

Book reviews

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The American Psychiatric Publishing Textbook of Psychosomatic Medicine. Edited by J. L. Levenson. (Pp. 1120; \$169.00; ISBN 1-58562-127-7.) American Psychiatric Publishing Inc.: Arlington, VA. 2005.

I was not well disposed towards this book. It is enormous, at 1000 pages long and then there is the title: *Psychosomatic Medicine*. Intellectually the word is blameless – the amalgamation of soma and psyche that reflects my own clinical practice, research interests, and most of the things I find interesting and inspiring in medicine. But that is not how most people use the word. Years of dedicated research in conference bars and hospital canteens, listening to the unguarded chatter of my physician colleagues, has shown conclusively that when most doctors call a condition ‘psychosomatic’, they are thinking of the first half of the word, not the second. ‘Dear Simon, please see this patient whose problems are psychosomatic’ means ‘the problem is all in the mind, and I don’t want to see the patient again’.

But whilst Dr Levenson and the stellar cast of contributors he has assembled are not of that ilk, there is little they can do to overcome this problem. They know that mind and body are indeed intertwined. Whilst there are conditions in which mind occasionally dominates body, and vice versa, only the most prejudiced and narrow-minded physician would deny the influence of the social, psychological and cultural on the physical, especially if the physician is interested in actually helping the patient, and not simply extracting diseased tissue, claiming their fee and moving on to the next ‘case in bed 17’, the words I vividly recall one unlamented surgical teacher used to refer to a patient I had finished clerking during my student days. Unfortunately this book is too often preaching to the converted. By lifting the title, assuming one is fit enough, a person has already demonstrated adherence to the concepts that underlie

genuine psychosomatic medicine, whilst those who might best be educated by its contents will probably never come anywhere near the volume.

Some of the paradoxes are exemplified in the excellent chapter on chronic fatigue syndrome/fibromyalgia, which presents, as the authors acknowledge, some of the most difficult challenges to the physician. Note I say physician, since if one put all the psychiatrists who regularly see sufferers from this condition or conditions in one room they would probably be unable to form a string quartet. Sharpe and Malley can legitimately criticize the ‘extreme organic’ position taken by a few narrow-minded doctors active in the field, albeit usually in private practice, and are equally scathing of the ‘extreme psychogenic’ view that these syndromes are pseudo-diseases, ‘representing social constructions based on psychological amplification of normal somatic sensations’. As they say, the former cannot be scientifically validated, and leads to therapeutic nihilism and a desperate outcome, but the latter serves to alienate sufferers and paradoxically leads to defensive re-entrenchment and disillusionment. But what the authors do not do is provide an alternative that satisfies either patient or doctor. This is not a criticism of Sharpe or Malley, since I doubt that anyone else has managed to provide an explanatory model of these conditions that is short, simple, scientifically plausible and acceptable to patients either. The authors note that chronic fatigue syndrome, fibromyalgia and the like provide a major challenge to the committees charged with creating the classifications that rule our lives and clinical practices, since they have no natural home. Neither Sharpe and Malley, nor the authors of the section on those other conundrums, the somatoform disorders, wisely hold out much hope that the appearance of DSM-V will resolve the problem.

Facing such a massive volume, I plead guilty to the charge of going first to the chapter with which I am most familiar, the fatigue

syndromes, so I elected to counterbalance that by randomly selecting a chapter on a subject that plays little part in my professional life – Obstetrics and Gynaecology. There is very little in the subject that does not impact on the psychosocial, so the authors face a mammoth task, and they acquit themselves well. Brief sections on infertility, contraception, gender identity, sterilization and hysterectomy manage to inform without overwhelming. The brief section on abortion is simple and straightforward – ‘unbiased reviews of the literature indicate that self limited feelings of guilt and sadness are common after abortion, although the predominant reaction is one of relief, and new episodes of psychiatric illness are rare’, and follow this with a succinct summary of why some reviewers have concluded the opposite. The rest of the chapter continues in the same vein, and I will certainly be abusing the copyright laws and making sure that our students starting their obstetrics courses have access to it.

In general the rest of the book echoes the two chapters I have chosen to highlight. The more discrete and defined the topic, the clearer the messages. HIV and transplantation are simple and easy to digest. Paediatrics is less so, given the scope of the topic, and one or two of the general chapters find it difficult to avoid either meandering or overstating the obvious. One’s heart goes out to Levenson faced with the task of editing the volume and dealing with the dozens of individual contributors, but occasionally some editorial red pen might not have gone amiss.

