The past 20 years have seen considerable changes in the pattern of drug and alcohol misuse and dependence in the UK. The number of individuals experiencing difficulties with these substances has increased markedly with affluence, changes in social ethos and the availability of both licit and illicit drugs. Following from this, there has been recognition of the importance of treatment in reducing the harms associated with drug and alcohol misuse and dependence.

Day et al have produced a very useful guide to the assessment and treatment of such disorders incorporating both UK and international evidence and guidance. The basis is a series of articles published in Advances in Psychiatric Treatment and most of the significant topics are covered in this book. The information is well presented and easily accessible, with extensive referencing to facilitate further reading if required.

Like all edited books there is variability in quality between chapters, which I think is unavoidable and has been well managed by Day as editor. My only other criticism is that some topics are not covered in great depth such as contingency management (now recommended by National Institute for Health and Clinical Excellence guidelines), criminal justice intervention programmes and emerging substances of misuse such as methamphetamine and GHB. Again, this is perhaps unavoidable in a book of this size.

I would recommend Clinical Topics in Addiction to any clinician who has to deal with such problems; not just for the addiction specialists, but also for other psychiatric specialities and doctors in general practice surgeries.

The final chapter of this book might well have been the first. It provides the rationale for the compilation of these articles, the purpose of which is to offer training to community-based clinicians involved in transgender treatment. In 2003 the Gender Dysphoria Program at Vancouver Hospital was replaced by a community approach: hence the need for a training initiative. Each chapter covers separate areas, such as physical and mental health assessment, hormonal treatment, the ‘real-life experience’ and surgical interventions. The authors succeed admirably in their ambition and provide technical information of the type needed by a general practitioner (GP), mental health worker or general psychiatrist. Although the book is written for a North American audience, it is relevant to the UK setting. Increasingly, commissioners require patients to be assessed by their local mental health team before their GP can make a referral to a gender identity clinic. This book provides the basic information needed to carry out the initial assessment and will help the generalist understand the issues associated with hormonal and other treatments.

The strength of a compilation of this sort is the ability to dip in and out as needed. The weakness is the frequent repetition of basic facts. It is unfortunate that the authors do not follow their own three-tiered approach to training when organising the content of the book. Had they done so, it would be easier to use the book more effectively in a clinical setting. It is tantalising in its reference to some of the core dilemmas in offering treatment to people with gender dysphoria not least among which is whether it represents a disorder in the usual psychiatric sense. Many transgendered people reject this assumption and question why it is not treated in the same way as sexual orientation or accepted as a variant of the human condition just as valid as any other. Adopting that approach would leave little room for National Health Service involvement with no role for the psychiatrist or psychologist, the two disciplines accounting for the majority of specialists in the UK.

Although the book makes reference to various ethical dilemmas, the authors do not tackle them in any great depth. This is unfortunate as it is these very issues that can prevent a health-care worker giving the most appropriate help to transgendered people (referred to as transphobia). Other ideas are raised briefly without explanation; a discussion of the nature of the ‘multi-gendered’ would be most welcome. Similarly, they refer to complicating scenarios where the patient may suffer personality disorder or learning difficulty but seem to leave resolution of these issues to the ‘experts’. 

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Transgendered people often complain that psychiatrists cannot fulfil the dual role of therapist and gatekeeper for gender reassignment services and this book is helpful in acknowledging that fact. Given that these guidelines are based on shared international criteria, the book will be of greatest value to the GP or mental health professional who is new to this topic.

I picked up this book with interest, partly because its title suggested a practical book that deals with what are probably the most difficult patients that the average clinician comes across in ordinary practice, but I also hoped that this volume might open the lid on what is a highly significant diagnostic issue for psychiatrists involved in specialist care. The general evidence from the literature of personality assessment suggests the following law: ‘the proportion of patients with severe personality disorder in a psychiatric service is directly related to the degree of specialisation of that service’. So I judge that almost all tertiary referral services (and this includes those in adolescence as well as adult psychiatry) have at least 50% of people with comorbid significant, if not severe, personality disorder as well as the primary diagnosis attracting the label of the service. Any helpful advice for practitioners in these services will therefore be of immense assistance.

