Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Dementia – Mind, Meaning and the Person
Edited by J.C. Hughes, S.J. Louw & S. R. Sabat.

Wonder...is the first principle which prompts mankind to the study of philosophy
(Adam Smith, 1795)

The best College meeting I have attended was the joint conference between the Philosophy Special Interest Group and the Faculty of Old Age Psychiatry in Newcastle, in the autumn of 2002. I am not a philosopher but the ‘wonder’ generated by this meeting has remained with me. I was a naive but entirely interested reader of Dementia – Mind, Meaning and the Person, pleased that contributors to the conference, clinicians and philosophers, had written chapters.

Inevitably in a multi-author book some chapters are more appealing and accessible than others. Being an orderly person I began at the beginning, but chapter 1 is by far the most difficult for the philosophy initiate – it does introduce the feast to come but as a hard-going menu in a foreign language, not as an aperitif. I returned to the first chapter having finished the book and at that point found it more digestible.

The book covers not only the philosophical but also social, spiritual, ethical and practical perspectives and the negative, soul-destroying attitudes about dementia in modern society. Dementia, with its progressive inevitable deterioration in memory, language and skills, causes us to consider the meaning of personhood and identity. Hughes had previously enlarged on the Locke–Hume reductive view that a person is no more than connected mental states, seeing the patient as a ‘situated-embodied-agent’. The person with dementia has to be understood in terms of relationships, not because that is all that is left to them but because that is characteristic of all our lives. ‘He is not the man I married, Doctor’, is commonly heard and needs to be taken seriously. In his quiddity he is the same, not a vegetable nor in second childhood, but the same man with a dementing illness. However, from a social constructionist viewpoint the usual mutual task of holding and preserving identity is now a solitary and heartbreaking one for the partner. There is a need to guard against using a purely social constructivist approach in order not to deny the patient’s personal human agency and meaningful intersubjectivity. To be semantic requires some capacity to express genuine intentions and meanings. We need to search for rational patterns which reveal the mind at work. Dementia threatens the process of meaning-making, the hermeneutics of life.

The book only occasionally entertains Doctor Scholasticus with angels dancing on pinheads. Ordinary clinicians need to suspend criticism of the way some philosophical arguments are constructed or supposed syntactical sentences put into the mouth of someone with severe dementia.

The chapter for all in old age psychiatry entitled ‘Respectare: moral respect for the lives of the deeply forgetful’ looks again and more carefully at the experience of persons with dementia. ‘Hypercognitive’ snobbery is moral blindness, an elitism which asserts that some are less worthy of moral concern than others, ‘them’ and ‘us’. The book affirms a common humanity. Our job as staff is to preserve identity.

This is a good book. It will not change base metal into gold but via a mosaic of ideas introduces a way of thinking. Osten-sibly it is about dementia, actually it is about what it is to be human. The view that the person may survive into severe dementia is now also receiving attention from psychodynamic psychotherapists who recognise that even into the late stages of the disease the ability to forge a relationship is retained. The only way to come anywhere near an understanding of what it may feel like to have a dementia is by close and empathic listening, fusing the horizons of physician and patient even when speech is failing. We underestimate the complexity of the inner life of the patient with dementia. Language is not the whole of the emotional experience. Personhood is retained and to this we should relate.

Jane Garner  Chase Farm Hospital Mental Health Unit, The Ridgeway, Barnet, Enfield and Haringey Mental Health Trust, Enfield EN2 8JL, UK Email: janet.jagot@beh-mht.nhs.uk
doi: 10.1192/bjp.bp.106.028878

Handbook of Medicine in Psychiatry

Psychiatrists often find that their knowledge and skills in physical healthcare have slowly diminished over time but are still needed in practice. The Handbook of Medicine in Psychiatry has been written specifically for psychiatrists and provides evidence-based information on the causes, diagnosis and management of many medical disorders.

The American authors tackle the most common medical conditions, which they found in a retrospective case review of over 1000 psychiatric in-patients in the USA who had received a medical assessment. The chapters cover symptoms and signs, such as chest pain and red eye, as well as conditions such as obesity. Each chapter has the same format of clinical presentation, differential diagnosis, risk stratification,
assessment and management in the psychiatric unit, and most have an assessment and treatment algorithm.

