

Book Reviews

Alan R. Rosenberg, Editor

Medicine and Psychiatry: The Communication Gap is Closing

PSYCHOBIOLOGY AND HUMAN DISEASE. Edited by Herbert Weiner, M.D., Elsevier, New York. Pp. 651. 1977. \$42.50.

PSYCHOPHARMACOLOGY. Edited by Jack D. Barchas, M.D., Phillip A. Berger, M.D., Roland D. Ciaranella, M.D., Glen R. Elliot, Ph.D., Oxford University Press, New York. Pp. 557. 1977. \$18.95. Paper, \$12.95.

Psychiatric residents in a number of training centers are taking a significant part of their training together with residents in family practice. The certification examination in family practice has 50% or more of its questions on the field of psychiatry. More and more psychiatrists are signing up for continuing education courses in internal medicine and neurology, especially designed for psychiatrists. In the light of this trend we want to welcome these two books — warm and readable in style, thorough and comprehensive in content, they bring a painstaking insight to the mysterious intricacy of the body-in-the-mind/mind-in-the-body that has challenged healers of all kinds since ancient times.

The neurotransmitters and neuroregulators are proliferating like the multitude of particles inside the nucleus of the atom. The complexity of interaction among genetic predispositions, acquired constitutional predispositions, environmental factors and emotional conflicts and stress seem overwhelming to grasp — especially with critical periods, from conception on, occurring at different times in the developmental thrust for different types of biological, biochemical or behavioral processes. Even one enzyme deficiency alone may be expressed in a variety of ways: — eighteen different genetically determined varieties of the deficiency of glucose-6-phosphate dehydrogenase have been identified.

Dr. Weiner, with exquisite sensitivity to the role of psychological and interpersonal factors in the varieties of human disease, carefully documents the different levels of certain and uncertain data that convincingly portray the seven diseases he attends to in his book — hypertension, peptic ulcer, rheumatoid arthritis, ulcerative colitis,

bronchial asthma and thyroid disease.

He painstakingly shows the excessive dependency and immaturities of many of these patients as compared with control populations. But he doesn't fall into assuming that psychological attitudes or handicaps of that early nature are due only to faulty parenting and unconscious psychological conflicts — there is much evidence that altered brain function due to genetic variation, environmental toxins, *etc.*, may explain the lack of adaptive and interpersonal competence in many persons. Once a consistent series of mechanisms are identified as primary antecedent factors for a particular disease, we still do not know enough to predict the course. We can conclude that no *one* variable produces a disease.

Because the bereavement and grief consequent to the loss of a loved one is statistically associated with a much higher rate of morbidity and mortality for a variety of diseases, the physiological and neuroendocrine aspects of the experience are described at some length and in considerable detail by Dr. Weiner.

Likewise, stress (particularly that caused by perceived threat or restraint — immobilization) was shown to have profound effects on biogenic amines in the body and in the brain, among other changes in physiology, neuroendocrine and neurochemical phenomena. Nonetheless, as Dr. Weiner states, "We are faced by the insuperable problem of how some impulses, changes in enzyme levels or turnover rates of transmitter substances (putative or actual) can 'produce' ideas, thoughts, images, feelings and moods, or vice versa!"

Weiner presents fascinating data from animal studies showing how a mother and her infant respond in a complex of separate component parts to the separation experience. The complex can be analyzed into its various components and discrete behavior variables for the infant; some of these behaviors are directly under the control of the mother's presence, other behaviors are independent of her presence; and other bodily functions are strictly under the control of the milk. It is now a very tenable hypothesis that early experiences bias the brain to respond in a particular way toward analogous or homologous aspects of later experiences. Weiner adds, ". . . we can no longer automatically assume that psychosocial events and external stimuli alter body function in health and disease solely by their impact on the mind . . . psychological and physiological events might occur simultaneously. They may be correlated, but cannot be considered to cause each other." The heterogeneity of each of the seven diseases described in this book should alert all of us to the danger of generalizing from merely one population of patients. His book has also stressed the multiplicity of predisposing factors where they are known, and how rudimentary this knowledge is at times, such as in essential hypertension. The appreciation of this complexity and the awareness of the specific limitations of our knowledge will help us all to be better healers.