Unfortunately, this book may arouse expectations that are too high and although it is described as ‘a holistic, practical guide to the treatment of patients with a range of these disorders and should be read by all the members of the mental health team in dealing with this challenging clinical group’ I guess that disappointment would be the primary reaction of the average clinician after reading this book. Why should this be the case? First, severe personality disorders are not defined anywhere by any of the contributors to this book. Severity is somehow assumed and perhaps is best equated with the adjective ‘difficult’. This is not a satisfactory way of describing any psychiatric disorder and adding other adjectives such as ‘challenging’ just add to the tautology. The problem is most of the authors deal in highly specialised services, predominately concerned with one group of personality disorders, those with borderline conditions, and either do not recognise or have nothing to say which is the slightest bit useful, about other groups of personality disorder. So for example, the importuning attentions of the dependent patient, the fulminating hostility of the angry one and the gross rigidity of the ultimate obsessional, do not get a mention within the 200 odd pages of this book. I am also concerned that in this super-specialised age that very few of the authors seem to be engaged in direct regular face-to-face management of severe personality disorder, and this seems to reflect a cynical comment made to me by a colleague some years ago that, ‘the aim of promotion in psychiatry is to get away from the most difficult patients’. This may allow you to write about them with a better sense of perspective, but it makes your writings less valuable to the present day practising psychiatrist who reads about concepts such as ‘ego-syntonic sadism’, ‘differential therapeutics’, ‘projective counter identification’, ‘meta-cognitive awareness’, ‘surgery’ and ‘homeostatic attunement’ with mild amusement at first and alarm later, as though going on a stroll from a new holiday destination and finishing up on the surface of the moon. The best chapters are on practical issues such as managing suicidal crises (Paris) and day treatment programmes for borderline personality disorder (Bateman & Fonagy), and by John Livesley who in a measured summary of all that has gone before concludes that we need to be ‘less concerned with comparing different modestly effective therapies and more concerned with determining the most effective intervention strategies for each domain of personality pathology’. We are at the beginning of developing good treatments for personality disorder but time after time during the reading of this book I wished for a little gentle modesty rather than stentorian proclamations of dramatic change.

Severe Personality Disorders: Everyday Issues in Clinical Practice

Psychosomatics. The Uses of Psychotherapy

This book offers a good summary of the current knowledge on psychosomatics. Shoenberg’s writing style is highly readable, very clear and to the point, avoiding unnecessary detours that waste the reader’s time. This virtue of the text is, at the same time, its worst
defect, as its content is limited to the bare facts. Further elaboration of the ideas by the author would have been desirable.

Although it falls short of the exhaustive review scholars are fond of, it provides more than enough material to satisfy both professionals and aficionados who approach the topic of psychosomatics.

In the preface, Shoenberg warns us of the difficult challenge of psychosomatics, to ride two horses at the same time: the psyche and the soma. Throughout the book he takes on much more as he tells us about the findings of physiology, neurobiology, medicine, phenomenology, general psychiatry, psychoanalysis and other psychotherapeutic schools. Also including approaches to literature and poetry, he illustrates his accounts with lively clinical examples. Certainly, he avoids falling in one of the most common pits of the studies on psychosomatics, that of oversimplification. However, he doesn’t successfully integrate all these sources of information in a comprehensive model, rather just puts them together.

One chapter is dedicated to his teaching work with medical students. It seems to me that, through his work on Balint groups and offering doctors an experience of psychotherapy, he is promoting the use of psychosomatics at a clinical level and preparing the ground for its theoretical integration in the future. He concludes by stating that each system of thinking has its place, leaving it to the reader (or to the future) to find out what that may be.

In summary, I consider this a highly informative book either as a first approach to psychosomatics or as an up-to-date reference guide for the profession.

The book is divided into four parts, each encompassing the key aspects of psychiatric practice from assessment and diagnosis to specific disorders to treatment and interventions and finally policy and services. I particularly enjoyed reading, for example, the exhaustive and informative chapter on clinical services for challenging behaviour, which I found enormously instructive. The book is well written and includes summary points at the end of each chapter which help to drive home important messages.

However, there are a few issues that should also be mentioned. First, the references are already out of date; the most recently cited are from 2005. In addition, there are a number of stylistic differences in references between chapters. Second, it would have been desirable to include a considered view of what might be the impact of current UK Government legislation (Valuing People, 2001), on the lives of people with intellectual disabilities several years on. Third, the chapter on interdisciplinary assessment of mental disorders might have been better placed as the last in Part 1, rather than in the middle of that section as it is at present.


