

Deconstructing Psychosis: Refining the Research Agenda for DSM-V

edited by Carol A. Tamminga, M.D., Paul J. Sirovatka, M.S., Darrel A. Regier, M.D., M.P.H., and Jim van Os, M.D., Ph.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2010, 202 pages, \$75

Mark R. Munetz, M.D.

The book *Deconstructing Psychosis* is an edited volume reporting on one of a series of conferences held to establish a research agenda as part of DSM-V development. The February 2006 conference was supported by the American Psychiatric Institute for Research and Education in collaboration with the World Health Organization, with funding from the National Institutes of Health. The 11 chapters were previously published as articles in *Schizophrenia Bulletin* in 2007. The objectives for the conference were to promote international collaboration to remove disparities between the DSM and ICD diagnostic systems, to stimulate the research necessary to address deficiencies of DSM-IV, and to develop criteria that can be used worldwide in research exploring the etiology and pathophysiology of mental disorders.

The psychotic disorders “deconstructed” include schizophrenia, bipolar disorder, and psychotic major depression. Deconstruction includes consideration of “genetics, psychopathology, cognitive psychology and neuropsychology, epidemiology, neuroimaging, neuropharmacology, post-mortem research, transcultural research, early intervention, developmental epidemiology, and addiction.” Evidence was considered “in relation to both categorical and dimensional representations of psychosis.”

The introductory section by editors Tamminga and van Os ends with what is really the thrust of the book: “Al-

though our diagnostic classification systems are reliable and useful, they have limited validity in defining biological entities because these are unknown for most mental illnesses. This existence of diagnostic labels with limited validity in psychiatry needs to be tackled and improved with each subsequent version of our diagnostic system.”

For those interested in understanding the rationale for changes in the draft DSM-V regarding psychotic disorders, this book is timely. The authors demonstrate the substantial gains in knowledge since the publication of DSM-IV and yet acknowledge how limited our knowledge remains. This tension leads to compromises in the DSM-V. We are reminded that Kraepelin, after his breakthrough division of psychotic disorders into dementia praecox and manic-depressive insanity, had concluded by 1920 that this construct was probably incorrect. Yet there are enough conflicting data suggesting real differences between

the two disorders. The world is not ready to stop distinguishing between schizophrenia and bipolar disorder. The authors also make a compelling argument on a more global level: our categorical diagnostic system is flawed, but a purely dimensional system would be imperfect and impractical as well. The authors suggest a compromise of adding dimensions of disorders to the current categorical system. A dimensional-categorical hybrid addresses variability along multiple domains. This moves psychiatry toward a more valid system and permits consideration of ethnic and cultural variations affecting diagnosis.

There is much to absorb in this slim but dense volume. It includes helpful discussions of the importance of culture and ethnicity in diagnosis and the need to separate severity from the presence of psychosis in major depression (they are not integrally linked). It also explains clearly the meaning of endophenotypes and why they are important in the absence of complete understanding of pathophysiology of disease. Readers interested in our evolving diagnostic approach to psychotic disorders will find *Deconstructing Psychosis* of keen interest.

The reviewer reports no competing interests. ♦

Asylum: Inside the Closed World of State Mental Hospitals

by Christopher Payne; Cambridge, Massachusetts, MIT Press, 2009, 216 pages, \$45

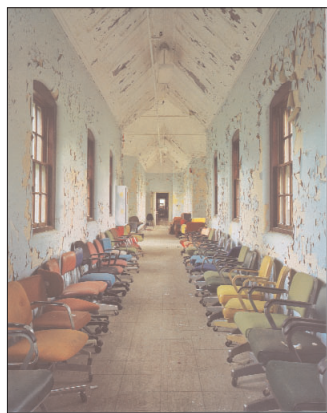
Jeffrey L. Geller, M.D., M.P.H.

The book *Asylum*, Christopher Payne’s memorialization of America’s disappearing 19th century state hospitals, is subtitled *Inside the Closed World of the State Mental Hospital*. An alternate subtitle might have been, “Inside the Disappearing World of the Closed State Mental Hospital.” Using photographs, Payne makes the point that the state hospital was a “closed world,” but I think he overstates his case.

