The Creation of Psychopharmacology

Psychiatrists and historians owe a debt to David Healy. Over the years he has conducted interviews with all the leading figures in psychopharmacology. The resultant three volumes of The Psychopharmacologists (Healy, 1996, 1998, 2000) captured a crucial period in the history of psychiatry. Drawing on these interviews and his wide reading of the scholarly literature, Healy has now constructed a subtle and compelling narrative of the development of psychotropic drugs, in particular of chlorpromazine, whose discovery he hails as as important as that of penicillin.

This is not a narrow, internalist account of events. Rather, Healy ambitiously relates the emergence of drugs to the wider culture and shows how the two have interacted. He begins with the new science of the Enlightenment; looks at the changing clientele of 19th-century asylums; examines the counter-culture’s advocacy of LSD (acid) in the 1960s; charts the growth of the mighty drug companies of today; and, finally, considers what biomedical advances hold for the future of humanity. En route, he boldly challenges received readings of the past and the accepted wisdom about psychiatric drugs. For example, he demonstrates that lithium was first prescribed in the 19th century and that the pre-neuroleptic era, far from representing some kind of ‘dark age’, witnessed the development of several effective treatments. With regard to recent times, Healy judges that the evidence that the selective serotonin reuptake inhibitors (the SSRIs) and the ‘atypical’ antipsychotics are superior to older drugs is weak.

Healy asks how we arrived at our present position. It is a position, he suggests, where biological explanations of mental disorder and, indeed, of an increasing proportion of human behaviour are now in the ascendancy; where powerful drug corporations shape how we perceive and classify emotional distress; and where the ‘psychopharmaceutical complex’ ensures that the only therapy considered is medication. For Healy, the key lies with the discovery of chlorpromazine. The advent of this drug in the 1950s saw many patients ‘awake’ from their psychoses and leave the asylum. Thus was community psychiatry born: as a result, clinicians began to see an increasing number of patients with non-psychotic disorders. In North America, the therapeutic triumph of chlorpromazine dealt a deathblow to psychoanalysis, and medication became the treatment of choice not only for severe mental illness, but for all types of psychic distress. Psychiatry-underlined its commitment to a biomedical perspective with the publication of DSM-III in 1980. In tandem, drug companies created markets for their products rather than creating medication in response to the needs of patients. Healy maintains that we are becoming less rather than more rational in our development of new treatments. Science does not evolve progressively in response to carefully conducted research; instead, serendipity plays a major role, leaving scientists to construct a post hoc theory to accommodate the new data.

Healy places his treatise in a wider philosophical framework. He contends that our views about the nature of humans have changed dramatically and that a ‘new biomedical self’ is being born. He follows its conception during the time of the Enlightenment, when God was dethroned and La Mettrie postulated that man is a machine, to its birth in the present day when, in the eyes of many, the neurosciences and the Human Genome Project are demonstrating that notions of spirituality and free will are redundant and that human beings can be understood entirely in terms of their biology. Since the Enlightenment, there have been many voices objecting to such a materialist view of man. From Thomas Reid in the 18th century; through Søren Kierkegaard and William James, to Francis Fukuyama in the present day, powerful arguments have been raised in opposition. Perhaps Healy does not give sufficient space to these dissenting voices. However, he has written a highly stimulating and original book, which is brimful of ideas and deserves to be read and debated throughout the psychiatric community and beyond.


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Every Family in the Land: Understanding Prejudice and Discrimination against People with Mental Illness
CD—ROM: £11.75. ISBN 0 9541314 0 1

This collection of over 80 learned articles, personal perspectives and comments is designed to shed light on the most common mental disorders in the hope of dispelling...
some of the stigma which attaches to them. Produced as part of the Royal College of Psychiatrists’ anti-stigma campaign ‘Changing Minds’, whose Chairman is the editor, it offers useful and often moving insights into the causes, experiences and misunderstanding of, and reactions to, what lies behind generic diagnoses such as personality disorder, schizophrenia, depression, dementia, eating disorders, and alcohol and drug misuse and the stigma that stems from the labels.

