tolerate in order to benefit from the remarkable insights shared in this book.

This book is lengthy, organized into ten parts or themes, each comprised of two chapters. The parts include those aspects of psychosis which are familiar to clinicians, such as hearing voices, delusional beliefs, negative symptoms, recovery, family perspectives, and the at-risk mental state. Also included are those aspects of psychotic illness that are less often considered when thinking about dimensions of a psychotic experience, such as trauma, spirituality, existential issues and cultural perspectives. Each theme is presented as two chapters, the first being a personal account written by someone who has experienced psychosis in some form related to the theme. The accounts are honest, raw, and eloquently written. Some accounts are written by professionals in mental health who have themselves experienced psychosis. These perspectives are the most valuable aspect of this book, sharing with the reader the person's ultimate understanding of their psychotic experience(s), along with insights gained as to how it and the encounter within the mental health system has shaped their life. There is much to be learned from these accounts; certainly I was forced to reconsider my own assumptions and methods used with patients and rethink alternatives to treatment provision. The second chapter in each part uses the personal perspective as a platform to support relevant research findings, and implications for the reader's understanding and clinical practice.

Almost all of the personal perspectives in this book come from contributors whose psychotic experiences were misidentified as stemming from a primary psychotic disorder such as schizophrenia. The positive take home message from this book is well reflected in Osler's statement referred to in chapter 21, "it is much more important to know what sort of patient has a disease than what sort of disease the patient has." Geekie and contributors highlight well the need for clinicians to avoid assuming that a psychotic experience is invariably a marker of a serious and persistent mental disorder. The contributors use personal perspectives and research findings to emphasize the need to reflect upon a person's psychotic experience as a possible manifestation of other issues that cannot be identified using traditional methods or without examining the underpinnings of the experience itself. The authors pay due respect to the use of subjective narratives as a means of fostering a true understanding of the person's presentation, a technique they feel is often missed in medical settings, including psychiatry.

The insights gained from this book are at times overshadowed by a critical view of psychiatric practice. There are many unbalanced statements in the book about psychiatry and the medical field being poorly responsive to persons with psychotic experiences. While certainly there is some truth to this, there is little in the way of examination of the reasons for this, or suggestions for change. The repetition of this opinion throughout each chapter runs the risk of alienating those clinicians and learners who indeed may be most in need of persisting with this book.

Nonetheless, as a child and adolescent psychiatrist who sees many youth presenting with psychotic experiences, the messages found among the perspectives shared in this book are imperative. The emphasis on using sensitivity and curiosity and avoiding assumptions when approaching a presentation of psychosis (particularly in a developing brain) is welcome. For this reason, this book is recommended reading for clinicians who see persons with psychosis in any capacity.

Sabina Abidi MD, FRCPC

Dalhousie University Halifax, Nova Scotia

The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, Self-Regulation

Stephen W. Porges. W.W. Norton & Company: New York, NY, 2011. 416 pages. \$52, hardcover.



The Polyvagal Theory gives a thorough overview of Stephen Porges' research and theoretical contribution to science. I was quite intrigued by the opportunity to review this book since references to Porges are found regularly in attachment, attention, temperament, and emotion research. Orienting oneself to the book is easy, as the book chapters have clear headings and a summary at each chapter's end.

The early chapters acquaint one with research and general information about the vagus nerve. The book outlines the function of the vagus nerve anatomically, physiologically, developmentally, and in evolutionary terms. The vagus nerve is a complex bidirectional system that regulates homeostasis and associated responses to environmental challenges (*i.e.* stress). The core research model presented here is the 'vagal brake', a moderating factor that maintains homeostasis, acting as early as infancy. Porges argues further that the mammalian development of a myelinated vagus is a key component of social and internal regulation.

In examining infant development, Porges argues that vagus nerve fibres are key to developing many aspects of regulation, taking the reader from an outline of the anatomy of tracts, to a hierarchical model of self-regulation. Most intriguing for clinicians is his discussion of assessing vagal tone using respiratory sinus arrhythmia (RSA). In one such study, RSA of infants at nine months were measured during sleep and then in the presence of specific stressors while awake such as feeding, attention-demanding tasks, and coping with emotions. This crucial experiment contributed to understanding how vagal tone can be a functional mechanism for infants in coping with stress.

In this book there is further discussion of the vagal nerve's involvement in emotion, attachment, and social engagement, including the anatomical basis for the vagus nerve's role in limbic defensive strategies. Porges postulates that mammalian attachment is associated with an evolved increase in vagal tone in safe situations. This keeps stress responses dampened in the young, thereby enhancing exploration, socialization, and learning.

Porges goes on to discuss several disorders, including autism, and borderline personality disorder (BPD) as well as abuse, considering all from an anatomical and physiological perspective. While BPD and abuse are also examined from clinical studies of RSA, the section on autism is more speculative.

Stephen Porges' book requires effort for clinicians. Teachers and researchers are more likely to wish to read it, though it is an important foundational book. Research on the vagal nerve and other aspects of the parasympathetic system is expanding in many areas of medicine, and Porges' contribution to this body of knowledge is considerable.

Esther Cherland, MD, FRCPC

University of Saskatchewan Saskatoon, Saskatchewan





Child and Adolescent Psychiatrist

McMaster Children's Hospital in Hamilton, ON Canada seeks an outstanding child and adolescent psychiatrist with expertise in the assessment and treatment of children with ADHD, mood and anxiety disorders, disruptive behaviour disorders and/or eating disorders. The position is for work in an out-patient setting with opportunities for more in-depth work in consultation-liaison and the emergency services. Experience with evidence-based assessment instruments and rating scales is needed and a commitment to multidisciplinary clinical assessment and evidence-based treatment models are also essential. The position includes opportunities in leadership, program development, education and clinical research.

The child and adolescent psychiatrist will join other child and adolescent psychiatrists and pediatric psychologists in the Department of Psychiatry and Behavioural Neurosciences, McMaster University, and a team of Master's level social workers and clinical nurse specialists. Abundant education and supervision opportunities are available within the General and the Child and Adolescent Psychiatry Training programs, the Psychology post-doctoral program, and residents from other departments.

Candidates must be eligible for licensure in the Province of Ontario, and be a Fellow of the RCPSC (or equivalent). The position carries an academic appointment in the Department of Psychiatry and Behavioural Neurosciences, rank commensurate with experience. The compensation package at McMaster Children's Hospital is highly competitive. To learn more about McMaster University and Hamilton, Ontario please visit www.mcmaster.ca

Applications will be reviewed immediately and accepted until the position is filled. Please send a letter of intent and curriculum vitae, along with any representative publications to the Search Committee Chair. In addition, three letters of reference should be forwarded to the same, but under separate cover.

Peter Szatmari, MD, Head of the Division of Child and Adolescent Psychiatry,

Department of Psychiatry and Behavioural Neurosciences

McMaster University and McMaster Children's Hospital Chedoke Site, Patterson 207

1280 Main St. W.

Hamilton, Ontario, Canada L8S 4K1 Email: szatmar@mcmaster.ca