

the treatment of personality disorders the authors have compiled a very accessible manual. However, one of the weaknesses of this book is that the treatments offered are derived from Joseph's clinical case load rather than from empirical research. While it could be argued that empiricism has been sacrificed to pragmatism, it is hardly surprising in view of the generally nihilistic approach to the management of personality disorders in everyday practice. Indeed, research on the pharmacological treatment of personality disorders is negligible and this book could potentially prompt further efforts in this field.

Each chapter begins with the DSM-IV criteria for that particular personality disorder, although the author correctly acknowledges the overlap between the categories. This is followed by a general discussion of the category under consideration and a multi-axial diagnosis being offered. The author does not hide behind his clinical prowess and identifies those patients who either desist or are treatment failures. Nevertheless, European readers will be concerned at the author's extensive use of cocktails to treat these disorders. On close scrutiny it is apparent that he is using a symptom-focused approach and targeting each symptom with a pharmacological agent. This is likely to make the reader feel uncomfortable and is reminiscent of the pre-Sydenham days of medicine when symptoms were synonymous with disease. Thus, one patient (p. 105) with an axis 11 diagnosis of borderline personality disorder and an axis 1 diagnosis of schizoaffective disorder (depressed), obsessive-compulsive disorder and possibly multiple personality disorder was treated with clomipramine, chlorpromazine, risperidone, benzotropine, temazepam and trazodone concurrently, as well as weekly psychotherapy. This pattern repeats itself throughout the text. Joseph is at pains to draw attention to the importance of psychotherapy and defends his use of multiple agents to assist in facilitating this process.

The second section describes the advantages and disadvantages of the newer antidepressants and antipsychotic drugs and provides a useful reference for those considering these agents. The bibliography is scanty, as is to be expected in a text dealing with pharmacological management of personality disorders. A pre-publication review printed on the first page can at best be considered naive in stating "This book promises that the most intractable of

psychiatric disorders can be treated with excellent outcome at reasonable cost". A more realistic appraisal is that this book will make an important contribution in prompting investigation of the treatment of personality disorders, an area which to date has been assiduously avoided and overshadowed by therapeutic despair. For this reason it is worthy of our consideration.

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### **Multi-axial Classification of Child and Adolescent Psychiatric Disorders: The ICD-10 Classification of Mental and Behavioural Disorders in Children and Adolescents**

By the World Health Organization.  
Cambridge: Cambridge University Press.  
1996. 302 pp. £40.00 (pb).  
ISBN 0-521-58133-8

It is now over 20 years since a multi-axial classification system including five separate axes was recommended for use in child and adolescent psychiatry. This is an updated and expanded version, making use of the ICD-10 system of classification and adding a sixth axis, the 'Global Assessment of Psychosocial Disability' which is very similar to Shaffer *et al's* (1983) Children's Global Assessment Scale. Axes three (intellectual level) and four (associated medical conditions) have not changed substantially from the earlier version, but the other three axes have.

Axis one (clinical psychiatric syndromes) in this publication sets out the different syndromes in an order likely to be most useful to professionals in child and adolescent mental health, starting with pervasive development disorders (F84) and behavioural and emotional disorders with onset usually occurring in childhood or adolescence (F90-98), followed by all the other psychiatric syndromes, the amount of descriptive detail varying according to the likelihood of onset in early life. A recommended principle is to apply the diagnostic category which best fits the symptomatology, irrespective of age (for example, obsessive-compulsive disorder, F42). The detail given here is to provide diagnostic guidelines; it is made clear that research workers should refer to the more specific

Diagnostic Criteria for Research in an alternative ICD-10 publication (World Health Organization, 1993).

Axis two (specific disorders of psychological development) includes more categories and provides more descriptive detail than the earlier handbook, but even more developed is axis five (associated psychosocial situations) with nine different subtypes of potentially stressful environmental situations. These include: abnormal intra-familial relationships, mental disorder, deviance or handicap in the primary support group, anomalous parenting situations, etc. There is no limit to the number of such situations which may be coded in a particular case, and it is emphasised that codings may be made regardless of whether they are thought to have caused the psychiatric disorder (this being an uncertain and debated area).

Diagnostic formulation using a multi-axial framework has long been the mainstay of child and adolescent mental health, both as the basis for treatment/management strategies and in furtherance of understanding of how problems arise. This book is likely to prove invaluable, in assisting this process and can be recommended for departmental and personal libraries. Obviously a reference book, it is laid out in a clear, systematic and easily accessible way.

**Shaffer D., Gould, M. F., Brasic, J., et al (1983)** A children's Global Assessment Scale (C-GAS). *Archives of General Psychiatry*, **40**, 1228-1231.

**World Health Organization (1993)** *The ICD-10 Classification of Mental and Behavioural Disorders. Diagnostic Criteria for Research*. Geneva: WHO.

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### **The Dialectics of Schizophrenia**

By Philip Thomas. London: Free Association Books. 1997. 269 pp. £15.95 (pb).  
ISBN 1-85343-361-6

This is a curious book. Thomas is desperate to be fair, and takes up one-third of the book setting out a "thesis", an excellent Membership-level summary of mainstream views on schizophrenia. This is a preface to his "antithesis", that we must rethink what we mean by schizophrenia and how we treat those we so diagnose.

