

## Book reviews

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*A Historical Dictionary of Psychiatry*. By E. Shorter. (Pp. 352; \$49.95; ISBN 0-19-517668-5 hb.) Oxford University Press, New York. 2005.

The history of ideas plays a greater role in influencing current thinking in psychiatry than in other branches of medicine. It is difficult to imagine references to the authority of clinical giants like Laennec or Osler being frequently made in ward rounds in general medicine departments, but both clinical discourse and scientific publications in psychiatry continue to refer to ‘Bleulerian’ basic symptoms, ‘Schneiderian’ first-rank symptoms, or the ‘Kraepelinian’ dichotomy of affective and schizophrenic disorders (the ‘Freudian’ Id, Super-ego and Ego have somewhat receded to backstage in recent decades). Modern clinical psychiatry evolved as a curious blend of the art of interpretation of ‘meaningful connections’ between subjective phenomena of mental life and the search for evidence-based causal ‘explanations’ (Jaspers, 1963). This does not relegate psychiatry to the status of a slow developer having yet to attain the scientific maturity of molecular medicine. Psychiatry today is still facing many of the fundamental problems that have exercised past generations of clinicians and researchers (e.g. the nature of the disease entities in psychiatry, or the brain–mind relationship in mental illness) and remain, for the present, without a definitive solution. Historicity – the awareness of how our present concepts first emerged and how they evolved into the clinical language we now use globally, is intrinsically important to the discipline. Unfortunately, both the continuity and progression of ideas in psychiatry tends to be neglected or forgotten with the trend of purging the newspeak of DSM-III and its successors of historical references and evocative eponyms (this has happened to a lesser extent in ICD-10, in which many footprints from the past are preserved as ‘inclusion terms’).

Edward Shorter’s historical dictionary is a scholarly, eminently readable and entertaining antidote to the tendency of a historical impoverishment of the discipline. The author is Professor in the History of Medicine at the University of Toronto. The dictionary is a sort of companion volume to his *A History of Psychiatry* (Shorter, 1997) which has already been acclaimed by critics for its provocative, story-telling style, yet thoroughly researched and documented rendering of the emergence of modern psychiatry since the late 18th century. The present dictionary is structured along two axes: concepts (e.g. ‘catecholamine hypothesis of depression’) and names (e.g. ‘Minkowski, Eugene’). By rough reckoning, the book contains about 650 entries, most of which are short essays on ideas and persons (with pithy biographical details, not devoid of anecdote). It includes a bibliography of the sources used, as well as a user-friendly index. However, the book is far from being a meticulous compilation of dry facts and references. Shorter has a flair for argument, is not shy of often presenting a personal point of view, and also writes well. To quote a random sample of the style and language, here is a brief excerpt from ‘Francis Galton on the heritability of genius’:

Galton (1822–1911), an independently wealthy Englishman involved in the administration of science, introduced in his 1869 book, *Hereditary Genius: An Inquiry into Its Laws and Consequences*, the ‘pedigree’, or family history, method into the study of inheritance. Yet, Galton himself, did not use the diagrams showing how positive and negative traits migrated down the family tree that later became so popular ... Galton was responsible for the (in retrospect quite correct) idea that certain traits have a heavy genetic component, but he was not responsible for the notion that undesirable traits may be weeded out through such measures as sterilization – later a central eugenic tenet.

Acting on a suspicion that North American authors occasionally tend to be biased in favour of the New World’s contributions to science and cultural history, I checked the dictionary

(randomly, again) for its representation of European thinkers and ideas. The result was one of a historically correct balance (Western European psychiatry and psychiatrists predominate in the index). There are, however, some irritant omissions, as regards important non-Western contributions to the body of knowledge. Examples of missing names include T. A. Lambo (Nigeria), P. M. Yap (Hong Kong), and S. Morita (Japan). Russian psychiatry is only sparingly represented by S. Korsakoff and I. Pavlov, while A. Luria's fundamental studies of the frontal lobe syndrome, or L. Vygotsky's developmental neuropsychology are not mentioned at all (but neither is J. Piaget!). In the same vein, no mention appears in the book of the World Health Organization's groundbreaking cross-cultural studies of schizophrenia.

Such blemishes are understandable and do not detract substantially from the quality of the product. However, should a revised edition appear in the future (which is desirable), it should aim at a more ecumenical coverage of the historical material. Compared to other successful reference books in the field (e.g. Robert Campbell's *Psychiatric Dictionary*, 1989), Shorter's volume provides a refreshing novel approach that should rekindle enthusiastic interest in the history of the science and art of psychiatry. The book can be recommended to psychiatric clinicians, trainee psychiatrists and researchers, as well as to the intellectually curious public at large. At a price of less than \$50, it is good value for money.

ASSEN JABLENSKY

(Email: assen@cyllene.uwa.edu.au)

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(An earlier review of this book has appeared in the Journal, see vol. 36, p. 130.)

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*Treating and Preventing Adolescent Mental Health Disorders: What We Know and What We Don't Know, A Research Agenda for*

*Improving the Mental Health of our Youth*. Edited by D. L. Evans, E. B. Foa, R. E. Gur, H. Hendin, C. O'Brien, M. E. B. Seligman and B. T. Walsh. (Pp. 864; \$59.50; ISBN 0195173643.) Annenberg Foundation Trust at Sunnylands, University of Pennsylvania, Philadelphia. Oxford University Press, USA. 2005.

Reference texts are marketed to the field with attestations of great promise that they will provide the reader with a one-stop shop to provide current information that is relevant to practice. Often they disappoint us. The material may be too esoteric or specialized and has no relevance to the clinical world or these texts are a compilation of material that is redundant and rehashed. Fearing the same, I let this volume lie on my shelf too close to the deadline for review. I regret not having read it more leisurely to truly relish the depth of material it had to offer. I know I am going to use it often for a variety of different reasons: to learn and to teach from and to use for advocacy. This book is titled 'Treating and Preventing Adolescent Mental Health Disorders' and is a compilation of the work of seven separate commissions of experts with a focus on seven areas germane to adolescence.