Pages 21–55 are exterior views of state hospitals. The photographs are stunning. Having seen many of the buildings myself, I can attest to the fact the views are selective (as well a photographer’s portrayal should be) and yet true to life.

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Pages 57–117 are interior views. These photographs are also stunning, a mixture of color and black-and-white. But here, I was caught up short. The images are all so neat, with virtually no images of human detritus. What of the people who inhabited these spaces? I have been through scores upon scores of abandoned state hospital wards, and on many the reminders that patients were once part of the picture are everywhere—strewn clothing, cups and soda cans, cleaning fluid bottles and mops, newspapers from the last day the ward was occupied. . . . Virtually none of this is in Payne’s pictures. I kept asking myself, looking at image after image, “Who swept the floor?” Payne comments, “In all hospitals, the wards were fundamentally the same. . . . On their own, they are just hallways, but taken together they are symbols of a closed and isolated ward.” From my eye and my experience, Payne’s selection of images (with added housekeeping) distorts the remains of the state hospital to highlight this viewpoint.

Pages 118–201 contain striking photographs of interior and exterior shots, both black-and-white and color. This is the most successful section of the book, a moving portrayal of living at the state hospital, from daily activity through death. Without showing a single person—these are, after all, abandoned state hospitals—life pulsates in these pictures. This makes the second section, with its sterile corridors, all the more puzzling. In this third section, Payne refers to the state hospitals as “communities,” a stark contrast to the prose that intro-

duces the second section, quoted in part above.

The photographs of *Asylum* are verbally framed by introductory essays by Oliver Sacks and Payne and by an afterword from Payne. These essays are easy-to-read, simplified histories that, unfortunately, contain some historical inaccuracies. The transition from prose to photographs is made through four pages containing 25 images of state hospitals from old postcards and an image of the Creedmoor State Hospital census board from a day in March 1953: total census of 6,440 patients, of which 5,795 were inpatients, exceeding the hospital capacity by 1,653 patients.

Asylum is both a testimony to what we all lose as these state hospital buildings disappear from the American landscape and a reminder of what behemoth, self-contained institutions they were. The last photo before the afterword is of a poem written on a basement wall of Augusta State Hos-

pital in Maine: “If my heart could speak, I’m sure it would say, I wish I were someplace else today. . . .”

In perusing these photographs, one’s thoughts can drift beyond the conditions of state hospital buildings to the conditions of the services that state hospitals once provided. The reader is actually set up to do this, in part, by the Sacks essay. Community and contemporary inpatient services might well be in sorrier shape than the state hospital edifices. How many residents of the jails of Cook County (Illinois), Los Angeles County, and Rikers Island (New York) would not, when comparing their current environs with those of the former state hospitals during their period of operation, agree with President Franklin Pierce’s description of them in his 1854 Veto Message: “munificent establishments of local beneficence”?

The reviewer reports no competing interests. ♦

Disparities in Psychiatric Care: Clinical and Cross-Cultural Perspectives

edited by Pedro Ruiz and Annette Primm; Baltimore, Lippincott Williams & Wilkins, 2010, 368 pages, \$79.95

Rosalie A. Torres Stone, Ph.D.

The book *Disparities in Psychiatric Care*, edited by Pedro Ruiz and Annette Primm, addresses the changes needed in the U.S. mental health system, including universal health care, full coverage and parity of mental health care with general medical care, improved quality of care, and more humane care. Dr. Ruiz is professor and interim chair of the Department of Psychiatry and Behavioral Services, University of Texas Medical School at Houston. The idea for this book evolved from Dr. Ruiz’s efforts during his 2006–2007 tenure as President of the American Psychiatric Association

(APA). Dr. Primm is deputy medical director and director of APA’s Office of Minority and National Affairs. The book will inspire residents, medical students, physicians, administrators, researchers, and policy makers to take immediate action to improve mental health care services for vulnerable populations.

