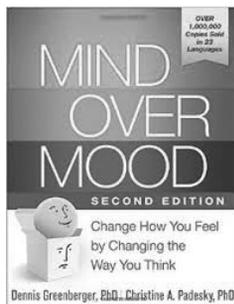


BOOK AND MEDIA REVIEWS

Mind Over Mood: Change How You Feel by Changing the Way You Think, Second Edition

Dennis Greenberger, PhD; Christine A. Padesky, PhD

New York, The Guilford Press, 2016, 341 pp., \$26.95, paperback



Tom Wingo, the 37-year-old narrator of Pat Conroy's *The Prince of Tides*, is determined to change his life. Early in the novel, he loses his job as a high school football coach. He soon becomes depressed, negative, and down on himself. During this

time, his twin sister, Savannah, is admitted to a psychiatric ward in New York City. Tom travels to New York to share family secrets with her psychiatrist, hoping history will shed light on his sister's psychosis. By talking about his family, he begins to make sense of his own life:

"And each year, I lose a little bit more of what made me special as a kid. I don't think as much or question as much. I dare nothing. I put nothing on the line. Even my passions are now frayed and pathetic. Once I dreamed I'd be a great man, Lowenstein. Now, the best I can hope for is that I can fight my way back to being a mediocre man."¹

In addition to a good therapist, the first thing I would recommend to Tom is Drs Greenberger and Padesky's remarkable book, *Mind Over Mood: Change How You Feel by Changing the Way You Think*. Although we cannot change the past, we can change the way we think about it. Just as physicians recognize the distortions, overgeneralizations, and exaggerations that patients make about themselves, readers do the same thing when they encounter characters like Tom. They learn that Tom thinks a lot, dares a lot, and puts himself on the line—despite what he says. The reader has a more balanced view of Tom.

Mind Over Mood provides effective cognitive techniques for patients to develop a more balanced view of themselves, to challenge the

automatic thoughts, assumptions, and core beliefs they dearly hold. Many of these techniques center on asking oneself questions, such as "What evidence supports my belief? What contradicts it? How would a friend interpret the situation? What positive qualities about myself am I ignoring? What behaviors could I change that would improve my mood (eg, exercise, drink less alcohol, practice yoga). Of course, some situations require patients to do more than simply modify their thinking to feel better, eg, develop an action plan to leave a violent partner.

Mind Over Mood has many great features, including: (1) clear organization and structure, (2) readability, (3) analogies to supplement explanations ("In many ways, automatic thoughts are similar to flowers and weeds in a garden. Thought records, as well as Action Plans and acceptance are tools that enable you to cut the weeds—negative automatic thoughts—at ground level from your garden, making room for the flowers." (4) Summaries, helpful hints, questions, worksheets, and exercises that reinforce learning for patients, (5) excellent chapters on specific problems such as anxiety, depression, anger, guilt, and shame, and (6) helpful sections on mindfulness, assertiveness, gratitude, forgiveness, and positive psychology.

As much as I like this book, I think it takes a very motivated, disciplined person to read it and complete the various exercises (There are 60 worksheets). I also think most patients, particularly patients with more severe forms of anxiety and depression, will need a coach to guide them through it. Similarly, I cannot imagine learning how to play the piano or golf without one. Furthermore, without daily practice, change and improvement are unlikely to occur. Indeed, this is how the authors envision clinicians using the book: "Clinicians can use *Mind Over Mood* to structure therapy, to reinforce skills taught to clients, and to help clients continue the therapeutic learning process after formal therapy ends."

Another minor criticism: for those looking for references to other books on cognitive behavioral therapy and related topics, you will

not find them here. It is more workbook than theory or scholarly review.

Finally, for physicians like me who are looking for ways to prevent burnout in these chaotic times in medicine, the greatest benefit I had reading and underlining the pages in this book was what I learned about my own cognitive distortions, assumptions, and biases. I gained a renewed sense of self, one that is mentally and emotionally more flexible to challenge core assumptions and beliefs about myself, spouse, patients, colleagues, and friends—and electronic health record administrators!

