Joel Paris, a professor of psychiatry with extensive clinical experience, brings his familiar critical stance to the issue of overdiagnosis. The book is written in an engaging, jargon-free style that is accessible to both professionals and the interested public. It begins by considering possible overdiagnosis drivers from the perspective of patient, clinician and researcher. After a discussion of how these happen in each of the major mental disorders, the tenuous relationship between the idea of ‘normality’ and ‘psychopathology requiring a diagnosis’ is discussed. Throughout, Paris does not shy away from the issues surrounding psychiatric diagnoses. The book’s central thesis draws upon the danger of medicalisation: a term first used by the Russian social critic Ivan Illich in 1975 to describe the tendency to conceptualise normal variants in everyday life as medical conditions requiring treatment. Paris warns of the current lack of any objective measure to distinguish normal from abnormal, and describes the pressures on clinicians to diagnose ‘normal’ as psychopathology. Factors influencing this, such as the pharmaceutical industry, the lack of construct validity in some epidemiological studies, and problems with the subjectivity of psychiatric diagnoses are explained in frank and simple terms.

As such, the book is essentially a cautionary tale about where psychiatry might have gone wrong. However, unlike other books that follow along these lines, it is never implied that these mistakes will continue to be made; nor does it become critical of the profession at any point. Rather, by addressing the issue from different perspectives, the reader is encouraged to play their own part in addressing the problem. Paris’s stance on ‘humility in the face of ignorance’ is illustrated, for example, in addressing the issue of ‘normality’. He systematically discusses the problems with currently accepted definitions of the term, but not once does he attempt to suggest the ‘right’ way of approaching it. This is not a book of answers, so perhaps it will not satisfy every reader, but by avoiding the natural tendency to concentrate on what is known, Paris is an honest guide.

Overdiagnosis has become topical. Paris touches on stories in the media about the apparent rising prevalence of mental disorders, and on the ready availability of medical information on the internet driving the ‘worried well’ to seek psychiatric help. He dedicates the book to his fellow researchers for teaching him the importance of caution in clinical practice. For his readers, both patients and psychiatrists, I believe this book could do the same.

James Rhodes has made a place in our culture as a musician uniquely talented in stripping ‘classical’ music of its dusty and monochromatic image. He has engaged new audiences by making human the composers who, for many, represent an inaccessible and elitist canon of little present-day relevance. So with headphones on and the generously prescribed soundtrack cued, I was ready to immerse myself in James Rhodes’ controversial memoir. Rhodes was born into relative privilege, but it wasn’t a charmed life that unfolded. Raped repeatedly over a number of years, he changed from a bright, nervous child into a disconnected teenager on ‘autopilot’. In the tumultuous world of his private boarding school, love, lust and abuse circled dangerously. In this environment, Self-doubt was never far, and by early adulthood the stage was set for a 10-year abandonment of the instrument. In its place appeared the empty shell of normality and material success. By the narrative’s end, the birth of a child, repeated mental breakdown, intermittent psychiatric treatment, a return to the piano, divorce and the opportunity to carve an iridescent performing career bring a tentative equilibrium.

Each chapter (or ‘track’) opens with a suggested musical accompaniment and a punchy vignette that places the composition, the composer and the performance in its historical, social and biographical context. Between these musical offerings, the narrative of Rhodes’ life is episodically illuminated. Each chapter represents a pivotal moment of change, be it decline or recovery. There is no shame or shying from the brutality of his abuse or the everlasting impact it has wrought. From the pain of a 5-year-old subjected to repeated rape, to the frantic attempts to piece together a deeply fractured emotional self, the thread of music keeps the hectic prose at least somewhat contained.

This book is the story of a concert pianist, psychiatric patient and self-proclaimed ‘asshole’. It is the story of a child seeking refuge in music, a man abandoning his instrument for the empty lure of financial success and the serendipitous opportunity to embrace a life of performance. It is an opinionated essay on the
music industry, a pointed critique of psychiatry and a plea to a society that fails to shield its children from abuse.

I found Rhodes’ constant demands that the reader reject and despise him exhausting, and they made the book frankly underwhelming as a memoir. It is, however, much more than that. Enjoyed as a re-introduction to classical music, Instrumental is succinct and well judged. For someone whose classical music listening has been erratic at best, it was an awakening. As an account of the impact abuse has on children and the adults they become, this book is painful and sobering. For a clinician seeing the everyday consequences of childhood sexual assault, it represents a chillingly human account of trauma. Chaotically angry, generous and jarring, Instrumental is rewarding, if not entirely pleasurable to read. As a performer, educator and outspoken critic, James Rhodes has gained me as a new fan.

When I was 10 and was interviewed for a place at what was then a direct grant school, I was asked about my future occupation; when direct grant schools in England at that time, they were keen on planning your whole career. I said I wanted to be a psychiatrist. When my surprised interviewers asked me to repeat the word ‘psychiatrist’ and justify my selection, I remember saying ‘psychiatrists are doctors, and doctors are respected by society, but as not much is known about mental illness, I quite like the idea of the subject as no one notices if you make mistakes’.

After reading this rumbustious roller-coaster of a book on the history of (largely American) psychiatry, I realise more than ever that my youthful honesty was justified and that the history of psychiatry might be better recast as a litany of error dotted with moments of serendipity. As narrator, Jeffrey Lieberman alternates between two roles – a frightening guide at a horror museum and a reassuring voiceover in a science documentary – and the reader is jolted from one to another so quickly there is no time to rest or reflect.

