Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Fish’s Clinical Psychopathology: Signs and Symptoms in Psychiatry (3rd edn)


The above can be variously reviewed. At its blandest, the reviewer could say that one should be grateful to the Royal College of Psychiatrists for the idea of putting out this third ‘edition’. In the same vein, it could be added that the book needed updating and that the editors have done a good job; and then the crowning platitude included: it should be on the bookshelf of all UK trainees. This waffling, however, would be unfair to Frank Fish, Max Hamilton and indeed to current trainees, all of whom deserve better than that.

A new edition should have taken the opportunity to explain: (a) the meaning, history and significance of this work; (b) what clinical psychopathology is and what its role should be in current psychiatric research; and, most of all, (c) it should have included an essential excursus on what it means to ‘update’ a book on clinical psychopathology. I well remember Max Hamilton (I was then his lecturer at Leeds) worrying about how this could be done; would that entail changing the ‘descriptions’ that Frank had ‘got wrong’? ‘Adding’ symptoms missed out or recently ‘discovered’? These questions are as valid today as they were in 1974.

Hamilton was careful to keep (almost intact) the introduction because he considered it as one of the most important parts of the book. Where is it now? Equally respectful was he of the chapter on classification as it dealt with psychiatric taxonomy and not with the latest classification in the market. In the third edition, this chapter has been distorted by replacing the classical Storringer & Schneider conceptual taxonomy with a classification taken from an American manual. The same can be said of the bibliography to which Hamilton added but did not subtract: the third edition has replaced all the classical references by ephemera thereby leaving many of Fish’s claims unreferenced.

To decide on the appropriateness of the current changes, a serious review (which this book needs) should collate all editions. Just one example of an idle addition should suffice. Fish and Hamilton say all that can be said about the clinical psychopathology of hallucinations. The current edition adds: ‘SCAN (WHO, 1998) defines hallucinations as “false perceptions”’. In what way does this gem improve things? Has that ‘definition’ not been around since 1817? And so on and so forth.

The publication policy of Gaskell remains a mystery to most of us but if this work is typical of it then we should be concerned. What was wrong with reprinting the original or Hamilton 1974 effort? Ideally, of course, the book should have been contextualised particularly in relation to the blending of the newly arrived German ideas and the remnants of the in-house psychodynamic approach, as epitomised in the books by Hart and Nicole, that had dominated British psychopathology until the Second World War.

My advice to anyone curious about this book is: borrow the 1967 edition! It will contain strange concepts and names but this is OK as that might induce you to read up further. If thus, the old book will have achieved its objective.

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Most psychiatrists of a certain age possess a luridly pink slim volume known to them simply as ‘Fish’. Frank Fish’s first edition is now 40 years old; the second edition, prepared by Max Hamilton, first appeared in 1974 and was last printed in 1985. Does a revised third edition have anything to offer a new generation of psychiatrists?

It has certainly managed to keep some of the main strengths of the original. The vivid clinical descriptions capture something of the strangeness that abnormal thoughts and experiences must have for those who suffer them. This should be helpful to exam-weary MRCPsych candidates, and their supervisors, in demonstrating that the systematic assessment of mental symptoms is both fascinating and rewarding. The chapters on disorders of emotion, disorders of the experience of self and (unsurprisingly in view of the senior author’s interests) on personality disorders are up-to-date, well referenced and provide lucid summaries both of new evidence and of areas of persisting controversy (such as the status of borderline personality disorder).

Some of the other chapters have not been updated as extensively: all but one of the references in the chapter on classification, for example, are from before 2000. This chapter would also have benefited from more critical discussion of the currently used classificatory systems and the challenges for DSM-V and ICD–11.

Although symptoms are lucidly described throughout the book, there is little guidance on how to elicit them and the cultural dimension is all but ignored. This is particularly striking in the appendix on ‘psychiatric syndromes’ which has a single paragraph on ‘culture-bound disorders’. Post-traumatic stress disorder (PTSD) is omitted entirely, which is particularly surprising given the vivid and varied range of psychopathology with which PTSD victims can present. The appendix on ‘defences and distortions’ provides clear, exam-friendly definitions but fails to place them in the
context of the psychodynamic and cognitive frameworks in which they belong.

Overall, the authors have made a brave, if doomed, attempt at achieving the irreconcilable aims of preserving the character of a book which is the product of its (now quite distant) time while also writing something of practical use for today’s psychiatrists.

