

**The Mind Has Mountains: Reflections on Society and Psychiatry.** By Paul McHugh. Baltimore: Johns Hopkins University Press, 2006, 252 pp, \$25.00 (hardcover).

*A saving grace for any medical theory or practice—the thing that spares it perpetual thralldom to the gusty winds of fashion—is the patients. They are real, they are around, and a knowledge of their distressing symptoms guards against oversimplification (p. 7)*

Paul McHugh does not want to cuddle up with warm and calming notions about psychiatry, as if the field were a cup of hot chocolate on a cold day. Psychiatry has great potential as a science and it has limitations in its practice: McHugh argues that we should be transparent and forthright about both its potential and its practice, and he believes that this can be partly achieved by reconceptualizing how the field is organized.

Readers familiar with McHugh's collaboration with Philip Slavney will find here tidy synopses of *The Perspectives of Psychiatry* (McHugh and Slavney, 1999/1983). Readers unfamiliar with that seminal work can acquaint themselves with a succinct introduction here. McHugh and Slavney have together offered the field a useful shape and direction, establishing clear boundaries internally (in terms of conceptualizing when and how to intervene) and externally (such as how psychiatry fits into medicine and how to benefit from collaborations with psychology and other disciplines.) McHugh does not rest on his laurels, though: In this collection, he continues to make their arguments compellingly and vigorously, and one hopes that those who have not been exposed to *The Perspectives of Psychiatry* will at least read his essays in this collection.

Another way to improve the field, suggests McHugh, comes by re-examining psychiatry's history and by shining a spotlight on different figures so that we may draw inspiration from them and build on their intellectual legacies. In short, look at Jaspers and Osler, not Freud. *The Mind Has Mountains* includes McHugh's lauding foreword to Jaspers' (1997/1959) *General Psychopathology*, and an essay in which he applies Oslerian principles to psychiatry. But, this being psychiatry, the spotlight keeps swiveling back onto Freud, and a frustrated McHugh uses every chance he gets to lambaste him.

One of the most disappointing missed opportunities is McHugh's essay on Shakespeare, "Another Psychiatrist's Shakespeare." He has a fairly good thesis, that temperament

better explains the actions and inactions of Shakespeare's most famous tragic heroes than psychodynamic principles about their mothers, but his essay would ultimately earn a less than stellar grade. If we were grading it for a class, our comments might be something like: "padded with quotes, you focus too much on saying how wrong Freud is without embellishing and enriching your own arguments, and it's a bit presumptuous assuming that Shakespeare would agree with you. Good effort anyway. B minus."

Nevertheless, the more McHugh focuses on psychiatry, the more formidable he becomes. Drawing on the rational, balanced approach of *The Perspectives* and the insistent empiricism of Jaspers and Osler, he takes on the fashionable dissociative identity disorder and recovered memories movements with startling results. The title to his 1995 piece included in this collection is as blunt as it is effective: "Dissociative Identity Disorder Is a Socially Constructed Artifact." In dissociative identity disorder (and close iterations such as multiple personality disorder, or more abstruse ones like alien abduction syndrome), McHugh sees vulnerable and fragile individuals who have fallen prey not only to their internal demons but also to reified and widespread cultural "idioms suitable for depicting a person in distress and in need of help, protection, and solicitude" (p. 137). More damning perhaps, such patients have become the hapless victims of naïve and unquestioning physicians gone awry, who have turned into "little more than technicians working on behalf of a cultural force" (p. 10). Multiple personality, after all, is an "in" condition (or was until it gave way to newer fads in diagnostic and therapeutic excess—secretin anyone?)