The joy and the novelty of this book is that it is freely available on the internet. Its scope is almost too large for a single book, so that the ability to search for the nuggets one wants rather than to start at the beginning and read to the end, is invaluable. Perhaps more importantly, although most of the articles will attract specialists in mental illness or those with experience of it, computerisation may tempt some of those less knowledgeable, who browse the internet as a pastime, to stray into the world of mental illness without the provocation of the sensationalist press, thus opening more minds to the realities rather than the myths of mental disorder.

A brief scan of the contents list highlights the way in which the diverse mass of material has been helpfully clustered together. Each chapter has a theme which relates to all or most of the illnesses in question, underlining the commonality of stigmatising or other assumptions about all types of mental illness. The history of stigmatisation, its origins and strategies to deal with it are three examples of this grouping. Separate chapters cover the law and mental illness, creativity and mental disorder, and spirituality and mental illness. For me as a non-specialist reader, the chapter which had the most impact was Chapter 2, in which courageous individuals give mind-opening personal descriptions of what it is like to live with various mental disorders, and those who love and care for them, as well as experts, describe the effect of stigma on their everyday lives. This chapter above all brings home the title of the book: Every Family in the Land. Yesterday, today or tomorrow, this might be your family. This book is available without cost as an invaluable resource to which you can turn at will.

**Pathologies of the West. An Anthropology of Mental Illness in Europe and America**


Psychiatry could learn a great deal from social anthropology. Most English-speaking psychiatrists are trained and think largely in the languages of biology and pharmacology, and so do not find it easy to appreciate the complex influences of their patients’ cultural backgrounds, assumptions and beliefs on the shifting ways in which they express their distress and their fears. As a result, we are often nonplussed by contemporary phenomena like myalgic encephalomyelitis and the Gulf War and total allergy syndromes. So there is plenty of scope for an anthropology text aimed at psychiatrists.

Sadly, this is not so. It is probably not written for psychiatrists, or even for doctors, and although Littlewood writes fluently it is heavy going. He writes sensibly enough about the cultural influences on the phenomena and the rising female incidence of parasuicide, agoraphobia, anorexia and obesity, but most of his comments are hardly original. Moreover, the bulk of the book is devoted to incest, military rape, domestic sieges and the links between late 19th-century French hysteria and late 20th-century American multiple personality disorder. His observations here are more interesting and, I would guess, more shrewd, but none of these phenomena is a key issue for busy National Health Service psychiatrists. If you are well-heeled and will not be put out by frequent references to instrumentality, mimesis and sub-dominance – and if you are familiar with symbolic inversions, transgressive arguments, reversal theory and contingent proximity – you might be fascinated to read this heavily referenced tome. But you will also be a fairly rare bird.

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**Defining Psychopathology in the 21st Century. DSM–IV and Beyond**


The inspirational title of this book suggests that it was conceived in the after-glow of the millennium celebrations. Indeed, the editors have drawn on lectures given at the year 2000 American Psychopathological Association meeting of the same title. The book is dedicated to the life and work of Samuel B. Guze, who was presented with the Joseph Zubin award at the meeting: that was the last occasion on which many of his friends and colleagues saw him before his death.

One of the difficulties facing editors of conference proceedings is that they generally have less direct control over chapter topics and content than editors of other multi-author books such as textbooks. This often means that the final product resembles the ‘curate’s egg’: it is good in parts. Fortunately, John Helzer & James Hudziak have avoided such problems and this egg is good throughout. They have produced a fine text that is both scholarly in content and exciting to read.

The contributions have been collected into four parts, the first entitled ‘Definitional tensions’. A masterly opening chapter by Robert Kendell sets the current scene. This is followed by an intriguing dialogue between Professors Regier, Narrow, Wakefield & Spitzer about the methodological and definitional issues raised by large-scale epidemiological studies in the USA. The second part, ‘Defining psychopathology’, explores how functional imaging could be

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used to define phenotypes of affective disorders. Part 3 considers how longitudinal studies can be informative, with examples drawn from studies on alcohol use and attention-deficit hyperactivity disorder. The final part, ‘Exploring alternatives’, brings together four authors who have interesting ideas about how genetic studies may inform the definition of phenotypes.

