Making Minds and Madness: From Hysteria to Depression

By Mikkel Borch-Jacobsen; Cambridge, United Kingdom; Cambridge University Press; 2009; ISBN 978-0-521-71688-8; pp 266; $45 (paperback); $108 (hardcover).

Psychiatry and theories of mental illness have been subject to criticism and various interpretations and misinterpretations for a long time. The newest contribution to this collection is Making Minds and Madness: From Hysteria to Depression, written by Mikkel Borch-Jacobsen, a professor of French and comparative literature at the University of Washington. Considering that I was interested in comparative literature eons ago and that I liked books by other nonpsychiatrists such as Jeffrey Moussaieff Masson1 and Tanya Luhrmann,2 I was interested in another lay person’s view of psychiatry and mental illness. These treatises can be insightful, educational,2 provocative, and thought provoking.1

Making Minds and Madness consists of an introduction and 13 chapters organized into 4 parts: “Microhistories of trauma”; “Fragments of a theory of generalized artifact”; “The Freudian century”; and “Market psychiatry.” The chapters with catchy titles basically are the author’s essays translated from French (except for the postscript to chapter 2) and were previously presented or published elsewhere. Part I contains 3 chapters: “How to predict the past: From trauma to repression”; “Neurotica: Freud and the seduction theory”; and “A black box named ‘Sybil.’” As the author writes in the acknowledgements, these 3 chapters trace the emergence and spread of the notions of “psychic trauma,” “dissociation,” and “repression” to highlight their historical, contingent, and ultimately artifactual nature (p vii). “History is used to critique claims to psychological universality and ahistoricity” (p vii). In the first chapter, the author suggests that during any exploration of psychic trauma we cannot be sure we are not facing a pseudo-causality (p 20). In a complicated manner, the author also suggests that in many—if not all—traumas “we witness here the birth of a true psychiatric myth, fated to a grand future: the patient is entirely ignorant of the trauma that caused his symptoms” (p 30). The author concludes this chapter by stating that what began as Jean-Martin Charcot’s speculation became an irresistible, self-propagating machine and a powerful cultural myth (p 32). The second chapter continues the criticism of Sigmund Freud, his theory of seduction, and psychoanalysis. The author states that “If Freud must be criticized, it is not because he refused to trust his patients’ word, but because he extorted confessions from them that corresponded to his expectations and refused to acknowledge this when he realized it” (p 38). Borch-Jacobsen also claims that Freud’s self-proclaimed discoveries (eg, the Oedipus complex) “are arbitrary constructions designed to explain away his patients’ stories of incest and perversion while simultaneously excusing the method that provoked them” (p 55). In this chapter’s conclusion, the author proposes that “Debunking psychoanalysis’s false claims is not enough. What we need to understand is how it creates the reality it purports to describe” (p 57). The last chapter of part I is a skillful criticism of multiple personality disorder (MPD) and careful debunking of the famous “Sybil” case (as the author points out, most of this account was fabricated for supposedly cynical motives [p 90]). The chapter is filled with many other critical bon mots about psychiatry and psychoanalysis, such as “Psychiatric syndromes such as MPD are always negotiated between several actors” (p 71).

The second part again consists of 3 chapters—“What made Albert run?” “The Bernheim effect”; and “Simulating the unconscious”—in which the author continues his critique of psychoanalysis. The author states that this section focuses on the core of his argument, “the co-production of psychic artifacts: people react in complex ways to ideas and
to expectations about them, so that psychological and psychiatric theories inevitably influence and mold the ‘psychic reality’ they claim to describe” (p viii). He reminds us that “mental illnesses change from one place and time to another, undergo mutations, disappear, and reappear” (p 104), and “Very few mental illnesses can be confidently called fixed or ahistoric.” In the chapter discussing the “Bernheim effect” (regarding suggestion and suggestibility), the author exclaims, “There is no spontaneity, no more in the analyst’s office than in the laboratory of the experimental psychologist” (p 123). In the chapter on hypnosis, the author states, “The rules of the analytic game demand that patients should know why they love their analyst, why they have Oedipal dreams or fantasies of castration” (p 130).

