Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay

Who Was Sophie?
The Lives of my Grandmother, Poet and Stranger


Clinical case studies are practically extinct as a means of exploring and understanding psychiatric phenomena, despite the fact that they have served medicine and psychiatry well. From the case of Phineas Gage onwards, medicine has benefited from the careful study of single or small series of cases. Ironically, as the medical and psychiatric literatures have moved away from case studies, novelists and writers have embraced the form and put it to good use. In recent times, extended fictional and biographical accounts of psychopathology have included McGrath's Spider, McEwan's Enduring Love and Loudon's Relative Strangers. These accounts have succeeded in inviting the interested reader into the world that psychiatrists inhabit on a daily basis by bringing to life the abnormal experiences that we in psychiatry are familiar with, and, rendering these understandable and meaningful as far as is possible.

Celia Robertson's book is in this tradition. It is about her grandmother, a poet who knew Virginia and Leonard Woolf and who maintained correspondence with Naomi Mitchison for many years. Robertson set out to paint a portrait of her grandmother; in the process she discovered the several lives she led and has written a masterly biography. Using letters, notebooks and the poetry of her grandmother, Joan Adeney Easdale (aka Sophie), Robertson has created a story that is both compelling and tragic, yet also inspiring and unforgettable.

The book is of interest to psychiatrists because it is a detailed exploration of the early development, adolescence and adult life of an individual who developed a psychosis later in life and whose conventional social life subsequently unravelled. The psychosis and its manifold impact are carefully described. There are instructive anecdotes that teach, more than any textbook can, how psychosis operates and how it may eventually sour relationships:

One night, when Jim was away on a work trip, she came tearing into the children's rooms and gathered them all into her bed. Crying them tightly to her beneath the covers, she whispered, “Shh, shh, we have to be quiet. There’s someone in the roof, they’re moving about taking photos. Lie on this side so they can’t see you!” (p. 167)

One of Sandy's rare memories is of his mother calling him into the sitting room to agree that Jesus Christ was in the room. Standing there, wanting to be helpful, all he could see were the blue swirls of the Persian rug. He felt desperately awkward but eventually said yes, he could see him, because there were slants of light coming in through the blinds and catching on the dust in the air. Maybe that was Jesus (p. 164).

If you have a mother who you love deeply and who you feel is very special and she changes and goes away and is never the same again and yet has the same voice after all those years it’s very difficult to deal with the sense of constant bereavement and distress (p. 207)

Descriptions of incredible acts of generosity and kindness by strangers – a lawyer, a social worker, drinking companions – are included. These individuals reaffirm one’s faith that a sense of community still exists and that kindness is its currency. Furthermore, in spite of the corrosive power of psychosis on family life, this is a story of the resilience of family ties and the triumph of filial love over adversity.

Robertson has brought her grandmother back to life for our benefit. The account is truthful and unsentimental. Sophie's portrait is drawn with warmth and affection. It is an intimate portrait is drawn with warmth and affection. It is an intimate

the public typically focuses more on the men than the women who are involved in the criminal justice system, and popular interest in female criminality often emerges only after sensationalised crimes such as that of Rosemary West. But recent spikes in female arrests and incarceration rates, particularly in young women, are forcing us to take a critical look at the causes and consequences of female criminality and, especially, female violence.

Destruction, both for oneself and others, can indeed become an aim, even a dominant one, but only through perversion, recombination and narrowing of natural desires. The raw materials for this process are naturally passing hostilities towards others. In the first three parts of her book, Motz effectively and compellingly explores women's violence against their children, their selves and others. With absorbing case illustrations and well-judged reference to the literature, the perversion of women's
natural desires through a process of retaining and cherishing them as obsessions (which become partially autonomous) is well argued. These then feed on the rest of the woman's character, which atrophies, so that the individual disintegrates although her detached desires retain their force. From this perspective, the woman's self-destruction is thus a secondary, but seemingly inevitable, consequence of indulged resentment.