The first two chapters address the importance of understanding the social and cultural context of individuals at every level of the service delivery system. Such understanding is the foundation for eliminating disparities in the American mental health system. The next 19 chapters provide a thorough overview of the complexities in understanding disparities in access to and quality of general mental health care of vulnerable populations (such as ethnic mi-

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nority groups, the lesbian-gay-bisexual-transgender communities, immigrant and refugee groups, and addicted populations). These chapters demonstrate how psychiatric care for persons from racial and ethnic minority groups varies according to within- and between-group differences, including in gender, race, income, sexual orientation, linguistic barriers, and stigma.

The authors conclude that in considering treatment for various groups, it is necessary to understand their biological as well as their social vulnerabilities, including poor communication in clinical therapeutic situations, linguistic barriers, poverty, discrimination, and racism. In support, Primm and William B. Lawson state in one of the chapters that “much of the recent psychiatric research has focused on identifying [a] genetic basis of mental disorders. Identifying risk genes for mental disorders does not preclude extragenetic factors.”

The next 12 chapters identify strategies to eliminate disparities in psychiatric care, including placing mental health on the public health priority

agenda, developing culturally sensitive evaluations and therapeutic alliances, achieving cultural competence in quality assurance measures, conducting research in the integration of psychiatric and primary care, analyzing the financial impact of managed care, using complementary and alternative medicine, recognizing the role of religion and spirituality in healing and recovery, and conducting additional cost-effectiveness studies.

Ruiz and Primm conclude with an urgent call for social action to eliminate disparities for the sake of all Americans: “The status quo is no longer viable. The current health/mental health care system of the country borders on being unethical.” Similarly, contributors Robert Bransfield and Douglas Bransfield state, “Mental health parity is an equalization of mental health benefits and is an ethnic commitment to enhancing humane values, while lack of parity is an exploitation of human vulnerability that erodes our stature as a compassionate society with humanitarian priorities.”

The reviewer reports no competing interests. ♦

Mothers and Others: The Evolutionary Origins of Mutual Understanding

by Sarah Blaffer Hrdy; Boston, Harvard University Press, 2009, 432 pages, \$29.95

Alison Hwong

In her most recent book, the sociobiologist Sarah Blaffer Hrdy returns to a familiar topic: cooperative breeding, or the shared task of raising children, and its implications for human evolution. Hrdy is arguably the leading biological anthropologist of the day in the field of motherhood. As a graduate student in the 1970s, she studied infanticide among langurs, a small primate native to India. In past works she has analyzed the sexual proclivities of modern women (*The Woman That Never Evolved*, 1981) and challenged the so-called maternal

instinct in evolutionary context (*Mother Nature*, 2000). Now in *Mothers and Others*, she focuses on how humans developed alloparenting behaviors and emotional identification with others during the Pleistocene Era, while other great apes did not.

With the premise that “the capacity to be far more interested in and responsive to others’ mental states was the critical trait that emerged and set the ancestors of humans apart from other nonhuman apes,” Hrdy asks, “Why us and not them?” That is, how and why did only our species out of all apes develop the unique cognitive and empathic traits that characterize “emotionally modern humans”?

Her answer is this ambitious book. Aimed at both lay and specialist audiences, Hrdy’s writing will appeal to mental health professionals interested in attachment theory, mirror neurons, and the role of grandmothers in childrearing. In less than 300 pages, she weaves together studies from developmental psychology, neuroscience, psychiatry, behavioral ecology, and social anthropology. For example, Hrdy disputes a prevailing notion emphasized by John Bowlby, that continuous skin-to-skin contact between mothers and their infants, as observed among baboons and gorillas, is the defining model for how our African savanna-dwelling ancestors must have cared for their young. In fact, the author writes, about half of contemporary primates rely on shared care and use continuous-contact mothering only as a last resort, when no safe alternatives are available. In other words, placing a child in day care, hiring a babysitter, or asking one’s mother-in-law to watch the baby echoes an old practice among primates.

In the last chapter, Hrdy notes that shared care is becoming less common among humans; more single parents raise children solo, and parents increasingly live far away from family members who could provide extra help. She suggests that if we evolve in a direction without cooperative breeding, we may lose the very trait that makes us human—the ability to empathize and solicit care, the neuronal networks that enable theory of mind.