There are differences between the UK and USA in guidelines for the management and treatment of certain conditions, and in this book treatments recommended for hypertension differ from those in the current guidelines from the National Institute for Health and Clinical Excellence. The algorithm for the assessment and treatment of chest pain indicates electrocardiography (ECG) only for patients with suspected cardiac ischaemia. In the UK, ECG would also be undertaken for the investigation of other causes of chest pain such as panic attacks and serious conditions such as pulmonary embolism and aortic dissection. If followed exactly, this algorithm might lead to problems with diagnosis.

The chapter on cardiac arrest does not present an algorithm for advanced life support but treatments are shown in tables instead. There are differences from UK practice in recommended medication; for example, the initial dose of aspirin recommended for the treatment of myocardial infarction is given as 325 mg, whereas the recommended dose is 300 mg in the UK. This might not be clinically significant but could lead to confusion. Mannitol is listed as a treatment for constipation and enemas with tap water are recommended for the prevention of faecal impaction in the bedridden; both would be regarded as unusual treatments in the UK.

Psychiatrists who are unfamiliar with UK guidelines and standards of medical practice may not wish to rely solely on this book for medical information. In the UK, this book faces strong competition from the Oxford Handbook of Medicine and the Oxford Handbook of General Practice.

Mark Tuthill Royal Marsden Hospital, Chelsea, London
Irene Cormac Rampton Hospital, Retford, Nottinghamshire DN22 OPD, UK
Email: Irene.cormac@nottsshr.nhs.uk
doi: 10.1192/bjp.bp.106.026500

R. D. Laing: Contemporary Perspectives

As a sixth-former I was an avid listener to Anthony Clare’s Radio 4 programme ‘In the Psychiatrist’s Chair’. Of the interviews Clare conducted, two continue to stick in my mind: one with Jimmy Savile, the other with R. D. Laing. The image with which Clare left me was that of Laing as a rather romantic, yet tragic individual. Raschid’s edited volume on Laing both reinforced and modified this impression. The volume is divided into three sections: introduction, ideas and therapy, with the second section the longest and, for me, the most worthwhile. The papers are largely either original contributions or derive from the R. D. Laing conferences, organised under the auspices of the Philosophy Special Interest Group of the Royal College of Psychiatrists. There are some papers that deal less directly with the work of Laing: the contributions of Fuchs, Sass and Matthews in particular serve, from different perspectives, as lucid and clear introductions to phenomenology and the philosophy of psychiatry. What is refreshing is that the contributors who engage directly with Laing’s thought and influence are not unquestioning, bedazzled disciples. Many of the papers are critical of Laing’s views on mental illness, psychotherapy, politics and his use and understanding of philosophy. There was a tendency, particularly in Laing post-Divided Self, to romanticise mental illness. This was combined with an aspiration towards transcendence and otherworldliness. The book achieved one very important thing for me personally: it shifted the image of the tormented Laing as interviewed by Clare and replaced it with that of the young army psychiatrist spending hours trying to interview and understand the distressed soldiers under his care. This is the Laing I am left in full admiration of. The tragedy is not so much that of Laing’s own personal life but rather his own seeming loss of this immediate pre-reflective ability to be with and understand people in distress. One could interpret his later work as an attempt to reify, in an increasingly esoteric fashion, that which once came so easily.

There are a few pedantic criticisms of the book. The same point is repeated by different authors in different papers leading to some degree of repetition, not all works cited in the text are referenced and there is no index. Many contributors to the volume also offer an incorrect or simplistic interpretation of Jaspers’ views on understanding those with mental illness. I would still recommend to medical students and trainee mental health clinicians The Divided Self as an account of engaging with those with mental illness and am grateful to R. D. Laing: Contemporary Perspectives for reminding us of the passion of Captain Laing.

Matthew Broome Section of Neuroimaging, Division of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, UK Email: m.broome@icp.kcl.ac.uk
doi: 10.1192/bjp.bp.106.024232

Gambling as an Addictive Behaviour: Impaired Control, Harm Minimisation, Treatment and Prevention
By Mark Dickerson & John O’Connor. Cambridge University Press. 2006. 204 pp. £55.00 (hb). ISBN 052184701X

Gambling, albeit a leisure activity for most, can in a significant minority progress to problem gambling or pathological gambling, with wide-ranging adverse interpersonal, financial and social consequences. There is mounting evidence that increased availability and easy accessibility to gambling opportunities can result in increased incidence of problem gambling – a point of particular relevance to the UK, at the present time, given the impending deregulation of gambling legislation as proposed in the Gambling Bill. So too, over recent years, gambling research has emerged to occupy an important place within the field.
of addiction studies. It is against this background that I read this book and I found it to be timely and highly readable.

