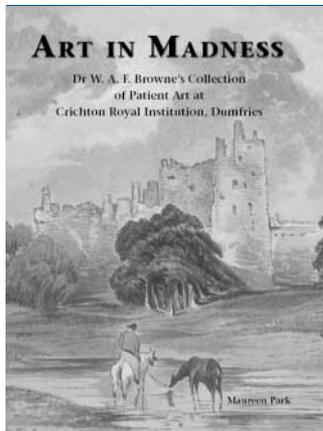


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Art in Madness:
Dr W. A. F. Browne's
Collection of Patient Art
at Crichton Royal
Institution, Dumfries**

By Maureen Park.
Dumfries and Galloway Health
Board. 2010.
ISBN: 9781899316694

In July 1838 – a few days after Queen Victoria's coronation – Dr William A. F. Browne took up his appointment as superintendent of the Crichton Royal Institution at Dumfries. He had recommended himself for the post by his influential lectures on asylum management, which outlined his general approach of 'moral treatment' – the secret, he explained, lay in kindness and occupation. As the first patients arrived at Crichton, they found themselves caught up in a whirlwind of activity, including work programmes, educational events, a library and museum, a regular periodical, concerts and theatricals, and outings to places of interest in south-west Scotland and further afield.

However, there was a darker side to asylum life. Within a short space of time, Browne was expressing frustration with the rates of remission and cure. His own health was becoming compromised and, in this book, Maureen Park points to the unusual circumstance of Browne and his wife raising their own family under the scrutinising gaze of the patients among whom they had come to live. In the early 1840s, Browne began to make systematic records of his patients' dreams and engaged an 'art instructor' for patients who had been 'prescribed' art as part of their treatment.

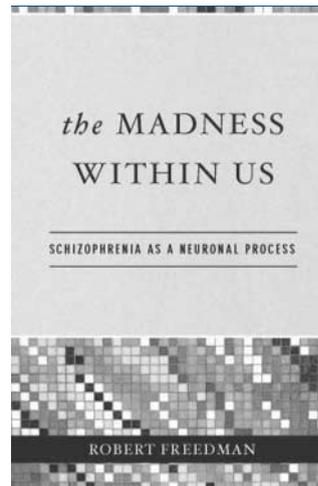
Why did he do it? Dr Park is an art historian based at Glasgow University and she records how, in 1983, Crichton archivist Morag Williams came upon Browne's original collection of patient art, bound into a leather volume. This collection, amounting to about 140 paintings, forms the central portion of this book. It is superbly reproduced and catalogued, and presented with notes on the patient-artists. Park has spent years with this material, and her scholarship, always meticulous, is never oppressive. In addition to this, Park provides an introduction with a biographical essay on Browne, a general survey of early asylum art, a fascinating account of life in the Crichton, and a note on Browne's own writing on outsider art.

Some of the illustrated artwork is rather formulaic in character, but several patients – like the clergyman Joseph Askew and engraver William Bartholemew – developed authentic personal visions. Dr Park's achievement with this book has a revelatory aspect. Browne's public views on patient art, she shows, had a conventional ring to them, but he was a most unconventional man. Dr Park presents a sustained meditation

on the role of art in life and hundreds of glimpses of the heady days of the early asylum movement. This is a profound contribution to psychiatric history from a most unusual and illuminating perspective.

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The Madness within Us

By Robert Freedman.
Oxford University Press USA. 2009.
£22.50 (hb). 207pp.
ISBN: 9780195307474

Telling the story of 'schizophrenia as a neuronal process' risks leaving much unsaid. No social psychiatrist, Freedman's view of madness is unapologetically 'within' the head, explicitly contrasted with Harry Stack Sullivan's 'human process'. Freedman, a psychiatrist and clinical scientist, aims to make accessible, to patients and families as well as medical people, his research on endophenotypes in schizophrenia. Much of his work centres on the theory of impaired sensory gating – that people with schizophrenia have a hippocampus which lets too much information through from the outside world.

Woven around the stories of two semi-fictionalised patients of his are some densely informative accounts of genetics and neurobiology, leavened with charmingly random anecdotes. We learn the name of one of the beagles sacrificed in Freedman's trial of a novel therapeutic agent, revealed when he offered bereavement counselling to the veterinary technicians. And he neatly introduces the theory of impaired sensory gating with a story about Second World War air defences.

This is a 'popular science' book, often good fun. Popular science is tricky to write and Freedman is almost, but not quite, sensitive enough to the pitfalls of jargonising and the potentially numbing effect of the denser technical passages. Pausing in his descriptions of hippocampal microanatomy, he reassures us, 'Patience, dear reader, the punch line is coming.' Sadly, I missed it.

