Personality disorder, once the enfant terrible of psychiatry, has now come of age, having agreed diagnostic criteria in both the major glossaries and even possessing its own National Institute for Health and Clinical Excellence treatment guidelines. Adshead and Jacob have collected a series of classic papers focusing on that most destructive aspect of personality disorder – the exquisite talent of an individual who has the disorder in alienating anyone who ventures near and tries to help them.

The book starts with Winnicott’s classic study, well summarised in its title ‘Hate in the countertransference’, which describes how patients with personality disorder are adept at eliciting hatred from their therapists, a hitherto unthinkable sentiment for a carer. However, it was Main’s work at the Cassel, in his classic 1957 study of psychiatric nurses, ‘The Ailment’, a must-read for both trainees and the trained, which showed the way forward through this therapeutic impasse. Main started a research group which entailed meeting every week with the Cassel nurses, who began to describe their experiences with 12 difficult female patients who would now be considered as having borderline personality disorder. He described how the patients would sometimes single out a nurse, perhaps imbue her with qualities of greater compassion and understanding than her colleagues, and how there would be ‘in-groups’ and ‘out-groups’ of nurses, processes we now recognise as splitting and projection. Uncertain as to whether such information was helpful, Main nevertheless thought he had achieved something and wrote:

‘I must point out one clear gain. The nurses had owned painful distresses, concealed ailments connected with certain patients’ ailments, and by disclosing those in respect of themselves and each other, they arrived not only at an increased capacity to recognise insinuations in their daily work, but a personal easement in it. They became less afraid of difficult situations and surer at their craft’ (p. 71).

Nowadays, staff supervision and staff support forms the cornerstone to the many diverse modern personality disorder treatment programmes offered in the National Health Service. Studies emanating from the Henderson Hospital (now sadly no more) by Kingsley Norton describe how the therapeutic community model of sociotherapy, combined with the use of peer-group reflection, can sometimes help a client achieve a greater degree of personal maturity. This model has been partially incorporated into modern treatment programmes, which are more oriented to day care than the original in-patient model of the Henderson.

There then follows a group of theoretical papers attempting to explain the dysfunctional relationships in terms of animal ethology, attachment theory and classical psychoanalytic theory. All are well written, each more plausible than the next, yet sadly such theorising has done little to alleviate the plight of these patients or offered much in the way of comfort to their carers. Such collections, often accompanied by sterile debates on issues of treatability and non-treatability, form part of an inevitable diet of any compendium on the personality disorders and are likely to remain so until there is some seismic shift in our understanding of these disorders.

The book ends with another short but ‘must-read’ paper, on the issue of professional boundaries and the medico-legal dangers of crossing them. Gabbard and Gutheil carefully review the danger of gifts, touching, self-disclosure by therapists, inappropriate clothing, money and the setting for therapy. The founders of psychoanalysis were not nearly so circumspect in this realm. Freud was the analyst to his own daughter, Anna; Melanie Klein took Clifford Scott on holiday with her and continued his analysis while he reclined on her hotel bed; Winnicott often ended his sessions with coffee and biscuits. Such boundary violations would be unthinkable now, but then 50 years ago patients were much nicer than today and did not sue their therapists.

This book is excellent value for anyone who has had difficulty working with clients who have personality disorder – but then isn’t that just about everyone?

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The idea that Western psychiatry has imperialistically exported its syndromes is well established in anthropological discourse. Among psychiatrists the notion remains controversial, as many hold the view that culture may shape psychiatric disease presentation, but underlying disorders remain the same.

This provocative book by journalist Ethan Watters is an exploration of the anthropological viewpoint, arguing that alongside the globalisation of American culture there has also been an Americanisation, often through the influence of DSM–IV, of the understanding and treatment of mental distress, which is changing the very nature of mental illness abroad.

Watters’s argument takes shape by way of case studies. He examines the emergence of anorexia in Hong Kong, the treatment
of post-tsunami psychological distress in Sri Lanka and the increased diagnosing of depression in Japan, finding that scant consideration was given in these cases to the appropriateness of applying an American model of distress to a non-Western society. A common theme is that of foreign ‘experts’ introducing their knowledge to a population that is seen as psychologically primitive. The book calls this primitiveness into question, especially when examining schizophrenia treatment in Tanzania, where outcomes are considerably better than in America.

