History of Psychiatry


Reviewer rating: Good

Review by Laurence Jerome, MD London Ontario

This scholarly work exemplifies the best traditions of history of medicine research. It gives the reader a global perspective on the asylum’s evolution from the 1800s to the end of the 20th century, incorporating 14 essays that cover its history in various locations throughout the world. Included are essays from Europe, the US, Canada, Argentina, Mexico, India, and Nigeria.

This book analyzes in depth the demographic, social, and political factors that shaped the evolution of the asylum in different societies; it is a data-rich formulation from a psychosocial and political perspective. What is missing for practising psychiatrists, however, is a review of changing psychopathology and diagnostic formulation. While there are numerous case studies, the emphasis is on the large psychosocial and political engines that shaped the asylum’s development. Only 1 of the 17 contributors has formal psychiatric training: the rest are social historians, some of whom (such as David Wright) have a special interest in the historical epidemiology of mental illness.

The opening chapter on the history of the South African asylum at Robin Island is illustrative of later chapters. In it, the author emphasizes that the initial function of this asylum was to house an overflow of black prison inmates. Over time, “the proportion of white patients rose as the asylum underwent reforms along moral management lines.” By the early 20th century, the original forensic black population was restored as the white middle-class inmates were channelled to new asylums. The remaining black inmates, who represented “the most dangerous and threatening members of society,” were both excluded from society and contained.

The Canadian audience will be interested in the chapter on the Toronto, Hamilton, and London asylums. The inmate population reflects a more democratic selection of patients admitted across the adult age spectrum and representing the general population. The population also reflects the wider sociopolitical issues of employment patterns, kinship networks, immigration, and socioeconomic growth in Victorian Ontario. This readable chapter, by David Wright and his colleagues, explodes the myth that women were overrepresented within these institutions. The close proximity and reintegration of patients into their local family environment wherever possible portrays a kinder, more informed aspect of the early Canadian asylum. Reference is made to the book’s subsequent benign neglect of British asylums and the subsequent political will for reform of asylums. A chapter on Nigerian asylums examines the influence of the move to independence and the subsequent benign neglect of British psychiatry.

Throughout the book, the authors illustrate the “drive to confine the insane and to consolidate the procedures of incarceration” (p 16). Power struggles pitting doctors against higher-level political administrators whose decisions influence public policy are illustrated. The community’s need to provide “street sweeping” committal implemented primarily by the police is contrasted with the family’s desire to get difficult relatives out of the domestic sphere. Worldwide, we see a very different psychiatry for the poor, compared with the rich. The book advances the thesis that medicine and, by implication, psychiatry can be seen as intrinsically colonial pursuits “colonizing” the body and the patient. The “psychiatric enterprise never achieved the ambiguous respect of politicians, the press or the people” (p 18). The book argues that asylums should not be a weapon controlled by the psychiatric profession or the state but “a contested site” subject to continual negotiation among different parties, including families and patients themselves. Monolithic and conspiratorial accounts are replaced by accounts that emphasize the role of consumers (purchasers) as well as suppliers within a market model.

This is a book for social historians of medicine and psychiatry. It will also inform students and, hopefully, the administrators of our institutions. Although not brief, the book is clearly written and offers many charts and tables to satisfy scholars searching for data related to the historical epidemiology of mental illness. The book gives the lie to the simplistic idea that one can understand the problem of asylums and mental illness simply in terms of a contrast between the psychiatric profession’s role in developing a place for care and cure and “a convenient place for...
locking inconvenient people” (p 4). The book achieves a balance between bottom-up and top-down histories that reflects the many different power bases existing in this complicated and evolving story.

Suicide


Reviewer rating: Good

Review by Paul S Links, MD, FRCPC
Toronto, Ontario

This book is part of a Cambridge University Press series related to child and adolescent psychiatry. Targeting both practitioners and researchers, the editors aim to present the current state of scientific and clinical knowledge regarding suicidal behaviour in children and adolescents. Overall, this volume is a winner; only a few short comings were evident to me.

Robert King, professor of child psychiatry and psychiatry from the Yale Child Study Center, Yale University, and Alan Apter, director of the Feinberg Department of Child and Adolescent Psychiatry at the Schneider Children’s Medical Center in Israel, bring together an esteemed group of experts on youth suicide, including Madelyn Gould, David Shaffer, David Brent, John Mann, Alan Berman, and Cynthia Pfeffer. These experts deliver. For the clinician, Cynthia Pfeffer’s chapter, “Assessing Suicidal Behavior in Children and Adolescents,” offers many nuances on assessing suicide intent in children. She states that “intent to carry out suicidal behaviour in children does not necessitate that the child has a mature concept of death” (p 213). Cornelia Gallo and Dr Pfeffer coauthor a chapter entitled “Children and Adolescents Bereaved by a Suicidal Death: Implications for Psychosocial Outcomes and Interventions.” The authors impart practical “intervention guidelines” for children and adolescents having family members who died by suicide. For example, children should participate in the family’s funeral and burial proceedings, but a less grief-stricken friend or relative should attend to the children during the funeral. Richard Harrington and Younus Saleem offer a review of cognitive-behavioural therapy for adolescents following deliberate self-harm. Again, these authors provide some useful insights into overly common therapeutic problems. Harrington and Saleem instruct the therapist to persist and not to give up if the adolescent has not done his or her therapy homework.

For researchers, David Brent and John Mann’s chapter, “Familial Factors in Adolescent Suicidal Behavior,” is exceptional. With great clarity, they review the evidence for familial aggregation of suicidal behaviour together with the candidate gene studies and incorporate them into a model for the familial development of suicidal behaviour. The first chapter from Madelyn Gould, David Shaffer, and Ted Greenberg, on the epidemiology of youth suicide, is an enlightening discussion of the benefits and weaknesses of such different sources of data as official mortality statistics, psychological autopsy studies, and epidemiologic surveys of suicide attempters. These authors note a dilemma: anonymous assessments give the most valid estimates of suicide attempts and ideation; therefore, screening programs likely underestimate the number of children and adolescents at risk for suicide.

The book covers biological factors and suicidal behaviour, cross-cultural aspects of suicide, an idiographic approach to understanding suicide, and a summary of follow-up studies of child and adolescent suicide attempters. I stumbled over a couple of shortcomings. Israel Orbach’s chapter, “Suicide Prevention for Adolescents,” seems to be written only for clinicians, as it is written from “a psychodynamic perspective.” The chapter contains little information about community prevention strategies and makes no mention of national suicide prevention approaches. Regrettably, the book also bypasses the topic of childhood and adolescent depression, affective disorders, and suicide behaviour. I suspect that the editors did not want to tread on the toes of an earlier book in the series devoted to depression in children and adolescents.

The book is well written, reasonably priced, nicely laid out, and free of production errors. Given that it contains some unbeatable chapters for both clinicians and researchers, delivered by the best people in the field of child and adolescent suicide, I recommend it to anyone working with vulnerable children and adolescents.