



**Global Pharmaceuticals: Ethics, Markets, Practices**, edited by Adriana Petryna, Andrew Lakoff, and Arthur Kleinman. Durham, N.C., Duke University Press, 2006, 301 pp, \$22.95.

This book is a collection of essays inspired by the third annual W.H.R. Rivers Workshop held at Harvard University in May 2002. Rivers was an English psychiatrist and anthropologist noted for his application of psychoanalytic methods to victims of shell shock during World War I. His most famous patient was the poet Siegfried Sassoon. Despite his success in healing young men who served in combat, Rivers had qualms about their return to active duty in the trenches of the Western Front. It is fitting that this collection of essays, which also bridges psychiatry and anthropology, should evoke qualms about our profession's current activities.

The book is written primarily from an anthropological perspective, one that views every human attempt to know the world as another culturally bound set of beliefs. It is interesting to see what happens when this approach is brought to bear on the familiar terrain of psychiatric beliefs. Instead of traveling to distant shores to live among exotic tribes, the anthropologists study the world in which we practice—where psychiatrists, psychopharmacologists, and pharmaceutical corporation executives are the informants. In this world, the DSM-IV is held up as providing universally valid criteria by which brain diseases, “chemical imbalances,” can be accurately diagnosed and then by following “best practices” treated with the powerful medications that have been developed by the science of psychopharmacology and the pharmaceutical industry.

When successfully applied, the anthropological approach, as presented in the book, has the capacity to dissolve our everyday reality into a puddle of assumed beliefs. The pharmaceutical industry, psychopharmacologists, and psychiatrists become purveyors of an ideology that assumes that all human woes are mental illnesses amenable to treatment by chemicals. *Ipsa facto*, these mental illnesses must be chemical imbalances. Since such physiochemical phenomena have universal validity, it is incumbent on all societies to institute the (same) policies of public and professional education: to identify all those suffering from these conditions and provide them with the (same) effective medications. Those who would oppose these views are unscientific or have succumbed to the influence of stigma.

From this perspective, as illustrated in the book, what psychiatrists might see as medical progress the anthropologists view as the medicalization and globalization of the world. The anthropologists also make clear that we psychiatrists play second fiddle in a system that is orchestrated by the pharmaceutical industry to expand their reach and profits. In this scenario, psychiatrists are used, not just to dispense particular medications, but more importantly to help create and then sell illnesses. Such explanations turn our world on its head. These explanations might suggest that instead of medications being developed to treat illnesses, illnesses are invented to sell medications. David Healy provides a revealing account of Upjohn's launch of panic attacks to sell their me-too benzodiazepine Xanax. A similar theme is echoed by Kalman Applebaum in showing how the pharmaceutical industry used psychiatrists (and others) to sell depression to the Japanese, thereby expanding the market for selective serotonin reuptake inhibitors.

When it does work, this anthropological approach offers an “Aha!” experience, making us aware of what we knew but could not articulate. However, at its worst it reads like social science gobbledy gook written by wrong-headed academics whose insistence that all the phenomena we take for real (mental illness, the effectiveness of our medications, etc.) are actually social constructs, rings false. It is when the anthropological approach fails that one is reminded that absolute relativism is a double-edged sword, and that current anthropology is itself a culturally bound set of beliefs.

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**Stress, the Brain and Depression**, by Herman M. van Praag, Ron de Kloet, and Jim van Os. Cambridge, U.K., Cambridge University Press, 2004, 296 pp, \$120.00.

Since George Engel's seminal paper in 1977, “biopsychosocial” has become a shibboleth for psychiatry (1). Rarely in my experience does a book so thoroughly examine the interaction of psychosocial and biological factors that may cause a disorder. In the preface, the authors pose the question, “Can stress cause depression?” The book is “structured around three major themes: the pathophysiological role of stress in depression; the question whether a subtype of depression exists, being particularly stress-inducible; and finally, the di-

lemma of diagnosing depression in a way to meet best the requirements of research and its biological underpinnings." Nine chapters pursuing these topics follow.

Chapter 1 is a critique of modern diagnostic schemes, in which the authors assert that "psychiatric diagnosing is locked up in a nosological strait jacket." The authors elaborate that diagnosis in current DSM has given way to mere listing of symptoms. It is implied that just as the research diagnostic criteria were necessary for epidemiological consistency, now research requires a new diagnostic format characterized by what is later referred to as "functionalization" and "verticalization." Functionalization consists of the establishment of a categorical diagnosis, a definition of predominant syndrome, an analysis of the symptoms of the syndrome, and the determination of the psychic dysfunction. Verticalization consists of prioritizing the psychopathological symptoms/psychic dysfunctions toward their relationship with the underlying neurobiological substratum.