Some of Watters’ targets provide rich focus for discussion. In Sri Lanka in particular the book’s account of rival research groups scheming to recruit to their own specific brand of post-traumatic therapy is alarming and the concerns raised reflect those held by many psychiatrists. The chapter on depression might be better served by a more in-depth approach. As there is little space given to arguments opposing those this book favours, Crazy Like Us is more polemical than analytical. However, anyone who surmises that Watters has an agenda hostile to psychiatry will be intrigued by an admission that his wife is a psychiatrist.

Some may strongly disagree with this book’s challenges to the assumption that Western frameworks can generate a universally valid knowledge base. The focus is on America, but the book is sufficiently universal to interest a European reader. It is worthy of purchase for anyone, psychiatrist or lay reader alike, interested in the disagreements between anthropology and psychiatry.

This book is a welcome addition to the debate about the value and purpose of medication. It takes a particular user perspective and challenges assumptions about the very need for medication.

The reasons users do and do not take medication are numerous and swirl into questions of self, identity and autonomy. They are tangled up with illness and belief, with politics and safety, with respect for our bodies and the preservation of our minds.

This book makes many points about the value of medication and questions users’ reliance on and faith in it. It looks at the experiences of different communities, examines research into users’ views and records the experiences of coming off medication. It is an important publication for people who want to reflect on their own practice and beliefs about medication.

The book is written clearly but from a challenging perspective. It highlights arguments about the negatives of medication but without much attempt to give any other view. It quotes liberally from such stalwarts of antipsychiatry as Peter Breggin and other sceptics of current psychiatric practice. It comes from the ethos of the traditional English user movement which, with some justification, sets out a polarised world between psychiatric practitioners and those that receive their help. It is a world in which appeals for dialogue and partnership are made by both sides but sometimes with little apparent understanding of the differing needs of various parties. The book barely touches on the emotional as well as less understood and less tangible reasons of why people resist medication, and instead concentrates on arguments and research based on the evidence of efficacy and negative side-effects. This means that large areas of the user experience are ignored.

After an initial shaky start, the book became a compelling read, but I did sense that it could easily become a handbook for the disaffected. It is good that those who have little control over their lives can gain arguments and information from their own community but at the same time it is alarming, as this seemed so partial. I would much prefer to read a book that was either openly anti-medication or one written jointly from a pro-medication and a sceptical perspective.

Given the large number of medical books on the market, it is rare for a new volume to find a place in a genuinely new area. This book from Sachdev and Keshavan tackles the topic of secondary psychosis, although the authors prefer the term ‘secondary schizophrenia’. This is a topic that is usually subsumed in larger texts of organic psychiatry and neuropsychiatry but never previously justified a textbook as far as I am aware. Many readers will wonder — is there enough primary material on this topic to justify a standalone text?

Over 33 chapters and 436 pages the editors and contributing authors make a resounding case that this is no longer a niche area. The book is extremely up-to-date, with about half of cited references published in the past 10 years. Indeed, I would go further and say I doubt this book could have been written before such recent evidence, cited here, was itself published. Looking at individual chapters, it is probably drug-induced psychosis that is...
The book also boasts a section of chapters dedicated to examining psychopathology from the perspective of normal neurological examination in schizophrenia are also discussed. Every chapter is well written and takes a modern evidence-based approach. Occasional tables and illustrations are nicely presented but these average only one or two per chapter. I can see only two weaknesses. First, the coverage of delirium (which the authors file under toxic psychosis) is rather brief. Second, there is almost nothing of note on dementia with Lewy bodies, even in the chapter on psychosis and neurodegenerative conditions. This is an omission that should be corrected for the next edition.

Overall, there is much to like in this volume and I highly recommend it to all psychiatrists who have tended to overlook this area in the past. Now there is no excuse.

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From Axons to Identity: Neurological Explanations of the Nature of the Self
By Todd E. Feinberg.
ISBN: 9780393705577

Todd Feinberg is an accomplished writer who manages to convey a lot of information in a relatively short compass. Laudably, he illustrates his points with transcripts of interviews with patients, particularly in the first half of the book.

