

Book reviews

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Paths to Successful Development: Personality in the Life Course. Edited by L. Pulkkinen and A. Caspi. (Pp. 422; £50.00 hb, £18.95 pb.) Cambridge University Press: Cambridge, 2002.

This book reports on a number of different approaches to studying personality across the life course in relation to successful and adaptive outcomes. The merits of the volume lie in the range of approaches covered, the different longitudinal studies encompassed from Europe, US and New Zealand (although disappointingly few from the UK), the strong emphasis placed on social factors but also encapsulating psychological, physiological and historical change. In an era where personality investigation has become a 'gene hunt' (Caspi, p. 281) it is refreshing to see openly social explanations for human behaviour and development.

The more biological/constitutional approaches to temperament and development in the growth and lifestage models typically representing early life gradually become overtaken by more sociological lifecourse models as the research focuses on social roles and the long-term impacts of earlier individual agency. It is pleasing to see investigation of cohorts as they arrive at midlife, bucking the current trend for only investigating the highly prioritized stages of childhood or old-age. Given that mid-lifers are mainly responsible for care and economic sustenance for individuals at either end of the age spectrum, their health, well-being and resilience is crucial to a functioning society and well-deserving of continued investigation.

Three issues appear key to many of the investigations described: the issue of agency; the importance of social relationships and the issue of pathways. Agency is tackled from a number of perspectives such as challenge (Ryff and colleagues), control theory (Heckhausen) and personal goals (Pulkkinen and colleagues). Each of these picks up aspects of subjective response to

the environment that have previously featured in short-term studies of psychopathology, but which take on a new impetus in the longer trajectory of life course development and resilience. These are useful constructs in tackling person–environment interactions on both discrete bits of behaviour and also over longer life course trajectories. The importance of social relationships is represented by attachment theory (Grossman and colleagues), social production theory (Ormel) and assortative processes in friendships (Rose). These provide alternative ways of examining processes in acquiring supportive relationships and successful social roles. The issue of pathways to resilience or positive development are tackled in terms of different sequencing of positive and negative circumstances through different lifestages.

Issues of methodology and the utility of non-linear dynamic systems (NOLIDS) are approached by Bergman, who makes a convincing argument for the inadequacies of existing statistical approaches to the requirements of 'holistic interactionism'. Combining whole person approaches, multiple interactions of variables and attending to time and change are argued as critical to the life-course approach and require new and more varied statistical approaches. He argues the case well, but has little room within the chapter for further explaining the practicalities and applicability of such statistical methods to different study approaches. Bergman additionally states that continuous processes required for life-course investigation cannot be understood using snapshot measurement collected at a few points in time. However, this point is not developed further within the volume. Although a variety of measurement approaches occur in the sections, there is no discussion of measurement tailored to lifespan research. For example there is little use of interview methods, of qualitative assessments or 'investigator-based' approaches which are so successful at quantifying narratives of experience and placing these in both social context and time sequence. Although the use of longitudinal data

is a central tenet of the life-course approach, there is little innovative use of mixed prospective and retrospective methods to capture more extensive periods of the lifespan.

Life-course studies tend to polarize between those which look at the fine-grained linkages between life-stages and those which take a broader view of experiences, roles and adversities within such stages. However, in this volume the findings that seemed to stand out belong to the former approach. For instance, Caspi's chapter on adolescence finds educational factors have little influence on the link between conduct disorder and unemployment in young males and that early puberty and norm violations in adolescent girls only occurs in mixed sex schools where timing of puberty is much less important for illegal delinquency. These findings have important policy implications. Another finding concerns the importance of differentiating type of disorder in examining the causal role of socio-economical status – the patterning is very different if anxiety, depression or conduct disorder are examined. This provides a warning that precision and care is required in defining variables in such investigation despite the large scope of many of the research endeavours.