If McHugh targets "three common medical mistakes—oversimplification, misplaced emphasis, or pure invention" (p. 4) in psychiatry with relentless accuracy and steely calm, he quite willingly indulges in all three when it comes to his polemics. For example, the 1960s and 1970s are conjured up as an epoch of hippy whimsy and flowery faddism, as though these same eras were not also marked by ferocious and serious battles for civil rights; it is a rhetorical oversimplification designed to appeal to a certain readership. Another oversimplification, and a type of misplaced emphasis, is his occasional passing swipe at the historical Left, including such comments as "[I]n many ways Freud belongs to the family of monorail thinkers that can claim Karl Marx" (p. 30), or "Just as socialist politics and economies collapsed and were replaced by a newfound admiration for

democratic capitalism, so dogmatic Freudianism...came to be replaced by more realistic assumptions and by empirical studies of mental illness and its treatment" (p. 60). Whether these assessments are at all accurate, this is intentionally misplacing the emphasis—from Freud as a thinker to Freud as a figure of contempt for the Right.

Another example of misplaced emphasis is McHugh's use of "common sense." It may be common, but "common sense" is frequently not *good* sense; indeed, as an empiricist, McHugh ought to recognize that one of the great triumphs of the empirical approach is its demand that "common sense" be scrutinized and tested. (Otherwise, for example, all postmenopausal women would still be getting hormone replacement therapy—it was, after all, *common sense* that the postmenopausal rise in heart disease could be countered by replacing the missing hormones.)

A perfect example of pure invention is when he glibly joins in the post-9/11 chorus by sneering at the "blame-America-first group" (p. 242), an epithet, inaccurate but sensational, hurled at an imagined internal foe, and generally encompassing those who refused to indulge in rampant, chest-thumping nationalism after 9/11. (By the way, this "blame-America-first group," McHugh says, may have included some "who opposed military retaliation, concerned that it would kill innocent people, produce martyrs, and generate recruits to the terrorist cause, along with endless war" [p. 242].)

Such criticisms of McHugh's writing ought not be considered peripheral. He is profoundly aware of the intersection of politics and medicine, and one of his intentions is to challenge the primacy of the "softer virtues of kindness, gentleness, and soothing support... at the expense of the sterner virtues of truth, responsibility, and justice"; citing a "brilliant assessment" of Margaret Thatcher, he points out that the "sterner... virtues are not incompatible with kindness and support" (p. xii). And he is right. This perspective can offer solid but still compassionate responses to such emotionally charged topics as euthanasia (without actually agreeing with all of McHugh's characterizations, we have significantly rethought our position on physician-assisted suicide on account of his critiques). But neither can we ignore how McHugh imports his own biases, his own bluster into these critiques. One might argue that, in the end, he fails to see that a stern temperament, for all of its virtue, may be masking political drives and submerged—dare we say even unconscious—hates and loves.

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**Toward a New Diagnostic System for Child Psychopathology: Moving Beyond the DSM.** By Peter S. Jensen, Penny Knapp, and David A. Mrazek. New York: The Guilford Press, 2006, 194 pp., \$30.00 (hardcover).

Drs. Jensen, Knapp, and Mrazek, all intellectual titans in the world of child and adolescent psychiatry, have provided us with a great, if uneven, book that all child and adolescent psychiatrists should read. They have attempted to transcend the *DSM* process as they strive to synthesize the science with the politics and the art of psychiatry, or as Professor Hans Steiner says in the cover review, to balance "the tensions between taxonomy and clinical realities." They do succeed, for the most part, in bringing what could have been a dry policy- and procedures-driven topic to vibrant life.

At the conclusion of the book, both surprisingly and paradoxically, given the zeal of the authors' tempered but still revolutionary intent, one can actually feel positive and somewhat reassured by the plodding evolution of the clay-footed *DSM* process since Adolph Meyer got the ball rolling some 60 years ago. The laborious processes of "reification" and "caseness," respectively the making concrete of something that was formerly abstract, and the meshing of disparate symptoms into "diagnoses" that have happened in *DSM* and *ICD*, have certainly proved frustrating and problematic (see, for example, p. 16 in Jensen and Mrazek's Chapter 2; p. 167 in Knapp and Mrazek's concluding chapter.) But, and it is a big but, they have also enabled psychiatry to construct a diagnostic backbone, however flawed, which, as the authors suggest, sometimes seems more like a "Procrustean bed" on which the user is stretched and tortured, its legs sawed off so as to fit into the casket that best serves our needs.