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Severe Dementia
Edited by Alistair Burns & Bengt Winblad.
John Wiley & Sons. 2006. 269pp. £75.00 (hb). ISBN 0470010541

In their introduction, the editors point out that much research and clinical attention is being directed at early diagnosis and treatment of the mild and moderate stages of the disease and, as a consequence, severe dementia is a relatively neglected area. A motivating factor behind this book was to redress this imbalance and bring together the key issues and current knowledge of severe dementia. The contributions of experts from a variety of backgrounds have succeeded in this.

The early chapters of the book cover assessment, diagnosis, brain chemistry and molecular pathology. These chapters are not entirely specific to severe dementia, but do give an up-to-date account of current knowledge. Similarly, the section on clinical features includes material relevant to the earlier stages of the illness, but the chapters on staging and function in severe dementia include considerable detail and are rich with information.

The final section covers the management of severe dementia and includes chapters on drug treatments, non-pharmacological interventions, palliative care and health economics. Those on drug treatments highlight the relative dearth of robust research in severe dementia, but the topics are comprehensively covered. Drug treatments for behavioural and psychological symptoms are well covered and are followed by a general overview of non-pharmacological treatments and then an interesting chapter detailing the behavioural and environmental interventions of the Seattle protocols. There follows a short chapter on ‘Care by families’ – research in this area is relatively scant but what there is, and the issues brought to the fore by the authors, are very pertinent. The remainder of the book is very much specific to severe dementia, with thought-provoking chapters on person-centred care, end-of-life issues and narrative ethics. The final chapter on health economics reminds the reader that the severe stages of dementia are the most costly, yet little is known about resource use and cost-effectiveness of interventions for the late-stage illness.

In summary, this is an excellent book that truly brings some focus back onto the nature of, and issues associated with, severe dementia. It will be a valuable resource for specialist clinicians and those directly providing care to people with severe dementia, such as general practitioners and staff of nursing homes.

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Binge Britain: Alcohol and the National Response
By Martin Plant & Moira Plant.

As the title announces, this book concerns itself largely with the pattern of drinking in Britain, past and present, and seeks to comment on the government response to problematic alcohol use in terms of policy-making, legislation and its enforcement. Its publication is timely, in so far as it follows the 2004 National Alcohol Harm Reduction Strategy for England, which outlines interventions to prevent, minimise and manage alcohol-related harm.

In 2005 the Alcohol Needs Assessment Research Project found that 23% of the population aged 16 to 64 drink hazardous or harmfully (7.1 million in England) and a further 1.1 million are dependent. Furthermore, 21% of men and 9% of women are binge drinkers. Alcohol problems are estimated to cost the taxpayer more than £20 billion per annum, and alcohol is implicated in 30 000 hospital admissions, 70% of accident and emergency attendances and 22 000 premature deaths.

Binge Britain is certainly a readable book. It provides an informative historical overview that examines factors influencing alcohol use and the social consequences of alcohol consumption. It explores the role of public attitude and influence of the alcohol industry in contributing to and maintaining the current binge style of drinking in Britain. The book also highlights the growing concerns regarding the escalating use of alcohol among British women.

Overall, I found it a useful source of historical and social information. I was disappointed that the potential physical and psychological consequences of excess alcohol consumption are not explored in more detail. I also felt that with the authors’
keenness to impress the flaws of the government’s illogical choices following their National Alcohol Harm Reduction Strategy (such as the significant evidence against the extension of licensing hours), an objective discussion seemed to have been sacrificed. It is, perhaps, a little hopeful to expect a group of scientific experts, even with a strong evidence base, to outweigh an industry worth billions to the government.

All in all, if you are looking for a summary of Britain’s obsession with alcohol over the ages, including more recent trends and political policies, *Binge Britain* is a worthwhile read.

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**Dynamic Security: The Democratic Therapeutic Community in Prison**
ISBN 1843103850

If, as various sages have asserted, the state of a nation’s prison system is a reflection of that society’s socio-political health, where does that leave the UK? Well, frankly, in the doldrums, in need of little short of a revolution. Current penal policy persists in a largely hostile and non-rehabilitative attitude to the offender, who is invariably (ware)housted in one of the increasing number of our increasingly overcrowded, prisons. But, as in the larger matter, there are (quantitively) small beacons of light within this rotten system, which seek to understand and address the many factors which play their part in the personal and societal failures and tragedies which result in criminality. The subject matter of this volume is such an illumination: specifically, the combination of activities needed to run a democratic therapeutic community within the prison system.