Throughout the book Motz convincingly demonstrates that when we want to understand a woman's violence, we need to grasp both the original motives involved and the kind of perversion to which they are liable. Spotting the particular motive involved is clinically difficult but generally attempted. What is rarely, if ever, considered – and this is where Motz succeeds brilliantly – is the need to search for the characteristic advantage involved in the woman's violent behaviour or her personal pay-off. Where a woman's personality has begun to disintegrate her motives will no longer need to be adequate, since adequacy is a notion adapted to judgement by a complete, integrated personality. As Motz points out in such circumstances a woman's motives essentially need only be obsessive, addictive or otherwise.

In her conclusion, Motz notes that her intention is to offer a model for understanding a range of cases of female violence. Her model integrates pathological foundations with developmental consequences and also proposes a cycle of maintenance for female violence. She underlines important contributory psychodynamic factors. In the post-Bowlby era of attachment theory, infants come equipped with a flexible repertoire, depending on the specific environment in which they live. Viewed from this perspective, it is now critical to specify how alternative patterns might be adaptive under what care-giving circumstances. Motz's psychodynamic insights into the chaotic interactions during childhood that lead to the foundation of the woman's pathology and effectively cause diathesis–stress syndrome, are forceful. She clearly underlines the resultant personality difficulties, distorted cognitive styles and psychiatric morbidity that occur in the women, arising from the interaction between their pathological antecedents and through interaction between themselves (e.g. there are likely to be significant and magnifying interactions between fantastic withdrawal, dissociative processes and the women's developing relationship with their own bodies or that of their children).

Motz's analyses in the case illustrations underline the effect of stressors (e.g. a significant life event such as rejection, maternal death) in causing the initial violent episode. The vignettes magnificently convey what follows the positive affect (or relief from negative affect) after a woman's act of violence. Her examples show how such an initial episode may differ from subsequent violent acts in its level of planning and instrumentality. However, where the initial act is associated with relief (from stress or from positive psychotic symptoms), sexual gratification, or with success in evading something, then these operant processes will contribute to a cycle of maintenance.

The myriad manifestations of the women's subjective experiences, both conscious and unconscious, and their impact on clinicians and services are well-developed in the fourth and final section of the book on clinical applications. Sometimes, the body of truths that we hold to be fixed in our clinical culture for caring for others develops a fissure, which widens into a crack and, as we watch, the whole shatters until nothing is left but fragments of prejudice lying in disarray at our feet. This can be felt to happen in secure services for women. Motz helps us understand how some of the particular challenges and provocations, unconsciously created by women with severe personality disorders, are bound to invite retaliatory behaviour and feelings by staff, particularly those staff who work most closely with them.

This deeply felt and well-researched book exposes the myths and challenges the rhetoric behind violent women. Its fascinating, sharply etched clinical portraits, richly embedded in their social and historical milieu, challenge us in a subtle and accessible manner. It offers an integrated approach to understanding and caring for a disadvantaged patient group. It should be read and reread.

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I must confess that on opening this handsome volume, I gave in to the temptation of looking up my name in the index; there were two mentions, both quite favourable. Institutional histories, though, have to avoid the tendencies to be uncritical and to become bogged down in parochial detail. Bewley (an ex-President) has been successful in avoiding both these temptations, first, by frequent references to the online archive and second, by placing the story of the College firmly in a setting of the evolution of psychiatry itself.

There is now a substantial historical literature on that subject, but much of it – particularly by non-medical writers – is undermined by a failure of clinical understanding. No such problem here. This story also makes clear that the Medico-Psychological Association (MPA), which eventually became the College, was for decades pathetically small in membership. To refer to psychiatry in the mid-19th century as an influential profession, therefore, is entirely ahistorical. One factor which helped it to survive was the journal, first published in 1853 (its 150th anniversary in 2003 seems to have been overlooked). Bewley disdains the present title of British Journal of Psychiatry, though that expresses most clearly what it is about. Similar journals had, in fact, appeared rather earlier in both Germany and the USA.

The gradual evolution of the MPA into the present College is the central part of this history. A key event was the granting of a Royal Charter in 1926, though as the aim got nearer, the rate of change slowed to a snail's pace. The author is particularly to be congratulated for acknowledging here, for the first time, the essential part played by Dr John Howells in obtaining college status. Initially, both the officers and Council of the RPMCA were hostile or indifferent to the idea.