Although compelling, *Mothers and Others* is not without fault. Hrdy is so adamant to prove her point that she tends to skim over criticisms of her arguments or weak links. In her eagerness to support her theory for how humans developed into cooperative breeders with a long maturation period and big brains, she often conjectures based on circumstantial evidence. But as a whole, Hrdy’s newest work is wonderfully readable and thought provoking. After finishing *Mothers and Others*, one finds it hard to resist reading her other books as well.

The reviewer reports no competing interests. ♦

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Substance Use Problems

by Mitchell Earleywine; Cambridge, Massachusetts, Hogrefe & Huber Publishing, 2009, 88 pages, \$29.80

Cher Yao Chen Chen, M.D.

The 2008 National Survey on Drug Use and Health reported that 117.3 million (47%) Americans aged 12 or older have used illicit substances (not including alcohol and tobacco) in their lifetime. Also, 21.8 million (9.2%) Americans aged 12 or older needed treatment for substance abuse or dependence in 2008, and only 2.3 million actually received the treatment they needed.

The scope and implications of problematic substance use in contemporary America underscore perhaps one of the greatest human tragedies of our times. With this framework, Mitchell Earleywine, associate professor of clinical psychology at the State University of New York at Albany, delivers yet another valuable contribution to the field of addiction medicine. This is volume 15 of the series *Advances in Psychotherapy—Evidence-Based Practice*, developed and edited with the support of the Society of Clinical Psychology, division 12 of the American Psychological Association.

The book features seven chapters and includes an appendix containing an inventory of drug use consequences and a shortened inventory of problems associated with alcohol and drugs. In chapter 1, the author adheres to the *DSM-IV* definitions of abuse and dependence and emphasizes the goal of fostering a therapeutic alliance with clients. By conceptualizing substance use as a con-

tinuum from abstinence to dependence, the author clarifies the complex transition from casual use to problematic use, and the model offers multiple points of prevention and intervention. Because the subjective effects of drugs vary across a range of clients and settings, therapists willing to be educated by their clients are often rewarded with useful insights for treatment. The contrast between past-month use versus lifetime use obliges us to recognize the nonlinear and un-"inexorable" progression to dependence and opens up the controversial discussion of nonproblematic use. The book offers a succinct overview of psychiatric comorbidities, including gambling, attention-deficit disorder, and suicidality and suggests instruments for their assessment.

Chapter 2 describes the biopsychosocial model and the interaction of each conceptual dimension with stages of initiation, regular use, problematic use, and treatment outcome. Chapter 3 highlights elements of detailed assessment of drug use, motivation, treatment history, and social support. As the author notes, clinicians often miss assessment as their first opportunity to treat. The chapter addresses practical issues, such as note taking and use of the Timeline Followback interview. Instruments that come in handy in daily clinical work are discussed: Stage of Change Readiness and Treatment Eagerness Scale, University of Rhode Island Change Assessment, and the Readiness to Change Questionnaire.

Chapter 4 is devoted to empirically supported treatments. The fact that

"no single effective treatment is appreciably better than another . . . does not suggest that any approach will work." The author contrasts harm reduction with abstinence, offering a controversial alternative to the mainstream view. He provides an informative overview of substitution therapy, with alternatives concerning timing of administration; he also advises on avoidance of polysubstance combinations and intoxication management, including peer-administered Narcan. Efficacy of treatment is discussed. Empathy, warmth, and genuineness are identified as the foundation of a productive therapeutic process. Motivational interviewing, the stages-of-change model, and decisional balance are discussed with clinical pearls of wisdom, sample dialogue, and targeted strategies. The author shows how elements of relapse prevention (interpersonal high-risk situation versus intrapersonal high-risk situation) and cognitive-behavioral therapy (functional analysis) can be combined to enhance treatment effectiveness. Additional behavioral interventions presented include 12-step facilitation and meditation.

Although not exhaustive or biologically oriented, this volume is a worthy reader-friendly book intended for therapists. It reads as an experiential distillation of practical knowledge from years of clinical and academic experience in problematic substance use, treatment, and research. The stated objective is "[to provide] trainees and professionals with a handy, concise guide for helping problem drug users . . . [and] improve [readers'] intuitions and clinical skills by adding an overarching understanding of drug use." It is this writer's opinion that Dr. Earleywine has done so.

The reviewer reports no competing interests. ♦

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