In 1970, Sam Guze & Eli Robins wrote a seminal and much-quoted paper on the indirect validation of phenotypes in psychiatry. They were also the first to apply an operational approach to defining psychopathology. Since then, there has been much effort but little real progress, and ideas about defining psychopathology have not really advanced. However, this book provides an optimistic view of the future. The technological advances in neuroimaging and genetics hold considerable promise for new ways of thinking about phenotypes. This publication provides a starting point for all who wish to take up the challenge of defining psychopathology in the 21st century.


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Measuring Mental Health Needs
(2nd edn)
Edited by Graham Thornicroft.
London: Gaskell. 2001. 524 pp. 35.00 (pb). ISBN 1 901242 60 9

The second edition of this excellent resource book is very welcome. It is now 10 years since the first edition and during that time the concept of measuring needs in mental health has become increasingly part of the planning process and research agenda. Like all edited works there is some patchiness and a degree of overlap between some of the chapters. One or two chapters seem to have been included more for completeness of the volume and their authors have given a ‘needs-measurement’ spin to what they normally write. This is inevitable in a volume of this scope, and overall the tone of the work is both scholarly and practical and the standard very high.

This is a reference book rather than a textbook with which to learn the business. Whatever your current preoccupation – composing a research proposal, conducting an option appraisal for a service development, commissioning services, etc. – there are chapters here relevant to your thinking. In this context, the occasional repetitiveness is a positive advantage as it helps give depth to understanding. The different perspectives in the book stimulate thinking and give a sense of dialogue rather than a dusty tome. For example, in Gregoire’s chapter on needs assessments for rural mental health services you can learn as much about the complexity of defining ‘rural’ as about mental health needs in rural areas. Complex ethical issues are also touched on: Kuiipers, for example, explores the needs of carers.

I would have liked a bit more theory, in particular the status of needs as a concept. The sheer volume of research into individual needs (paralleled by the rapidly growing, and now multilingual, Camberwell Assessment of Needs family) often obscures the fact that some of us have genuine concerns about the meaningfulness of the concept. When considering an individual patient is it really more useful to talk of needs that can or cannot be addressed by treatments or interventions? The daily experience of shoe-horning ‘diagnosis and treatment’ into the Care Programme Approach’s required ‘needs and interventions’ gives rise to some scepticism.

This is, however, a small criticism of an excellent book. It is thorough, weighty yet accessible, and lives up to the blurb on its cover in that it ‘describes clearly the different approaches that can be taken to these vital questions’. There is something for everyone here. It is well worth its second edition and well worth the price.

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Introducing Cognitive Analytic Therapy. Principles and Practice

Reading this book brought to mind a sobering experience from my youth. In 1966, I visited a psychotherapy institute in Leningrad (now St Petersburg). Its doctors said they used ‘Pavlovian’ psychotherapy. How did they do this? They admitted...
patients, took a detailed history of their upbringing and showed them how current maladaptive behaviours grew out of earlier forms of interaction with family and others which needed revision to become more appropriate to current circumstances. Western psychotherapists using a similar approach might have been surprised to hear that Pavlov was its progenitor. Now Ryle & Kerr see it as part of cognitive analytic therapy (CAT), which takes about 16 sessions. Together with the patient, the therapist writes a reformulation letter that sets out aims in therapy. The patient self-monitors, with the help of a diary, to spot problems as they arise and try to revise them, and rates target problems. The patient and therapist exchange goodbye letters at the penultimate or last session to review what has been achieved or remains to be done, and follow-up is arranged.

Case examples show how CAT assessment is done and reformulation letters and diagrams are constructed. Its use of a goal-oriented approach, diary-keeping, self-ratings and collaboration with the patient overlaps with the practice of behavioural and cognitive therapists. However, a case history of CAT in a patient with obsessive-compulsive rituals (pp. 138–144) highlights how CAT differs from behaviour therapy by exposure and ritual prevention: the ‘target problem’ procedures did not mention the rituals, the post-treatment rating of improvement did not say whether or not rituals reduced, and a mean of 16 sessions of ‘brief’ CAT exceeds the 9 sessions usual with face-to-face behavioural therapy, let alone the single hour of clinician contact needed with computer-aided behavioural therapy. The authors acknowledge the paucity of controlled trials of CAT. The aim of CAT in early dementia seemed unclear (p. 156).