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Handbook of Dynamic Psychotherapy for Higher Level Personality Pathology
By Eve Caligor, Otto F. Kernberg & John F. Clarkin.
ISBN 9781585622122

This book presents a model of interpretative psychotherapy that is provided through twice weekly sessions over several years. It is for people who may be able to get by, but not to fulfil themselves, in work or love. (In a UK context, they will be typical of many seen in the private sector or as training cases). The self-defeating habits responsible are attributed to avoidant, obsessive–compulsive, depressive/dependent or hysterical/histrionic personality traits. The use of descriptive personality profiles to map psychotherapeutic needs is not new, having been the organising principle of Anthony Storr’s Art of Psychotherapy nearly 30 years ago. With the possible exception of some paranoid and schizoid tendencies.
that do not qualify as higher pathology here, the terrain has changed surprisingly little between the two books.

Of course, the present volume belongs to a different era, one where scientific credibility has become far more important. Although use of the shorthand acronym for dynamic psychotherapy for higher-level personality pathology (DPHP) encourages implicit comparison with many well-established therapies – or the treatment devised by the same group for borderline personality (transference-focused psychotherapy, or TFP) – such comparisons are misleading as DPHP, as yet, lacks clear research evidence of its efficacy. However, the care taken throughout over description, cross-referencing and illustrative vignettes will undoubtedly facilitate its use as a treatment manual in future evaluative studies. Within the traditions of psychoanalytic therapy, the model presented here is true to Kernberg’s longstanding interest in internal structure as well as conflict, using a language of object relations and developmental positions indebted to classical Kleinian theory.

What the book offers is a theoretically coherent and clear guide to exploratory, transference-sensitive psychotherapy. It seems likely to be of considerable practical use to therapists (and supervisors) because of its refusal to simplify unnecessarily and its ability to convey the strategic thinking behind the guidance it provides. At times it also strays usefully beyond the boundaries of higher pathology. At its conclusion, the authors say ‘our hope is to leave the reader with a coherent way of thinking about dynamic psychotherapy’. I found they succeeded as far as is likely to be possible without discussing actual patients. The book deserves to be widely read and studied.

Stephen Hinshaw has produced a very useful contribution to the debate on two particular issues: why do we stigmatise people with mental illness, and what should be done. He sets the scene by disclosing that his father had ‘lifelong, misdiagnosed bipolar disorder . . . the condition – and the stigma he experienced – took a major toll on him and the whole family’. So, although written from an academic point of view, Hinshaw really does know what he is talking about.

The book is understandably strongest on the psychological literature about stigma. For example, he writes with clarity and subtlety about attribution theory and the mixed evidence of whether using biochemical or genetic causal theories of mental illness in fact lead to lesser or greater stigmatisation. The book also goes further than previous accounts in a detailed discussion of both the perception of social risk which is generally held, and the existential risk that people with mental illness symbolise. He elaborates upon this using both an adapted version of terror management theory and a careful interpretation of concepts from evolutionary theory. Further particular strengths of the book include: the thorough reviews of relevant social psychological theories; a comprehensive summary of attempts to change public attitudes about mental illness; and a nuanced view of how stigma relates to children with mental illness, and to children of mentally ill parents.

This book needs to be seen in the context of a re-emerging scientific interest in the origins of stigma and in the roots of its destruction, with a recent suite of books strengthening the field. The reader finds less here on sociological theories that try to understand or guide action about stigma, for example what is called systemic or structural discrimination, and these issues are better dealt with in the recent book by Corrigan. Similarly, Hinshaw largely restricts his focus to stigma within an American context; the global picture is more fully covered by Sartorius & Schulze in their overview of the World Psychiatric Association campaign against stigma. More practical aspects of social inclusion, such as employment, are addressed particularly well in the recent brief volume by Warner & Leff.