This monograph is part of the International Research Monographs in the Addictions series (the series editor is Griffith Edwards) and is authored by two experts in the field of gambling research. Although the book has an Australian bias (as the authors, the research described and the policy issues discussed are Australia-based), the theoretical constructs/models discussed and the implications for policy makers are generalisable. This book takes a look at gambling as an addictive behaviour – more specifically at the dimension of self-control over gambling behaviour and the various psychological variables that influence it. The core theme of this book is ‘impaired self-control’ and the authors eloquently summarise key findings from their 5-year gambling research programme. This book consists of eight chapters – all self-contained and well-organised. The authors provide an excellent overview of the key psychological variables that determine self-control over gambling: emotional factors, individual differences, cognitive variables and coping, and they set this in the context of different models of impaired control and two studies that explored this subject. In addition the following topics are also well covered: implications for psychological treatment of pathological gamblers, and the concept of harm minimisation or ‘responsible gambling’. I found the chapter presenting a case study of the implementation of harm minimisation strategies in Victoria, Australia to be particularly fascinating, because of its relevance to clinicians and policy makers in the UK. This book provides interesting insights into the dimension of impaired self-control, and succeeds in highlighting its key role in the psychological conceptualisation of gambling and addictive behaviours in general.

All in all, a good read, although some of the theoretical debate presented could be intellectually taxing. At a price of £55, it may be a bit over-priced, and it may also not appeal to the non-specialist. Despite the above-noted criticisms, this book is likely to be of value to those with an interest in gambling research and policy.

Sanju George  Locum consultant in addiction psychiatry, Birmingham and Solihull Mental Health Trust, B37 7UR. Email: sanju.george@talk21.com
doi: 10.1192/bjp.bp.106.026187

The Psychiatry of Intellectual Disability

Few books have been published on the psychiatry of intellectual disabilities. This book is more succinct, better presented and more consistent in the quality of writing and information than the corresponding title in the College Seminars series. Despite this overall recommendation, the book has several flaws. It is presumably aimed primarily at trainees in the sub-specialty. Clearly not a reference book, it should have been a more practical manual. Luty & Cooper’s chapter on older people with intellectual disabilities gives useful guidelines for assessment and management but other chapters are much less practice-orientated. Although certainly better than many previous texts in limiting the content regarding general ‘handicap’, there are still too many references to the primary healthcare of people with intellectual disabilities. The era is long gone where psychiatrists in intellectual disability act as pseudo-general practitioners. It was also unnecessary to have paragraphs on such obscure conditions as Coffin-Siris syndrome. The reality is that most referrals to psychiatrists in intellectual disabilities are for problem behaviours. The trainee must learn that it is not their responsibility to solve these problems with medication alone but they should act as the only professional who has the training and expertise to take the holistic overview of the patient in biopsychosocial terms. There is also uncritical acceptance of the vague, catch-all term of ‘challenging behaviour’, which hampers rather than helps approaches to problem behaviours. It was a mistake therefore to include a chapter on medication without one on basic psychological assessments and interventions that a trainee needs to understand and implement.

Roy’s chapter on multidisciplinary working gives an unjustifiably rosy view of the current state of (dis)organisation of services. There are undoubtedly good working relationships between hard-working and committed professionals in learning disability services but good intentions do not compensate for lack of focused working. It is scandalous that, 15 years after its introduction, the care programme approach (CPA) has not been implemented nationwide for people with intellectual disability and mental health problems. For those who seek to improve the rights of people with intellectual disability one powerful starting point would be to demand that such people with mental health problems should have their care co-ordinated through the recognised national standard of the CPA. It is not good enough therefore that CPA is described in this book as ‘useful’ rather than ‘mandatory’. Community learning disability teams, which vary in focus and make-up throughout the UK, are also blithely described as ‘useful’ without any recourse to evidence of service delivery models.
Attachment from Infancy to Adulthood: The Major Longitudinal Studies

Tracing the historical roots of attachment theory though its evolutionary stages, Attachment from Infancy to Adulthood brings the reader up to date with recent developments in the area as well as providing thoughts for the way forward into the future. It benefits greatly from contributions by people whose names are instantly recognisable for their seminal work within the area of attachment theory and it is interesting to learn about their diverse backgrounds and what motivated their interest in the subject. It is perhaps this eclectic mix of experience, and the synthesis of key disciplines including ethology, behavioural psychology and linguistics, that have enabled attachment theory to progress and develop to the extent it has over the years.