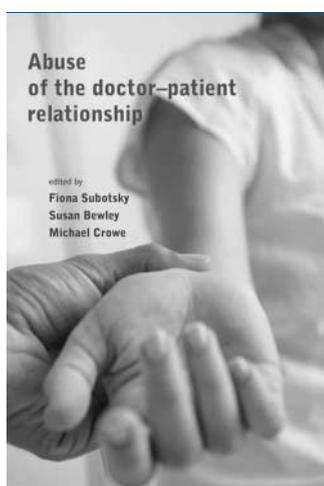
Unfortunately, some careless editing almost jeopardises Freedman's project to make his science accessible. In the worst example, we are discussing nicotinic receptors in the brain one minute, in muscle the next. Is the brain a muscle after all? It is an obvious drafting mistake (no doubt, half the paragraph languishes on a hard drive somewhere) but possibly confusing to anyone without a grounding in neurophysiology.

For the reader able to plug the editorial gaps, Freedman bravely tackles a grand synthesis: how do changes at the level of gene and neuron make people with schizophrenia experience the world differently from others? No unreflective reductionist,

Freedman is interested in ideas and historical context, and the opening chapter gives a scattergun selective history of madness and some philosophical asides. Although rounding out the book, they are not particularly satisfying in themselves. Where the book excels is in revealing the practical application of clinical science. Freedman tells a human story, combining the insights of both clinic and laboratory. Readers seeking a comprehensive overview of the neuropathology of schizophrenia will find this book too parochial, intentionally so. Instead, this is a fascinatingly personal introduction to Freedman's particular corner of the neuropsychiatric world.

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Abuse of the Doctor-Patient Relationship

Edited by Fiona Subotsky, Susan Bewley & Michael Crowe. RCPsych Publications. 2010. £25.00 (pb). 256pp. ISBN: 9781904671374

The Kerr/Haslam Inquiry and its recommendations is the common theme that draws together this complex and important book. It is regrettable that despite the centrality of the Inquiry to the trust between healthcare professionals and patients, the publication of its outcome caused barely a ripple in the wider public domain. I wonder whether this lack of immediacy in the general public was matched by a similar lack of concern in the healthcare professions. And it would be interesting to know how many current practitioners and trainees actually know who Kerr and Haslam are.

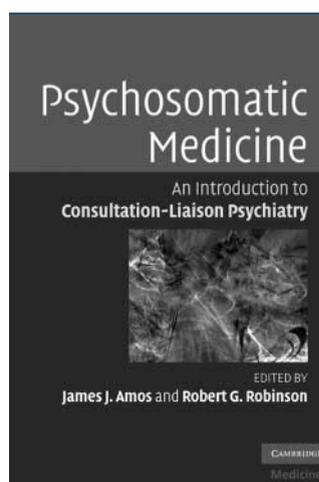
The strength of this book is that it casts its net much wider than the gross misconduct of two psychiatrists. Relating directly to the Inquiry itself, the questions raised are less about what caused these two members of our profession to behave in a criminal and deeply offensive way, but how, despite the repeated complaints of their victims over many years, the health services effectively looked the other way. The Royal College of Psychiatrists, alongside the General Medical Council and other Royal Colleges (medical, nursing and allied professions) have been responding to this and other less sensational cases by developing a host of guidance on boundaries between healthcare professionals and patients and the potential for breaching these. The upside is that the training of students in addressing the ethical boundary dilemmas faced by healthcare professionals has never been stronger. The downside is that, taking Baroness Onora O'Neill's seminal views on trust in public services into account, the resulting 'tick-box' culture perversely encourages what she terms 'gaming the system'.

This book clearly maps the territory in the complex areas of boundaries between patient and professional (all regulated healthcare professions, not just doctors). Experts are drawn in from general practice, psychotherapy, sexual therapies and nursing; obstetrics and gynaecology; as well as teachers, ethicists, medical managers and healthcare regulators.

If my reading of the facts is correct, it would seem that interventions and regulation will have only a limited impact on the (quite rare) wily predator in preventing a serious boundary violation, but should obviate the potential for further violations by that person by bringing the offence quickly (and often painfully) to the attention of managers and regulators. However, the book contains important guidance on the prevention of boundary violations that vulnerable doctors can blunder into, perhaps due to a sometimes toxic combination of overenthusiasm and naiveté. As with any multi-authored publication the styles can vary, and inevitably what is presented is a book that should be dipped into rather than read in a single sitting.