Opening the front flap one is immediately drawn to the stated purpose of the book: to promote positive mental health for adolescents. The editors promise to deliver a comprehensive and coherent summary of 'what we do know and what we do not' in seven categories as they relate to adolescents: (1) Depression and bipolar disorder, (2) Schizophrenia, (3) Eating disorders, (4) Anxiety disorders, (5) Adolescent substance and alcohol abuse, (6) Youth suicide and prevention, and then a final bonus section on (7) Positive youth development. The emphasis on prevention and early intervention as they pertain to adolescents is exciting and decidedly different from the usual focus on pathology. Funded by the Annenberg Foundation Trust at Sunnylands in 2001, the editors of the book pulled together thought leaders/researchers to provide expert knowledge related to the seven specific areas. These seven commissions were charged with the task of bringing together all the research on the phenomenology, course, assessment and treatment of each focused

area and suggesting a research agenda for the future and public policy guides relevant to each section. The work of each commission was combined at a consensus meeting in January 2004 and is presented in this volume. Each section follows a fairly similar outline of (a) defining the disorder: epidemiology, diagnostic criteria and aetiology of the disorder; (b) treatment of the disorder which includes a careful review of randomized controlled studies of pharmacological and psychosocial interventions, and then (c) a suggested agenda for future research and prevention strategies based on partly empirically derived data. The material is well written, understandable and informative.

In a day and age when evidence-based medicine has become a buzz word, a brand new text promising to pull together material distilled from tightly controlled studies is of immense value to the reader. Perhaps, one could argue that many important elements of psychiatry are non-quantifiable; do not lend themselves to empirical study and, therefore, to ignore them or worse still to discard them is short sighted. But the concept of evidence-based medicine is here to stay for some time and until we have other neutral mechanisms to assess difficult and delicate areas such as physician–patient relationships, we will look to RCTs to provide us with direction. The most engaging and progressive element of the book is its chapters on prevention and positive youth development and a brave agenda to guide public policy. The clear articulation of an empirical framework or even the clarification of the gaps in our knowledge about prevention or early intervention could be potentially very useful to a reader who is going to not only treat adolescents but above all be an advocate for the mental health needs of adolescents. As we interface with our legislators and those who set policy for our country they must hear our voices loud and clear. To a large extent this volume gives us the voice to articulate and help set that agenda.

What greater compliment than to insist that your trainees acquire it? All four of mine have it now.

BELA SOOD

(Email: bsood@mcvh-vcu-edu)

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*Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association*. By N. Sartorius and H. Schulze. (Pp. 238; £30.00; ISBN 0-521-54943-4 pb.) Cambridge University Press: Cambridge, UK. 2005.

There have been many local and national campaigns challenging stigma-discrimination against people with mental illness but none have matched the international reach or the 10-year duration of the World Psychiatric Association's (WPA) described here. This book matches the ambition of its programme (Professor Sartorius resents the short-termism of 'campaigns') and is a welcome addition to an embryonic literature on evidence-based interventions to reduce stigma. It is aimed at a wide audience, not just health-care providers and academics, and is mostly practical – strident, but rarely dogmatic. Its tone is uniformly positive: here are the problems, here is what works. This could be media collaborations in Egypt and Slovakia, school interventions in Germany, changes to Emergency Room practice in Canada, or police training in the UK and USA. The authors make clear that details of all initiatives have been openly shared between sites, and email addresses are offered throughout to any reader keen for more information. In the opening chapters, their stigma model is rooted firmly in the psychiatric clinic, although the scope of interventions listed later is more widely based. They waste little time exploring the roots of stigma as their explicit purpose is to fight it. Underlying this approach is the clear agenda of getting something (anything) started – most likely beginning as collaboration between service users and psychiatrists – that will attract funding. Mental health always comes last for health service spending, and 'prevention' projects are lowest on psychiatric wish lists. On this issue, they are fully transparent in identifying the number of their programmes that achieved pharmaceutical industry sponsorship.

Recounting the experience of 20 countries across five continents, the transcultural aspects of this book should attract a readership beyond the stigma lobby. The authors stress the need to agree local priorities and this makes each

programme unique. Why some locations chose particular target groups for interventions, along with local ingenuity, combine to tell a larger story. As with treatment outcomes in schizophrenia, the developed world can learn from, rather than merely lecture, developing countries. At many points, we can marvel at the boldness of local organizers in putting discrimination centre stage. Hard lessons are set out in chapter 19, although they do not explicitly list a core recommendation of Patrick Corrigan's Chicago Consortium: any intervention to improve attitudes to mental illness must include contact with someone who can convey to the target audience their first-hand experience of it. That said, results of the WPA's efforts have been mostly positive and their group has learned quickly from failures. Step-by-step advice to initiate programmes locally is set out in several useful appendices.

For developed countries, not least the UK where reducing stigma is Standard One of the Government's National Service Framework, we may have hit a glass ceiling in treating people with schizophrenia. Drugs, family and individual therapies can be tweaked, but they may not deliver the improvements needed in social function, much less the full social integration of service users. Psychiatrists, and our colleagues in primary care and public health, need to look again at the diverse social factors that obstruct recovery and empowerment, region by region. This book is an essential tool in challenging the societal rejection of people with schizophrenia. The hope is that the issue of stigma has not gone out of fashion, and that their efforts will be sustained in the decades to come.

PETER BYRNE

(Email: [p.byrne@ucl.ac.uk](mailto:p.byrne@ucl.ac.uk))