

Punishment and Culture

by Philip Smith; Chicago, University of Chicago Press, 2008, 224 pages, \$19

Aimee Kaempf, M.D.

Asked to define punishment, many people would likely give a response such as “a penalty inflicted for wrongdoing.” Many may go on to list retribution, deterrence, incapacitation, or rehabilitation as possible underlying motives for doling out such consequences. These sorts of concepts seemingly date back to some of the earliest of human ideologies. Despite such a relatively stable general understanding of punishment and the reasons for it, specific forms of acceptable penalties have varied enormously over time and continue to differ across cultures and jurisdictions. Furthermore, interest in finding suitable, satisfactory punishments to match shifting standards of decency has apparently endured over centuries; evidence abounds in the rehashing of related themes in literature, music, art, film, television, news media, and political debate. If punishment is an age-old, seemingly settled construct, why then does society continue to focus so intensively on penal activity, and why do methods of punishment change over time and across communities? In *Punishment and Culture*, Philip Smith, associate professor of sociology at Yale University, sets out to tackle these questions by examining the evolution of the criminal justice system through the lens of social science theory.

In the introductory chapter, “The Penal Imagination,” Smith presents his main premise that punishment is not merely about bureaucracy, power, reason, the law, or justice, as is commonly assumed. Rather, he contends that punishment and culture are intricately bound and influence one another through irrational symbols, unpredictable emotional reactions, and illogical ritualized efforts to contain evil and disorder. Smith’s theoretical

framework is largely adapted from the late 19th century to early 20th century works of Emile Durkheim, a prominent French sociologist who viewed punishment as an irrational emotional reaction driven by a culture’s desire to maintain solidarity. In his alliance with Durkheim, Smith explicitly opposes the arguments put forth by the influential French philosopher Michel Foucault in his seminal book *Discipline and Punish*, published in 1975. Smith disputes Foucault’s assertion that modern-day methods of punishment, which include imprisonment and monitoring, are isolated from cultural influence and represent callous, scientific attempts to control and “normalize” deviants. In contrast, Smith argues that cultural inputs have become more important in the administration of justice in recent times.

In the ensuing five chapters, Smith proves his point through a series of compelling case examples. He begins with a thoughtful examination of the fall of the public execution, linking its demise to the unpredictable crowd response and unruly carnival atmosphere that frequently accompanied it. He then moves on to explore the emergence of the prison system, covering a vast array of sites, including rowdy jails of the 18th century, Victorian-era institutions, chain gangs, and supermax and “country club” prisons. In the next chapter, Smith provides an interesting discussion of the panopticon, an 18th century plan to detain prisoners under constant surveillance. Another chapter offers an enlightening portrayal of the history of the guillotine. One of the book’s highlights is the chapter dedicated to the study of the rise and fall of the electric chair and offers especially fascinating discourses on the cultural origins of the chair, the mysterious properties of electrical power, botched executions, and the chair’s replacement—lethal injection. In his

investigation of these diverse examples, Smith demonstrates that cultural ideas about order, disgust, beauty, and evil have had a significant and continuous impact on penal activity.

Despite the captivating subject matter, *Punishment and Culture* is not necessarily a page-turner. It is a highly academic, jargon-rich text that assumes the reader has at least a basic background in social theory. At times, Smith’s intriguing argument gets eclipsed by his use of somewhat awkward metaphors and overly complex language. Readers should be familiar with the literature of the sociology of punishment, most notably the works of Foucault and Durkheim, to fully appreciate Smith’s noteworthy contribution to the area. For those already well versed in the field, *Punishment and Culture* is an essential read.

The reviewer reports no competing interests. †

Integrating Health Promotion and Mental Health: An Introduction to Policies, Principles, and Practices

by Vikki L. Vandiver; New York, Oxford University Press, 2009, 416 pages, \$49.95

Marie Hobart, M.D.