The titles of the 3 chapters of the third part—“Is psychoanalysis a fairy-tale?” “Interprefactions: Freud’s legendary science”; and “Portrait of the psychoanalyst as a chameleon”—illustrate further critiques of psychoanalysis, its concepts, and Freud. We read that “Freud’s dream theory had multiple predecessors” (p 161)—one may ask, so what?—and “The Freud legend is not simply a propaganda tool or an external rhetorical garment.... The legend is an integral part of Freudian theory, in fact it functions as an epistemic immunization absolutely essential to countering the criticisms that were leveled at it.” The reader finally reads that psychoanalysts are basically chameleons and calls psychoanalysis a “zero theory” (p ix).

The final part consists of 4 chapters—“Science of madness, madness of science”; “The great depression”; “Psychotherapy today”; and “Therapy users and disease mongers.” These chapters, as the author writes, deal with the rise of biological psychiatry and its consequences (p ix). Borch-Jacobsen claims that “The psychopharmacological revolution, which was supposed to liberate the mentally ill and return them to a relatively normal life, has ended up, in a perverse paradox, creating a population of homeless people, drifters, and prisoners, just as in the days before the creation of psychiatry.” One should rather ask whether was it just the psychopharmacology revolution or was it also creating community health centers, closing hospitals for budgetary reasons, and other interventions? In the chapter on depression, after a critique comes the revelation that modern depression is not a myth or illusion and depressives’ distress is real, however depression was fabricated, constructed, produced, invented by the biomedical industry. The chapter on psychotherapy concludes with a recommendation that “It is time for psychotherapy to stop fancying itself as a medication of the mind or as a science of the subject, and finally accept itself for what it has become, for better and for worse: a modern politics of the self and of happiness” (p 218). I hope that by considering these citations, readers get a good idea of what this book is about and how it is written.

The book is fairly scholarly, with exhaustive notes and references, but this is the most positive statement I can make about it, although I liked the chapter on Sybil. The text is a bit difficult to read at times, but that would be a minor flaw. The main problem is the outright hostile attitude toward psychiatry and psychoanalysis. One wonders why psychiatry—out of all disciplines in medicine—is attracting so much negative attention from lay people. I also wonder why a professor of comparative literature and French spends most of his energy writing about psychoanalysis. His criticism is mostly theoretical, in contrast to the frequently cited book by T. Luhrmann, 2 who spent time in the field studying her subject from all angles. The content of Making Minds and Madness is far from clinical. Regarding the author’s criticism of psychiatry, nobody doubts that psychopathology changes with time. The brain is our tool to interact with society and the environment. Therefore, it responds to “the present time” differently than it did in the past, and no one standard response is possible. Regarding the critique of psychoanalysis, I do not see anything new. Repeated autopsies do not yield much after a while. I do not know who is the intended audience for this volume—certainly it is not clinicians and definitely not psychoanalysts. I doubt that students of comparative literature would appreciate it. I wonder whether some historians and antipsychiatry cognoscenti or Christian Scientists would appreciate it.

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As our own culture and environment become truly multicultural, mental health practitioners frequently deal with patients of a cultural background different from their own. Cultural competence is more than an important clinical issue, the author of this volume psychotherapist, Lisa Aronson Fontes, states; it is also an ethical issue. We need to understand our patients’ various cultural backgrounds and the implications of what we say and do during our interactions with patients from various cultural backgrounds. The culturally competent clinical practice starts with interviewing the patient, which is what the book Interviewing Clients across Cultures aims to teach.

As the author points out, “this book has more to do with the process of cross-cultural interviewing than with its content” (p 1). This guides the book’s structure and helps to sharpen the focus of the entire volume. The first chapter, “A guide to interviewing across cultures,” points out that this book “is designed to help prevent uncomfortable misunderstanding from sabotaging your interview and to teach you how to overcome the barriers created by cultural differences.” The author also explains how interviews differ from other conversations and outlines the rest of the book. The following 11 chapters delve into various process aspects of interviewing in the multicultural framework.