Trainees were equally apprehensive then about their own position, and it emerges clearly that training and education have since become the College's biggest achievements. In the
Pity the authors of books on mental capacity legislation! Not long after the Mental Capacity Act 2005 – an act which codified the previously confused English common law – was implemented in October 2007, it suddenly ballooned with the amendments added to it by the 2007 revision of the Mental Health Act 1983, which was, in turn, a response to the European Court’s ruling on the Bournewood case. One can imagine Bridgit Dimond stopping the presses of Blackwell and wearily returning to her desk to accommodate these changes.

Within mental health, much recent debate has been on the apparently similar functions but very different flavours of the Mental Health Act compared with the Mental Capacity Act. The 2007 revision to the Mental Health Act 1983, coming from the Department of Health, modernised aspects of the earlier legislation but centred decision-making firmly on issues of risk; while the Mental Capacity Act, arising from the Department of Constitutional Affairs, was focused on respect for patient autonomy. These differences in emphasis pervade the two statutes, and reinforce claims that mental health legislation is inherently discriminatory. For example, under the Mental Capacity Act each decision faced by the patient has to be assessed on its own merits, and all decisions made on behalf of the person lacking capacity are made in the person’s best interests. Best interests are not quite what most professionals think they are, as the Act emphasises the person’s previous desires and wishes above what a professional thinks ‘ought to be done’. Contrast this to the Mental Health Act, where no such requirements are placed on clinicians providing care.

All of which is important, but this debate possibly loses sight of the real advances represented in the Mental Capacity Act. Although many of the issues seem similar for patients with mental disorders treated in mainstream psychiatry, the population the Mental Capacity Act was primarily designed for was people with long-term conditions predominantly affecting cognition – learning disability and dementia – as well as helpfully clarifying the law relating to a range of difficult situations usually involving treatment refusal in general healthcare. For these groups the Act provides a new, clear framework, particularly in relation to issues such as best interests, proxy decision-making and advance decisions.

Professor Dimond – a barrister by background – has written a handbook designed for professionals working in health and social care, which despite being authoritative and comprehensive is also clearly written and easy to use. Early chapters outline some of the basic principles in mental capacity legislation, including case law which influenced the Mental Capacity Act, and a summary of the Human Rights Act. The book then takes us through each of the key components of the Act, with sections organised to describe first what the law says, and second providing worked examples which are compelling case histories. It is through these examples that the book comes alive, with examples of clinical conundrums that clinicians will recognise as cases to lose sleep over – a fate this book will, mercifully, prevent.

This is a very comprehensive handbook covering the phenomenology, pathogenesis and treatment of obsessive-compulsive disorder (OCD). It is truly a handbook fitting neatly into the pocket/briefcase. The chapters are laid out in a logical format, guiding the reader through the aetiology of OCD before proceeding to management aspects. Their content is sufficiently detailed to guide practice without being overwhelming, while an excellent bibliography at the end of each chapter allows further, more detailed, reading. The layout of the chapters also lends to easy accessibility with the use of headings and boxes, figures and tables to highlight information.

The book considers the phenomenology of OCD and helpfully outlines the diagnostic criteria, paying particular attention to differential diagnoses. It highlights the chronic and hidden nature of the disorder. A comprehensive overview of the pathogenesis of OCD is provided considering the areas of neuroanatomy, neurochemistry, neurogenetics, neuroimmunology and neuroethology.
In my experience psychoeducation is an invaluable tool in engaging patients in therapy and this chapter allows the clinician to become proficient in the same.

A very comprehensive presentation of the available evidence base for treatment of OCD follows. Short commentaries on each study are provided. I particularly liked the section dealing with antidepressant side-effects and drug interactions. Included is a discussion of psychotherapeutic treatment; however, it would perhaps have been useful to discuss further the cognitive theories underlying the belief systems in OCD. These I have found particularly helpful in psychoeducation and engagement in therapy and would have added to the richness of this chapter. Particularly useful is the chapter providing rating scales, reference books and websites for patients and clinicians. Overall an enjoyable and clinically useful book.

