

regulation and modulation, interpersonal, and self and identity—common to all forms of personality disorders.

The book is broad ranging, lucid, and helpful. Certain chapters are more cogent than others, and, as might be expected, there are differences in how the contributors communicate their theories, beliefs, and recommendations, with some giving case examples and others drawing on neuroscience research. Newer clinicians may find the chapters on formulation and assessment to be foundational and grounding. Practitioners using specific kinds of treatments, such as mindfulness, will find information on how this can be adapted for treating personality disorders. The content on treatment of emotional dysregulation appears particularly compelling. Compiled by three distinguished researchers and practitioners and containing contributions by leaders in their respective schools of thought, this volume is a repository of valuable ideas for all mental health professionals.

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*The reviewers report no financial relationships with commercial interests.*

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## Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry

by S. D. Lamb; Baltimore, Maryland, Johns Hopkins University Press, 2014, 299 pages

Some books are worth underlining every sentence. Susan D. Lamb's book, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* is one of them. It struck me as a very well-written product of a decade-long research and review of available documents, private archives, and clinical materials about one of the most recognized, authoritative, and influential psychiatrists in the United States. Dr. Lamb's brief mention of the particular challenges of writing this book appears to be an understatement, given the sheer volume of materials she reviewed, including Dr. Meyer's sophisticated scientific and philosophical writings in both English and German.

The book is divided into six chapters that follow a certain logic: The first two chapters, pathology as a method and mind as biology, explain the two concepts that were key to

Dr. Meyer's vision for psychiatry as a clinical science. Psychobiology, the principal tenet of Meyerian psychiatry, is also discussed here. Dr. Lamb does a great job explaining psychobiology, which essentially reconciled the medical model to psychology.

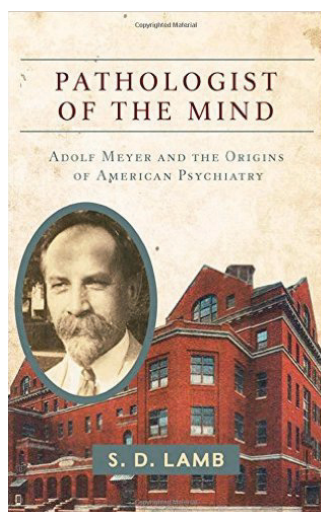
Third and fourth chapters are devoted to Dr. Meyer's move to the Phipps Psychiatric Clinic in Baltimore and his emphasis on detailed and objective record keeping in order to dissect the patient's life history and then to construct a Virchowian narrative in the form of a case history. In a way, as Dr. Lamb put it, "psychiatry had its corpse." All clinical staff entered notes about everything they thought might be relevant to a patient's diagnosis, treatment, or care in the clinic. Although hardly a new concept, keeping separate charts for each patient was not common practice before Dr. Meyer began his approach. In most mental hospitals, clinical data were entered in casebooks, which were too difficult to review in a longitudinal manner in order to assess the clinical progress of long-term patients throughout time. Dr. Meyer organized clinical data so that he could use them for research purposes. He suggested that every form of psychopathology was an "experiment in nature." However he never lost sight of his primary goal: to treat his patients. He employed a holistic approach in which he placed the person at the center.

The last two chapters are devoted to Dr. Meyer's general therapeutic approach and particularly his conception of psychotherapy. The evolution of Dr. Meyer's thoughts about psychoanalysis is presented as an example of his understanding of the psychotherapeutic encounter, which he framed as a dynamic interaction between patient and therapist. He deemed this encounter to be a collaboration between the therapist and the patient in order to reconstruct causal events that led to psychopathology, and ideally to modify a patient's maladaptive reaction in the direction of recovery.

Dr. Lamb has managed the flow of thought throughout her book while maintaining a certain chronological order. She easily redirects the attention of the reader when she shifts back and forth in time, and each chapter ends with a helpful summary.