The successful outcomes encapsulated in the volume are extremely broad and varied. They range from absence of psychopathology, to a range of positive attributes such as self-acceptance, purpose in life, environmental mastery, personal growth and positive relations. Although these are all interesting outcomes in their own right there is a lack of a common theoretical or classification framework to indicate priorities in assessing successful outcomes and their definitions. There is almost a need for a mirror of the DSM disorder classification to systematise assessment of positive health outcomes in a meaningful way.

The book is worthwhile for both highlighting a range of studies, including many European ones, in lifecourse research and for a few outstanding chapters which bring the whole area to life. As stated in the introduction, research on personality requires a 'good road map on which the effects of early characteristics can be charted and studied' (Pulkinnen & Caspi, p. 12). The volume succeeds in adding to such a mapping procedure.

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The Newborn Brain: Neuroscience and Clinical Applications. Edited by H. Lagercrantz, M. Hanson, P. Evrard and C. Rod. (Pp. 538; £95.00.) Cambridge University Press: Cambridge. 2002.

The human brain is a rather complex organ, to say the least, and studying its development adds to the intricacy. Thus, an attempt to cover this subject in some 538 pages is, minimally, ambitious and daring. Of crucial importance is the selection of research areas to cover, to what extent these should be covered, and whether discarded domains impair the usefulness and quality of the book. In the case of multidisciplinary contributions targeted at a varied audience, care must be taken to make materials accessible to most. This is the audacious task set forth by Lagercrantz and his fellow editors, and I review here the book they have produced.

The Newborn Brain is a collection of 22 chapters, contributed by diverse and respected researchers from areas such as anatomy, biology, genetics, medicine, neuroscience and physiology. Although the various perspectives offered by the contributors provide for a wide coverage of the developing brain, an immediate drawback is that the book resembles more proceedings of an international conference than a collaborative effort to tackle thematic issues. Whereas there is a progression in the chapters from molecular mechanisms to more general clinical aspects of the infant brain, the editors did not explicitly group contributions into subsections (although I will for this review) and provide authors with a set of central themes to address. Such an approach would have given the book more structure, and would have allowed for more coherence, if only within sections.

The first chapter, by way of an introduction, is a stimulating contribution by Jean-Pierre Changeux where he charts the motivations for, and problems with, attempting to combine genetic, molecular, neural and behavioural accounts into a coherent whole. Although heavy on the speculative (but explicitly aware of it), and with debatable assumptions (such as the level and extent of innate constraints on behaviour), this chapter provides a potentially useful framework for the book with respect to discussing

brain development. Sadly, with a few exceptions (e.g. chapters from Bourgeois and from Hadders-Algra and Forsberg), the remaining chapters do not address these initial considerations.

The next seven chapters (chapters 2–8) cover molecular and neural aspects of the developing brain. This section of the book provides a rich coverage of various biological mechanisms involved in building a brain, including the formation of the neural tube, neuronogenesis, cell migration, synaptogenesis, neurotransmitters and functional aspects of glial cells. These chapters are generally quite technical, with some requiring specialist knowledge (e.g. Caviness and colleagues, Ringstedt). A wealth of information supersedes these difficulties, however, and some of the chapters make highly-specialized issues palatable to a general readership (e.g. Bourgeois, as well as Lagercrantz and Herlenius).

The following section comprises four chapters (chapters 9–12) that address mainly the development of specific brain functions (i.e. the somatosensory, visual, and auditory systems, as well as cerebrovascular regulation). I found this section of the book most enjoyable, in that chapters are well written, with technical information well presented and made accessible to a broad audience. The contribution by Pearce on cerebrovascular regulation should prove especially relevant for clinical/medical readers.

Chapters 13 to 17 constitute a section covering various brain visualization/monitoring approaches, including ultrasonography, MRI, CT scans, magnetic resonance spectroscopy (MRS), near infrared spectroscopy (NIRS) and EEG. Most of these are highly technical, although some make substantial efforts at making the material accessible (e.g. Wyatt). This section provides a comprehensive introduction to various imaging approaches, although the two chapters on EEGs are somewhat redundant.

