Psychosis as a Personal Crisis: An Experience-Based Approach

edited by Marius Romme and Sandra Escher; New York, Routledge, 2012, 240 pages, $34.95

Jeffrey Stovall, M.D.

The experience of hearing voices has played a significant role in the development of psychiatric nomenclature for two centuries. The interpretation of the experience has varied from the inspirational to the pathological, but the experience is often seen as a marker of severe mental illness. *Psychosis as a Personal Crisis* is an attempt to challenge the notion of auditory hallucinations as a psychiatric symptom and broaden the understanding of the person who hears voices. This personal experience of hearing voices serves as the core of the arguments discussed here by a group of European authors, primarily British, in a collection aimed at mental health professionals. The authors represent psychiatrists and other clinicians who work with people who hear voices, as well as individuals who themselves have this experience.

Many of the authors are connected to the "hearing voices movement" that advocates for the recognition of individual variation between people who hear voices and the nonpathological nature of many of these sensory experiences. The authors stress the importance of self-help and call for individuals to take control of their experience as an essential step in the recovery process. The authors argue that medicalizing the experience of hearing voices stigmatizes the individual, distances the individual from the experience, and sets up an expectation of "curing" the condition that is causing the voices instead of living alongside them. Although the movement does not deny that hearing voices is distressing and debilitating for many individuals, it recognizes the need to understand the personal experiences and vulnerabilities that have led to the development of hearing voices.

Overall the text serves as a thorough exposure to an argument not well represented in traditional psychiatric literature. In particular the authors highlight the importance of considering the psychological meaning of hearing voices. The importance of this meaning is often lost in the diagnostic and treatment approaches most commonly used today. The content of the voice (what is being said), rather than its mere existence, takes on a primary importance.

The second point the authors make clearly and to which they devote a good portion of the book is the connection between hearing voices and a history of trauma. In clinical work there is a growing distinction between auditory experiences that grow out of trauma, which might fit within the phenomena of posttraumatic stress disorder, and other auditory experiences that are understood as part of a psychotic disorder of either an affective psychosis or schizophrenia.

Unfortunately the value of the text suffers from the lack of recognition throughout psychiatric literature of the nonburdensome or nonpathological nature of auditory hallucinations, even from early distinctions between hallucinations of reason and hallucinations of madness through current studies that reveal surprisingly high rates of psychosislike experiences in the general population (1–3). The arguments are weakened by an overreliance on outdated epidemiologic and outcome data and by an alarmist tone that includes statements that refer to "brutal practices . . . such as electroshock" and to "the damage that psychiatry causes."

Overall, *Psychosis as a Personal Crisis* invites consideration of an individual's experience of hearing voices in a broader manner than the training of mental health clinicians provides. In particular, the authors effectively make the case for consideration of the individual who is hearing voices and for exploring their meaning.

The reviewer reports no competing interests. ♦

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Post-traumatic Stress Disorder

edited by Dan J. Stein, Matthew J. Friedman, and Carlos Blanco; Oxford, United Kingdom, Wiley-Blackwell, 2011, 304 pages, $79.95

Frederick Stoddard, M.D.

This is the best current academic book on posttraumatic stress disorder (PTSD) that I know of. Its strengths are its evidence-based reviews of nosology, neurobiology, pharmacotherapy, psychotherapy, and disaster mental health. It includes theoretical approaches in biological, developmental, psychological, and psychosocial dimensions. It addresses factors both in vulnerability and in resilience. Each chapter includes commentaries by experts, who give added perspective. The references, from a huge literature, are selective, current, extensive, and excellent. The contributors, who are also on the *DSM-5* Task

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Force for Anxiety Disorders, include editors Drs. Dan Stein and Matthew Friedman, as well as Murray Stein and Robert Ursano. The chapters that hooked me were the first three.

The first is "PTSD and Related Disorders," by Matthew Friedman. It elegantly reflects his broad knowledge. He proposes revisions for the *DSM-5*, with the final to be released in 2013 (www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=165). He concludes that the major revisions would be a relatively conservative revision of *DSM-IV*. Based on evidence, the recommendation is to modify criterion A1, objective stressor events, and to eliminate criterion A2, subjective fear, fear, helplessness or horror. Regarding other criteria, instead of the current three, there would be four clusters—reexperiencing symptoms, avoidance behavior, negative alterations in cognitions and mood, and alterations in arousal and reactivity—and all B–G symptoms would be specifically anchored after the traumatic event.

