



***The Art of Narrative Psychiatry: Stories of Strength and Meaning***, by SuEllen Hamkins. New York, Oxford University Press, 2013, 240 pp., \$27.95.

Reading this book has been a wonderful experience because it becomes a trip through a psychotherapeutic approach about mental disease from a comprehensive perspective but mostly about the person.

Dr. SuEllen Hamkins, whose training in psychiatry included the orientation of psychoanalytic psychotherapy and psychopharmacology with an intensive study of family therapy, discovers later on in narrative psychiatry that this therapeutic approach is a source of tools to help her patients, even those with severe mental disease. Narrative psychotherapy includes the role of human biology and contemplates psychotherapy and psychopharmacology as nonexcluding tools. Furthermore, it differs from other psychotherapeutic approaches because it is focused on searching for the sources of strengths in the persons, rather than finding the root of their problems. Narrative psychiatry takes into account the stories patients bring to the consultation and how the stories are influenced by their values, intentions, feelings, and cultural context; likewise, the richness each patient teaches in his or her story is taken into account. Another important aspect is the lineal relation between therapist and patient in which both participate in decision making, since, according to Hamkins, it is the patients who know the most about themselves and their lives.

In the introduction, Hamkins comments, "Narrative psychiatry, like narrative therapy, is animated by the idea that we experience our lives and our identities through the stories we tell about ourselves and the world. It combines the understandings that meaning is socially created, that we can question the narratives that influence us, that we are embodied creatures fortified by and beholden to our biology, and that when these ideas are gracefully combined in compassionate practice, tremendous healing is possible" (p. xiv).

The book has great strengths, among them is the story of the author's experience with her patients. She shows how the treatment is developed, and at the same time she presents the dialogues held with her patients, their successes, frustrations, challenges, and positive emotions. Also, she shares her subjective experiences as a therapist, which is well reflected in her analysis about her clinical experience.

Another innovative aspect is the series of reflections, points to highlight, and recommendations accompanying each

chapter, turning the book into very didactic material. In every chapter, psychiatry in action can be appreciated, and elements of its great use and easy application are presented.

The book constitutes two parts. In the first part, chapters 1–6, the first chapter is titled "What is Narrative Psychiatry? This chapter describes a general panorama, key concepts, and bases for the comprehension of the other contents. The following chapters, 2–6, are focused on the central elements of narrative psychiatry and offer elements applicable to the clinical practice. The second part of the book, chapters 7–9, enriches the work with the presentation of a challenging and complicated clinical case. Additionally, the author recounts how the supervision with other colleagues helps in critical moments when the tools the therapist has seem to be exhausted.

This book is an eminent, human, and experiential work with excellent academic support.

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***Romania's Abandoned Children: Deprivation, Brain Development, and the Struggle for Recovery***, by Charles A. Nelson, Nathan A. Fox, and Charles H. Zeanah. Cambridge, Mass., Harvard University Press, 2014, 416 pp., \$29.95.

Human infants are evolutionarily prepared to expect caregivers to provide protection from danger. As an altricial species, humans are born highly dependent on parents for help regulating many behavioral and biological systems. In terms of our evolutionary history, infants would not have survived without caregivers. Therefore, our species did not develop behavioral or biological strategies for coping with the lack of caregivers. Yet, in institutional settings, the absence of dedicated caregivers is exactly what infants face, leaving them to cope with conditions for which they are not equipped. The most extremely depriving institutions were seen in Romania, with these conditions exposed to outsiders when Ceaușescu was overthrown in 1989. It was in this context that Charles

Nelson, Nathan Fox, and Charles Zeanah began what has become the most important study of institutionalized care ever conducted.

In their book, *Romania's Abandoned Children: Deprivation, Brain Development, and the Struggle for Recovery*, Nelson, Fox, and Zeanah describe the Bucharest Early Intervention Project from its conception to current findings. They were part of a MacArthur working group that had been studying the effects of deprivation on various species. The work of another network member, Judy Cameron, on deprivation with rhesus macaques brought home the importance of the timing of deprivation, with rhesus infants separated at 1 week of age showing a qualitatively different constellation of behaviors than those separated at 1 month of age. Nelson, Fox, and Zeanah were struck with the parallels in behaviors described among infants and young children in the Romanian orphanages.