As care providers move decidedly beyond symptom reduction as the goal of mental health treatment, it is clear that overall health and well-being are crucial for meaningful recovery from mental illness. We know that people with mental illness die at a much younger age than the general population and that this shortened life is often besieged by ill health. Issues such as nutrition, physical activity, avoiding addiction, promoting evidence-based treatment, obtaining and keeping a job, caring for children,

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maintaining safe and affordable housing, and dealing with health care and legal systems that stigmatize those with mental illness are just some of the many areas covered in this comprehensive volume.

Vikki L. Vandiver lays a framework that is both theoretical and practical for integrating health promotion throughout any system of mental health care. As a professor of social work, an associate professor of psychiatry, and vice-chair of the board of directors of a nonprofit community-based behavioral health care organization, she has the knowledge and expertise to speak to policy makers, academic institutions, and hands-on practitioners of all types. She is also highly focused on including consumer and family input in patient care. Throughout the book she moves freely from the individual and local health care system to state, national, and international strategies for addressing health promotion.

The book is well organized, starting with an overview to lay out the intention and content of each section. The author moves logically from definitions and the evidence base for health promotion to the practicalities of how this information can be used in assessments, interventions, and the evaluation of outcomes. Along the way she gives both historical and current perspectives on how various types of mental health theory can be interpreted and adapted for health promotion. She gives special attention to women and to the needs of children and families. In the final section she addresses readiness for organizational change and how to overcome pitfalls that are inevitable when attempting a comprehensive culture shift. She focuses in particular on cultural competence and ways to engage all ethnic groups as well as the lesbian, gay, bisexual, and transgender community. In addition, each chapter starts with learning objectives clearly spelled out and systematically reviewed. Lest we stray too far from the purpose of any of this work, she begins and ends each chapter with quotes from individuals or family members who participated in focus

groups convened specifically for this book.

Vandiver provides helpful examples of health promotion questions that can be incorporated into evaluations and treatment plans. Her broad scope and sometimes difficult-to-read diagrams can be a bit overwhelming at times, but these are minor considerations. I would highly recommend this

book to those in leadership positions within community mental health centers, state and local governments, and academic departments that have the opportunity both to shape clinical practice and to study the process and outcomes of implementing health promotion.

The reviewer reports no competing interests.

The Ethics of Autism: Among Them, but Not of Them

by Deborah R. Barnbaum; Bloomington, Indiana University Press, 2008, 233 pages, \$55 hardcover, \$21.95 softcover

H. Steven Moffic, M.D.

That famous saying goes, “We’ve come a long way, baby!” When I first started to practice in psychiatry back in 1978, there wasn’t much that could be done to help autism, a disorder erroneously thought to be caused by “cold” mothering. We now know enough about genetics to think about the possibility of someday preventing autism. We also know about providing some degree of useful treatment for the disorder, which has prompted the author of this book to ask the following provocative question: If a “cure” for autism became available, should we use it? Although I have been writing ethics columns and heading ethics committees for years now, I never encountered a question quite like this one.

Perhaps because the book was written by a philosopher, much of it might not seem relevant or interesting to the everyday clinician. However, there are brief first-person accounts, usually of successful adaptations, interspersed throughout the philosophical discussions that help make some of the conundrums come alive.

Although this is an oversimplification for such a rich discussion, the core deficit of autism is theorized in this volume as an inability to understand and empathize with other people,

as well as a corresponding lack of being able to understand oneself. This may be some kind of failure of what we now call the “mirror neurons” of the brain. Given the nature of these differences from persons without the disorder, the author makes a fascinating and convincing case that autism challenges our basic conception about what it means to be human, or at least a social human. Consequently, whether those with autism can understand society’s basic moral standards and expectations is debatable. Informed consent then becomes questionable, including participation in research studies or treatment, especially as adults.

By the end of the book, the author seems to conclude—and I would agree—that very early intervention should be provided not only to reduce later morbidity but also so that the person with autism will arrive at a comfortable identity in his or her development. Should a “cure” become available, adults with autism, unless they have major behavioral problems, may fare best with their usual treatment, both because they often seem satisfied and because drastic change would be an unimaginable challenge to their identity.