The authors say that CAT derives its ideas from evolutionary psychology, genetics, developmental neurobiology and psychology, and uses a ‘Vygotskian perspective’ regarding ‘sign mediation’, ‘Bakhtinian concepts of the dialogic self’ and ‘Kellyian personal construct therapy, cognitive therapy and psychoanalytic object relations theory’. These supposed roots remind one of the historian’s warning of ‘idols of origin’.

A would-be practitioner might learn more from the book’s case illustrations than its turgid theoretical digressions, replete with redundant argot. We need not have heard of Vygotsky to know about meaning, intention and signs, or of Bakhtin to know that we are social beings.

The case histories give an idea of what CAT is about, but the book testifies to the long journey ahead before psychotherapy can reach the authors’ laudable goal of a lucid language, method and evidence-base shared by all practitioners.

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**Confidentiality and Mental Health**


As I write this review, British soldiers are appearing anonymously behind screens in courts to discuss the Bloody Sunday shootings of 1972, and the jury reads Princess Diana’s letters in silence so as not to disclose their secrets. In court, a journalist has been ordered to divulge his source of information from Ian Brady’s confidential medical records. Jeffrey Archer has named inmates he encountered in prison, and has been punished for this. Confidentiality – and disclosure – is always in the news.

Once upon a time, it may have been straightforward to determine the boundaries of confidentiality. That was before the GMC, BMA, MRC and Royal College of Psychiatrists issued guidelines. The report of the Caldicott Committee in 1997, the Human Rights Act 1988 and the Data Protection Act 1998 have all sought to reduce the unnecessary flow of information, but multi-agency public protection panels and the National Service Framework demand communication with others. In recent years, it has become difficult to know what a secret is – or should be. It is easy to be paralysed by uncertainty about whether to disclose information or to maintain secrecy.

This book sprang from a conference in Sheffield in 1998, and thus has the strengths and weaknesses of conference proceedings. It is inconsistent and variable in style. It will date. Nevertheless, it is far more helpful than the plethora of guidelines issued by the acronymic organisations above. Rather than laying down graven principles, this volume seeks out the intricacies of understood practice. Consequently, its focus is on practical difficulties rather than ensuring that one can adhere to the law. The authors attack the subject from a number of angles and are pleasingly multi-disciplinary.

The specifics of this book are the milieus in which psychiatrists are challenged by the dilemmas of confidentiality and its mandated breach, in either private or public interest. The volume covers children, psychoanalysis, prisons and research. Approaches are variably psychodynamic, ethical, legal and clinical. The multi-author approach works well in expounding the different needs of specific populations of patients. Some chapters shine: Fulford, Szmucler & Holloway, Bailey and Kaul are particularly provocative and helpful. In discussions about, for instance, whether to disclose confessions of paedophilia and risk the therapeutic relationship, this book is instrumental in laying bare the underlying issues. No simple guidelines could ever address the complexity of such issues.

It is unreasonable to expect that any single volume will provide a do-it-yourself guide sufficient to manage the subtle and varied situations that delineate the tension between privacy and disclosure. However, a strong approach would seek to define the
Sex Differences in Antisocial Behaviour. Conduct Disorder, Delinquency and Violence in the Dunedin Longitudinal Study


About the most robust finding in the area of antisocial behaviour is that it is more common in males than in females. This book examines this gender difference in detail and considers its implications for understanding the underlying causes of antisocial behaviour. It presents findings from the Dunedin Longitudinal Study, which followed a cohort of 1000 New Zealand males and females over the first two decades of life. The findings are presented in a clear, well-organised way, with useful discussion and bullet-point 'take-home messages' at the end of each chapter.