The second chapter is on the epidemiology of PTSD and written by Carlos Blanco. It not only highlights the specific stressors and the range of symptoms occurring in different populations but also lends an international perspective.

The neurobiology chapter, by Arieh Shalev, Asaf Gilboa, and Ann Rasmusson, is an especially delightful read and addresses the sophisticated neuroscience of PTSD clearly and accessibly. The contributors present the latest discoveries about PTSD in fear conditioning and extinction, monoamines, neuroendocrine modulation, genetics and epigenetics, structural and functional neuroanatomy, and a synthesis of human and animal studies.

In addition to these three remarkable chapters, the chapter on the pharmacotherapy of PTSD is presented accurately and thoroughly and focuses on evidence-based treatments, which are far fewer than the full range of published studies. "Psychological Interventions for Trauma Exposure and PTSD," by Richard Bryant, a major authority in this field, clearly and concisely presents strong evidence for an expanding field of treatment.

"(Disaster) Public Mental Health," by Joop de Jong, is a thoughtfully detailed review, enriched by the author's wisdom in international public mental health, and includes a special focus on disaster mental health of low- and middle-income countries. A concluding commentary by Robert Ursano and colleagues on the issues raised by Dr. de Joop adds the critical point that disasters result not only in bodily injury and death, but in mental health problems that can far outweigh physical casualties in illness burden and cost—yet an adequate mental health response is rarely planned or funded for communities.

This is a fine book. For those treating patients with PTSD, conducting research, or involved in disaster psychiatry, this is essential reading, and worth owning.

The reviewer reports no competing interests. ♦

Sybil Exposed: The Extraordinary Story Behind the Famous Multiple Personality Case

by Debbie Nathan; New York, Free Press, 2011, 320 pages, $26

Jeffrey L. Geller, M.D., M.P.H.

The book *Sybil Exposed* is the unmasking of the falsehoods of *Sybil* (1), a biography of a woman with dissociative identity disorder. After its publication in 1973, Sybil was an absolute sensation, with an initial printing of 400,000 copies. The book spawned two made-for-TV movies, one in 1976 starring Joanne Woodward and Sally Field and one in 2007 starring Jessica Lange and Tammy Blanchard. *Sybil* was probably more popular in its era than most of the contemporaneous celebrity biographies.

That *Sybil* turns out to be far more fiction than fact should not surprise us. Before *Sybil*,the best known story of a person with dissociative identity disorder was *The Three Faces of Eve* (2). Years after the publication of this biography and case history, Eve herself (real name Chris Sizemore) published books informing the reader of how she purposely misled her psychiatrist, Corbett H. Thigpen, with a primary objective of keeping him fascinated with her (3–5). There are many subsequent examples of fantastical, autobiographical tales of psychiatric disorders and substance use disorders, aimed at—and sometimes succeeding at—creating blockbuster sales. Sometimes the exposure of truth is forced from the author, as in James Frey and his book *A Million Little Pieces* (6). Sometimes some of the principals in the book claim the author has simply made most of it up, as in Augusten Burrough's *Running With Scissors* (7), in which the Turcotte children (Dr. Turcotte was both Burrough's psychiatrist and head of the household in which Burroughs lived) claim it just isn't so (8).

There is a highly significant twist in *Sybil Exposed*, however. In the other revelations of claims of fiction masquerading as fact, the manipulator of the truth is a single individual. What Nathan exposes is that *Sybil* was a result of the collusion of a self-serving, manipulative troika of patient, psychiatrist, and author: Shirley Ardell Mason, Cornelia B. Wilbur, and Flora Rheta Schreiber, respectively. The director of the troika is Dr. Wilbur; the individual who fares by far the worse is Mason. The surprise in *Sybil Exposed* is not that an author would bend truths on the one hand and ignore facts on the other to achieve a best-seller. Nor is it that a highly dependent patient could be seduced, orally bludgeoned, and drugged into all manner of bogus self-reports, especially after her attempts at coming clean were rebuffed as further evidence of her psychopathology. The real surprise is just how evil a self-aggrandizing psychiatrist can be at the ex-

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pense of not only her patient but also her other patients, her colleagues, and her profession. The real problem for psychiatry is that many outside the field will proclaim it is simply naive to be surprised by this; there are coalitions of ex-patients, for example, who shout out in leonine eruptions that all psychiatrists are malevolent.