Simply put, psychiatric diagnoses remain primarily behavioral and symptom based. The *DSM* does not "carve nature at the joints" (p. 172) and perhaps never will. This does not mean, however, that we should not continue to aim

for greater certainty, specificity, and definitely utility through our diagnostic process. Neither should we purport to claim something not fully supportable.

The authors are simultaneously dreamers and battle-hardened veterans in the fight to forge a more reality-based and clinically beneficial psychiatric nosology for the future assessment and treatment of children, adolescents, and their caregivers.

Incorporating their ideas of tweaking or even (God forbid!) replacing *DSM* by adding developmental and relationship-based components to a diagnostic system should not prove insurmountable. Even in the short term, this could be accomplished, so long as one can override Occam's diagnostic razor by deliberately embracing a utilitarian comorbidity (p. 163–166) that does not exclude the richness of the human experience of illness—one that incorporates the “big four” of genotype, phenotype, environment, and trajectory (p. 175).

For example, by adding a holistic, child-oriented, and developmentally driven component to Axis I, even retrospectively in adults, we could indeed place attachment disturbances and trauma or “adaptive strain, developmental skew and toxic relationships” (p. 163) in their rightful places as critical drivers of child and adult psychopathology—to be addressed rather than marginalized.

Similarly, ideas such as treatment and prevention, resilience, culture, genetics, and radiological findings could be incorporated into an updated, experimental diagnostic system, as suggested by the DC:0-3 classification (Zero to Three, 2005). Perhaps the American Academy of Child and Adolescent Psychiatry, with the authors' guidance, could come up with a consensus alternative child and adolescent psychiatry-oriented *DSM* diagnostic classification that could address our needs in a more utilitarian fashion than the current adult-focused edition.

The pivotal chapters are 2, 6, and 10, which, respectively, deal with research and clinical perspectives in defining and assessing mental disorders in children and adolescents (Jensen and Mrazek); the application of evolutionary models to attention-deficit/hyperactivity disorder (Jensen, Mrazek, Knapp, Steinberg, Pfeffer, Schowalter, Shapiro), an earlier incarnation of which originally appeared in these pages (Leckman and Mayes, 1998); and recommendations for *DSM-V* (Knapp and Jensen). They should be read and studied most carefully by all child and adolescent psychiatrists and child fellows. Chapters that assess an evolutionary perspective on depression, anxiety, and the autism/pervasive developmental disorder spectrum, although interesting, do not necessarily gel with the meat of the subject material honed in on so wonderfully by the primary authors.

I would have been happier with many more diagrams in the pivotal chapters because this is a creative, idea-driven,

visual, conceptual, and colorful book in its ideas. Diagrams could have added greatly to the reading experience, but those that are included are particularly helpful.

In the end, it may prove a case of Rumpelstiltskin redux. The hero of Hans Christian Anderson's story may not be the only ones who can spin straw into gold!

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Zero to Three (2005), *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)*. Washington, DC: Zero to Three

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**Adolescent Substance Abuse: Research and Clinical Advances.** Edited by Howard A. Liddle and Cynthia L. Rowe. Cambridge: Cambridge University Press, 2006, 509 pp., \$120.00 (hardcover).

Child mental health providers very much need a comprehensive, updated, and research-based guide to adolescent substance abuse—and they'll find one in this meticulously crafted volume.

The need for more information about evidence-based treatment is tremendous. The Institute of Medicine has concluded that the gap between research and community practice is widening, especially when it comes to substance abuse. The rift between scientific evidence and standard practice is particularly troubling given that almost 9% of American teenagers have a substance use disorder (not including nicotine dependence). It is especially important for child mental health practitioners to be better versed in treatments proven to work because substance abuse typically has a pediatric onset. Tobacco smokers, for example, typically begin smoking daily by the 11th grade, subjecting themselves to the nation's most preventable cause of death.