Some of this is successful, but by no means new, challenging Kraepelin's concept of schizophrenia as a disease and exposing the thoughtless way in which we often use antipsychotic drugs. But other chapters are muddled. Regarding social issues, he first acknowledges links between schizophrenia and deprivation but cannot explain them. He then finds himself attacking the Thatcher years and the establishment of an apparently permanent underclass, and finally he attacks Goodwin for his "arrogance" in daring to publish a discussion document on neuroscience. His chapter on philosophy is worthy, but hardly novel, spelling out the shortcomings of materialism, reductionism and determinism, proposing a new inter-subjective phenomenology as an alternative.

In the "synthesis", Thomas singles-out auditory hallucinations for thorough re-examination, as if these were the only, or most important, symptom of schizophrenia. Similarly, he emphasises class and cultural differences between doctors and their patients as the main barrier to an appropriate dialectic. Finally, his conclusion is a spiritual call to arms, to acknowledge "the other within us" as the means whereby we will understand, and so help, our patients.

Some of us came into psychiatry in part to avoid being real doctors and will already be very familiar with all of the themes in this book. I am perhaps also spoilt by the calibre of colleagues I work with, in particular trainees who are open to the ideas to be found in this book. Others may not be so lucky and will welcome a challenge to their current thinking, and a means to help broaden the outlook of junior colleagues. This book can therefore be seen either as laudable, but ultimately disappointing, or as a modestly priced, radical but readable, critique of current theory and practice.

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### **An Introduction to Object Relations**

By Lavinia Gomez. London: Free Association Books. 1997. 245 pp. £15.95 (pb). ISBN 1-85343-347-0

The purpose of this book is to introduce the world of object relations to students of

psychotherapy and counselling. It opens with a summary of Freudian theory and charts the historical development of object relations through the varying perspectives of its major founding contributors. The latter part of the book explores the uses, limitations and underlying assumptions of object relations theory.

Object relations theory places relationship at the heart of what it is to be human. The concept of an object is not easily imbued with human qualities. Likewise, the notions of "I, it and overit" used by Freud in his original German writings have been translated using the pseudo-scientific Latin terminology of ego, id and superego. I wonder what might be gained (or lost) if we were to use the word 'human' instead of the more impersonal 'object' when talking of relations theory.

Throughout this book the author makes exciting links between the biographies of individuals and the theories they espouse. The individual is seen as an important context for the theory. The chapters on Freud, Klein, Fairbairn, Winnicott, Balint, Guntrip and Bowlby are thought-provoking. There is a sense of freshness in the writing that brings life to some arid and difficult theoretical concepts. The author's clearly stated views on the value of the different contributions do not hinder the reader making his or her own assessment.

In the last three chapters the author more clearly states some of her own views about the specifics of psychotherapy practice and the more general place of object relations theory within society. This book is enjoyable, stimulating and informative. I would recommend it to students of psychotherapy and counselling, and also to psychiatrists in training or in continuing professional development.

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### **Attachment, Intimacy, Autonomy – Using Attachment Theory in Adult Psychotherapy**

By Jeremy Holmes. London: Eurospan Group. 1996. 240 pp. £23.95 (pb). ISBN 1-56821-872-9

This is an altogether more personal exposition of attachment theory than that pro-

vided by Holmes' previous general introduction, *John Bowlby and Attachment Theory*. He nevertheless includes useful introductory elements as he illuminates the genesis of Bowlby's ideas, compares and contrasts these with classical psychoanalytic and Kleinian thinking, finds affinity and supplementation with the work of Winnicott, Fairbairn and Sutherland, and concisely scans some pertinent research. This is well supported by clinical vignettes, one of which is particularly memorable for its intimate and revealing description of Holmes' struggle with feelings of failure following a patient's suicide.

Holmes is at his most compelling when contemplating the key emergent theme: the need to overcome splitting mechanisms, whether between psychiatry and psychotherapy, within the fragmented field of psychoanalytic thought, or between the state and its people. He rests this pluralistic message upon his innovation of the concept of non-attachment. This openness to self as well as the other, eschewing insecure clinging attachment and detached splitting, is the moral development Holmes would have us aspire to. Holmes is an exemplar of this with his attachment to Bowlby, which allows criticism, for instance, over Bowlby's relatively impoverished account of the internal world.

Holmes' treatment of narrative within psychotherapy provides opportunity to evaluate whether non-attachment can transcend splitting. On the one hand, he adopts the subjectivist view, and sees psychotherapy as an opportunity to create more relevant and subtle narratives for life-stories. On the other hand, he wishes to avoid the objectivist criticism that such 're-storying' suggests that anything goes and one story is as good as another. He finds the bridge between subjective and objective in the theory that social experience is etched into the structural biology of the brain. He also seeks to promulgate the view that the 'grand-narratives', including science, should be understood in relativistic terms as languages, as well as supporting empirical research as being crucial to practice. It is not clear how the 'hardwiring', of experience can leave therapeutic space for 're-storying' or how hermeneutics and natural science are reconciled. That these resolve is more a matter of faith than argument.

This deserves wide readership.

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