Levenson set himself an ambitious task, and by and large succeeded. Most of the chapters are indeed ‘state of the art’, well written, suitably scholarly, and authoritative. The book will serve as standard, not quite in the ‘Lishman’ class, but not suffering too much by comparison either. Its size prevents it from becoming a handbook, more of a desk book, and a large desk one at that. It is very much centred in American consultation liaison practice, and although it transfers reasonably well to UK practice, there are inevitably some redundancies, with the legal chapter in particular reminding me never to work in a US hospital. But there is one thing it does not achieve. When all is said and done, Levenson has produced the best reference manual for consultation liaison psychiatry to

date, but I am afraid the definitive text on psychosomatic medicine remains to be written. I suspect it never will be.

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A Historical Dictionary of Psychiatry. By E. Shorter. (Pp. 352; £30.50/\$49.95; ISBN 0-19-517668-5 hb.) Oxford University Press: New York. 2005.

It is of interest that, following the volumes edited by D. Hack Tuke (*A Dictionary of Psychological Medicine*, 1892), apparently no ‘historical’ dictionary of psychiatry in the English language has since been published. This makes Shorter’s *A Historical Dictionary of Psychiatry* an original proposal and, at the same time, raises questions concerning the aims and functions of such a reference work. Two aspects in particular stand out in this regard. First, what sort of understanding can a historical approach bring to the definitions of psychiatric concepts? Second, given the immensity of content encompassed by psychiatry and associated areas, which concepts in psychiatry might most usefully be selected for this purpose? To some extent, an inverse relationship can be conceived amongst some of these issues. Thus, the synchronic approach taken by the Hinsie-Campbell dictionary [running from 1940 and currently in its 8th edition (*Campbell’s Psychiatric Dictionary*, 2004)], has the advantage of allowing the inclusion of a vastly greater range of terms relevant to psychiatry. On the other hand, there is a difference between learning a definition and understanding a concept. Psychiatry, whose concepts (e.g. language of psychopathology, diagnostic categories) are particularly beset by epistemological problems, including, lack of ‘objective’ referents, variable stability, and dependence on social/cultural/political contexts for their construction at different time periods, would surely demand a diachronic approach to its understanding. The question is to what extent can this be achieved in a relatively compact reference volume?

Shorter’s *Dictionary* comprises of alphabetically listed entries ranging from ‘akathisia’ to

'women in psychiatry' and includes disorders, psychopathological terms, treatments, individuals, places and certain themes (e.g. German 'Romantic' psychiatry). Written from a North American background, a progressivist perspective and an acknowledged biological weighting, the entries strongly reflect these particular slants. For example, the DSM and Feighner's Diagnostic Criteria are given separate entries but there is not an entry for the ICD. Emphasis is placed on 'histories' of psychiatric drugs/treatments (e.g. benzodiazepines, SSRIs, etc.), neurological terms/syndromes (e.g. frontal lobe, neurotransmitters, synapse, etc.), and neuroimaging with less focus on psychological/neuropsychological terms (e.g. no entries on alexithymia, apathy, consciousness, flight of ideas, etc.). Clearly, as the author himself states, the choice of entries are a matter of subjective taste, but it would be useful to have an idea of the criteria used for selection of entries, particularly, for example, for the entries on contemporary psychiatrists or to explain why there is an entry for 'frontal lobe' but not 'temporal lobe', etc. There are a few inconsistencies in the arrangement of the entries. Thus, some psychopathological terms are given their own entries (e.g. depersonalization) and others (e.g. hallucinations) are nested within entries for wider concepts. However, there is an excellent index and cross-referencing which allow for easy navigation. Nonetheless, it is not clear why 'Nancy Andreasen' has an entry in her own right whilst 'Eve Johnstone' is placed under the 'women in psychiatry' entry. Nor is it clear why some terms have pronunciation guides.

The entries themselves are not, nor are they intended to be, historical exegeses of psychiatric concepts. For the latter, the reader is directed to an extremely useful bibliographic essay and bibliography at the end of the dictionary. The entries on psychiatric concepts focus on providing dates when terms were first used, where they appeared to originate and quotations from individuals associated with their use. This is helpful from a reference point of view but precludes an understanding of the evolution of concepts in their historical contexts. Because of this, one could argue, for example, with Shorter's use of the somewhat disparaging 'flights of fancy' in relation to Charcot's ideas

on hysteria. Similarly, his analysis of Esquirol's lypemania as a 'disturbance of affect rather than a form of "insanity"' is also open to interpretation. From a personal viewpoint, in regards to some of the biographical entries, it would be useful to have more detail on contributions of the individuals rather than, as in Kraepelin's case, quoting opinions from contemporary psychiatrists illustrating (but not justifying) opposing views on the man. On the other hand, this approach does add a more light-hearted style.

In some ways, this dictionary may be trying to cover too wide a *range* of terms from the perspective of its historical remit. There might be merit in, for example, having a separate biographical dictionary similar to Morel's (1996) *Dictionnaire biographique de la psychiatrie*. This would then allow more space to either address a greater number of psychiatric concepts or to contextualize existing entries.