The final five chapters (chapters 18–22) cover various pathologies and their neural underpinnings, and will prove most relevant to clinical/medical readers. Generally, these are very good chapters that go at length to integrate brain and behaviour, and as such will be most interesting for readers concerned with the role of brain mechanisms in behavioural expression, whether for theoretical or applied purposes.

Overall, the book provides a broad coverage of various phenomena and methods that will appeal to the readership of *Psychological Medicine*. Of course, as with any such projects, there are areas where many readers will be left wanting. For instance, pathologies such as trisomy 21 would provide excellent material to discuss high-level behavioural perturbations arising from genetic anomalies, yet it is not covered. In general, the main limitation of the book is its lack of direction, whereby contributions are disjointed. In that case, the book is more reference material than a coherent story. It thus would have been worthwhile to pay more attention to the index in order to enhance the usefulness of the volume. As it stands, the index is not comprehensive and makes useful information difficult to track.

Because of the quality and breath of materials, it remains that this book will prove relevant and useful to the broad readership of this journal. Readers may wish a copy for their own bookshelf, but they should at least request that one is stored by their institution's library.

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Measuring Psychopathology. By A. Farmer, P. McGuffin and J. Williams. (Pp. 230; £24.50.) Oxford University Press: Oxford. 2002.

This is a very useful little book that should be in departmental libraries. In a brief and readable style it gives an overall contemporary account of interviewing schedules and ratings scales, and many of the problems of psychiatric classification and diagnosis. The extensive bibliography enables the reader to follow-up topics of choice in more detail. Any health care worker who wants to know something about the main tools of contemporary research into mental health problems should find the book useful. The book's main strength is in Chapters 5–9, which contain descriptions of most of the main interviewing and rating instruments that have been and are in use for describing and quantifying psychiatric signs and symptoms and other aspects of behaviour. Special chapters deal with children, adolescents and the elderly, plus some recently developed interviews for use in family and genetic studies.

The instruments chosen are described but not criticized. In a way this is a pity, but it is also understandable, since to comment on the pros and cons for each instrument would have meant a much longer book.

The senior author contributed to the development of both SCAN and CIDI and is an experienced teacher of both instruments, so it is not surprising that the book is generally of a high standard. (I always use the word 'instrument' in this context with a slight feeling of unease. As far as I know, the late Michael Shepherd was the first person in the UK to apply this term to psychiatric interviewing and rating scales, in 1965. When I politely suggested to him that perhaps its use in this way was somewhat optimistic, his comment was that he thought it justified as a morale-booster for psychiatric researchers, so long as its use is always accompanied by feelings of modesty, if not humility. The same applies to 'measurement'.)

Criticisms are few and minor. Although the coverage of rating scales is not claimed to be comprehensive, it is surprising that no mention is made of rating scales for obsessional symptoms. There are a few historical errors in the descriptions of the US–UK Diagnostic Study, which is more than once mistakenly called the US–UK 'Series'. A series of studies was certainly carried out, but the word was never used in the title of the project. The project was based in the USA at the Biometrics Department of the New York Psychiatric Institute, not in Washington (which was the Field Centre in the USA for the International Pilot Study of Schizophrenia).

Of more importance is the nature of the project diagnosis, which was compared with the local hospital diagnosis for each patient studied. It is not correct to say that the project staff used 'a computerised scoring system to produce a project diagnosis'. The main tables in all the published papers used a consensus clinical diagnosis agreed between at least two of the project psychiatrists, on the basis of the findings of the PSE-8 and history interviews and without any help from a computer program. At that time the CATEGO program for the PSE had not been written. Spitzer's DIAGNO computer program was used later as one of a number of ways of checking the consistency of diagnostic habits of the project psychiatrists, but the output of DIAGNO was not suitable for the main

diagnostic presentations of the findings. This point is worth making, because even with the more sophisticated programs and classifications now available, it is still unwise to rely completely on a computer print-out for diagnoses. The best overall clinical diagnosis is still likely to be that made by at least two persons thinking about it, aided by a computer program but not slavishly following it.

