



Madness Is Civilization: When the Diagnosis Was Social, 1948–1980, by Michael E. Staub. Chicago, University of Chicago Press, 2011, 264 pp., \$40.00.

Historical accounts of the antipsychiatry movement seem to be as polarizing as the movement itself. In an open forum titled “Evolution of the Antipsychiatry Movement Into Mental Health Consumerism,” published in *Psychiatric Services* in 2006, Rissmiller and Rissmiller (1) described how over several decades, antipsychiatry ideas and momentum, in temporal association with a decline in the vigor of mid-20th century antiestablishment counterculture, moved from a campus-based intellectual movement to a “radical consumerist movement” in community settings. The article generated 10 published letters to the editor (and probably many more strongly worded unpublished letters) by physicians, patients, consumers, social workers, and others involved in the consumerist movement and in community-based mental health care. People were unhappy with a brief historical account, and they let the authors and readers know of their discontent.

In *Madness Is Civilization*, Michael E. Staub provides a clear perspective of the scrutiny of psychiatric disorders in the mid-20th century by broadly reviewing the clinical, political, sociological, and community work of the protesting intellectuals who propelled the antipsychiatry and countercultural movements from 1948 to 1980. Staub presents a less polarizing account than Rissmiller and Rissmiller to review the topic in seven book chapters and 45 pages of notes and references, which is ample for exploration of the mid-20th century rise in the popularity of the antipsychiatry movement and responses to the movement by physicians, patients, academics, and society as a whole.

Interestingly, Staub does not develop a disposition for the movement; that is, unlike Rissmiller and Rissmiller, he does not indicate which current groups are centered on antipsychiatry ideas. His work ends with the year 1980, leaving readers to draw their own conclusions about current influences on the movement. However, he gives hints throughout the book of the movement’s persistent ideas. He often quotes figures, including patients, from the movement. One former patient is quoted in chapter 4 as saying, “There is no medical definition of sanity!” This statement could be lifted from one of today’s antipsychiatry Internet chat rooms aiming to reduce psychiatric clinical reasoning to a coin flip, showing that the suspicion surrounding psychiatric treatment still exists.

While unifying themes are present throughout the book, the fourth chapter, “The Therapeutic State,” could stand alone as a scholarly review of the history of the psychiatrist’s role in expert testimony and criminal proceedings. This chapter cohesively describes the comprehensive views and actions that developed in response to an increasing concern that all criminal acts could be explained by the presence of a psychiatric disorder or maladaptive personality trait in the accused individual. In a way, Staub shows that the movement’s suspiciousness of psychiatric diagnosis and treatment helped to reform modern forensic psychiatry practice.

Notably, APA and the *American Journal of Psychiatry* play prominent roles in this book. Past association presidents William Menninger and Edward Strecker are quoted, along with the first director of the National Institute of Mental Health, Robert Felix. Staub also cites articles and letters published in the *Journal* to demonstrate the mixed opinions in the field regarding specific matters and argues that the field’s own indecision was used as fuel by antipsychiatry movement leaders. For example, he reports that the *Journal* “published an essay in 1968 that defended hippies and suggested that their LSD experimentation represented a useful means to achieve heightened political consciousness” (p. 135). This reasoning is in line with the ideas of the movement’s leaders—that psychiatric disorders, substance use, and criminal acts represent an individual’s expression of existential problems and not the behavioral manifestations of pathological states. However, by presenting various published views of psychiatrists, Staub shows that scholarly publications are appropriate venues for medical debate. Overall, he uses reports and quotations from publications as well as national meetings to demonstrate the field’s management of the antipsychiatry movement, highlighting leading psychiatrists’ reactions to the views of R.D. Laing, Thomas Szasz, L. Ron Hubbard, and others who led the counterculture.

In the epilogue, Staub seems somewhat skeptical of current changes in diagnostic classification and ideas about symptom continuums. He reports concern about the substantial amount of grant funding “flowing so overwhelmingly into medical research” (p. 193) and not into researching social and cultural factors. He recognizes the resolution of the larger antiestablishment protest of which the mid-century antipsychiatry movement was a part, but he proposes that some current problems in research and clinical medicine (for example, assessing a child’s risk of potentially developing

a psychiatric disorder and what to do with the information) mirror problems that occurred in the mid-20th century. Psychiatrists and anyone else struggling to understand how large segments of society can angrily discount one branch of medicine should read this book to better understand the history of antipsychiatry groups and the current manifestations of the antipsychiatry movement. As in clinical medicine, a thorough understanding of a history can often explain the observed phenomena.