Although *Sybil Exposed* unravels many mysteries, some remain hard to understand. First, why was it so hard to find out the real identity of Sybil? Actually, Nathan acknowledges it was not she who identified her, but rather two individuals best known for their examinations of Freud and psychoanalysis, Mikkel Borch-Jacobsen and Peter Swales. But it turns out that many people who actually knew Shirley/Sybil knew who Sybil really was. Who were they protecting in withholding this information? And many of these individuals knew the portrayal of Sybil in print and on the screen was not an accurate picture. Why did they remain silent?

The second mystery is a corollary of the above—the explanation, on more than a simplistic level, as to why this all took place. Why would Wilbur destroy a person? Why would an author, already successful in her field, watch and even participate? How does a patient become so enveloped by her psychiatrist that she doesn't take simple measures to free herself from the web? How is it that not only the public but also the profession of psychiatry was duped?

Nathan has written an excellent "story," but she has really only written the first half of a book. By the end of *Sybil Exposed,* the reader knows all about how it happened, maybe even more than anyone would want to know. What's missing is part II, why did it happen? And, if we can add an appendix, what needs to be fixed so it doesn't happen again?

The reviewer reports no competing interests. ♦

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Effective Medical Leadership

by Bryce Taylor, M.D.; Toronto, Ontario, Canada, University of Toronto Press, 2011, 256 pages, $24.95

Early Development and Leadership: Building the Next Generation of Leaders

edited by Susan E. Murphy and Rebecca J. Reichard; New York, Routledge Academic, 2011, 388 pages, $50

Eric D. Lister, M.D.

These two volumes raise a basic question about why we continue to publish books on leadership. A search of www.amazon.com's database in January 2012 revealed that readers can choose among 72,000 books on leadership. So, absent compelling and novel approaches to the subject (think of the psychiatrist Ronald Heifetz' seminal *Leadership Without Easy Answers,* published in 1994), do we really need more?

I would propose that the answer is no. The field may benefit from fewer books rather than more reiterations of accepted knowledge. Defensible as that position may be, it does not do justice to the possibility that a "new" book might be in fact useful if it captures interesting insights in a way that is helpful to those readers looking for a contemporary packaging of existing knowledge.

Because neither of these volumes passes the first test—of truly adding value to the study of leadership—let me assess them according to the second, more modest, framework.

From this perspective, Dr. Taylor's book earns a solid pass. It is not the comprehensive primer that he describes in his introduction—it is too anecdotal and ungrounded in theory—but it has practical utility.

Dr. Taylor is a practicing surgeon who has, over a 25-year career, held a number of leadership positions in the Canadian health care system. *Effective Medical Leadership* represents a distillation of what he has learned "in the trenches" during that time. The book is case-based, thoughtful, and extracts from real situations a variety of lessons for medical leaders, regardless of their specialty. He touches upon management theory, ethics, resource stewardship, and self-efficacy in ways that are down to earth and in language that is accessible. Although his takeaway aphorisms are sometimes painfully obvious, they are true. The examples used and recommendations in terms of leadership practice translate readily to the United States.

I would recommend this book to a neophyte physician leader anywhere. Reading it is like following a skilled attending physician on rounds through the work of leadership, with the attending explaining his thought processes and interventions in the transition from one ward to another. For more experienced leaders, however, the book has virtually no utility. For a scholar of leadership, the only interest would be in how Dr. Taylor has extracted the lessons that he proposes from his life's work; the lessons themselves fail the test of innovation.