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I was excited at the prospect of reviewing a book called, Understanding Psychoanalysis. As most practitioners of the art (or is it a science?) will tell you, we still long, no matter how experienced, to ‘get hold’ of psychoanalysis. Sadly, however, this moment was followed by disappointment: this book was written not by practitioners, but by two philosophers. Moreover, as the back cover alarmingly brought to my attention, these ‘leading psychoanalytic theorists’ would be covering such diverse topics as post-structuralism, cultural theory and feminism. My suspicions aroused, I glanced at the index and found that neither randomised controlled trials nor evidence-based medicine got a mention. I was beginning to wonder why it had been chosen for review?

To my relief, I was soon to learn that this book was to be a mind-expanding experience. The authors manage with great skill to communicate the fundamental tenets of key figures in the psychoanalytic pantheon. These include the obvious such as Freud and Klein (with a smattering on Winnicott and Bion), as well as the less obvious – to a British audience at least – like Lacan. Helpfully, a key points format is used throughout to summarise arcane, and sometimes dense, psychoanalytic and philosophical concepts.

Freud in particular is brought to life. At a time when his obituary is habitually rehearsed, his ideas are presented in a way that is thoroughly of the moment and apposite – see, for example, what he has to teach us about the compulsive nature of the addictions and self-harm. The authors revisit his meta-psychological outpourings in a way that is accessible and vibrant. We are also treated to a re-reading of the Freudian text at a time when there is an attack on complexity and a hatred of dependency. There is no easy sense here that those with profound mental illness are engaged in recovery, or that depression and anxiety will be dealt with after a course of computerised therapy or short-term cognitive–behavioural therapy, wherein, psychoanalytically speaking, the idealised world of the all-giving breast will be finally realised.

So, setting aside minor technical quibbles, and allowing for the omission of the recent work on mentalisation, if you are after a little time away from achieving your targets and returning, even if for the first time, to thinking about your patients in a way that does justice to the bewildering, sometimes grotesque, glory that is humankind, then this book comes highly recommended.

This is a thoughtful assessment of modern-day psychiatry. In essence it is a plea for a balance between biological psychiatry and psychotherapeutic approaches. Paris emphasises the limitations of current knowledge about the brain, presenting the failure to find genetic markers for psychiatric conditions, the non-specificity of neuroanatomical abnormalities and the inconsistency of biochemical research. His analysis of psychiatric diagnosis is particularly interesting. In the absence of biological markers of disease, Paris suggests, psychiatric diagnoses are simply pragmatic constructs, and he criticises the tendency to view them as real entities. He explores the difficulty of distinguishing disorder from normality and the tendency to pathologise more and more aspects of everyday life. He repeatedly criticises the tendency to over-diagnose mental disorders and over-prescribe psychiatric drugs. In particular, he highlights what he believes to be the misuse of the diagnosis of bipolar disorder in adults and children. He even suggests that the use of this diagnosis to justify the widespread initiation of long-term therapy with atypical antipsychotics and mood stabilisers could be ‘one of the worst scandals in the history of psychiatry’ (p. 82).
Paris also critically analyses research on psychotherapy. He recognises that the benefits of therapy are not specific to any theoretical orientation, but emanate from good empathy and interpersonal skills, skills that psychiatrists are in danger of losing with the current emphasis on biomedical approaches.

However, for all his concern to restore the humanity to psychiatry, Paris still believes that neuroscience will unlock the secrets of psychiatric disorders eventually, at least the severe ones. He holds out for a foolproof system of diagnosis based on biological markers of underlying diseases. It is difficult to know how this vision is compatible with his opposition to reductionism in psychiatry. If psychiatric problems can be traced to specific abnormalities in brain function, psychiatry is surely right to focus on biological interventions, and other approaches are simply cosmetic. If Paris wants to restore attention to the whole person, a more fundamental critique of the view of mental illness as a form of brain disease is required.