The study finds no difference in the causes of antisocial behaviour between the genders and no evidence to support the hypothesis that females must pass a higher threshold of risk to develop a disorder. The genders differ most on the more serious life-course-persistent pattern of antisocial behaviour. This pattern is rare in women, with a ratio of 10 men to one woman in the study cohort. The majority of females who engage in antisocial behaviour fit the adolescence-limited pattern and the gender ratio here is much lower (1.5 males to 1 female). Individual neurodevelopmental factors – specifically, neurocognitive deficits, undercontrolled temperament, weak constraint and hyperactivity – are identified as key to understanding life-course-persistent antisocial behaviour. The fact that these neurodevelopmental risk factors occur more frequently in males is used to explain the male preponderance of this pattern of antisocial behaviour.

Three exceptions to the general rule that antisocial behaviour is more common in males than in females are identified: (a) around the time of female puberty, the incidence and prevalence of female conduct disorder rises to give the narrowest gap between the genders seen at any stage in the life cycle; (b) males and females are similar in their drug- and alcohol-related offences; and (c) in intimate relationships, where male violence is at least equalled by female violence.

The authors identify two priority areas for future research. First, we need to know more about the neurodevelopmental problems, their origins, why they are more common in males and how they interrelate and influence development over time, in order to develop a greater understanding of life-course-persistent antisocial behaviour. The interesting question is raised of whether this pattern ought to be viewed as a developmental neuropsychiatric disorder. Second, we need research into how the specific social contexts of puberty that are associated with substance misuse and intimate relationships promote similarity in antisocial behaviour between the genders. This would be more revealing than the continuing focus on how gender-stereotyped socialisation promotes differences between males and females.

This book presents complex research findings in a stimulating, accessible style. Its findings, particularly in relation to the importance of neurodevelopmental difficulties, are of direct relevance to both clinicians and researchers.

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Weathering the Storms. Psychotherapy for Psychosis


Books and theorists on schizophrenia are numerous; however, this title stands out, as having a significantly different story to tell. Psychiatric approaches to psychosis, built on biological determinism, are often criticised for their neglect of meaning, purpose and individuality – here is a counterweight full of all these elements. This is a timely, impressive and provocative book.

Timely, because it is devoted to the meaning of psychotic experience and the process of sustaining committed therapeutic relationships, and is thus in allegiance with the growing emphasis on recovery.

Impressive, because Jackson has spent a professional lifetime bridging the gap

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between mainstream psychiatry and psychoanalytic psychotherapy and, after retiring from the National Health Service (NHS) in 1987, has been a major contributor, through teaching, support and supervision, to the sophisticated Scandinavian psychosis services, which have emerged as international models of effective treatment.

Provocative, because the jobbing psychiatrist will readily recognise the characters in this anthology of case review seminars, but the pattern and process of treatment are so very far from what we currently regard as 'treatment as usual'. It confronts us with how little we know about our patients and their lives.

It has clearly been designated to be useful and, moreover, useful to those seeking to help patients in profound psychotic states, looking for understanding of what it (both the psychotic contents and the therapy) all means. Firmly based within the psychodynamic tradition in general and the Kleinian school in particular, it does not presume much previous acquaintance with either, and Jackson’s acknowledgement of the complex interrelationships between remembered and actual traumatic experience, narrative and historical truth and the 'constitutional predisposition to perceptual instability', may help to keep the general psychiatrist on board.

However, the NHS psychiatrist will have problems with the practicality of its methods, the broad inclusiveness of the definition of psychosis, unfashionably long periods of hospitalisation and the lack of what we currently regard as an 'evidence base'. But it raises the vital question of whether the parsimonious imperatives of the NHS blind us to what can and should be offered to people experiencing some of the most profound disruptions of self and mind. It also shakes any security we may feel that, in offering low-dose atypical neuroleptics and a brief manualised course of cognitive–behavioural therapy for psychotic symptoms, we have done the business.

This is an important contribution, whether you agree with its perspective or not, as there are few reliable guides for those who would journey into the inner experience of psychosis, and still fewer who can argue for the validity and utility of doing so: Jackson is a passionate and convincing advocate for both.

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Pathologies of the West. An Anthropology of Mental Illness in Europe and America: By Roland Littlewood

R. E. Kendell


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