For such reasons, the stated purpose of this book is excellent and timely. The authors have sought “to organize state-of-the-science treatment research findings in conceptually coherent and clinically meaningful ways, and to show how advances across our specialty can be brought to bear in improving research, clinical work, and the connection between these realms.” (p. 2) The book is intended to reach a wide, international audience of “providers, researchers, and policymakers that work with adolescent drug abuse” (p. xiii).

Indeed, the current volume is expansive. It provides a broad overview ranging from statistics to HIV prevention to the epidemiology of drug use in Europe. However, future editions should include similarly well-written chapters on other topics related to substance abuse. For example, any update of this book must include a more detailed analysis of youth tobacco use, the most common and, ultimately, most fatal substance abused. Chapters on genetics and substance abuse prevention (a stated priority of the National Institute on Drug Abuse) also would be helpful.

Adolescent substance abuse researchers will find that each of the book's chapters is written by a—if not *the*—leading expert in that field. The result is a current, interdisciplinary text that provides details and overviews not found in journal publications. The book also contains important references and statistics sure to help with grant applications and the development of research papers.

Clinicians may want to pick and choose which chapters are most helpful to them. For example, one section entitled “Recent Methodological and Statistical Advances: A Latent Variable Growth Modeling Framework” likely will be of less interest than “Clinical Perspectives on the Assessment of Adolescent Drug Abuse.” Nevertheless, the entire book includes practical information that clinicians who either specialize in substance abuse or who occasionally treat adolescents with substance abuse will find helpful.

The book also is aimed squarely at policymakers. Because I am not a policymaker, it is difficult for me to assess the book's impact from this point of view. However, a text written by world experts on the epidemiology, future directions, history, services research, and state-of-the-science treatments should be considered a credible and comprehensive resource for this audience.

Readers of all kinds must remember that having an excellent compilation of information such as this is only the first step toward implementing effective treatments. Successful implementation strategies must also include consensus-building, selection of an intervention compatible with a real-world setting, therapist training, and ongoing supervision. These processes are at the heart of the burgeoning and important field of dissemination science. Although this new discipline earns a mention in this book, more information about it would help all readers know how they can develop an effective plan to prevent and treat substance abuse in youths.

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**Scattered Minds: Hope and Help for Adults With Attention Deficit Hyperactivity Disorder.** By Lenard Adler with Mari Florence. New York, NY: G.P. Putnam's Sons, 2006, 193 pp., \$24.95 (hardcover).

Ask any practicing child and adolescent psychiatrist how often he encounters a parent with untreated attention-deficit/hyperactivity disorder (ADHD) and he will reply with a knowing twinkle “more often than not.” Ask any busy internist how often she suspects one of her patients has ADHD and she will say with a shrug, “I'm not sure.” In fact, every time I give my talk on adult ADHD (“Fidgety Phil Grown Up”) to a professional group, someone in the audience invariably approaches me at the end seeking more information on where to get help for him- or herself.

Well, the recently published *Scattered Minds* by Lenard Adler might now be a good place to start. Adler and Florence have written a nuts-and-bolts primer on adult ADHD for anyone who wants to know more about this relatively common condition. Adler, a professed non-ADHDer himself, is Director of the adult ADHD program at the NYU School of Medicine and underscores the importance of his book by correctly pointing out that 50% of children and adolescents with ADHD reach adulthood still having it. Many, of course, do not know they have this disorder because they were not diagnosed as kids and their lives are in disarray. These are the people Adler is trying to reach through his book, one that contains basic straightforward information about adult ADHD for professionals and patients alike.

