggestions for specific types of relationship problems—suggestions grounded in common sense knowledge and understanding of relationship dynamics.

Chapter 1, on communications, is a gentle introduction to the topic. It provides concrete guidelines for more effective communications. Chapter 2 discusses the life cycle and its effect on partnerships. Chapter 3 discusses sexual problems, beginning with a definition of sexual difficulties and proceeding to list several common factors that affect sexual intimacy. In chapter 4, the author discusses extramarital relationships, including the reasons for their occurrence and their effects on the primary relationship. In particular, he explores the distinction between extramarital sex (in which there is no emotional investment) and extramarital affairs (in which there is emotional investment, with or without sex). Chapter 5 discusses excessive alcohol use, its recognition, its effect on the couple, and importantly, what to expect if a physician is consulted. This chapter also mentions dual-diagnosis issues (for example, alcohol abuse with comorbid psychiatric disorders). Chapter 6 deals with psychiatric illness and marriage. It points out misconceptions about mental illness and discusses the complex interplay between marital difficulties and psychiatric disorders and their treatments. Some simple and practical suggestions are offered for common situations. Chapter 7 discusses “the role of children in marital disharmony.”

The rest of the book focuses on consequences of marital difficulties and treatments for them. Chapter 8 offers a nonjudgemental discussion of separation and divorce. Chapter 9 proposes some simple steps to help relationships that readers can take on their own, such as reading about marriage and speaking with friends. Chapters 10 to 12 discuss marital therapy, with a view to helping partners decide whether they should seek professional help and what they can expect if they do so. One strength of this section is that it demystifies marital therapy.

Throughout the book, the focus is mainly on heterosexual relationships, although same-sex relationships are also mentioned. The book is rich in examples of common relationship problems and draws the reader’s attention to warning signs. For instance, Dr Myers points out that “it is especially serious if you find yourself withdrawing, retreating into silence and withholding your feelings and affection from your spouse.” A sound, recurrent admonition throughout the book is for couples to “keep talking.” The author also advises partners to transform their criticisms of each other into respectful requests. He is sensitive to the relevance of gender issues in contributing to relationship difficulties. In addition, this book contributes what many “self-help” books on relationships do not: a strong acceptance of the reality of mental illness, its impact on relationships, and the need to seek treatment from a professional.

This book is a practical and easily read introduction to relationship issues for couples who have not been in marital therapy. It may be best suited for those deciding whether to seek professional help for relationship difficulties: once couples are seeing a therapist, they have generally moved beyond the scope of this book. Unfortunately, its basic level, although necessary for the general public, makes it less valuable for psychiatrists and marital therapists or their patients and clients. For example, the explanations of different approaches to marital and family therapy are oversimplified. There is no mention of emotion-focused therapy,
La mise en œuvre de « l’euthanasie » au sein du IIIe Reich ne fut pas planifiée après la prise du pouvoir par les nazis. On ne parlait pas d’exterminer les Juifs, mais de faire obstacle à leur « influence néfaste ». Aussi les malades mentaux ne devaient pas être éliminés, mais exclus de la reproduction grâce à la loi sur la stérilisation obligatoire entrée en vigueur en 1933. Il s’agissait donc de racisme et d’eugénisme.

Hitler avait souvent eu connaissance de requêtes de parents réclamant la mort de leurs enfants malformés ou déficients mentaux. Au cours de l’été 1939, il envoyait son médecin privé, le docteur Karl Brandt, à Leipzig où des parents avaient demandé la mort de leur enfant né aveugle, avec un bras malformé ou privé d’une jambe. Pour ce cas, Hitler ordonna lui-même l’euthanasie de cet enfant pour que les parents ne se sentent pas responsables.

L’extermination programmée des malades mentaux avait commencé dans des services de pédopsychiatrie. Par ailleurs, des traitements étaient prodigués à des enfants jugés aptes à vivre. Tout un réseau de psychiatrie infantile homicide avait été mis en place par le docteur Conti, sous le vocable anodin de la « Commission du Reich pour le recensement des maladies génétiques graves et à caractère héréditaire ».

Après l’ordonnance de Hitler, la mise en œuvre de l’euthanasie chez les adultes fut confiée au professeur Werner Heyde,
professeur de psychiatrie à l’Université de Würzburg et au professeur Nitsche, directeur de l’Asile de Sonnenstein.


Six centres d’extermination empruntant l’apparence d’hôpitaux psychiatriques furent créés, et des patients sélectionnés étaient transportés par autobus. Le centre le plus notoire était « Hadamar » où on avait préparé des chambres à gaz camouflées en salles de douche et des fours crématoires pour l’incinération des cadavres. Quelque temps après le décès du patient, la famille recevait une lettre de réconfort l’informent que de façon inattendue, suite à son transfert, le malade avait contracté une maladie contre laquelle les efforts des médecins s’étaient avérés vains.

Malgré les nombreuses précautions prises, on n’arriva pas à éviter de tragiques erreurs. Par exemple, un patient déclaré mort par appendicite avait déjà subi l’ablation de l’appendice dix ans plus tôt. Ce sont d’ailleurs ces erreurs qui ont mis la puce à l’oreille de la population.

En août 1941, sous la pression des Églises et de certains membres du parti nazi lui-même, Hitler ordonna la suspension du programme d’euthanasie. Cependant, la mise à mort de certains patients continua dans plusieurs asiles. Par exemple, on pratiqua ce qu’on a appelé la « diète B » : des « services de dénutrition » étaient aménagés grâce auxquels on pensait obtenir un dépérissage rapide des patients.