The textbook on psychopharmacology by Jack Barchas and his co-editors is an unusual innovation in such a field; it is entertaining, very clinical and readable, and costs a fraction of the price of comparable texts, in its paperback edition. It is also more rich in its emphasis on the variety of therapeutic modalities that are indicated for various types of disorders emphasizing the limited and often contingent nature of the psychopharmacologic interventions. At the same time it is both up-to-date and comprehensive in its discussion of specific agents, the rationale of their action in the biochemistry of the neurotransmitters and neuroregulators involved, and the risk/benefit ratio of weighing the positive gains to be had from the particular medication against the known side effects both immediate and long term. It is, in its warm human style, the answer to the unfortunate criticism that the use of drugs depersonalizes the physician-patient relationship, and reduces the 'healer' to a 'pill-pusher.' The increased psychiatric sophistication of physicians, and the greater biological understanding of psychiatrists are taken for granted in this excellent text that demands a holistic approach to the person in his family and life situation without minimizing the biochemistry involved.

The book is divided into five parts: I. Central mechanisms of psychopharmacology, reviewing research in neuroregulators in general, biogenic amines particularly, and others of the more than 25 neuroregulator substances. This part includes a chapter (new for me) on Sociopharmacology — the interaction of drugs and persons in small group situations. II. Theory and practice of psychopharmacology. III. Psychopharmacology of drug abuse. IV. Psychopharmacology for the young and old and V. Special topics, *i.e.*, psychological effects of non-psychiatric drugs, psychotherapeutic issues in the use and abuse of medication and the promise and limits of psychopharmacology.

In the chapter describing the effects of drugs on psychological processes, they present evidence that chlorpromazine definitely impairs sustained attention in *normal* subjects (who should not receive it in clinical practice); but it improves attention and concentration in ill schizophrenic patients. Depressed patients have problems with memory and although the literature is contradictory, the tricyclics seem to improve attention and concentration before the anti-depressant action takes effect. Diazepam, the popular anxiolytic, causes amnesia, especially when given intravenously; and it inhibits the transfer of information from short term to long-term memory storage. Hence, many patients taking it more or less mechanically, or for muscular spasm over a prolonged period may show definite memory impairment. In regard to alcohol and marijuana, it has been found that learning and social experience gained while "high" is carried over to the next "high," but is difficult or impossible to retrieve in a non "high" state — state-dependent effect.

Throughout the text the necessity for thorough and painstaking

diagnostic evaluation is stressed over and over again — which this reviewer welcomes wholeheartedly. For example, in regard to schizophrenia they clearly spell out the distinction between the schizophrenic syndrome of insidious onset, the schizophreniform psychosis of acute onset related to alcohol, drugs, brain damage and serious emotional trauma, and paranoid psychosis of middle age precipitated by systemic illness, organic brain disease, alcohol or drug abuse, social isolation and culture dislocation. The authors state, "Many have responded to treatment without drugs . . . those with exceedingly chronic schizophrenia and long-term hospitalization . . . show only meaningless improvement from drug therapy, which is more often given for the benefit of the hospital staff than for that of the patient."

In regard to the treatment of violent aggressive behavior, the same principle applies. Listing the varieties of underlying diagnostic entities in itself suggests the pharmacologic agent: manic and hypomanic states (lithium); epileptic and other cerebral dysrhythmias (Dilantin, *etc.*); schizophrenia (Haldol, *et al.*); organic brain syndromes (Haldol, Mellaril, Navane and Benadryl). In the aggressive behavior of retarded children SCH12,679 was found useful, a new benzodiazepine. For the sexually violent, Provera has been found to be of some use.

In conclusion the authors are convinced that the psychological phenomena consequent to pharmacologic intervention are *not* universal but take a variety of forms depending upon the psychopathology and personality structure of the individual. Hence, we must know enough about psychopathology, differential diagnosis and interpersonal psychodynamics to use these agents both wisely and well.

MAURICE R. GREEN, M.D.

CHILD PSYCHIATRY AND THE LAW. Edited by Diane H. Schetky, M.D. and Elissa P. Benedek, M.D. Brunner/Mazel, New York. Pp. 297. 1980. \$20.25.

Clearly, the legal setting is vastly rich with opportunity of therapeutic interventions for children and their families. Such interface of child psychiatry and the law can be conceptualized according to specific court jurisdictions dealing with children and families or to related legal concepts and influences impacting upon the mental health care of children: namely, juvenile delinquency; noncriminal misbehavior (status offenses); child welfare (child abuse and neglect); domestic relations (divorce, custody and domestic violence); victimology; the children and families of adult offenders; the placement of children involving foster care, adoption and parental rights; the rights of children in mental health settings in relation to hospitalization, treatment issues, confi-