However, there may be an even larger ethical conundrum. In passing, the author mentions that about 10% of people with autism have special talents in, for example, music, painting, or spatial configurations. Beyond the ob-

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vious benefit of such gifts in themselves, there may be a broader implication here, in that some researchers feel these gifts may someday be accessible to persons who do or do not have autism. Therefore, "curing" autism more generally, if and when that becomes possible, could close a window for potentially learning enough to access those abilities more readily for the general population.

Probably because the author is not a clinician, the pain to families and others significant in the life of persons with autism is relatively ignored and underplayed, as are the enormous social and financial costs involved in trying to integrate persons with autism into society. There are also some broader implications that may be of interest to clinicians. One is the ethical

consideration of drawbacks of treatment if it also reduces something valued. That question comes up frequently in regard to those who are creative and whether their creativity may be positively connected to a hypomanic or mild depressive state. In my practice this question often comes up with treatment of attention-deficit hyperactivity disorder (ADHD). Consider Olympic star Michael Phelps, who is reported to have ADHD, which has gone untreated for years. This leaves clinicians with the ethical necessity to always balance and discuss potential benefits with potential losses, risks, and side effects. "Do no harm" whatsoever is generally and practically impossible.

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source of frustration for both patient and clinician. *Addiction and the Medical Complications of Drug Abuse* covers these areas well. I recommend that both of these sections be suggested reading for any resident or new clinician in this field.

Nonprescribing emergency department clinicians and outpatient clinicians in substance abuse or mental health programs who deal with patients who have substance use disorders (these days that's virtually all personnel in these settings) would do well to sample sections of this book. Physicians would benefit from a read cover to cover.

The reviewer reports no competing interests.

Addiction and the Medical Complications of Drug Abuse

edited by Steven B. Karch, M.D., F.F.F.L.M.; New York, CRC Press, 2007, 176 pages, \$83.95

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From the start, *Addiction and the Medical Complications of Drug Abuse* presents a good overview for understanding the principles of addiction medicine. The importance of motivation is addressed in parallel with the dependence-forming potential of drugs; understanding both is key for any clinician looking at the nature of addiction and the toll that addiction takes on individuals and their families.

The sections on buprenorphine, withdrawal symptoms, and replacement prescribing are well presented, with excellent references listed in each section. Medical aspects and emergency management of drug abuse are covered in longer and more extensively referenced sections. They may be a bit harder to digest for the nonprescribing clinician

working on an inpatient unit. They serve as a good reference for those working in emergency departments and for many clinicians working in free-standing clinics.

As a tobacco and nicotine researcher and clinician, I would have liked to have seen a section addressing tobacco and nicotine disorders more fully. Leaving these out of a discussion of a book on addiction helps foster denial among patients and clinicians alike. Understanding tobacco and tobacco cessation is particularly important when working with persons with serious mental illness. For example, when a patient stops smoking, his or her medication levels may be altered as the liver adjusts, and the same may be true when the patient starts or resumes smoking. Caffeine is another agent to be considered in this regard.

Understanding comorbidity and motivation is critical for any clinician in any setting when dealing with the issues of addiction and drug abuse. If neglected, these areas will be a

Three Generations, No Imbeciles: Eugenics, the Supreme Court, and *Buck v. Bell*

by Paul A. Lombardo; Baltimore, Johns Hopkins University Press, 2008, 384 pages, \$29.95

Susan Stefan, J.D.

Paul A. Lombardo's new book, *Three Generations, No Imbeciles*, is both a fascinating history and a thoroughly modern cautionary tale about the problems that society has always had imagining people with disabilities both having sex and having families. It is the in-depth story of the deceptions, pressures, and paradoxes behind the sterilization of Carrie Buck and the path to the infamous Supreme Court decision of *Buck v. Bell*. In 1927 Justice Oliver Wendell Holmes upheld the sterilization of Carrie Buck and others like her with the infamous sentence, "Three generations of imbeciles are enough" (1).

Lawyers are supposed to protect citizens from this kind of overreaching by the government. Carrie Buck was assigned a lawyer and an expert

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