Ever the optimist, Adler emphasizes the need for early diagnosis and treatment, a familiar approach for those of us who evaluate and treat children and adolescents. He conveys a refreshing attitude that it is never too late to get help. Along the way to a diagnosis of adult ADHD, he discusses the use of the Adult ADHD Self-Report Scale, a six-item screening test developed by the World Health Organization designed to help identify those who have a high chance of having ADHD. Its companion, the Adult Self-Report Scale Symptom Checklist, an 18-item checklist that mirrors the *DSM-IV* ADHD criteria, is then administered to further support a diagnosis of adult ADHD. These checklists have the advantage over similar scales for their ease of administration. They can be downloaded at <http://www.med.nyu.edu/psych/psychiatrist/adhd.html> (p. 108).

Treatment can be complicated by the existence of comorbid conditions such as substance abuse, depression, and anxiety and need to be dealt with as well as ADHD for an effective outcome. Medication should be prescribed judiciously as an adjunct to a comprehensive treatment plan and monitored carefully. Adler wisely advises his

reader to be wary of unproven flash-in-the-pan “cures” such as diet and vitamins. The authors conclude their book with some comforting words to anyone who has adult ADHD: “1. You’re not alone—there are many other people who suffer from this condition.” “2. There are successful ways of treating ADHD and managing your symptoms” (p. 169).

In sum, *Scattered Minds* is a slender book that cuts to the chase, something that is sure to appeal to most readers, especially those with ADHD. Although adult ADHD pioneers such as Ed Hallowell and John Ratey (1994) and Paul Wender (1995) have produced far more detailed and weightier tomes, Adler succeeds in short order in distilling a mountain of material on the topic down to its bare essentials. His book does, however, contain a few nonfatal irritants. The neuroimaging figures that the authors cite (pp. 42, 86, 87) were reprinted in black and white and lack the dramatic clarity color provided in contrasting the brains of subjects with ADHD from normal controls as they appeared in the original articles in *Biological Psychiatry* (Bush et al., 1999; Volkow et al., 2005). There were a few editorial glitches that should be corrected in future editions. On page 112, in the second sentence in the second paragraph, the words “them” and “help” are reversed. At the beginning of the clinical vignette on page 130, horror of horrors, Adler’s 29-year-old patient is referred to as a “client.”

Although both a strength and a weakness, the authors’ take-home messages might be construed as repetitious but necessary for any would-be ADHD adult to absorb. Perhaps that is why my wise pathology professor, perennial winner of the “best teacher” award, was fond of warning us medical

students that he would be repeating the important points of his lecture four times to increase the chance that it would sink in and we would remember it someday. The bottom line is that child and adolescent psychiatrists and psychologists, primary care physicians, and other mental health professionals would do well to read *Scattered Minds* to be able to help those adults whom they suspect have ADHD, including themselves.

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**Bullying and Peer Victimization Among Children With Special Health Care Needs** Jeanne Van Cleave, MD, Matthew M. Davis, MD MAPP

*Background:* The association between bullying, being bullied, or being a bully/victim and having a special health care need has not been well described in a national sample of children with a broad variety of special needs. *Objective:* We aimed to determine the prevalence of bullying, being bullied, or being a bully/victim in children with special health care needs and associations of behaviors with particular types of special needs. *Design:* We performed a secondary data analysis using the National Survey of Children’s Health, a nationally representative telephone survey conducted by the National Center for Health Statistics of >102,000 US households. *Methods:* We measured associations between having a special health care need and being a victim of bullying, bullying other children, and being a bully/victim in children and adolescents aged 6 to 17 years. Multiple logistic-regression models were used to examine the association of children with special health care needs overall, and of particular special needs, with the bullying measures. *Results:* Overall, children with special health care needs were 21% of the population. In multivariate models adjusting for sociodemographic factors, being a child with special health care needs was associated with being bullied but not with bullying or being a bully/victim. Having a chronic behavioral, emotional, or developmental problem was associated with bullying others and with being a bully/victim. *Conclusions:* Having a special health care need generally is associated with being bullied, and having a behavioral, emotional, or developmental problem is associated with bullying others and being a bully/victim. These findings may help pediatricians, mental health providers, and schools use targeted screening and interventions to address bullying for children with special health care needs. **Pediatrics** 2006;118:e1212–e1219.