But I also need to declare an interest, a strong interest, in reviewing this book. Just months before the publication of Hinshaw’s volume I also wrote a related book (on discrimination from the perspective of people with mental illness), for the same publisher! With some hesitation I read The Mark of Shame to see whether our independent reviews were convergent or discordant. I am pleased to report, despite our different approaches to this literature, a high degree of interrater reliability in these two non-systematic reviews! Hinshaw and I both come to the view that stigma should be seen to include three related elements: a cognitive/information challenge (ignorance and the use of stereotypes); an affective challenge (prejudice); and a behavioural challenge (discrimination). In systematising our knowledge, especially of the first two of these domains, Hinshaw’s new book brings greater clarity to our understanding of the processes active in stigmatisation and so strengthens our hand in going on to take the necessary action.

There is little debate regarding the existence of dissociation, particularly following overwhelming traumatic events. It often represents a normal response but in some individuals is problematic. Indeed, peritraumatic dissociation has been strongly associated with the development of post-traumatic stress disorder. Dissociative disorders, with their often bizarre, intriguing and illogical presentations, have provoked more disagreement amongst professionals, a particular example being discourse over the existence and prevalence of dissociative identity disorder.

Vermetten, Dorahy & Spiegel have brought together a group of experts in this field to produce a very readable volume that provides a comprehensive overview of the current knowledge base, largely from the viewpoint of individuals who strongly believe in the concepts they discuss. Several chapters do an excellent job in objectively reviewing the evidence and not shying away from the scepticism they recognise is present among some individuals. Lowenstein, in his chapter on dissociative identity disorder, argues the case of apparent double standards when assessing the research evidence collected in studies of dissociative identity disorder when compared with that of other disorders and cogently argues that a body of research data has been entirely discounted.

The book is separated into three parts. The first considers the conceptual domain of dissociation, covering the history of it as a concept and its relationship with trauma and post-traumatic stress disorder, along with the contribution of attachment theory. The second part provides an excellent review of work concerning the neurobiology of trauma and dissociation. Perhaps not surprisingly the first two parts raise more questions than they answer but certainly demonstrate that a considerable amount of well-designed work has been done in the area of traumatic dissociation and that there is a need for more.

The final part discusses contemporary implications for assessment and treatment. Most of the chapters provide helpful, practical tips for clinicians to manage some of the most complex patients they are likely to encounter. Chu’s final chapter on the treatment of traumatic dissociation is a fitting end to the book. He advocates a cautious, pragmatic approach to patients with traumatic dissociation, arguing for the building of coping skills before attempts to explore and work through traumatic experiences. He importantly comments that ‘excessive fascination or preoccupation with dissociative phenomenology’ can adversely impact on outcome.

Doctors share with airline pilots, and others to whom the public entrust their lives, a requirement to develop complex skills over many years of supervised training, and to demonstrate their competence in performing routine tasks and managing crises. Psychiatry, with its focus on spoken communication, has tended to rely on in vivo methods of supervising training (cosy one-to-one supervision behind closed doors well away from patients or team colleagues, or case presentations in busy ward rounds) rather than the direct, in vivo transmission of skills expected of a classical apprenticeship.

For many reasons, helpfully summarised in the preface and introduction to Workplace-Based Assessments in Psychiatry, these methods have been found wanting and a range of unfamiliar methods of assessing trainees are being introduced. Bhugra, Malik & Brown aim to provide both a handbook and a practical manual for the new generation of assessors and the trainees they will guide. How well do they succeed in these overlapping, but distinct, aims?

The majority of the book comprises a set of monographs on the separate instruments that will be used to structure and record their assessments. These are supplemented by an appendix that allows assessors and trainees to see, possibly for the first time, in detail what the various techniques should be timetabled into a supervision apprenticeship. The section on pilot studies cannot provide assessors and trainees with confidence that the new system is more than ‘work in progress’ (p. 107). Tensions between the context-specific limitations of workplace-based assessments and the need for generalisability of psychiatric skills are touched on but in a chapter that focuses too heavily on a description of the possible structure of the new MRCPsych examinations. Finally, at no point is it clear that the whole is more than the sum of its parts: there is too little indication of whether the assessment tools are sufficiently joined-up and cover all aspects of specialist training. If the Postgraduate Medical Education and Training Board requires assessment to be ‘based on
This book should be read by assessors and trainees for its ‘how-to’ procedural instructions. A second edition should follow soon to remedy its deficiencies and to ensure that this useful manual does not become obsolete as the tools it describes evolve. A second edition should also correct some sloppy usage, such as the interchangeable use of competence/s and competency/ies (the General Medical Council favours the former) that occur sometimes in a single paragraph.