In the ‘house of horrors’ we are exposed to Benjamin Rush, the father of American psychiatry (who despite his reassuring voiceover in a science documentary – and the reader is left with the impression Lieberman leaves us with is that psychiatry has shaken off its past. The new scientific psychiatry may sound hunky-dory, but re-reading the history of psychiatry, the sceptical observer might wonder if we can be confident that we now have it right. I am quite proud to be one of these sceptics.
Resilience, with its positive connotations, has become a buzz word in mental healthcare and research. So this volume, which gives a broad overview of what is known about resilience and aging, is timely. The book aims to provide a scholarly presentation of the literature on each of a range of resilience-related topics, ranging from its connections with longevity and its genetic and neuro-biological underpinnings, to psychological, cultural and spiritual dimensions, as well as resilience-enhancing interventions at both individual and societal levels. Lavretsky is an old age psychiatrist and professor of psychiatry at the University of California, Los Angeles. Her clinical-academic perspective and her research in the field contribute to the mature, erudite tone of the writing and the breadth of coverage.

Given the broad scope of the writing, most readers will find that summary information relating to various subject disciplines is helpful and adds to their understanding of fundamental concepts in the field. From my perspective as a ‘non-medic’, for example, the clear exposition of information on the nature of the hypothalamic–pituitary–adrenal axis was valuable, though this will be thoroughly familiar to most psychiatrists. On the other hand, the information on Carol Ryff’s distinctions between hedonic and eudaimonic well-being, familiar to most clinical psychologists, could provide a valued summary for psychiatrists. Alongside the recapitulation of basic information, I also discovered nuggets of information that were new to me. For example, although it was first put forward in 1998, I had never come across Barbara Fredrickson’s broaden-and-build theory (an evidence-supported theory suggesting that positive emotions foster resilience as, by contrast with the attention-narrowing impact of negative emotions, they promote an approach to new experiences that enables us to develop stronger physical and social resources to draw on in the face of adversity).

As well as being a strength of the writing, the breadth of the text was also at times a weakness, resulting in superficial treatment. This is especially true of Lavretsky’s discussion of cultural influences on resilience, in which most ethnic groups in the USA are introduced and despatched in one or two paragraphs, with little sociological or anthropological analysis of what we can learn from looking across cultures. Indeed, I felt irritated by the text’s ‘US-centric’ view; For example, Lavretsky states that a major reason for focusing on resilience and ageing is the wish of the baby-boomer generation to remain youthful and that the events of ‘9-11’ were significant in changing emphasis from problem-focused to resilience-enhancing mental health services. However, maybe this is a consequence of a single author providing an overview of such a huge field.

Resilience is a complex and slippery concept. This is openly acknowledged and tackled in this book and a key aim of the text is to pin it down. I think it is quite successful in this regard. For example, I was certainly taken with the information about allostasis as a physiological parallel to psychological or systemic homeostasis – these two concepts help greatly in thinking about the processes with which resilience may assist. However, despite being hugely impressed with the range of ideas, I found the clinical examples less convincing, and by the end of the book I was left feeling that the attempt to bring resilience-enhancing approaches into old age services still has a long way to go.

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This multi-author book consists of ten chapters covering various aspects of psychopathy, without much attempt at continuity. The first chapter provides a description of a clinical service within a UK prison, the final chapter offers a broad literature review of treatment options, and a very brief chapter on assessment sits uneasily somewhere in the middle. A research paper setting out an MRI study of psychopathic and non-psychopathic offenders sits next to a thought-provoking, albeit speculative chapter on societal influences on the adaptive psychopath. Still, there is interesting content here – including how to maintain a healthy staff group in a clinical service, psychometric investigations of personality structure in psychopathy and the stability of psychopathic traits over time.

Among these disparate essays are two chapters on ‘criminal autistic psychopathy’ written by the editor; I think these are the book’s true purpose. Professor Fitzgerald points out that Hans Asperger described his syndrome as ‘autistic psychopathy’. The meaning of psychopathy has changed since then – from a general term for pathology of personality to a specific type of personality pathology. Fitzgerald would have us read the modern restrictive meaning into Asperger’s description.

While he regards autism as a spectrum disorder, he insists that criminal autistic psychopathy is categorical. He does not worry about using a complex, social and behavioural construct such as criminality to define it. He tilts at the windmill of those who deny the truism that sometimes people with autism commit offences, as though their co-occurrence was evidence for a new diagnosis. Selectively noting snippets of biography, he says of various serial killers, for example: ‘I believe criminal autistic psychopathy would
be the modern diagnosis’ – if it were a modern diagnosis, presumably.

The relationship between autism and psychopathy is complex and probably heterogeneous. A synthesis of the current research on callous unemotional traits and autism, on lack of empathy or inability to mentalise as common psychobiological characteristics, or on shared neural networks would interest many clinicians, especially if it offered the prospect of better therapeutic interventions for offenders with either or both disorders. But the existence of criminal autistic psychopathy as a diagnosis increasingly feels like a matter of faith, as Fitzgerald urges us just to take his word for it. It is difficult to accept such a reductionist and pejorative model of behaviour and abandon individual formulations of offending, which can encompass the impact of autism on perception, emotion, learning and cognition for the whole complex individual in particular, complex situations.
Psychopathy: Risk Factors, Behavioral Symptoms and Treatment Options
Tom Clark
Access the most recent version at DOI: 10.1192/bjp.bp.115.170712

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