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Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry

Edited by James J. Amos & Robert G. Robinson. Cambridge University Press. 2010. £35.00 (pb). 290pp. ISBN: 9780521106658

There are reasons to believe that aspects of liaison psychiatry will grow in the near future, despite previously predicted false dawns in the UK. These include the continued focus on improved quality in clinical pathways, together with the recent announcement of a major power shift to primary care. Aspects of the liaison model, such as improved treatment of the psychological sequelae of chronic physical conditions through to better management of medically unexplained symptoms, could provide service development opportunities for traditional liaison teams as well as for more holistically oriented community psychiatric colleagues.

This book would sit well on the shelf of anyone thinking of such a move. The authors state that they wanted to create their own 'little book of psychosomatic medicine' and in this I think they succeed. It is an edited collection of 28 chapters and is laid out in a concise, easy-to-read format. Each chapter, no more than a few pages long, gives a brief summary, case examples and an extensive reference list.

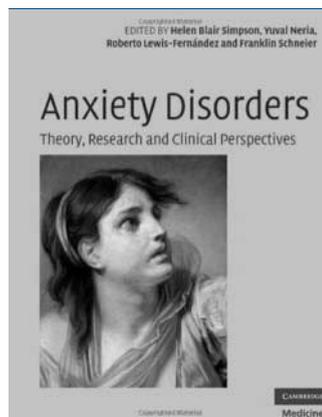
The book starts logically, extolling the virtues of good communication before skimming the surface of transference analysis of difficult interactions. It goes on to briefly focus on

some of the more traditional hospital-based liaison topics such as assessment of delirium, alcohol use and self-harm, and gives short chapter overviews of somatoform and factitious disorders. Chapters focusing on a range of other specific situations pepper the book, from pregnancy to the special consideration of children, transplant procedures and the increasingly relevant bariatric interventions. Each of these chapters is likely to prove useful as signposting to more detailed texts. The strongest section of the book gives a series of detailed summaries of the knowledge base of specific conditions such as post-stroke depression, depression and cardiac disease and the interplay between mental health and a range of other conditions, from cancer to a variety of neurological, endocrine and infective disorders.

Understandably, the book has a US focus – its cited evidence base is overwhelmingly stateside-oriented and there is a dominance of DSM diagnoses. In addition, several chapters give specific drug usage and dosage information, which obviously should not be followed without checking with local guidelines first. However, for the book's focus on psychosomatic medicine in its widest sense, it is an excellent entry-level text for students, postgraduate trainees and many other professionals.

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doi: 10.1192/bjp.bp.110.084368



Anxiety Disorders: Theory, Research and Clinical Perspectives

Edited by Helen Blair Simpson,
Yuval Neria,
Roberto Lewis-Fernández
& Franklin Schneier.
Cambridge University Press. 2010.
£60.00 (hb). 394pp.
ISBN: 9780521515573

This is a thoroughly comprehensive review of all anxiety disorders. Covering the entire lifespan, it gives an excellent account of epidemiology, aetiology, treatment and current research. By also providing a historical context to the evolving clinical and research landscape, it becomes a fascinating and useful text for any clinician, researcher or student looking to expand their knowledge. Contributors from Columbia University Department of Psychiatry and New York State Psychiatric Institute offer well-researched reviews of the literature, but also a very personal account of their own research and experience. With a heavily research-oriented approach, it is not the most accessible text for those wishing to simply familiarise themselves with this area. There is, however, a useful section on treatment in primary care.

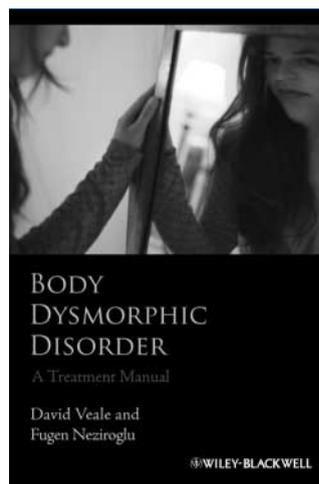
The book is broadly divided into four sections. First, an in-depth description of epidemiology is given, taking age, and geographical and cultural factors into account. The history, and future, of anxiety disorders is covered from DSM-I to DSM-5 and beyond. Psychological, biological, genetic, psychodynamic and evolutionary theories of anxiety are assigned equal prominence, and are both engaging and informative.