Par la suite, le livre présente des exemples concrets de psychiatres qui ont participé à ce programme avec beaucoup d’enthousiasme en adhérant à cette idéologie néodarwinienne et sociobiologique. On retrouve également dans cet ouvrage des psychiatres et d’autres professionnels de la santé comme des infirmiers, infirmières qui ont résisté activement à ce programme funeste, mais ils n’étaient pas nombreux.

En lisant ce livre, on a la nette impression que la grande majorité des psychiatres n’ont pas adhéré à ce programme par idéologie. Ils se sont tout simplement fiés passivement à l’autorité de la bureaucratie de l’État national socialiste.

Ce livre n’est pas long à lire, le prix en est raisonnable et il devrait se trouver dans toutes les bibliothèques où l’on enseigne la psychiatrie. Au moment où l’enseignement de l’éthique aux résidents en psychiatrie prend de plus en plus de place dans le programme d’études, la lecture de cet ouvrage devrait être fortement encouragée. Il peut aussi éclairer les débats contemporains de bioéthique sur l’euthanasie.

General Psychiatry

Physicalism and Its Discontents.

Reviewer rating: Very Good

Review by Dorian Deshauer, MD, FRCP, Ottawa, Ontario

During the past decade, there has been an increasing interest in the fundamental nature of the mind and consciousness, and, with intense psychiatric participation, several interdisciplinary symposia have taken place. Physicalism views the real world as nothing more than the physical world. It is opposed to the ontological existence of abstract objects, such as possibilities, universals, or numbers, and to mental events and states, insofar as these are thought of as separate from physical things (1). Physicalism and Its Discontents is a scholarly work, compiling 17 essays by distinguished experts in the philosophy of science and the philosophy of mind. This is not an easy book to understand thoroughly. It invites exploration of an area of profound theoretical relevance to each psychiatrist and researcher in the neurosciences. Exploring a wide range of issues, the multiple perspectives provided in this volume mirror its subject’s complexity. These perspectives cover the historical development and methodological implications of physicalism and their relations to consciousness and mental causation.

Much cogitation has gone on in the 350 years since Descartes’ assertion, “I think therefore I am.” In fact, his substance dualism—the basic assumption that there are 2 types of “thing” in the world, physical stuff and thinking stuff, both capable of an independent existence—has been eclipsed. Now, the prevailing doctrine among scientists is physicalism and the basic assumption—that only physical stuff exists. This goes hand in hand with another basic assumption that all enquiry can be ultimately reduced to the discipline of physics. Yet, even hard-line physicality may find it unpalatable to view every life experience as mechanistic epiphenomena. The individual experience of existence in time, in a cultural tradition with its various esthetic pleasures, richness of personal experience, and at least an illusion of free will, must, in the face of modern neuroscience, come to grips with an overwhelming body of evidence that there is nothing measurable in the universe other than physical stuff.

Thinking clearly about physical explanations for the most complex of events, such as consciousness and free will, is age-old, and the authors have chosen the emergence of energy conservation theories in the 17th century as a point of departure. Descartes believed that the mind nudges moving particles of matter in the pineal gland, causing them to swerve without losing speed, thus allowing the physical and nonphysical to interact without violating his theory of conservation of
motion. Leibniz, on the other hand, upheld the conservation of linear momentum and kinetic energy—in effect, barring causal interaction between mental and physical. Mind and matter were, according to his theory, each causally closed systems, linked temporally by divinely preordained harmony. This would have been the end of the mind–body story were it not for the acceptance of Newtonian forces capable of acting at a distance. With gravity as a paradigm, along with magnetism, pressure, and centripetal force, the concept of mental forces as entities in themselves seemed credible for almost 200 years. It was not until the second half of the 19th century that converging lines of arguments from physics and physiology began to trump beliefs in vital or mental forces per se.

While physicalism owes much of its success to the empirical sciences, it must still answer to the problems inherent in our imperfect knowledge of the world. “Textbooks concern themselves only with setting up the set of physically possible worlds, as far as we can learn from quantum mechanics—and in these worlds, metaphysical necessities and laws of nature hold equally” (p 177). The challenge is that theoretical necessities hold also in a wider class of worlds, but our ability to differentiate between metaphysical possibility and physical possibility, conceivable and inconceivable, will ultimately call on metaphysical models. And in these models, what we allow to be metaphysically true is similar to what we allow to be true in stories we tell about imagined situations (p 187). Thus, the methodological role of physicalism is double-edged. On the positive side, when we have some body of facts and causal explanations that we are convinced are correct, we tend to look for a physical foundation. Conversely, when we are faced with a body of doctrine that we are convinced can have no physical foundation, we tend to reject it outright (p 227).

Despite its pitfalls, physicalism has indisputably yielded tremendous advances in the neurosciences, and it promises to continue these advances into the foreseeable future. But some thinkers have begun to ask about the limitations of physical enquiry in clarifying the relation between psychological processes and the brain, citing the seemingly infinite material contingencies underlying each mental state. While empirical scientists raise practical concerns stemming from the technical limitations of neurological investigations, philosophers tend to raise theoretical problems related to the conceptual irreducibility of qualities to quantities.

Because the arguments in these 17 essays aim at providing a state-of-the-art account of physicalism, the authors have had to assume some prior familiarity with philosophy. Because of the specialized arguments, the language and style are at times dry but never incomprehensible. Each essay stands on its own and is easily readable in a single sitting. For those enthusiasts who are interested in the implications of physicalism for mental causation, free will, and consciousness, the effort that this work demands will be more than balanced by the insights gained.

Reference