Chapters 2, 3, and 4 cover traumatic life events and the role of these events in depression. The stress syndrome is discussed, and works by W.B. Cannon, Hans Selye, and Adolph Meyer are reviewed. Life-event research, decrying the frequent exclusion of how specific personalities cope with stress, is also discussed.

In Chapters 5 and 6, the genetics of depression and gene-environment interaction are covered. The authors raise the question "To what degree depression is the result of the interplay of genes and environment rather than the effects of either factor alone?" They conclude that although the research is sparse, interaction and correlations of genes and environment are shown to be common and of large effect.

Chapter 7 is an outstanding review of the biological determinants of depression, namely the monoamines. In chapter 8, the authors discuss the relationship of stress hormones and depression, concluding that stress hormone abnormalities are not typical for depression but occur only in a subgroup of depression. There is a very useful section on posttraumatic stress disorder, which is a disorder that is seen by many of us in increasing numbers. These sections may be heavy going for some readers because they cover both animal and human research, but they are worthwhile.

The last chapter, Chapter 9, describes the psychopathological and biological overlap between stress and depression. The authors state that "tentative evidence exists that depression might indeed be stressor-precipitated and anxiety/aggression driven." This is connected to the concurrent presence of neurotic traits that thwart successful coping.

Finally, the book ends with an epilogue that recapitulates all of the chapters and answers the question in the preface by asserting that stress may induce depression but only in a subtype referred to as "anxiety/aggression driven depression"—more fully, "stressor precipitated, cortisol induced, serotonin-related anxiety/aggression driven depression."

What a book! To what should it be compared? It doesn't actually read like a novel, but it held my interest in much the same way a well-written novel would. I was continually tempted to look ahead to see where the authors were going. The book builds a sense of fascination from chapter to chapter.

This book is very well written and referenced. There are summaries after each section and concise conclusions at the end of each chapter. There are poetic phrases such as "neu-

roendocrine finger print" and "cascade of stress," to name two. So much is covered: neuroanatomy, neuroendocrinology, neurotransmission, genetics, personality, and nosology.

I own and have practiced with all DSMs, from DSM-I to DSM-IV-TR. Admittedly, use of DSMs from DSM-III onward usually lead to interrater reliability, but the "shopping list" mentality and the criteria load do not lead to much differentiation. The book's critique of current diagnostic nomenclature gives a cautionary note for work on future DSMs: Is a paradigm shift necessary?

#### Reference

1. Engel G: The need for a new medical model: a challenge for biomedicine. *Science* 1977; 196:129-136

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***Psychosocial Treatments for Child and Adolescent Disorders: Empirically Based Strategies for Clinical Practice, Second Edition***, edited by Euthymia D. Hibbs, Ph.D., and Peter S. Jensen, M.D. Washington, D.C., American Psychological Association, 2005, 839 pp, \$69.95.

What is easiest to measure gets measured and quantified and called real and scientific, especially in a complex field such as child and adolescent psychiatry. In an unfortunate contrast, what is far harder and takes far longer to measure gets measured very little and inadequately and is, in many respects, referred to as, and considered, unscientific or unimportant or unreal. This is true not just of the public but also of a great many of our colleagues. Although understandable, it is dangerous for our field.

In our era of innumerable articles on medicating symptoms, of managed care pressures, and of biological reductionism, it is valuable and even rather noble at least to try to measure some important things and clusters of things that are likely to be of vital interest to mental health and illness but are hard to measure, such as psychosocial treatments of child and adolescent psychiatric disorders. Of course successes in such areas are usually modest, but that should be taken not as a failure but as a realistic major challenge.

The book is large and reviews quite a few recently published so-called evidence-based studies of various psychosocial treatments for some child and adolescent psychiatric problems. Although it leaves out a great deal of important child and adolescent psychiatric understanding, research, prevention, and treatment, it contains summaries of many good and some complex ideas about treating youths and can serve as a reasonable review of several areas and theories in recent psychosocial treatment research. This book will be beneficial to many researchers and probably to NIMH grant-awards and, far more obliquely, to some clinicians.

The majority of the book is devoted to chapters by many teams of authors, far more of them psychologists than psychiatrists. There are sections on treatments of anxiety disorders, affective and related disorders, attention deficit hyperactivity disorder, socially disruptive behaviors and conduct disorders, autistic disorders, and treatments not specific to a particular disorder. Several of the chapters embody energetic and many-sided treatments and interesting comparison groups dealing with several relevant systems at once. However, the large