Gradually, the possibility of conducting a randomized clinical trial in the orphanages became a reality. Although experimental studies had been conducted among nonhuman species, such as the work of Cameron, the effects of institutional care had never been examined experimentally with humans. The Bucharest Early Intervention Project is exceptional for many reasons but most especially because it is the only randomized clinical trial of institutional care that has ever been conducted. The importance of a randomized clinical trial cannot be overstated. Without such a trial, differences between institutionalized children and children moved into the community could be the result of some confounding factor.

The book chronicles the issues faced, from political to ethical to scientific, in moving forward with this study. The investigative team was led by a cognitive neuroscientist (Nelson), a developmental psychologist (Fox), and a psychiatrist (Zeanah). The synergy developed among these three talented scientists and their larger team resulted in breakthrough findings.

Children who were in the Romanian orphanages were randomly assigned to care as usual (which typically meant continued institutional care at least in the short-term) or high-quality foster care. Additionally, a group of Romanian children who were living with their parents and who had no history of institutional care were included as a comparison. Strikingly, institutional care was found to have profound effects across virtually all domains. Children who were randomly assigned to foster care showed better outcomes in growth (height and weight but not head circumference), in various measures of attention, in attachment security, and in peer relations than children who were assigned to care as usual. Children who were placed into foster care at younger ages (especially before around age 2) typically showed better outcomes than children placed at older ages.

The work is described in ways that will be interesting to researchers and yet still accessible to the educated lay public. For example, EEG and event-related potential studies are presented such that the naive reader can understand both the methodology and the meaning of the findings fairly thoroughly. Unless a researcher has carefully followed all of the study reports over time, he or she will not be familiar with all of the constructs studied, and detail at this level will be invaluable.

The authors arrive at three key conclusions that have profound implications. First, the effects of institutional care are pervasive and pernicious. Second, timing is of the

essence: infants and young children cannot wait for systems to change, for parents to receive treatment, etc. Their brains develop, and remediation becomes more difficult the longer the adverse conditions last. Third, in moving from institutional care, it is critical that a system of high-quality foster care be developed.

Where then do the findings of *Romania's Abandoned Children* take us? Clearly, institutional care has devastating effects on nearly every domain of functioning, and yet children are in institutional settings all over the world. A number of groups are working to ensure that infants and young children in the United States do not enter institutional settings (e.g., emergency shelters) even for brief periods of time. Others are working to try to change the tide in other parts of the world. The Bucharest Early Intervention Project provides the incontrovertible evidence needed for the arguments mounted.

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***Cognitive Impairment in Schizophrenia: Characteristics, Assessment, and Treatment***, edited by Philip D. Harvey. New York, Cambridge University Press, 2013, 328 pp., \$95.00.

Cognitive deficits have been long regarded as core features of schizophrenia, but the scope and depth of research in this area has continued to expand at a rapid pace. This book presents recent advancements in the study of cognitive impairments in schizophrenia, with a particular emphasis on literature in the last 10 years. Central themes of the book include the relationship between cognitive deficits and functional capacity, social cognition as a core deficit in schizophrenia, heterogeneity in performance among schizophrenia patients, and cognitive deficits as targets for therapeutic interventions.

The book brings together an impressive group of leading researchers who present literature reviews highlighting recent developments in four primary areas: characteristics of cognitive impairment in schizophrenia (section 1), its functional implications and course (section 2), genetic and biological contributions (section 3), and assessment and treatment of cognitive impairments (section 4). In addition to describing recent progress in each of these areas, the authors suggest several key areas that are promising, or even necessary, areas of future research to continue the field moving forward. Research is needed on how neurocognitive symptoms and particular aspects of negative symptoms interact to determine functional outcome, as well as their relation to fundamental perceptual and motivational processes. The authors suggest that optimal approaches should be determined for combining cognitive remediation and vocational training to enhance occupational functioning and understanding regarding mechanisms of occupational functioning. In addition, future work should investigate interactions among normal age-related cognitive changes and existing deficits in older schizophrenia