I particularly liked Dr. Lamb's use of Phipps Clinic archives in order to give a closer and personalized account of Dr. Meyer's work with patients. She reviewed 1,897 dossiers in order to find the ones that would best provide an impression of the daily life at the clinic. Weaved together with pictures and floor plans, these case vignettes take the reader on a mental tour of the building with patients from the turn of the past century.

Dr. Meyer's concept of psychobiology is only one of his contributions that we embrace in contemporary psychiatric practice. For example, his insistence on keeping individual records was a major culture change that enabled physicians to have a longitudinal perspective on individual patients' histories. Meticulous record keeping provided the opportunity for better diagnosis and therapeutic interventions. Meyer's approach to his patients was truly person centered, and he emphasized recovery as the main goal.



After I read Dr. Lamb's book, I began to see more clearly the historical foundations of many practices that we psychiatrists have embraced and integrated in contemporary psychiatric care and treatment for the past hundred years. I believe he would be pleased to see the effective use of the person-centered approach with recovery as the main goal at Worcester Recovery Center and Hospital, formerly known as Worcester State Hospital, where he worked as the pathologist between 1896 and 1902.

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## Madness Cracked

by Mick Power; Cary, NC,  
Oxford University Press, 2014,  
304 pages

Mick Power, a British psychologist, provides a marvelous, brief history of psychiatry in *Madness Cracked*, then proposes a major overhaul of the classification of psychiatric conditions. Fundamental to his thinking is that science has advanced through the development of theories. He is especially attracted to how Dmitri Mendeleev developed the periodic table for chemistry 150 years ago and impressed that the table seemed predictive about chemical elements later discovered. Should psychiatry take a similar approach?

The *Diagnostic and Statistical Manual of Mental Disorders* has claimed to be atheoretical, but a review of the texts of the various editions finds theoretical influences. The first *DSM*, published in 1952, divided psychopathology into two parts, organic causes and reactions (such as “schizophrenic reaction”) but championed no comprehensive theories beyond illnesses having an organic cause or being a reaction to stress. *DSM-II* (1968) continued with organic disorders and otherwise claimed to be atheoretical but allowed some “unconscious conflicts” to slip into the definition of neuroses. *DSMs III* (1980), *III-R* (1987), *IV* (1994), *IV-TR* (2000), and

*5* (2013) were without theories beyond having some conditions resulting from organic causes and some from mental stresses.

It is said that psychiatry has been “stuck” and has not advanced any substantial innovations since 1959. By 1959 we had antipsychotics, antidepressants, anxiolytics, cognitive enhancers, mood stabilizers, stimulants, and medications to address addictions. Developments since have been within the shadows of what we had in 1959. Are the *DSMs* the cause of our stagnation?

In this book, Power proposes a radically new and very complex approach to psychiatric classification. Unlike his two chapters on the history of psychiatry, his proposed new approach is not easy going.

First, one needs to know the SPAARS system, which stands for schematic, propositional, analogical, and associative representation systems. This is the system that Power introduced first as the generator of emotions. He then expanded SPAARS to cover not only the generation of emotions, but drives and cognitions as well (the DEC profile). Using the DEC model, he reviews the research of many psychiatric conditions, which provides readers an update on clinical psychology.

Furthermore, in addition to urging clinicians to examine emotions such as anxiety, depression, and others familiar to clinicians today, he asks that we also look at anger and disgust. According to Power, conditions associated with anger have been far more problematic for society and for individuals than conditions associated with anxiety. He sees disgust as an important emotion in many cases of eating disorders, depression, posttraumatic stress disorder, and some phobias.

Would our clinical results be improved if anger and disgust become major foci of interest? Neither is in *DSM-5*. Anger is in *ICD-10-CM*, coded R45.4, but we are unaware of any initiatives yet to cover anger in future *DSMs*. These are two of the many ways of rethinking psychopathology that Power provides the reader.

*Madness Cracked* should be among books being reviewed by those who are developing future editions of the *DSM*. The vastness of his proposal makes its total adoption unlikely, but some parts of his thinking may help psychiatry become unstuck.

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