The way the International Pilot Study of Schizophrenia (IPSS) coordinated by the World Health Organization is described in Chapter 3 could be taken to imply that it was organized as a result of the findings of the US–UK Diagnostic Project. In fact the IPSS had been planned independently by Dr Tsung-yi Lin, and preliminary field work started about a year after the US–UK study had begun. The two studies overlapped in both time and methods used, in that the staff of the US–UK Diagnostic Project also helped to train the Chief Collaborating Investigators of the nine field centres of the IPSS in the use of the PSE. In addition, Dr Norman Sartorius worked on both studies at different times. More details of the administrative and personal background of both the IPSS and its direct successor, the study on Determinants of Severe Mental Disorder (DOSMED) can be found elsewhere (Girolamo *et al.* 1999). These two studies showed that the measurement of psychopathology is possible in a variety of languages and cultures, and perhaps deserve more space in a book dedicated to this theme.

There is an error in the layout of page 14, Chapter 1, which will puzzle the more diligent reader. In the first five lines of an indented paragraph, the authors quote the definition of mental disorder given in the Introduction to ICD-10. The next eight lines of the same indented paragraph are the authors' comments on this definition, but because of the shared indentation appear at first sight to be a continuation of the definition.

In summary, these small errors and deficiencies do not detract significantly from the overall usefulness of this book.

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Women's Mental Health: A Comprehensive Textbook. Edited by S. G. Kornstein and A. H. Clayton. (Pp. 638.) Guilford Press: New York. 2002.

Women's Mental Health: A Comprehensive Textbook, is appropriately named. I have a summary recommendation: put this book on your shelf of easily accessible reference texts *after* you read it cover to cover.

This timely book follows the publication of the Institute of Medicine (IOM) reports: *Gender Susceptibility to Environmental Exposures: A Priority Assessment* (National Academy Press, 1998), and *Exploring the Biological Contributions to Human Health: Does Sex Matter?* (National Academy Press, 2001). From the latter reference: 'One of the most compelling reasons for looking at what is known about the biology of sex differences is that there are striking differences in human disease that are not explained at this time. Being male or female is an important basic human variable that affects health and illness throughout the life span'. Editors Kornstein and Clayton (and their contributors) have done a remarkable job identifying and summarizing the available literature about women's mental health. We are fortunate to be poised to meet the challenge for gender-focused research and clinical treatment recommended in the IOM reports from the platform of this fine book.

The editors have thoughtfully divided the work into four sections: women's psychobiology and reproductive life cycle; assessment and treatment of psychiatric disorders in women; psychiatric consultation in women; sociocultural issues for women; and research and health policy issues. Clearly, the energetic editors have selected their contributors wisely. All chapters are good, and the majority are superb.

How does the clinician or researcher incorporate gender-specific factors into clinical care for women, who comprise the majority of our patients? This work is an excellent guide. The chapters are readable and often embellished with interesting clinical examples and useful summary tables. For example, Chapter 3 (Psychiatric Aspects of Hormonal Contraception) is a wonderful piece with clinical relevance across

medical disciplines. Dr Kornsteins' chapter (8) on depression is a balanced view of the many factors that contribute to the risk for depression occurrence in women. Chapter 9 (Bipolar disorder) is comprehensive and clinically relevant. Chapter 10 (Schizophrenia) has generally been neglected in similar works on women's mental health. Gender differences in the natural history, functionality, and treatment response provide an unique opportunity to understand factors that influence the onset and course of this disorder. Another important component of this chapter is fertility and sexuality in women with schizophrenia.