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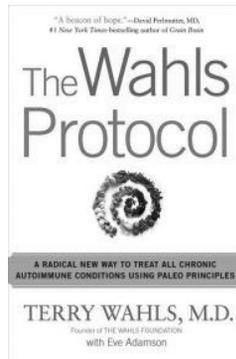
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The Wahls Protocol

Terry Wahls

New York: Penguin Group, 2014, 421 pp., \$18, paperback



This is an important book. Terry Wahls, MD, is a clinical professor of medicine at the University of Iowa. In her 40s she developed disabling multiple sclerosis (MS). Despite the latest medical treatments, her disease progressed. She undertook painstaking research into what nutritional and other lifestyle factors might help her with the disease. By adopting an anti-inflammatory Paleo-styled diet, she was able to reverse her autoimmune disease and return to normal function. Since then she has reached out to help others suffering from MS and other autoimmune conditions in a variety of clinical trials. She conducts a clinic at the University of Iowa, has an interactive website,¹ and lectures widely. She has met with considerable success helping others, and this book is a culmination of her work to date.

Wahls is a serious medical scientist. She has 25 peer-reviewed publications on PubMed. She approaches her work in autoimmune disease biologically and provides strong arguments for

both nutritional causes of these diseases and nutritional healing.

The Wahls Protocol is a manual for patients and a great introduction to nutritional and lifestyle healing for clinicians. The book is divided into three parts: Before You Get Started, Eating for Cellular Health, and Going Beyond Food. Nutrition is the centerpiece of the Wahls Protocol. She gives patients three options, each building on the other in levels of intensity.

The Wahls Diet (level one) is a type of Paleo diet, and she goes into detail in describing its specificity. There is no gluten, no dairy, no eggs, and few if any legumes. There are nine cups of vegetables and whole fruits daily, and she is very specific on these:

- Three cups raw or cooked leafy greens such as kale, collards, chards, Asian greens, and dark lettuces.
- Three cups deeply colored vegetables and fruits, such as berries, tomatoes, beets, carrots, and squash.
- Three cups sulfur-rich vegetables, such as broccoli, cabbage, asparagus, Brussels sprouts, turnips, radishes, onions, and garlic.

While she is supportive of being vegetarian for personal choice, she does not recommend it. She goes into detail why she thinks food from animal sources is important, and her diet includes grass-fed meat and wild caught meat and fish.

The Wahls Paleo diet (level two) is the same as above with these added components:

- Reduce or eliminate all non-gluten grains, legumes, and potatoes.
- Add seaweed or algae and organ meats.
- Add fermented foods such as sauerkraut, pickles, kimchi, and kombucha tea.

She describes why these additions will add to the anti-inflammatory nature of the diet.

The Wahls Paleo Plus diet (level three) makes these additions and modifications to the above:

- Eliminate all grains, legumes, and potatoes. Reduce the cups of vegetables and whole fruit to six cups daily.
- Add coconut oil and full-fat coconut milk. Eat just twice daily, and fast 12 to 16 hours every day and night.

Other lifestyle factors presented by Dr Wahls are reducing the toxic load in the environment, exercise, stress management, and the mental health aspects of recovery. She emphasizes getting nutrients from food and not supplements. She does recommend vitamin D,

calcium, magnesium, Omega-3 fatty acids, co-enzyme Q, and dietary enzymes.

The Wahls Protocol is all based on experimentation with her illness and experience with patients in what she describes as an ongoing “clinical trial.” She does not indicate any control group or randomization, so this would be a cohort study and looking at response rates. Dr Wahls has become active with the Institute for Functional Medicine² and has both taken advantage of and contributed to their ongoing research efforts. It is becoming clear that an anti-inflammatory diet is real, and people do respond biologically to these principles.