This well-edited book is written by psychologists, prison governors, therapists, psychiatrists and researchers. It contains different sections: three chapters on theories of criminality; three on the history of the therapeutic community in prisons – especially well done by Newell & Healey – which trace the pervasive influence of Maxwell Jones and the Henderson Hospital experience, and three in a section covering methods and practice. In one of these, Alan Miller reviews recent initiatives for resettlement and support of prisoners after prison discharge. It is a sobering and depressing fact that 95% of inmates move on from prison therapeutic communities back to the general prison, with all its pressures towards reaffirmation of the criminal identity. So, post-therapy after-care needs to include initial support in surviving (again) the depredations of prison, and only thereafter, support in the outside community.

In my view this return to prison – quite unnecessary other than for bureaucratic reasons – is but one example of the common phenomenon of sabotage of good work undertaken in the prison. The internal saboteur of creative work by offender and staff is a crucial dynamic in understanding the stagnation of the individual and the institution, and to help overcome it. Neither this, nor any psychodynamic theory, receives attention by Day in an otherwise competent overview chapter on psychological theories of criminality; nor is it addressed in an otherwise vivid section on psychodynamic aspects.

There is a helpful section on managing the therapeutic community – a difficult task in a frequently uninterested and sometimes antagonistic institutional structure. The old canard that the application of the therapeutic community model of treatment, of its essence democratic and free, is therefore unsuitable to the coercive situation of the prison, is ably dealt with by several authors in this section. There follows a chapter on audit and accreditation, now required for all treatment programmes within prisons, and an account of a body created jointly by the Association of Therapeutic Communities and the Royal College of Psychiatrists Research unit, called the ‘Community of Communities’ – a voluntary network of peer review and quality assurance for therapeutic communities of whatever hue, in whatever setting, in the UK or abroad.

The penultimate chapter contains four rather brief accounts by individuals who have experienced therapy within a prison therapeutic community. They are, clearly, selected and merely illustrative but they make their points well, and are not uncritical. One contains the comment ‘I think the massive overreaction in Grendon by Security in the last few years has damaged therapy’. This is a constant danger, common to all mental health provision and not just the forensic.

Why, then, does our dominant penal policy continue to be reformatively bankrupt as well as economically and humanly expensive, and further, why does our society and electorate continue to tolerate it? Almost the last words in the book from a Grendon prisoner may give us a clue:

‘We all do it, we all keep up a hard man front, we have to because if we don’t we’ll get crushed. We don’t want to, though, not always. There’s hundreds of us out there (in the prison system) who are dying to find some peace and security for once in their lives but we’re never going to be the first to say so, it’s too dangerous . . .’

This is familiar to those who work in the system. The contributors to this excellent volume know it well, and in different ways express their versions of trying to change this mind set. It is surely up to us to help change the reciprocal ‘macho’ attitude of politicians and the penal system itself.

Certainly, the paranoid attitude to offenders and their demonisaition has the comfort of simplicity and retributive appeal. It may make us feel better but it is the cause of a continuing sink system. More disturbingly, perhaps, for our own psychological purposes, we need to have this already marginalised group (over half of all prisoners are graduates of our equally awful care system) to further punish, neglect and vilify. All the more praise for the contributors to this volume.

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Depression and Physical Illness
Edited by Andrew Steptoe.
Cambridge University Press. 2007. 434pp. £45.00 (pb). ISBN 9780521603609

An important relationship between depression and medical disorders has long been recognised and variously conceptualised according to prevailing beliefs – from black bile in ancient Greece to psychoanalytic theories in which the body is a theatre of the mind and a myocardial infarction can result from unexpressed emotions. For most of the 20th century the term psychosomatic medicine encompassed an interaction between the psychological and the physiological. However, in many ways this term split the divide between body and mind even wider, with many patients and clinicians continuing to regard a psychological condition as not real. Depression is still described as psychological rather than biological, yet, in the light of our current understanding, what could be more biological than a neuroendocrine disorder with multiple manifestations in various organ systems?

In this excellent new book, Andrew Steptoe brings together a wide group of experts to give us a 21st-century view of the associations between depression and physical illness. While addressing psychological aspects of depression, it also presents a carefully balanced view that critically evaluates the biological underpinnings of the disease associations. (Interestingly, the term psychosomatic does not even appear in the index.)