Metabolic Syndrome and Psychiatric Illness: Interactions, Pathophysiology, Assessment and Treatment

By Scott D. Mendelson.
ISBN: 9780123742407

doi: 10.1192/bjp.bp.108.056275

There was a time, not so long ago, when weight gain in psychiatric patients was a matter of passing note, something unexceptional in the lists of adverse effects of psychotropic medications (usually quite far down) or, with resignation, attributed to ‘poor lifestyle’. How things have changed! Obesity and its metabolic associations have come to occupy a prominent place in the psychiatric literature. While this undoubtedly reflects wider concerns such as the ‘obesity epidemic’ and healthcare inequalities, for psychiatry interest was initially stimulated by the realisation that the miracle of metabolic syndrome is retreating, with an increasingly intense debate on not only the value of metabolic syndrome, but its very validity. For clinical psychiatrists, the concept can still have merit in emphasising that obesity is not just a cosmetic issue and that the doctor in us is responsible for overall patient welfare – including the consequences of our treatment decisions. For those psychiatrists who still value the doctor in them, the bigger points and general message of this book are just reward for the read.

On Speed: The Many Lives of Amphetamine

By Nicolas Rasmussen.
US$29.95 (hb). 400pp.
ISBN: 9780814776018

doi: 10.1192/bjp.bp.108.053462

The name Gordon Alles may not be as famous as that of Albert Hoffman but the chemist who synthesised beta-phenylisopropylamine deserves as much recognition as the progenitor of lysergic acid diethylamide (LSD) if the impact of his drug in the world were your guide. Alles’ creation is better known as amphetamine, which, with its numerous sister compounds, including methamphetamine, MDMA (ecstasy), methylphenidate and fenfluramine, are pivotal in the history of psychiatric therapeutics in ways that have been forgotten in the light of
awareness of the potential misuse of these drugs and their behavioural toxicity.

Rasmussen is to be congratulated for excavating this hidden history. If you are interested in the history of addictive substances, then the 85 pages of footnotes that go with the 260 pages of text and 37 illustrations prove a distraction to a fascinating narrative. The story will take you by surprise in many ways, whether it be the scale of military use of amphetamine in Second World War and subsequently or the forgotten history of amphetamine as the first mass-marketed antidepressant (textbooks that start the story with imipramine need revision). Rasmussen documents in some detail how the discovery of the neuropharmacology of the amphetamines over several decades, much based on Skinner box experiments with rats, relates to development of the antidepressants (monoamine oxidase inhibitors, tricyclics, selective serotonin reuptake inhibitors) and the dopamine hypothesis of psychosis. Connell’s work on amphetamine psychosis is cited along with British studies from Newcastle on the use and misuse of prescribed amphetamines in the early 1960s in what is mainly a US-centred story with diversions to Germany, Australia and Japan along the way.

The potential for misuse of amphetamines was apparent from the outset when Alles tried his own creation and described a euphoriant and energising effect. The early, pre-1950 descriptions of amphetamine misuse and drug-induced psychosis among military personnel, students and those in the jazz music world, who were breaking open benzedrine inhalers in order to ingest high doses of amphetamine, are a prelude to the better known stories of the stimulants as they relate to the Beatniks, the 1960s counterculture and the ‘rave’ scene. However, official recognition of the harmful nature of these drugs and effective regulation of the pharmaceutical industry in relation to their production comes late in the story and had to await an epidemic of methamphetamine injecting and a broader concept of the nature of drug dependency from the World Health Organization than one restricted to the presence of a definite physiological withdrawal syndrome. Large profits were, of course, at stake.

If Rasmussen had finished his story in the 1970s, it would be one of rise and fall; bringing it up to the present day it becomes rise and fall and rise again. The recent rise is multi-faceted and includes the MDMA story, the rise of methamphetamine or ‘ice’ as an illicit drug easily made in a kitchen laboratory and as readily smoked as injected and, most surprising of all, a resurrected licit market for methylphenidate and amphetamine itself in relation to attention-deficit hyperactivity disorder (ADHD) as well as a persistence of the diet-pill industry. The use of amphetamines for ADHD, once seen as a rare disorder, in the USA is now on such a large scale that once again the diversion of these drugs into the illicit market is a significant concern.

This is a work of impressive scholarship on the life story of a family of drugs that continue to offer ‘pep’ in abundance in the capitalistic culture of the industrialised world despite a lack of evidence for objective performance enhancement.

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