From the clinical material he draws on, Feinberg has a great interest in what he terms ‘neuropathologies of the self’ – anosognosia, asomatognosia and delusional misidentification, including Capgras and Fregoli syndromes. In the first half of the book, Feinberg’s topic is one that those interested in psychosis and the philosophy of delusions are familiar with: how to give an account of delusions, and how, if at all, delusions are distinguished from other irrational beliefs and confabulations. Although the terminology is not employed, Feinberg works within the Maherian paradigm (a delusion being an explanation of an anomalous experience) and, like many contemporary researchers and theoreticians, adds in a second stage (traditionally, this second stage is a reasoning bias or neuropsychological deficit), which in combination with the odd experience leads to the delusion or unusual belief. For Feinberg, the main thesis is that damage to the brain (in the right frontal region particularly) engenders in people a reversion to utilising more primitive psychodynamic defence mechanisms, such as delusional projection. It seems the idea is that there is a genuine paralysis, for example, resultant on brain damage and this too can give rise to denial of disability (anosognosia) or projection (thinking the limb an imaginary friend or persecutor) via the reactivation of these primitive mechanisms.

The second half of the book seems largely independent of the first and is more ambitious. The author moves away from clinical concerns to notions of self, identity and consciousness and proposes the ‘neural hierarchy theory of consciousness’. Here, Feinberg introduces the notion of ‘nested hierarchy’.

The book as a whole is easy to read and of interest. However, as a stand-alone text, I felt it was not fully convincing in terms of the arguments offered and the data used. Feinberg has very compelling ideas which, if correct, are very important and I look forward to reading their exposition in future publications.

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The Neuropsychology of Mental Illness
Edited by Stephen J. Wood, Nicholas B. Allen & Christos Pantelis.
ISBN: 9780521862899

One of the lesser noted revisions in the draft DSM–5 is a change in the definition of a mental disorder from ‘a manifestation of a behavioural, psychological, or biological dysfunction’ to one ‘that reflects an underlying psychobiological dysfunction’, highlighting the fact that we have increasingly come to regard neuropsychology as the best compromise in the vexatious mind–body problem and sometimes the reluctant redeemer of a medical speciality best known for its irreconcilable differences between objective and subjective world views.

Wood, Allen and Pantelis’s comprehensive book aims to map out what this compromise has told us about the causes and effects of psychiatric disorder so far and, furthermore, what we have learnt about how to integrate neuropsychological approaches into the art and science of psychiatry. One component of this manifests itself as a series of competent and up-to-date review chapters on what we know about the neuropsychology of schizophrenia, as well as developmental, personality, eating, substance use, obsessive–compulsive and mood disorders, although I was left puzzled by the lack of chapters on anxiety disorders or post-traumatic stress disorder, both of which have received a great deal of neuropsychological attention.

The book also boasts a section of chapters dedicated to examining psychopathology from the perspective of normal

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neuropsychological processes and their associated weaknesses, with exceptional sections on how neuropsychological approaches integrate with other fields such as genetics, neuroimaging, emotion and diagnostic approaches. Perhaps most surprisingly, the book closes with a section dedicated to a ‘trialogue’ between neuroscientists, philosophers and psychiatrists starting from the premise, outlined by Stephens and Graham, that mental illnesses are fundamentally disorders of consciousness. Jaak Panksepp is perhaps the most provocative, arguing for an evolutionary account of emotional neurocircuitry and hence a common substrate for conscious affective experience and pathology across species, whereas Vogely and Newen go for a more contemporary approach that examines self–other distinctions in light of recent research on the ‘default network’. Even if talk of consciousness leaves you cold, or indeed, frustrated, these chapters serve to elaborate numerous examples of how neurocognitive theories cannot be value-neutral with regard to what is considered a normal or abnormal human process.

Despite its intentionally wide scope, this book is not the best place to look for a complete review of the neurocognitive evidence for each psychiatric disorder, but as a practical resource for how to use and make sense of neuropsychology in psychiatry, it is indispensable.

Without schizophrenia there would be no psychiatry. Yet – whether because of underfunding, lack of a coherent treatment philosophy, post-modern instrumentalism, the malign influence of Big Pharma, the intractable nature of the condition, or scientific ignorance – it is hard to deny that things are far from even good enough in services for people diagnosed with schizophrenia and their families. Most psychiatrists will have had calls for help from distressed relatives or friends about a loved one behaving oddly or indeed, frustrated, these chapters serve to elaborate numerous examples of how neurocognitive theories cannot be value-neutral with regard to what is considered a normal or abnormal human process.