The book is divided into three parts. The first gives a clear account of the importance of the definition of depression and its methods of measurement. It also provides a comprehensive overview of how psychosocial factors, such as low socio-economic status and education, predict not only depression but also affect physical risk profiles. A range of specific health problems is covered in the second part and in the third possible underlying biological and behavioural processes are explored.

The most robust links are between depression and coronary heart disease and this is reflected by the inclusion of three chapters giving a balanced and thorough presentation of the evidence that individuals with depression are more vulnerable to heart disease and even if their depression can be successfully treated this will not necessarily improve the course of the cardiac disease. The evidence linking depression with other medical disorders, such as diabetes and cancer, is not as strong but is nevertheless consistent. The chapter on pain and depression gives a fascinating overview of these two conditions as related symptom complexes associated with neuroendocrine and immune activation. Similar links are described for other disorders and these findings are integrated in the final section in working models that indicate future opportunities and possible pitfalls in this field of study.

I recommend this book highly to all mental healthcare professionals and my only criticism is that I would have liked to read more about potential treatment approaches but, as this field continues its rapid expansion, we can look forward to a larger, later edition. But most of all, I would recommend this book to other medical specialties – on checking the contents of the latest editions of several prominent textbooks of medicine, I could find no reference to the role of depression despite the overwhelming evidence presented in Depression and Physical Illness.

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Formulation in Psychology and Psychotherapy: Making Sense of People’s Problems

Most clinical psychologists and psychotherapists respect case formulation as an aid to good practice. For many psychiatrists, it remains a source of anxiety and confusion. Although the former are this book’s natural audience, I think it has much to offer inquiring psychiatric trainees. Comparative accounts of the psychotherapies can provide brief portraits that don’t convey what their relative strengths and weaknesses are. Using the vehicle of the case formulation, this book often succeeds in describing and demonstrating key differences in how clinicians using different models think. In covering a variety of perspectives – not only cognitive-behavioural, psychodynamic, systemic and integrative, but also social inequalities and social constructivist viewpoints – each psychologist contributor has been asked to produce specimen formulations for two case vignettes: a young man expressing paranoiac fears and an anxious 9-year-old girl with developmental problems (although some pass on the latter).

Its success is uneven, however. Some chapters, such as those on cognitive-behavioural therapy and systemic family work, are exemplary introductions to formulation within these models. Other authors are diverted into spending unnecessary words on outlining the principles of their model at the expense of its approach to formulation. Often, little attention is paid to how a formulation would be used to facilitate treatment within a particular model, in favour of its purely descriptive functions. The book also makes surprisingly few references to the considerable research literature on formulation. Several well-known, research-based systems are ignored altogether, as are two major international attempts to systematise psychodynamic formulation.

The book’s tone may also deter some readers. As far as I could tell, amid repeated references to ‘problems’ and ‘distress’ as the basis of client’s suffering, the word ‘illness’ fails to appear. The omission can arouse suspicion as to how fully the impact of pain, dependence and loss, as well as stigma, is appreciated. The editors’ credulous stance in relation to the diatribes of Jeffrey Masson may also undermine some readers’ confidence. However, the book’s occasional infelicities are offset by consideration of areas of a patient’s positive strength and resilience within formulation, as well as a healthy wariness concerning the dangers of allowing formulation to unduly restrict the ability to see what is in front of us.

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This book highlights the renewed recognition of the value of spiritual dimensions of health with the growth of ethics. Science and religion, as grand narratives, are being replaced in the post-modern era by personal narratives. Although individualised care needs to be developed with a scientific evidence base, it should be offered in a personalised therapeutic relationship. A doctor needs to understand a patient’s problem not only from a scientific perspective but also from one of faith. It requires a personal encounter and not a computeriseable communication. This should involve the whole person of the caregiver who also has access to informatics. It is like joining hands: the hand of scientific competence and the hand of personal communication. Therapeutic relationships can also induce true biological effects and even placebo has been found to release endorphins in the brain. It seems beneficial (in terms of better health outcomes, including from depression) to have religious involvement and to be with faith communities, although there can be a risk of failure to seek timely medical care.

This book is inspired by the work of Paul Tournier (1898–1986), a Christian doctor from Geneva, who was trained by a psychiatrist, Lechler. In Lechler’s daily meetings, when someone spoke, it was impossible to tell whether it was a doctor or a patient. The book has chapters on themes from faith traditions such as, Christianity, Judaism, Islam and Hinduism. Phrases like ‘touch wood’ or ‘cross your fingers’ are often used by health personnel and allude to the Cross, which may be disconcerting to patients from other faiths. Collectivism in Islam means that the basis of treatment should include uniting the person with the family. Ayurveda, a medical discipline developed in ancient India, incorporated the prevalent value systems. In Hindu thinking there is also the law of cause and effect and the goal of liberation from the cycle of rebirth. Contributors include eminent thinkers in their field and topics such as public health, neuroscience, general practice, home treatment and terminal care have all been included.