Chapter 2, “Preparing for the interview,” discusses issues such as what information needs to be obtained before the interview, how to handle the initial paperwork, deciding whom to interview (family members or friends), how to create a welcoming setting for the interview, the need to respect values, and ways to avoid professional ethnocentrism. It also includes a discussion on assessing culture and acculturation, including the 5 general ways people handle acculturation challenges (traditionalism, transitional period, marginality, assimilation, and biculturalism). Chapter 3 “Biases and boundary issues,” focuses on biases (motivational, notational, cognitive, observational) and boundary issues that may distort the interview and the relationship with the interviewee. Some of boundary issues include “special connections” (in some cultures, eg, in Eastern Europe, official systems operate based on connections), ethnic matching working with someone from the “same” culture, self-disclosure (eg, wearing religious symbols), and bribes and gifts. Chapter 4, “Setting the right tone: Building rapport and conveying respect,” concentrates on the early parts of the interview, discussing issues such as demeanor; note taking; conveying respect; counteracting shame; establishing the tone, speed, and volume of one’s voice (interviewers who speak in a dry, steady monotone may be perceived as unfriendly, cold, and intimidating; speakers of some guttural and tonal languages often are misperceived by English speakers as angry); setting the pace of the interview; addressing people appropriately (not using first names); whether and how to use professional titles; and how to “save” and not “lose” face. These are very useful tips. Similarly, chapter 5, “Beyond words: Nonverbal communication in interviews,” is useful and informative. It deals with risky gestures (eg, the A-OK sign, by making a circle with your fingers, is considered obscene in Brazil and Russia); pointing and beckoning (it is impolite to point with a finger in some Asian cultures); greetings; showing attentiveness; posture; gait; eye communication; expressing emotions, pain, and distress; touch; personal space; smiling; laughing; nonverbal

signs of agreement and disagreement; and clothing. The discussion on touch is interesting. The author explains 5 levels of intimacy: functional-professional, social-polite, friendship-warmth, love-intimacy, and sexual arousal. She also brings up other interesting points, such as, many religiously observant people do not touch persons of the opposite sex who are not relatives, or patting children on the head is demeaning in many cultures.

Chapter 6, “Language competence: Building bridges with people who have a different native language,” discusses interviewing people whose native language is different from that used in the interview. In this situation, the author recommends an attitude of humility and support. She also provides advice for interviewing people who have limited English proficiency. This chapter also discusses bilingual people (there are “functional,” “compound,” and “coordinate” bilinguals). The chapter also reviews US guidelines and requirements regarding language competence, documents in diverse languages, and alternate forms of English. Chapter 7, “The interpreted interview,” provides advice on when to use an interpreter and how to find and prepare one, how to deal with an informal interpreter, and other aspects of the interpreted interview. Chapter 8, “Understanding and addressing reluctance to divulge information,” provides interesting and important information about airing secrets and conflicts, taboo topics (in the US workplace one, can talk about intimate issues such as health, relationships, etc., but not salaries). Chapter 9, “Interviewing culturally diverse children and adolescents,” reviews interviewing this special population. It is filled with fascinating details, such as terms adolescents use (“apple” = for native Americans, red outside, white inside; chocolate dipper = someone of a different race dating a black female; rice king = a non-Asian man dating Asian women).

Chapter 10, “Interview reports and documents,” and chapter 11, “Authority and trust issues for specific professions,” focus on various practical issues, such as how to write and present unbiased reports, and issues relevant to specific professions (social workers; medicine, nursing, and allied professions; mental health clinicians; law enforcement; educators; attorneys; researchers; women’s crisis workers; and others). The last chapter, “Common dilemmas and misunderstandings in cross-cultural interviews,” identifies common misunderstandings and ways to avoid them—eg, interrupting interviewees when you believe they are finished, but they are not, using English words in an offensive way; erroneous assumptions; or assuming you understand what the interviewee is saying. The book ends with a brief afterword.

This is a useful and informative book that has many practical features—eg, all chapters end with concluding observations, questions to think about and discuss, and recommended additional reading. It is filled with an incredible amount of information and is well written and easy to read. The reader may not agree with everything the author states and proposes, but I believe everybody will find something useful and informative. It could serve as a great reference book on culturally competent interviewing and as a teaching text in many professional training programs. I think that even busy clinicians will find this text interesting and will be able to use it in her or his practice. We all treat patients from different cultures, and this book could be a starting point for dialogues with our patients of different cultures.

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Books Received

A compendium of psychosocial measures: Assessment of people with serious mental illness in the community. By Dale L. Johnson; New York, NY; Springer Publishing Company; 2010; pp 545; $85 (hardcover).


Treatment resistant anxiety disorders: Resolving impasses to symptom remission. Edited by Deborah Sookman and Robert L. Leahy; New York, NY; Routledge (Taylor & Francis Group); 2010; pp 369; $49.95 (hardcover).