This book should be read by all primary care clinicians and by medical students and residents. The tradition of medicine since Hippocrates has underscored the importance of nutrition in human health yet education in nutrition is woefully inadequate in medical education. As the impact of nutrition, good and bad, on our genetics (a major part of epigenetics) is better understood, medical education in nutrition becomes increasingly important.

Any patient with multiple sclerosis deserves to be aware of and consider taking this option, even connecting with Dr Wahls. Patients with other autoimmune diseases may benefit although these diseases and any response rates are not given in this book.

Biologic understandings of how nutrition both causes disease and its power to heal are rapidly emerging. This is part of the new biology and deserves to be much more widely researched and taught.

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Biomedicine in an Unstable Place—Infrastructure and Personhood in a Papua, New Guinean Hospital

Alice Street

Durham, NC, Duke University Press, 2014. 290 pp., \$24.95, paperback



If necessity is the mother of invention,¹ then “unstable” places may be the true forefronts of medical ingenuity and innovation. Dr Ken Iserson has described ways we can approximate modern medical care in extreme environments.² The growing attention to “frugal innova-

tion” has demonstrated that creative problem-solving in resource-limited areas may lead to disruptive innovations applicable to medical care in other (even higher-income) areas of the world.³ Anthropologists have also contributed to our understanding of the interplay between human need, limited resources, and medical innovation with works such as Julie Livingston’s *Improvising Medicine From Botswana*,⁴ and now Alice Street’s *Biomedicine in an Unstable Place From Papua, New Guinea*.

Drawing on her on extended doctoral fieldwork in anthropology conducted over several stays from 2004–2013 at Madang Hospital in Papua, New Guinea, Dr Street sets out in this book to explore the ways “biomedical technologies and rationalities travel to low-income global locations” (p. 224). The first section of the book explores issues of “place,” including the historical development of “tropical medicine” (for the colonists) and later “public health” (for the local population) in hospitals that were initially seen as instruments of colonization and later as places to “contain” disease. The book’s second section discusses the various social roles of technology in Madang, ranging from means for ascertainment of diagnostic certainty to means for enshrining “detachment” from between the sick persons in the hospital and the physicians responsible for their care. The final section describes the roles of infrastructure, including research programs in partnerships for infrastructure development, in both introducing technological advancements to the

hospital, yet also placing the needs and agendas of the hospital in subservience to the needs and agendas of politicians, leaders, and external donors.

Throughout the book, one senses Dr Street's personal interactions with staff and patients and the in-depth knowledge of place and subject afforded by long-term fieldwork—the book interweaves historical and sociological description with narrative and stories that will resonate with anyone who has cared for a sick or dying patient. As such, this is a work that will help the reader rethink his or her own approach to patient care, patient relationships, and medical practice. Furthermore, while Dr Street writes from the perspective of an academic anthropologist, the writing balances technical detail with an approachable style. For the physician reader with an interest in medical anthropology, this book provides a readable case-based introduction. However, by the time I reached the book's final question ("What are the places and infrastructures through which biomedicine is done?" [p. 235]) I was left with a sense of a description of the past and present but no prescription (or even suggestion) of a better way forward.

Writings of practicing clinicians and medical anthropologists often seem to describe the same territory but in markedly different terms. Clinical and anthropological descriptions sometimes seem to simply fail to grasp each other. Dr Street's book bridges this gap but only in part. The reader is given an in-depth sense of history, of the struggles of persons, and of

anthropologic critique, but despite extensive reporting of interviews with physicians, a genuine understanding of the clinical perspective still seems missing.

A future edition of this book would be strengthened by collaborative engagement of a clinician (especially one with in-depth understanding of Papua, New Guinea) as a co-author, and by exploration of the ways insights gleaned from this (or other fieldwork) might inform future development of Madang into a more truly community- and patient-centered hospital. Nevertheless, this book is still a valuable read for those seeking a case-based introduction to medical anthropology and to global health. After all, while many of the challenges faced by Madang Hospital may be unique in form and structure, they are fundamentally the same as challenges facing hospitals in low (and high!) income countries around the world.

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