

Destroying Sanctuary: The Crisis in Human Service Delivery Systems

by Sandra L. Bloom and Brian Farragher; New York, Oxford University Press, 2011, 440 pages, \$45

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I am a psychiatrist and have spent my career in community and hospital mental health. *Destroying Sanctuary* tells the story of my professional life. This book should be required reading for anyone who cares about or works in the mental health system—or, for that matter, any social system. Everyone I know who has read this book believes that somehow Bloom and Farragher were privy to the organization in which they serve. You will too.

Before I explain why, a disclaimer: I am a Sandra Bloom groupie. Her first book, *Creating Sanctuary: Toward the Evolution of Sane Societies*, published in 1997, became my guide and touchstone, sparked my friendship with Sandy, and remains the most read book in my office.

Destroying Sanctuary is part 2. Like *Creating Sanctuary*, this book is difficult to categorize. It is history, text, statistics, science, politics, anthropology, psychology, and story book. It is an excellent and accurate account of community mental health—a painful story of the dream never realized. There are coherent descriptions of the criminalization of people with mental illness, consequences of fundamentalist biological psychiatry, and the effects of reductionist behaviorism in children's services.

Bloom and Farragher review the economic and human burdens resulting from an underfunded (and steadily less funded) system, with multiple references to health statistics. In fact, there is exquisite attention to data from health and human services. They recap state-of-the-art thinking about trauma and its effects in order to apply that same thinking to organizations.

It is the organizational behavior part that hooks me. The authors elo-

quently explain why organizations behave as they do when they've been under stress or are in crisis. Workplace violence, bullying, secrecy, authoritarianism, mistrust, gossip, burnout, low morale, ultimate failure—these authors explain it all in a wonderful piece of writing.

For any of us who have devoted our professional lives to community mental health, this is our story. It's also for everyone in the social sector: chil-

dren's protective services, disability services, and aging-adult services. It is both reassuring and horrifying to see ourselves and our organizations so explicitly described.

Although the book sets a somber mood, hope is not lost. The ending chapter, "Restoring Sanctuary," is the perfect segue to a third book (due out next year) and gives us a taste of how traumatized and stressed organizations, like traumatized and stressed individuals, can and do recover.

Read this book . . . and let's talk.

The reviewer reports being a faculty member of the Sanctuary Institute, although she has had no financial or commercial gain from this affiliation or from Dr. Bloom's book. ♦

Unhinged: The Trouble With Psychiatry—A Doctor's Revelations About a Profession in Crisis

by Daniel J. Carlat, M.D.; New York, Free Press, 2010, 272 pages, \$25

Jeffrey L. Geller, M.D., M.P.H.

The book *Unhinged*, by Daniel Carlat and subtitled *The Trouble with Psychiatry—A Doctor's Revelations About a Profession in Crisis*, has created something between a brouhaha and a verbal tsunami since its publication.

Those who have read this book as an attack on organized psychiatry have, I think, misread. *Unhinged* is an autobiographical coming-of-age account in psychiatry at the turn of the 20th century, much as David Viscott's *The Making of a Psychiatrist* was the coming-of-age story of psychiatry for the end of the 1960s (1).

Unhinged does not seem all that "out there" in most of its content. Carlat's point that psychiatrists have become overly focused on the endless process of tinkering with medications, adjusting dosages, and then adding medications to treat the side effects of the initial drugs is not exactly radical thinking. The belief that we are "still far away from a true understanding of the biological causes of PTSD, depression, and the range of other mental illnesses" is not a de-

viation from what virtually any psychiatrist would ascribe to.

Carlat tackles many thorny issues, but the foundation of his perspectives is rooted in contemporary psychiatric training that would allow a resident to become subspecialized in psychopharmacology before building a base of knowledge that draws from all aspects of psychiatry. Carlat makes the point that he himself was ill prepared to be a psychiatrist who could conduct any form of psychotherapy.

Carlat describes his experiences in medical school and wonders whether he took the right course of action by choosing medical school over clinical psychology. This experience is one common to many individuals who knew early in their medical school career that psychiatry was their future. Looking back on his early years in psychiatry, Carlat reports falling into what he refers to as "the trap of DSM think,"

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