Psychiatry and the rest of medicine have been obsessed with finding and applying “noninvasive” treatment methods. At times—especially in psychiatry—the term “noninvasive” is a code word for “anything but medication.” One such treatment, although not completely noninvasive, is light. Some of light’s effects on the body and psyche have been known for centuries. As the authors of *Chronotherapeutics for Affective Disorders*, Drs. Wirz-Justice, Benedetti, and Terman, write in the foreword to their book, “Light is our source of energy, of warmth, of spiritual and emotional sustenance” (p ix). They also point out that “Light is the major synchronizer of the biological clock.”

We are all exposed to the 24-hour rhythm of wakefulness and sleep. Our own endogenous circadian rhythm set by the biological clock in hypothalamic suprachiasmatic nuclei (SCN) is usually a bit longer than 24 hours. It is synchronized to the solar cycle by the retinal light input to the SCN (p 5), our master pacemaker (p 5). Light is a much more potent “zeitgeber” (synchronizing agent) than social zeitgebers, such as the alarm clock. Exogenously administered melatonin could be another major zeitgeber. Degrees of periodicity occur in affective or mood disorders, ranging from seasonal periodicity (winter depression) and rapid cycling to the diurnal variation of mood and early morning awakening. Findings in the scientific literature “point towards increased variability in day-to-day rhythms, low circadian amplitude, and abnormal circadian timing—either too early or too late” (p 5). Rhythmic stability appears to be crucial for a stable and euthymic mood (p 13). Synchronizing impaired circadian rhythms and inducing sleep can be helpful to treat some disorders, namely the mood disorders. Synchronizing these rhythms is the basis of chronotherapeutics. Psychiatric chronotherapeutics has been defined as “controlled exposure to environmental stimuli that act on biological rhythms in order to achieve therapeutic effects in the treatment of psychiatric disorders” (p 13).

In 15 chapters, this slender volume reviews everything clinicians really need to know about chronotherapeutics. The chapters cover topics such as individual chronotherapeutic elements (light, wake therapy = total or partial sleep deprivation and sleep phase advance), integrative chronotherapeutics (combinations of light, wake therapy, and sleep phase advance), inpatient procedures, practical details for wake therapy (eg, which patients are suitable, medication allowances, contraindications, what to tell the patient, and setting and structure for the night spent awake during sleep deprivation or sleep phase advance), practical details for light therapy (criteria for light box selection, using the light box, side effects of light therapy, cautionary notes about bright light exposure), outpatient treatment strategies, range of chronotherapeutic indications, light therapy for children and adolescents, light and wake therapy for older patients, the visually impaired, endogenous and exogenous melatonin, drugs that affect rhythms (ramelteon, antidepressants, lithium, caffeine, modafinil), social rhythm therapy, and, finally, chronobiology in everyday life (knowing your chronotype; timing of school and work schedules vs sleep; light and the built environ-
The book also includes 7 appendices: 1. Morningness-eveningness self-assessment questionnaire (chronotype) with scoring and interpretation; 2. Personal Inventory for Depression and SAD (diagnostic status with scoring and interpretation); 3. 25-item expanded Hamilton Depression Rating Scale with atypical symptoms (current level of depression) with scoring and interpretation; 4. 6-item Hamilton Depression Rating Scale, core symptoms (for monitoring short-term changes); 5. Daily sleep and medication logs, and mood and energy ratings; 6. Chronotherapeutics information for outpatients and clinicians following hospital discharge; and 7. Center for Environmental Therapeutics clinical assessment tools (description of what the packet contains).