The two sections that follow cover aetiology and clinical descriptions of anxiety as a pathological condition. Controversies related to diagnostic validity of disorders such as social anxiety disorder are discussed. Particularly interesting sections on the usefulness and limitations of work in animal models of anxiety and their implications for clinical practice, and a detailed section on culturally bound anxiety syndromes, make this a very rich and thorough account. Discussions of important comorbidities of depression and personality disorder ensure the book is grounded in real-life clinical practice.

The final section focuses on treatment. Although not proposing to be a treatment manual, the book does provide a well-informed account of psychological and pharmacological treatments. In addition, there is a well-referenced chapter on brain stimulation techniques (electroconvulsive therapy, transcranial magnetic stimulation, deep brain stimulation and vagus nerve stimulation). The chapter on complementary treatment strategies gives the clinician an excellent grounding on which to base a well-informed discussion with patients.

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doi: 10.1192/bjp.bp.110.087445



Body Dysmorphic Disorder: A Treatment Manual

By David Veale & Fugen Neziroglu.
Wiley-Blackwell. 2010.
£39.99 (pb). 488pp.
ISBN: 9780470851210

The National Institute for Health and Clinical Excellence published guidance on the treatment of both obsessive-compulsive and body dysmorphic disorders in 2006. Despite this, it is immediately apparent to anyone treating these disorders that knowledge and adherence to these guidelines is patchy and many individuals are inadequately treated. If the situation is poor with regard to treatment of obsessive-compulsive disorder, it is even more so with body dysmorphic disorder. This book can thus be seen as a welcome addition to the literature.

The book is divided into two distinct parts. The first part is a full description of the theoretical background, including various items such as neurobiological aspects of body dysmorphic disorder, a translation of an original excerpt by Morselli (1891), and acral lick dermatitis and serotonin reuptake inhibitors in dogs. The authors cite and present an extensive number of studies. The second part is a treatment manual, taking the reader step by step through various techniques including a standard history in body dysmorphic disorder, constructing a cognitive formulation and addressing difficulties in engagement. There are detailed verbatim examples of questions that may be asked by the therapist, as well as forms, diagrams and case vignettes. Self-report

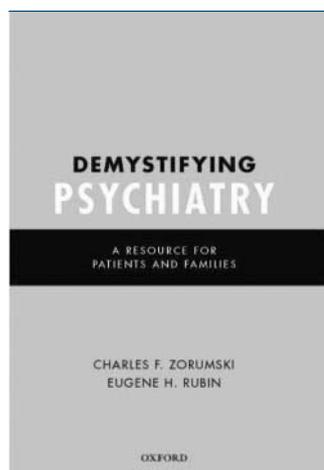
questionnaires and diagnostic interviews are provided in an appendix for practical use. Each chapter is well laid out, beginning with a summary and followed by a list of contents, which makes the text easy to use as a reference book. It is somewhat disappointing, therefore, that the final index is patchy and it is difficult to locate specific items.

There are a number of excellent features in this book, but also some shortcomings which could easily be ironed out in future editions. First, it is extremely wordy and repetitive, which is most marked in the first section. In parts it appears that sentences and paragraphs have been copied from earlier in the book. In addition, there are a number of errors and contradictions in the text. Also, the authors seem to put excessive detail into relatively small areas at the expense of others. For example, there is a chapter plus another section covering psychogenic excoriation and separate detailed sections on cosmetic phalloplasty and vaginoplasty, whereas psychopharmacological treatment is relegated to a short chapter and an extremely practical section in the treatment manual.

In summary, this is a timely publication which has many useful components and would be a helpful addition to any psychiatrist's or therapist's bookshelf. Our criticisms mainly relate to the first half of the book, which could be drastically cut and made into a more relevant reference section. Generally, however, this is a very positive addition to the bibliography which we would recommend to anyone interested in the subject.

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doi: 10.1192/bjp.bp.110.082594



Demystifying Psychiatry: A Resource for Patients and Families

By Charles F. Zorumski
& Eugene H. Rubin.
Oxford University Press USA. 2009.
£19.99 (hb). 240pp.
ISBN: 9780195386400

Demystifying Psychiatry is an impressively fluent compilation, cleverly converting the specialist knowledge of two American professors into a succinct overview of the many dimensions of psychiatry. Zorumski and Rubin have successfully deployed a writing style that details both clinical and scientific concepts in a surprisingly accessible manner. They have endeavoured to strive away from producing yet another mundane patient resource and to embrace the realm of the 'expert-patient'; relevant, to the point and, most importantly, not patronising or overwhelming. *Demystifying Psychiatry* will not disappoint.