In addition to reporting findings from major longitudinal studies carried out in America and Europe, the authors discuss the many and complex methodological issues inherent in this type of research, particularly in relation to studying development across the lifespan. They examine the effects of mediating variables and their influence on the relationship between infant attachment and adult outcomes. The studies also show that it is not only mothers but fathers and, as discussed in chapter 7, multiple caregivers in the Kibbutz setting in Israel who influence and contribute to attachment outcomes in later life. Another important dimension, as outlined in chapter 11, is a focus on children who experience disruptions as a result of their placement in foster care.

The book is accessible and is written in an approachable manner that will appeal to students, researchers and others at various stages in their careers. One criticism I have is that the extremely naive reader has to wait until chapter 10 before a full description of the ‘strange situation’ experiment, referred to throughout the book, is given.

As a proponent of longitudinal research and a user of the recently introduced Northern Ireland Household Panel survey, I found this book interesting and informative about the relationship between early attachment processes and outcomes in later life. As a parent it has caused me to study, somewhat warily, my own adult children’s attachment behaviours!

Karin Grossmann & Everett Waters

Prevention and Treatment of Suicidal Behaviour: From Science to Practice

Prevention and Treatment of Suicidal Behaviour is an accessible book that will appeal to those working in the field and those with a more casual interest. From the perspective of a trainee in psychiatry, it also clarifies the rationale behind the themes of the National Suicide Prevention Strategy for England (Department of Health, 2002). The editor, Keith Hawton, has drawn on the expertise of international authors; chapter by chapter they describe and critically appraise the evidence base, offer practical clinical guidance and identify areas in need of research.

Strategies for dealing with high-risk groups are addressed through the identification of risk factors for suicidal behaviour and chapters focusing on mental health service users, prisoners, and those who misuse substances. Qualitative research is used to identify population-based strategies for reducing suicide, which might also represent logical steps towards tackling mental illness in general. Other chapters explore the population-targeted interventions of restricted access to the means of suicide, the influence of the media’s reporting, and controversies surrounding antidepressant use and suicide rates.

In addition to the two-pronged epidemiological approach to the level of intervention, the authors also present a biopsychosocial exploration of suicide prevention strategies. Psychologically, the ‘entrapment model’ and the role that traumatic stress has in suicidal behaviour are emphasised. Biologically, the focus shifts to descriptions of neurobiological and genetic aspects of the predisposition to suicidal behaviour. The growing concerns about self-harm and psychosocial interventions intended to reduce repetition...
are explored from adolescent, working-age and older-aged adult perspectives. To complete this 360-degree analysis, voluntary services and those bereaved by suicide are emotively discussed.

Keith Hawton has thoughtfully structured the book, allowing its themes to be developed in subsequent chapters and the authors to present differing critical appraisals. Midway through, I did become a little pessimistic about research into initiatives to prevent suicide, with the authors’ repeated criticism of the lack of randomised controlled trials and the unacceptably low power of the existing trials. However, some optimism is introduced with the stance that preventive initiatives that are not based on evidence from clinical trials can contribute to our understanding of this area.

Inevitably, those familiar with the International Handbook of Suicide and Attempted Suicide (Hawton & Van Heeringen, 2000) will find some themes repeated, but Prevention and Treatment of Suicidal Behaviour is by no means a concise or rehashed version of this earlier book; it is a useful text with important ethical, societal and psychiatric messages.


Clare Nolan Leeds Mental Health Teaching NHS Trust, Leeds, UK. Email: clarelnolan@hotmail.com doi: 10.1192/bjp.bp.105.019976

Recovery Beyond Psychiatry

By David Whitwell.