The chapters are informative, well structured, and easy to read. They are filled with useful information and numerous graphs, pictures, and photos (e.g., light boxes). Some of the information may not be useful universally. I cannot imagine many US inpatient facilities applying chronotherapeutics because here, inpatient treatment is often a rescue operation for patients dangerous to themselves or others. I found interesting the note on “dark therapy” for manic patients and the pilot study of amber-colored glasses for manic patients with sleep-onset insomnia (It helped!—p 21). The chapters on practical details of wake and light therapy are especially useful. The book also discusses the range of chronotherapeutic indications: antepartum depression, premenstrual dysphoric disorder, bulimia nervosa, attention-deficit/hyperactivity disorder, dementia (improved sleep, quiescence), Parkinson’s disease (for mood-associated changes, although the utility of wake therapy is controversial and caution is recommended), and shift and jet lag disturbances. The discussion of light and wake therapy in older patients notes that many of these patients live with extremely dim room lighting and are less likely than young people to go outdoors during the day. The chapter on children and adolescents describes the biological clock shift forward during adolescence, an issue that may complicate depression and sleep disorder treatment. The chapter on visually impaired patients mentions possible partial reduction of melanopsin-containing ganglion cells in glaucoma patients, which may affect both circadian and extracircadian (e.g., papillary reflex) nonsensory visual function. These patients have lower plasma melatonin levels and decreased light sensitivity (reduced melatonin suppression after light exposure) (pp 65-66). The chapter on melatonin is interesting and informative, e.g., who would know that “the potency of exogenous melatonin increases when the patient assumes a recumbent posture, as on the sofa or in bed. Lying down itself induces distal vasodilatation and sleepiness.” And that lithium lengthens the intrinsic period of the circadian pacemaker in the SCN and by acting on retinal photoreceptors reduces light sensitivity... and beta-blockers diminish or totally suppress pineal melatonin secretion (p 72).

One issue I would have liked to have seen addressed in this volume was the combination of chronotherapeutics and psychotherapies, namely cognitive-behavioral therapy—although, in all fairness, the book briefly mentions that interpersonal social rhythm therapy used in bipolar disorder does not incorporate structured light exposure. Maybe this issue should be the focus of future research in chronotherapeutics. Nevertheless, the book is very practical, clinically oriented, and will be appreciated by anybody interested in chronotherapeutics in general and light therapy in particular. Also, clinicians treating complex cases of mood disorders will find it useful. It is worth buying.

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When we talk about bipolar disorder, most think of bipolar I. As clinicians, we are guilty of overlooking bipolar II and other forms described by Emil Kraepelin—which today would be classified as bipolar disorder not otherwise specified or spectrum disorder—that can cause significant morbidity, similar to how some patients deny hypomania. This book presents the current state-of-the-art science on the subject in the first 14 chapters and then the art of diagnosis and treatment in the rest of the book (chapters 15 to 27).

The denial or misdiagnosis of bipolar II disorder adds to the patients’ suffering and our frustration when patients do not respond to treatment. It is gratifying to treat patients who have not been treated before or to help patients overcome recurrent hospitalizations due to depression that does not completely respond to multiple antidepressants. For those patients who need to decode their mystical beliefs and learn about mood disorders beyond major depression, I recommend Why Am I Still Depressed? Recognizing and Managing the Ups and Downs of Bipolar II and Soft Bipolar Disorder.1

The lack of recognition of the seriousness of this disorder is not only reflected by the scarcity of controlled trials on bipolar II and bipolar spectrum compared with bipolar I, but also by the fact that Bipolar II Disorder: Modelling, Measuring and Managing is the only book that I—as well as amazon.com—know of about bipolar II that is addressed to clinicians, compared with more than 10 books targeted to patients, including the one mentioned above. This is surprising, given the substantial number of patients suffering from bipolar II and the reality that bipolar disorder is the seventh leading cause of life lost to disability or death among all medical disorders, according to the World Health Organization.2

One reason for denial or misdiagnosis might be that bipolar II is harder to diagnose, especially with time constraints imposed by managed care, making a comprehen-
This stimulating and insightful book should be on the reading list of every clinician who cares for patients with mood disorders.

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REFERENCES

“episteme” of experts in the field based in part on their interpretation of the literature and their philosophical approaches to management, which creates a nice “epistemic rhetoric,” so to speak. These authors included European experts, such as the late Franco Benazzi, Eduard Vieta, and Guy M. Goodwin, and American experts, such as Terence A. Ketter, Robert M. Post, and Michael Thase, in addition to the Australian input by Gordon Parker et al at the beginning of this section and a thoughtful “Rounding up” chapter to “identify many commonalities, reconcile some controversies.”

S. Nassir Ghaemi, in chapter 26, presents a nice philosophical discussion of our deviation from the Hippocratic view and pharmacopeia—as he call it in one of his papers—of patient care. I believe that although we do not have the epistemic resources or the full corpus of knowledge because of limited literature on this area, we can count it as the alchemy from which modern chemistry will arise.

This book not only helps clinicians navigate an uncharted area but also paves the road for further scholarly research of a disease with such a high burden of suffering. This might be a primer for conducting further research and perhaps the “experimenta fructifera” in the Baconian sense as described in the Novum Organum.6

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