Reference

1. Rissmiller DJ, Rissmiller JH: Evolution of the antipsychiatry movement into mental health consumerism. *Psychiatr Serv* 2006; 57:863–866

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Treatment Resistant Depression: A Roadmap for Effective Care, edited by John F Greden, M.D., Michelle B. Riba, M.D., M.S., and Melvin McInnis, M.D. Washington, DC, American Psychiatric Publishing, 2011, 364 pp., \$69.00.

This book provides the reader with a well written and concise review of the current literature regarding treatment-resistant depression. It is targeted toward providing treating clinicians with an overview of currently developed treatment algorithms for treatment-resistant depression as well as toward providing them with information on other avenues that they may not have considered.

An important distinction that is made early on in the book is that treatment-resistant depression is better categorized as a heterogeneous group of “treatment resistant depressions” rather than a homogenous condition. This is an important concept because mental health clinicians are facing an ever-growing number of patients who have not responded to prior trials of treatment for their depression. In this vein, the book provides the reader with real-world advice when treating these individuals.

The first chapter begins with an overview of what constitutes treatment-resistant depression, addressing contributing factors, and provides a “roadmap” for effectively treating the disorder. In subsequent chapters, each of the strategies discussed in the initial roadmap for recovery are addressed in further detail, including discussions on psychopharmacology, evidence-based psychotherapies, and somatic treatments (i.e., ECT, repetitive transcranial magnetic stimulation). This is done in a readily accessible manner, since clinical vignettes are provided and discussed in each chapter to highlight when certain interventions should be considered and why. In addition, key concepts are emphasized at the end of each chapter, providing a good synopsis.

Many of the chapters also discuss comorbid conditions that often affect our ability as clinicians to provide care for this patient population, for example, co-occurring substance use disorders as well as comorbid medical illnesses in elderly patients, both of which can lead to suboptimal treatment if

not factored into decisions when addressing the treatment-resistant depression. Throughout the book, additional information sources are provided, which I also found to be useful, for instance, the REPROTOX website, recommended in the chapter on treatment-resistant depression during pregnancy.

This book provides a useful summary of the current, available literature on evidence-based approaches in managing treatment-resistant depression. Given the prevalence of depression that is resistant to treatment, this book could serve as a good guide for the clinician who feels “stuck” and unable to help his or her patients, especially since such feelings on the part of the clinician are often echoed by the patient.

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Cocaine and Methamphetamine Dependence: Advances in Treatment, edited by Thomas R. Kosten, M.D., Thomas F Newton, M.D., Richard De La Garza II, Ph.D., and Colin N. Haile, M.D., Ph.D. Washington, DC, American Psychiatric Publishing, 2012, 234 pp., \$65.00.

This book provides a comprehensive summary of stimulant dependence and treatment for stimulant use disorders in a clearly written and well-organized manner. It is an excellent resource for clinicians interested in more in-depth information about the history, pharmacology, and management of stimulant dependence than the information found in general psychiatry or general substance use disorders textbooks. The book is well thought out and well edited such that the chapters flow logically, there is minimal redundancy of information, and most of the important areas are covered. Each chapter ends with a bulleted section titled “Key Clinical Concepts,” which synthesizes the important information in the chapter succinctly, increasing the value of the volume as a reference.

Chapter 1 covers epidemiology and psychiatric comorbidity. This chapter goes beyond simple regurgitation of data concerning the geographic areas most affected by stimulant use to provide information about legal, cultural, and political issues that have affected trends. This approach is both interesting and thought-provoking. The section on psychiatric comorbidity is somewhat superficial; however, the topic is well covered in a number of other volumes.

Chapter 2, titled “The History, Use and Basic Pharmacology of Stimulants,” is outstanding. It begins with a general overview of the terminology and neuropharmacology of drugs of abuse and then moves into specific sections addressing cocaine, amphetamine, and methamphetamine independently. Chapter 3 provides an overview of the diagnosis and assessment of stimulant abuse and dependence. It covers the subjective, behavioral, psychiatric, and physical effects of stimulants. DSM-5 criteria as they apply to stimulants are also discussed. In addition, developmental, gender, and cultural differences in presentations are reviewed.

Chapter 4 provides a review of data supporting a variety of behavioral interventions for stimulant dependence. Ap-