Chapter 26, HIV/AIDS, provides a useful guide to the assessment of psychiatric symptomatology in patients with this disorder, which clearly also affects the function of the brain and makes differential diagnosis a challenge. Advice on medication management in the context of the polypharmacy associated with this illness is particularly helpful. This is a 'must-read' chapter.

The chapter on lesbian women (33) provides a review of an often-neglected area, particularly from a research standpoint. Chapter 34 focuses on women of colour. A table is provided of questions that we are to ask ourselves to heighten awareness of cultural bias. For example, 'what in this person's appearance or behavior makes me assume that what I am seeing is psychopathology? Is there another explanation besides psychopathology?' What am I assuming about the patient's social class or group? (p. 578) Let us use these checks for cultural bias routinely.

This text was difficult to put down. I had to push myself to consider what might be missing from such an excellent work. Two points came to mind after hours of pondering. The Complementary and Alternative Medicine coverage (chapter 19) is interesting, but a more well-developed section specifically on therapies for women's health issues (examples are herbal remedies for symptoms during menopause, moxybustion) would have improved the work. Secondly, little attention is paid to obesity (pp. 440–441), which is a major public health problem in women across the life cycle. Bariatric surgery is performed much more commonly in women compared with men. A dedicated chapter on obesity in women would be appropriate.

I sincerely hope the editors take my last two comments as encouragement to include them in the next edition, which I will certainly purchase!

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Assertive Outreach in Mental Health: A Manual for Practitioners. By T. Burns and M. Firn. (Pp. 345; £24.50.) Oxford University Press: Oxford. 2002.

In the preface to this book the authors pre-empt some of the criticisms they feel may be made by potential reviewers. I read these with interest, on the look-out for inspiration for this review! They state that readers may be troubled because the authors have decided to state their opinions on contentious matters. This approach did not upset me. Indeed, the strength of the book lies in its open and honest discussion of the problems that are faced by mental health professionals working in community settings. The authors set out to reflect issues that concern multidisciplinary teams on a day-to-day basis, and this is exactly what they have succeeded in doing. The book that is filled with interesting observations and sound advice.

It is my impression that most people, whether trainee psychiatrists, nurses or other health care professionals, quickly become familiar with the principles that underlie most of the treatments that are on offer to people with severe mental illness. Once this is achieved it is the process through which relationships between workers and patients are made and sustained that count. In chapters such as those on 'compulsion and freedom' and 'engagement' the authors emphasize the importance of process factors when delivering mental health services. These issues are usefully illustrated by detailed case studies that help illuminate the complexities of the processes being discussed. While I sometimes found myself wondering if I would have managed some of these cases the same way, the authors highlight the important issues that need to be taken into consideration when managing difficult situations and are honest enough to reflect on practice when things don't work out as they planned.

Throughout the book the authors take a consistently pragmatic approach. For instance, in a chapter on physical health care for people with severe mental illness they discuss problems that can result if patients begin to receive primary care for physical health problems from doctors within assertive outreach teams. They argue against a dogmatic refusal to help but highlight the limited expertise that often exists for treating medical problems within teams and suggest that every effort is made to help patients get proper care from their GP. Honesty is also a consistent feature throughout the book. The authors begin a chapter on 'cultural sensitivity' by stating that they approached writing the chapter with a sense of foreboding. The subsequent discussion of the potential problems and benefits of matching clients and workers and reflections on 'political correctness' are thought provoking and illustrate why this topic remains controversial. They are equally frank when discussing the challenges of working with clients with personality problems; the need to avoid withholding help where this is available balanced by the warning that teams should avoid overstating what they can do. An equally sensible approach is taken when discussing a range of other important issues including substance misuse problems, work with families and carers, and efforts to support work and other activities for patients.