The chapters are titled as questions orienting the reader from the outset. The arrangement of content is such that psychiatric disorders (common conditions, warning signs) and the role of

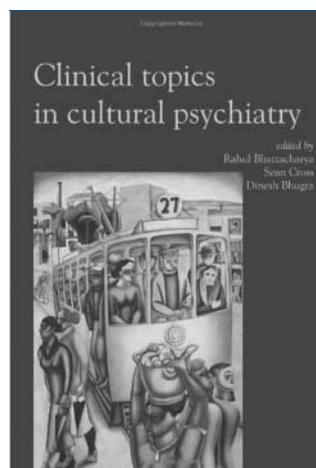
psychiatrists (psychiatric training, patient assessment) are tackled at the start. The remainder of the book deals with the theories underlying psychiatric disorders (biological mechanisms) and principles of treatment (medications, psychotherapies, brain stimulation, psychosurgery). The final sections focus on issues such as patient and family involvement in treatment, and advise patients how to approach the American consumer-oriented medical market. The book finishes with a reflection of psychiatry as a historical, yet dynamic, field with an exciting future.

The preconceptions that form the mist in psychiatry are objectively challenged; electroconvulsive therapy is regarded scientifically, a contrast to its often false portrayal in film. Delirium is explained as 'something like the brain crashing' and the benefits of psychotherapy as being 'magical'. Scientific jargon is minimal and all information is fully explained in a fluid narrative. The case examples are particularly useful; through 'Larry' who misuses substances and 'Mark' who hallucinates the reader can appreciate the reality of psychiatric disorders, and indeed draw on personal experience.

Despite being aimed at 'patients and their families', medical student, trainee psychiatrist and even long-practising consultant will find *Demystifying Psychiatry* a satisfying read. It definitely 'demystifies' the prejudice that up-to-date psychiatric science is only available in an unapproachable textbook.

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Clinical Topics in Cultural Psychiatry

Edited by Rahul Bhattacharya,
Sean Cross & Dinesh Bhugra.
RCPsych Publications. 2010.
£30.00 (pb). 454pp.
ISBN: 9781904671824

This well written, multi-authored book delivers everything that its title promises, and much more! It includes chapters previously published as articles in *Advances in Psychiatric Treatment*, updated with recent references, and some new chapters as well. The authors and editors are acknowledged experts in the field of cultural psychiatry, who have all contributed significantly to the understanding of this important area.

The book is divided into three sections – 'Theoretical and general issues', 'Specific mental health conditions across cultures' and 'Management issues in the cultural context'. Clinically relevant, important work in cultural psychiatry is covered in a very readable and understandable format. Several authors make reference to the same papers and it is interesting to see how they approach the same subject from differing angles.

The chapter on the mental health of refugees and asylum seekers is especially helpful as clear definitions highlight the

implications for access to resources and treatment. Despite media hype, only 20% of the world's refugees are being hosted by high-income countries. Worryingly, 44% of refugees and asylum seekers are below the age of 18. The implications for psychiatrists include ensuring that the sensitivity of personal information is not compromised, establishing trust with people whose basic value systems have been destroyed, and promoting engagement with other agencies. Individualising care packages and taking language and culture into consideration are also necessary. Sadly, arrival in another country does not necessarily give refugees peace of mind. Satisfying basic human needs such as food, shelter and money through employment continue to promote well-being.

The chapter on schizophrenia in African–Caribbean people is especially commended, not least because it incorporates information from the most recent sources. The consistently higher-than-expected rate of schizophrenia in people of African–Caribbean descent is acknowledged. Various hypotheses to explain this discrepancy are reviewed, including biological and social factors, and an attempt is made to look at the role of institutional racism, even though some professionals find this terminology unfashionable. The proposition that living in proximity to others from the same culture is protective against serious mental illness is also helpful.

The call for training in cultural diversity to be made available for all healthcare professionals, including psychiatrists, is loud and clear. Unless there is clarity about what constitutes cultural diversity, training will not be effective and runs the risk of merely becoming a tick-box exercise. Having a culturally competent workforce must remain the top priority of all trusts' chief executives, particularly at a time when health ministers and governments are worryingly tiptoeing away from established and accepted approaches regarding multiculturalism. The discussion about lip service, political correctness and cultural sensibility is sensitively explored, with clear suggestions about how clinicians can establish reflective practices.

This book is highly recommended to all professionals working with refugees, asylum seekers and people from Black and minority ethnic backgrounds. It will also be of considerable value to anyone interested in how to incorporate cultural psychiatry issues into clinical practice.

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Body Dysmorphic Disorder: A Treatment Manual

Devika Khanna and Lynne M. Drummond

BJP 2011, 199:80-81.

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