I feel the book is very timely and is likely to inspire further work with examples of good practice, particularly when medicine is being swamped with administration, technocracy, politics and management.

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Reconceiving Schizophrenia

As a medical student I recall being told by a geriatrician that the longer they practised medicine, the harder they found it to confidently diagnose Parkinson’s disease. At the time I was a little perplexed by this but now I begin to feel similarly about schizophrenia. The confidence I had in schizophrenia having a clear-cut clinical presentation, mapping onto a similarly discrete and specific pathophysiology, evaporated in my first few weeks of psychiatric training. Having been fortunate to have worked predominantly both clinically and academically in psychosis, this scepticism has been further compounded. Reconceiving Schizophrenia is part of the successful International Perspectives in Philosophy and Psychiatry series. It contains 16 chapters, all on schizophrenia, utilising philosophy to examine our assumptions and ways of understanding this most emblematic disorder for psychiatry.

The chapters are not formally subdivided into themes: introductory and review chapters open the volume. Chung’s review is a helpful resource for any researcher interested in more philosophical approaches to schizophrenia and amazingly manages to distil the literature, from phenomenological psychiatry to psychiatric classification, in 34 pages. This is followed by four chapters exploring the role phenomenological psychiatry continues to play in understanding major mental illness. The latter half of the volume is more analytic and Anglophone, with outstanding contributions from Hamilton and Stephens and Graham on delusions. Gillet offers a fascinating account of psychosis, drawing on Kant’s Anthropology, and struggles with how meaning in schizophrenia can both be private and yet, in some senses, communicable. Poland’s chapter is a timely discussion of ‘the schizophrenia concept’. It often seems that the idea of schizophrenia that
anti-psychiatrists charge us with holding is one that is never held in practice. Indeed, it is perhaps a concept that one is disabused of as one learns the complexity of mental illness and the limits of science. Harre’s chapter is a fascinating meta-account of the discourses and grammars used when mental illness is discussed, and how the file-selves of psychiatric records come into being and the use they are put to.

The volume contains many thought-provoking and worthwhile contributions, with little overlap of content, and all of them deserve detailed consideration. It serves as an amazing achievement of conceptual rigor in thinking about schizophrenia.

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Love and Loss: The Roots of Grief and its Complications

Colin Murray Parkes’ seminal book Bereavement: Studies of Grief in Adult Life, published in 1972, provided us with acutely observed accounts of women’s response to the untimely death of a spouse. The book became a classic. More than 30 years later Love and Loss provides further rich insights into the reactions of those who are bereaved. The ideas that Colin Murray Parkes knits together go beyond description to propose an explanation, rooted in attachment theory, for the nature of complicated responses to bereavement. The thinking expounded here is destined to become part of the accepted fabric of those working in this field and will undoubtedly prompt continuing debate and further research.

The volume takes the reader, step by step, on a journey that provokes us to consider the complex connections between childhood attachment patterns, parental nurturance, intimate relationships between adults and responses to bereavement. The combination of Parkes’ own research data, clinical case examples and ideas from the wider body of knowledge make for a multi-faceted and full-bodied text. The clinical examples bring the ideas to life, demonstrating lifespan and intergenerational influences, and make these transparent for the professional and non-professional reader alike.

The author does not flinch from venturing into sensitive areas. Not only is it tricky to research the grief of bereavement but this volume also threads its way into the labyrinths of love. The material is conveyed with characteristic compassion and reflexivity. The writing demonstrates tremendous respect for those whose early life experience distorts their ability to trust and leaves them struggling in the wake of loss.

The research study at the centre of the book has limitations in its sample and methodology. Standardised measures of attachment, grief and psychiatric symptomatology would have enhanced the validity of the results. Some of the novel messages of the book are based more on conviction drawn from thoughtful analysis and clinical experience rather than being fully supported by valid research data. However, this is the very delight of this volume. Parkes has an unequalled store of knowledge and experience. His thinking continues to develop and he has a wide overview of the territory. The book deserves to be read not for watertight evidence-based conclusions but for inspiration from the insights that can only come from open-minded analysis of extensive clinical experience.

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