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The International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses, whose summation and manifesto this book is, takes as its starting point the limitations of a narrowly biomedical approach. In place of – or, from your reviewer’s position, ideally alongside – antipsychotics, genetics and brain science, there is a need for a humane, person-centred, relational, family-oriented approach, offering de-stigmatisation, continuity, optimism and understanding. The roots of this come from two main sources, both of which are traced in the historical section of this compelling compendium. First is the psychoanalytic perspective, however questionable in its details, brilliantly expounded here from a Kleinian position by Murray Jackson and ethnographically by Lyn Chua. The second is the ‘needs adapted’ approach to mental illness, described by some of its leading practitioners – Alalen, Rosenbaum, Cullberg – a manifestation of Scandinavian social democracy miraculously managing to finesse the oxymoron of institutional yet personalised care.

Inevitably there are some reservations about this book. It suffers from the unevenness of tone and quality endemic in multi-author tomes. Conspicuously absent are psychosocial psychiatry’s big beasts – Leff, McGorry and Burns come to mind – who might have lent academic gravitas. Although its critique of conventional services is stringent, the alternatives offered are in the main merely vaguely humanistic. Little attempt is made to delve into the complex relationship between genes and the environment, the exact role of trauma in psychosis, or ways of devising services that meet both psychodynamic and scientific and economic criteria. Silver and her colleagues argue that the tide is turning and that the psychotherapeutic relationship is once more moving to the mainstream of mental health services. Let us hope that she is right, and that this book will play a full part in that shift, not drowning but wading.

The subspecialty of forensic psychotherapy is a relatively young one. However, the tradition of psychotherapeutic approaches to understanding violence and aggression, which underpin much of the theory and practice in this field, has a much longer history.

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Working with Violence is a recent addition to the ‘Basic Texts in Counselling and Psychotherapy’ series, aimed at an ‘introductory
level’ for students and practitioners across a range of disciplines. The opening chapters – covering basic psychodynamic and analytical ideas and introducing relevant clinical concepts, such as psychosis and personality disorder – achieve this in a concise and readable manner. Yakeley introduces the concept of violence as a form of communication (conscious or unconscious) and the central idea that within every violent individual resides both a perpetrator and a victim. One of the book’s greatest strengths is that it sets out to complement, rather than replace or refute, alternative theories of violence. Psychological theories – such as attachment and internalisation of transactional patterns – are integrated with findings from other disciplines, including epidemiology, criminology and forensic psychiatry. In approaching this task the book is well structured, each chapter opening with an up-to-date commentary on the topic in question and using clinical vignettes to good effect in bringing these concepts to life.

One chapter which departs from this format – and offers relatively little from other disciplines to place the material in context – is that which covers the links between violence, sexuality and perversion. This chapter begins with the bold assertion that, ‘Aggression plays an integral part in all sexual activity’, and goes on to explore this assertion in wholly psychoanalytic terms. It was in relation to this chapter that our opinions diverged. We felt it likely that some readers will find the discussion of these powerful, complex (and not uncontroversial) ideas too esoteric, whereas others will find it is in understanding this mode of violence that psychoanalytic ideas are of greatest use.

Irrespective of this caveat, there is much to be learned from this book. The chapter covering ‘violence and society, race and culture’ is particularly good. Here Yakeley provides an excellent account of the multifactorial nature of societal violence, including systemic ideas of the different levels (or layers) of influence over an individual or group in the ‘real world’, along with a discussion of how such influences can be internalised and erupt in extremes of violence. It would have been interesting, perhaps, to see this comprehensive approach further explored in other sections of the book, dealing with the causes of individual, interpersonal violence (in which such ‘external’ factors are also likely to play a significant role).

The later chapters, covering practical issues of managing and working with violent individuals, are similarly pragmatic in tone. The chapter on working in secure forensic settings gives a helpful insight into issues of ‘containment’ and treating the ‘institutional sickness’ of such places (perhaps the real work of the forensic psychotherapist). Likewise, the chapters dedicated to individual and group psychotherapy for violence are pleasingly focused on the practical elements of such work, including an emphasis on awareness of risk and safety.

We would recommend this book as a useful aid for practitioners working in the field of forensic mental health, as well as for psychiatric trainees with an interest in forensic psychiatry or psychotherapy. The concise text and generally practical focus, which places psychoanalytic concepts alongside more mainstream approaches, will help to make sense of the actions of the violent ‘offender-patient’ and assist with the challenge of engaging such individuals in a safe, boundaried and empathic manner.

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