

The Creation of Psychopharmacology

by David Healy, M.D., F.R.C.Psych. Harvard University Press, Cambridge, Mass., 2004, 469 pages, \$18.95 (paper); 2002, 480 pages, \$45.00 (hardcover).

The Creation of Psychopharmacology is an engaging exposé of the development of Western psychopharmacology. This volume is not primarily for history buffs or academicians, though the 56 pages of bibliography attest to its academic rigor. It is instead a well-written story of a stream of convenient accidents, of technical discoveries, of blistering professional competitions, of the growth and power of the pharmaceutical industry, of the delineation of psychiatric "disease," of regulation, and of the emerging cosmetic psychopharmacology and management of personality.

Healy, Reader in Psychological Medicine at Cardiff University (Wales), has himself been at the center of controversy with his previous lectures and publications, including *Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression*,¹ in addition to over 100 peer-reviewed papers.

This volume mixes the intriguing developments in psychopharmacology with an edge of cynicism, especially concerning the power of the pharmaceutical industry to market its products to broad segments of the gullible public and to the psychiatric community. His perspective on the future, with the growth of "cosmetic psychopharmacology" of mood and cognition for the masses, stirs a host of ethical considerations.

Healy has produced a fascinating volume that continues to raise serious questions about the direction of both psychopharmacology and psychiatry in the 21st century. It is a developmental history worth exploring. The evolving adolescence of psychopharmacology now demands and challenges our management.

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REFERENCE

1. Healy D. *Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression*. New York, NY: New York University Press; 2004

Early Intervention for Trauma and Traumatic Loss

edited by Brett T. Litz, Ph.D. The Guilford Press, New York, N.Y., 2004, 338 pages, \$40.00.

Many people experience some form of trauma or a severe stressor at some point in their lives. A number of these individuals eventually develop chronic mental health problems stemming from such trauma. In an attempt to reduce this resulting morbidity, clinicians have begun to deliver "early intervention," in which services are provided to victims shortly after a traumatic experience. This book focuses on clinical and research issues that pertain to early intervention after trauma or traumatic loss. Particular attention is given to reviewing the theoretical underpinnings that inform current conceptualizations relating to

early intervention as well as the extant empirical evidence for various forms of intervention.

This volume is organized into 3 parts. The first considers aspects of acute psychological distress, emotional recovery, and adaptation as well as reviews factors that predispose individuals to chronic posttraumatic problems. The second part reviews the empirically based evidence for early intervention in different patient populations. The final section considers other issues that are pertinent to the topic of early intervention.

The first chapter outlines the overall content, followed by a chapter that describes the diagnosis and empirical evidence regarding the definition, assessment, and treatment of acute stress disorder. Then factors that convey risk of developing posttraumatic stress disorder (PTSD) after a traumatic event are considered. Next is a review of complicated grief. Particular strengths of this chapter are (1) its consideration of distinguishing this phenomenon from other psychiatric illnesses (such as depression) and (2) its review of the treatment of complicated grief.

The next several chapters focus on what is empirically known about early intervention for trauma in various patient populations. The chapter that highlights secondary prevention in traumatized adults cogently reviews the extant scientific evidence regarding various forms of preventative intervention while maintaining a clinical perspective on the research literature. Of note, areas where future research is needed are also considered. The chapter about young children acknowledges a need for research due to the fact that there is a paucity of empirical data. However, the authors use several case vignettes as heuristic examples that should be useful to practitioners in exploring therapeutic approaches in traumatized young children. The chapter on older children and adolescents emphasizes not only psychosocial and somatic interventions for this population but also issues pertaining to identification and symptom measurement for PTSD in this age group. Also, a section of this chapter considers the treatment of traumatic grief. The chapter on early intervention in adults with traumatic loss is noteworthy because of not only its concise consideration of pathologic states but also its clearly written section on bereavement. Methodological issues pertaining to the future study of traumatic loss are also described.

Specific issues reviewed include the September 11 World Trade Center attacks, sexual trauma, the assessment and treatment of emergency service providers, the integration of psychiatric treatment into trauma-based systems of care, motor vehicle accidents, and assessment and intervention within the U.S. military. Current events make these topics quite timely. The selection of these topics for in-depth consideration is a key positive aspect of this book.

Overall, *Early Intervention for Trauma and Traumatic Loss* has other key strengths, which include addressing evidence-based data and carefully considering the strengths and shortcomings of the extant research evidence. Moreover, the authors consistently focus on the clinical correlates of the research findings while highlighting the unmet clinical questions that deserve further scientific study. For these reasons, this offering is likely to be of interest to both clinicians and scientists.

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