While this book provides much help in addressing many important questions, I was disappointed that it did not have more to say about a subject that is central to this topic: what is assertive outreach? Guidelines for the development of mental health services in Britain seem to equate assertive outreach with Assertive Community Treatment (Department of Health, 1999). Others have suggested the term is being used politically in order to rebrand much criticized 'community care' (Marshall & Creed, 2000). While a whole chapter details the 'ingredients' of assertive outreach nearly all of these, such as; providing a comprehensive service, continuity of care and a flexible service, are sound principles for providing any service to people with severe mental illness. The net result is that a good book on assertive outreach proves to be a good book for anyone working with people with severe mental illness in community settings.

MIKE CRAWFORD

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The Science of the Placebo: Toward an Interdisciplinary Research Agenda. Edited by H. A. Guess, A. Kleinman, J. W. Kusek and L. W. Eng. (Pp. 332; £15.95.) British Medical Journal: London. 2002.

The editors should be commended not only for organizing an excellent NIH conference in 2000 on placebo, but also for putting together this book as a compilation of the conference. Without hesitation, I recommend this book for all those interested in clinical trial methodology, and in particular for pharmaceutical industry physicians and staff who sponsor a majority of contemporary clinical trials. Furthermore, it is a must for those in medical ethics, especially those who participate in Ethics Committees (Institutional Review Boards in North America) activities.

This does not imply that the book has little to offer to clinicians in their daily practice. In fact, it does. Although the book is titled *The Science of Placebo*, it elegantly describes ‘the art of placebo’ that is widely used by clinicians. Few examples of clinical experience/research gems are as follows; the positive effects of having windows that show the outside world compared to blank walls during surgical recovery, an orphan’s stunted growth compared to a non-orphan’s normal growth, how many postpone death till important events/achievements occur, and to the unimaginable power of kind and sincere medical explanations. Lastly, the power of colour, shape and number of pills may have an effect on clinical outcome.

So, some of the facts from this book will keep both the researcher and clinician humble. The following statement (p. 115) says it all ‘The capacity to elicit the placebo response is likely inherent in us all’. A concept inconceivable few years ago is taking shape. The NIH is soliciting

research in studying placebo effects in research and clinical practice.

However, such a position has not come about by chance. Although the randomized, double-blind, placebo controlled clinical trial method has become gold standard for new therapies in the past 50 years, clouds of criticism for placebo use have also been gathering. These clouds were crystallized by an influential editorial by Rothman & Michels (authors of a chapter in this book) in *New England Journal of Medicine* in 1994 titled – ‘The continued unethical use of placebo controls’. Given voice, the movement to ban placebo has taken on unexpected forms.

The World Medical Association in an October 2000 meeting, after bitter debate on placebo’s effect, revised the Declaration of Helsinki to curtail placebo use. Brazilian Government is about to ban use of all placebo use. Both in Europe and North America, ethics committees with regularity turn down placebo controlled psychopharmacology clinical trials.

However, the US Food and Drug Administration (FDA) and to a lesser extent the European Agency for the Evaluation of Medicinal Products (EMA) continue to require use of placebo controlled trials prior to approving most psychotropics agents. As expected, this controversy fills many pages of the book. Placebo use advocates seem to wear the ‘science’ suit whereas placebo use detractors wear the ‘ethics’ suit!

It is interesting that placebo use detractors seem to criticize the practice of medicine. Simply put, they assume that physicians are deliberately deceiving their patients when they have all the answers. In other words, they do not see medicine as a search for answers termed ‘medical practice’ but rather see it as ‘medicine perfect’. A cautionary note is warranted in this regard.

Growing up in India, completing my undergraduate medical training there, and later working in two other continents, I have deep and intimate knowledge of ‘medicine perfect’ models. They are called *Ayurveda* in India, some forms of it are called shamanism or faith healing in other parts of the world and in the US it is called snake oil selling. Placebo use inhibits and prohibits such fraud, ignorance, self-deception, prejudice and incompetence. So, much caution

is warranted before placebo is thrown out, although practically speaking it cannot be done in medical practice.

ARIF KHAN

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- The High Price of Materialism*. By T. Kasser. (Pp. 149; £16.50.) MIT Press: London. 2002.
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