These days, too little attention is paid to historical origins of ideas and the factors that have been important in the evolution of current constructs. Historical dictionaries are, therefore, extremely welcome. This dictionary will be of interest to psychiatrists and of particular usefulness to psychiatric trainees both as a reference book and in stimulating a historical approach to the study and understanding of psychiatric concepts.

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Measuring the Mind: Conceptual Issues in Contemporary Psychometrics. By D. Borsboom. (Pp. 185; £45.00; ISBN 0521844630 hb.) Cambridge University Press: Cambridge, 2005.

What does it mean to measure intelligence, neuroticism or extroversion? Are these attributes merely social constructions? Or should they be considered similar to physical attributes such as height and weight? Whereas most users of psychometrics do not concern themselves with these theoretical questions, Denny Borsboom argues that these questions are

quite relevant to the practice of psychological measurement. He does so by discussing the theoretical underpinnings of three commonly used measurement models: the classical test model, the latent variable model and the representational measurement model. Borsboom shows how each model is based on strong theoretical assumptions about what is being measured and the relationship of the measured attribute to the observable behaviours.

The book comprises six chapters. The first chapter sets the stage nicely by briefly introducing three measurement models and their relationship to different philosophies of science such as realist, logical positivist and social constructivist.

The second chapter discusses the classical test model. This model which was adopted from physics and astronomy assumes that psychological attributes exist in the real world and can be measured, albeit imperfectly. The model allows the users to both obtain an estimate of the attribute (the true score) and of the unreliability of the measurement (error score). However, to obtain these estimates, the same person needs to be tested repeatedly and brainwashed after each testing to remove the effects of learning and fatigue. This 'counterfactual' is not feasible in the real world, so it is replaced by parallel tests or multiple items. Furthermore, the classical test model does not provide any clues as to how the measures of the same attributes (e.g. scores on Stanford Binet, Raven and Wechsler intelligence tests) are to be linked.

The more lively third chapter discusses the latent variable model. Borsboom argues that the relationship between latent variables and items can best be represented as a causal relationship – the person's position on the latent variable causes the item scores. However, this causal account is derived from variations *between* a group of individuals and extending it to account for causal relationship *within* an individual is problematic. In the case of stable traits, latent variables may best be conceptualized as emergent properties – characteristics of a population that are absent in individuals. The author further makes a strong case for testing whether between-individual causal models are also valid within individuals.

The fourth chapter focuses on the more conceptual and less familiar representational

measurement model. The idea is to assign numbers according to a set of axioms and in a way to preserve the relative standing of the individuals observed in the world. We start by observing relations between objects and then build theoretical terms like distance, neuroticism, intelligence, etc. which would organize the observations. These relations can be formulated in terms of nominal, ordinal, interval or ratio scales. The parallel between representational measurement model and the logical positivism movement in philosophy is interesting. Both movements tried to organize observations without recourse to a real world outside of the observations ('metaphysics' in logical positivism terms). However, as Boorsbom notes, underlying this attempt is a metaphysical assumption about the structure of the world and how this structure determines observed relationships. Thus, the avoided realism enters by the backdoor.

The fifth chapter explores the relationship between the three models. While these models are mathematically related, they have different philosophical underpinnings. Borsboom argues that the models become conceptually related only when we adopt a realist interpretation of measurement, according to which measurement captures variations caused by individual 'propensities'. Under this interpretation, the classical test model, latent variable model and representational model simply focus on different levels of the measurement process: description, explanation and representation respectively.

In the final chapter on validity, Borsboom takes the venerated concepts of 'construct validity' and 'nomological network' to task. The concept of nomological networks was introduced in the 1950s by Cronbach and Meehl as a group of theoretical constructs related to other constructs and observable variables through a system of laws. Borsboom labels these concepts as 'relics' of logical positivism, introduced to create meaning without reference to reality. However, the ambiguity and inadequate selectivity of theoretical terms and observations in psychology prevents such a formulation. Imagine defining intelligence as a construct that is positively related to general knowledge and negatively related to criminal behaviour. Many other 'constructs' besides

intelligence will satisfy these conditions. Borsboom persuasively argues for a realist interpretation of validity and one that is based on causality, not correlation – differences in the attributes cause differences in the measurement outcome. Instead of attempting to validate tests by exploring correlations with other tests and outcomes, psychologists need a better understanding of what is to be measured and stronger theories of response behaviour.

Overall, this is a well-written and well-argued book and theoretically minded psychometricians will find it of interest. While reading the book, I often found myself arguing with the author and, at the end I came away with more questions than answers. For me, these are the hallmarks of a good book.

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