David Whitwell and his publishers are to be congratulated for producing a book of rare and companionable honesty which, in being personal and specific, offers insight into the experience of every thoughtful clinician. To my knowledge this book is unique in being the reflections of a self-critical and highly experienced practitioner refracted through an understanding of the recovery movement and leading to a personal revaluation of practice.

It is also a paradoxical text that resists many of our scientific conventions. It is written simply and with restraint, lacking the dense referencing and citation that scholarly works depend upon for their credibility – as such it is radically unimpressive and befriending of the reader. The dedication to his family is a reminder that psychiatrists are people too, and more than a few have been touched deeply by the same issues as those they work with.

David has long been troubled by the gap between our apparent knowledge (what he calls ‘naïve psychiatry’) and our ineffectiveness in producing recovery through conventional psychiatric treatment, but found it ‘easier to help people in distress once I had acknowledged my doubts’. His experience was that in learning how to be less knowledgeable he became better connected to the reality of peoples’ lives and struggles. In turn he describes discovering that a recovery-based approach, focusing on people’s aspirations, hopes and needs, and supporting the active role of the individual in their own recovery, on their own terms, was a better way to work.

In many ways this is a companion text to Postpsychiatry: Mental Health in a Postmodern World (Thomas & Bracken, 2005) which sees us as being caught up in and confined by science-based approaches that focus on the deficits of individuals and resort to technical solutions which relegate meanings, values and the social context to secondary consideration.

The Royal College of Psychiatrists has set ‘recovery’ as the theme for its annual meeting in 2007 and this will offer ample opportunity for both positive testimony and critical evaluation. Recovery Beyond Psychiatry is an unusual, welcome and timely publication, which is a stimulus to this developing discourse and deserves wide readership and reaction.


Glenn Roberts Wonford House Hospital, Dryden Road, Exeter EX2 5AF, UK Email: glen roberts@doctors.org.uk doi: 10.1192/bjp.bp.106.021675

Psychiatric Disorders and Pregnancy


In recent decades the relationship between childbirth and psychiatric disorders has come to greater prominence with postnatal (post-partum) depression becoming a generally recognised, if clinically imprecise, term. This has brought undoubted benefits in the fight for services and in reducing stigma for women with mood disorders at this time. A focus on postnatal depression, however, has not been without problems. First, the range of important disorders occurring in relationship to childbirth is
far greater than non-psychotic episodes of depression – the weight of evidence suggests that bipolarity has a specific relationship to the post-partum period for example. Second, a focus on the post-partum period has diverted attention from the importance of psychiatric disorders that occur in pregnancy, an issue which is addressed in this book.

_Psychiatric Disorders and Pregnancy_ sets out to redress the balance and covers a wide range of areas – from screening for risk of severe post-partum illness, through specific conditions (including mood disorders, psychosis, eating disorders, personality disorders, post-traumatic stress disorder and substance use disorders) to specific modes of treatment and models of healthcare. Although focused on pregnancy, many chapters also deal with the postnatal period. In addressing these issues the book is to be commended and there is much of interest here for both the specialist and the casual reader. In this respect I feel it is a real shame that the book has been priced at £75, putting it beyond the reach of anybody but the most committed perinatal specialist and libraries.

The predominantly British authors include many well-recognised experts in their fields and a number of chapters are of particular interest and would reward revisiting. As with any multi-author book covering a specific area there is some repetition, and there is always the danger that advice regarding the safety of medications during pregnancy and breast-feeding is quickly out of date – recent data on paroxetine, for example, were clearly only available after publication deadlines.

Although I agree with the editors that mood disorders during pregnancy have been neglected in clinical practice and research, I believe it remains to be demonstrated that this is a period of higher risk for episodes of major depression compared with the post-partum period (as opposed to depressive symptoms more generally). In this area as in others, more research is clearly needed. In fact, the abiding impression I have from reading this book is the exciting opportunities that exist to further research on psychiatric disorders in relation to pregnancy. If this book goes someway to highlight the areas where work needs to be done, then it has served an important function. I just wish it were cheaper.

Ian Jones  Neuropsychiatric Genetics Unit, Department of Psychological Medicine, University of Wales College of Medicine, Cardiff CF14 4XN, Wales, UK. Email: jonesir1@cf.ac.uk  
doi: 10.1192/bjp.bp.106.026195