Early Development and Leadership, however, puts itself forward as being a contribution to an emerging field and in fact falls short of being either meaningfully innovative or practically use-

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ful. With 29 authors contributing 15 quite separate chapters, united only by a common theme, the volume gives the appearance of providing an excuse for the collaborators to celebrate each other. It in fact represents in large measure the proceedings of the 17th annual Kravis-de Roulet Leadership Conference, which took place in Claremont, California, in February 2007 with the theme "The Early Seeds of Leadership."

The book is organized around the truism that there is a social need for more [effective] leaders and the derivative assumptions that a study of adult leaders is insufficient to provide an understanding of how leaders develop and that it should prove useful to understand the genetic, experiential, and circumstantial factors that predispose to the later development of adult leadership competencies.

So far, so good.

The problem with this volume has to do with the superficiality of the work summarized, the extent to which academic language is used to affirm the obvious ("Important leadership skills develop throughout one's life"; "a significant factor in leadership is positive health of the leader"), the lack of any organizing construct beyond the obvious, and the lack of any breakthrough research solidly linking early experience to adult competency. This set of deficiencies perfectly captures the problem that clinicians so often have with social science research.

Early Development and Leadership is relevant only to the small audience of researchers in this field. Ideally, it should challenge and galvanize those readers to a higher standard of scholarship. It has very limited utility to any other audience.

The reviewer reports no competing interests. ♦

Handbook of Office-Based Buprenorphine Treatment of Opioid Treatment

by John Renner Jr., M.D., and Petros Levounis, M.D., M.A.; Washington, D.C., American Psychiatric Publishing, 2011, 357 pages, $61

Joseph G. Liberto, M.D.

At a time when opioid analgesic abuse is our nation's fastest-growing drug problem, and the Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic (1), the *Handbook of Office-Based Buprenorphine Treatment of Opioid Dependence* is a must-read for psychiatrists and all other physicians. In addition it has clinical relevance for all nonphysician clinicians involved in treating patients with opioid dependence. Concise, easy to read and clinically useful, this guide clearly addresses the assessment and management of opioid addiction utilizing buprenorphine in psychiatric and primary care settings. It also provides a good overview of nonpharmacologic therapeutic interventions and important resource considerations for the treatment of addiction in office-based practices.

In 2002 the U.S. Congress passed the Drug Addiction Treatment Act of 2000 (DATA 2000), which allows "qualified" physicians to prescribe specifically approved schedule III, IV, or V narcotic medications for the treatment of opioid addiction in general outpatient settings. Sublingual forms of buprenorphine and buprenorphine-naloxone are the only agents currently approved under this legislation, and most physicians qualify for a Drug Enforcement Administration waiver to prescribe them by completing eight hours of formal training. The authors have been coursemasters for many of these trainings and follow in this book the curriculum outline that they often use. As an addiction psychiatrist, I found the handbook to be both a comprehensive and practical clinical resource to guide clinicians in their day-to-day approach to office-based buprenorphine treatment.

Although the handbook exposes the reader to the historical underpinnings that led to DATA 2000 and the safety and efficacy data that led to the Food and Drug Administration's approval of sublingual buprenorphine, most of the chapters focus on patient assessment and management, including detailed approaches to sublingual buprenorphine induction. Comorbid psychiatric and medical considerations are well reviewed, as are practical issues related to preparing one's office to treat opioid-dependent patients. The handbook's review of the current understanding and best practices for special populations, including adolescents and persons with comorbid acute and chronic pain, is outstanding. Although there is some redundancy in material across chapters, this redundancy serves to drive home important points of office-based therapy.

Readers will find that the contributors constitute a who's who of educators in buprenorphine treatment. In addition to chapter summaries, most chapters have bulleted "clinical pearls" that highlight the most important take-home messages. The handbook includes 11 case vignettes with thoughtful questions that illustrate important teaching points and 62 multiple-choice questions and answers. Furthermore, the handbook is full of practical assessment instruments and sample materials that can be adapted for office use.

Some additional prescription drug abuse prevalence data have become available and a new sublingual film preparation of buprenorphine has been approved since the book was written, yet its recommendations and guidance remain on target and relevant. This handbook is an excellent resource for clinicians.

The reviewer reports no competing interests. ♦

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