This authoritative book will be the first port of call for clinicians wishing to evaluate the evidence for specific interventions. Against that backdrop it will aid clinicians’ confidence in selecting interventions based on best evidence. While the science of prescribing is highlighted in the textbook, the art of prescribing must come from other sources.

Building a complex theory on an absence is a brave enterprise, even for a neuropsychiatrist specialising in epilepsy. However, for Michael Trimble, the crucial absence is a statistical one: that among the many people suffering from epilepsy there are remarkably few poets. From that negative association, along with a similar absence of poets with schizophrenia and an over-abundance of writers with bipolar disorder, and using a careful linguistic analysis of psychopathology, Trimble’s ‘central aim . . . is to relate . . . religion, poetry and music to their underlying neurological basis’. Indeed, it is an attempt to describe the soul of man, those uniquely human features which together provide a sense of existence, of purpose, of being in the world and of it.

Michael R. Trimble.
Johns Hopkins University Press.
2007. 304pp. US $33.00 (hb).
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This book began life almost a quarter of a century ago as a four-volume, encyclopaedic tome. In the course of publishing the previous editions, it has contracted to a single volume. But, this is not at the expense of quality since it continues to include the full range of psychiatric conditions. With developing specialisation we have an increasingly narrow range of therapeutic skills, making the broad approach of this book even more valuable than its founding fathers might have envisaged.

Each of the 12 sections has an editor and individual contributors, who are experts in their respective fields. The first section includes disorders diagnosed in infancy, childhood and adolescence, followed by delirium and other cognitive disorders, and then substance-related disorders. The subsequent sections cover the major remaining groups such as mood disorders, somatoform disorders and psychotic illnesses. Within the sections, areas as diverse as paedophilia and body dysmorphic disorder, narcissistic personality disorder and psychiatric rehabilitation are covered in individual chapters with references as recent as 2005. A significant achievement has been the editorial work which has established a consistent style.

This book is not without its problems, the most substantial of which is the absence of specific guidelines for clinicians (as distinct from detailing the studies and outcomes in individual trials, which it does in detail). This scholarly approach shifts it into the category of reference book and prompts the view that it is a textbook of clinical trials and of efficacy rather than a clinician’s guide to treatment and effectiveness. Neither is there much attention to interactions between specific drugs so the clinician will have to garner this information from other sources, while interventions for the important area of self-harm are scattered and sketchy.

On the other hand, its attractions include its accessibility and scope, reliance on best evidence and the presentational style. The latter includes the use of colour which adds to its attractiveness and the typeface is also easy on the eye. Furthermore, it incorporates psychotherapeutic as well as pharmacological studies, a welcome addition to books dealing with treatment where psychotherapy is often included as an afterthought. Surprisingly, and thankfully, there are few tables listing the litany of DSM criteria for each and every disorder which haunt most textbooks of psychiatry nowadays.

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left-brain dichotomy’, for, as Trimble rightly says, normally the hemispheres cooperate, their separate functions only manifesting in the clinic. Nevertheless, Trimble does quote Nietzsche’s suggestion of ‘two chambers of the brain . . . one to experience science and the other non-science’; and science has not done well at thinking about art, music and religion.

The book’s central argument is neuroanatomical and evolutionary, splicing cerebral asymmetry onto MacLean’s triune brain, so that ‘links from the limbic structures to the right hemisphere may have remained or developed to a greater degree than those to the left hemisphere’. From here, one journeys through religious belief to ‘the physicality of listening to music, poetry, and religious incantation, and the shivers down the spine [that] are often associated with tears’. The book’s heart is its two chapters on neurotheology, the author treading carefully in a field with ‘few hard and fast data . . . and [where] most writers . . . recycle the same results from a small number of investigators’.

This scholarly, yet provocative, book from an insightful, observant neurologist, perhaps inevitably written more using the linguistic precision of the left hemisphere than the poetry of the right, is rich with thought-provoking ideas on the unique human characteristics that Trimble calls the ‘seven Ls’ – Language, Laudation, Lying, Laughter, Lachrymation, Lyric and Love – each, as he says, ‘quintessentially driven by the right hemisphere’.

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