

## Book reviews

*Il Dire e il Fare. Governo regionale ed evoluzione dei servizi psichiatrici in Emilia-Romagna.* Edited by A. Fioritti and L. L. Lo Russo. (Pp. 341.) Ufficio di Psichiatria – Regione Emilia-Romagna: Bologna. 1994.

*Integrated Mental Health Care. A Comprehensive Community-based Approach.* By I. R. H. Falloon and G. Fadden. (Pp. 335; £20.95 pb, £60.00 hb.) Cambridge University Press: Cambridge. 1995.

These are two books concerned with how best to organize mental health services in two different countries. Their scope and perspectives are somewhat different with one describing current practice and future prospects of mental health service delivery for one of Italy's regions, and the other outlining the work of a model community mental health service in a rural area of Britain.

*Il Dire e il Fare: Governo regionale ed evoluzione dei servizi psichiatrici in Emilia-Romagna (The Reform: Said or Done? Regional Administration and Psychiatric Services Developments in Emilia-Romagna)* is divided into four parts. In the first covering the state of mental health services (1993) in Emilia-Romagna with a population of slightly less than four million, an outline is given of service provision 15 years after the Italian parliament passed the famous psychiatric reform law 180. As stated in the introductory chapter by G. Barbolini, Emilia-Romagna's health minister, the state passed a 'regional law' setting the framework for implementation in the same year. Services, in 1978, comprised 10 large mental hospitals, 42 community mental health centres with a total of 99 community bases (one per 40000 population) with a total of 400 staff, and 44 community services, e.g. group homes, sheltered workshops, agricultural communities, rehabilitation workshops, etc. By 1981 the mental hospital in-patient populations had declined by almost one-half while the overall number of community services and staff had tripled. Fifteen years later, in 1993, all 41 Local Health Units (Unità

Sanitarie Locali; USL) in the region had a multi-professional mental health team offering services for a minimum of 8 hours every working day of the week. A proportion of 45% of the teams provided a 24-hour, 7-days-a-week service. Decentralization had gone a long way with three to four team bases per USL (i.e. one per 29000 population). However, a major re-organization was ongoing at the time of the book's writing with larger Mental Health Departments (Dipartimenti di salute mentale) being introduced. In 1992 there were 280 psychiatric admissions per 100000 population with an average duration of 25 days. To accommodate these there was a total of 800 public and publicly funded private beds which corresponded to a rate of 20 per 100000 (with 6.5 in public and 13.5 in private institutions). This is more than recommended nationally, and the lack of so-called *strutture intermedie*, i.e. day care and residential services, is criticized. Also, in 1993 there were still six 'ex-mental hospitals' functioning with about 900 patients (compared with 5200 before the reform). The rate of decline in mental hospital populations had considerably slowed down as early as 1981, and in recent years it had virtually come to a halt. Services had failed to maintain a steady rate of discharges, and the author points to shortfalls in funding, motivated staff leaving the asylums, and the most severely disabled staying behind. The trends and figures regarding Emilia-Romagna's mental health services document a degree of commitment to the implementation of the psychiatric reform law which has been well above the national average. This is in line with a relatively advanced state of community mental health service development pre-reform.

A. Fioritti and L. Lo Russo, the book's editors, provide a comprehensive account of trends in the period 1980–92: numbers of beds in general hospital units, university hospitals, private hospitals, numbers of and residents in group homes in ex-mental hospital buildings, community team bases, numbers of day-care and residential places. The data are broken

down for the nine provinces, and considerable detail is provided regarding admission numbers, patient status, length of stay and bed occupancy rates in the various in-patient services.

A further chapter by the same authors compares 1991 first contact numbers with data available for 1984. A table describes the trend of first visits which increased from just over 8000 in 1982 to just under 14000 in 1992. C. Cappelletti and F. Giubilini report data based on a 1991 regional survey of 37 non-residential, non-ambulatory services (*strutture intermedie*), i.e. day-hospitals, day-centres and rehabilitation services available in 28 out of 41 local health units. Therapeutic activities and composition of users and staff are described in some detail.

A further chapter presents the final report of a commission which investigated the remaining mental hospitals in 1991/2. At the end of 1991 there were 35.3 mental hospital in-patients per 100000 population. Of every 100 in-patients present in 1978, for example, there were 26 left in 1991. A slowing down of mental hospital discharges is noted for the years 1982–8, the process being slower in the largest institutions. In this process two ‘ex-mental hospitals’ have increased their proportion of the total patient number from 46 to 61%

There are detailed descriptions of the socio-demographic composition of hospital populations, of structural aspects (with an average number of 3–4 beds per room, but many rooms with more than 10 beds), of staff provision, continued staff training and of the range of therapeutic activities and access to transport. In discussing these data, the bed rate of 26 per 100000 population as well as the difficulties in discharging patients from ‘ex-mental hospitals’, in Emilia-Romagna, is thought to reflect a lack of alternative services providing intensive care in the community. The report is very frank in describing a deterioration in living conditions for some patients in the ‘ex-mental hospitals’.

The regional data are put in a national perspective in comparing them with other regions. On the basis of various indices Emilia-Romagna is one of the leading states in implementing Italy’s psychiatric reform law, and among those that have provided most alternative services to the mental hospital. The report ends with detailed recommendations for a programme of improving living conditions

and preventing patient neglect, the aim of closing mental hospitals being clearly upheld.

The final part is dedicated to the future of Emilia-Romagna’s mental health services. There is a conspicuous need for small general hospital psychiatric units in several catchment areas, and recommendations regarding additional services and staff are outlined in detail. The final report of an expert panel on the future organization of psychiatric services argues for an integrated view and some centralization in service planning. The idea of the *Dipartimento* implies that the full range of psychiatric services must be implemented in a catchment area the recommended average size of which is 150000, all services being under the sole responsibility of the *Dipartimento*. Such departments would be part of the Local Health Units but command considerable autonomy in order to be able to provide comprehensive and continuous specialized care. As pointed out in the editors’ final considerations this plan is in contrast with recent national legislation which stipulates separate administration for hospital and community health services.

The wealth of evidence provided by the book – which is in Italian – is impressive although the inclusion of a large number of laws, acts, health circulars and other documents makes it strenuous reading. It documents how an adherence to the guiding principles of law 180 has been merged with the will to document, evaluate and follow up all aspects of psychiatric care, be it in public services, publicly funded private hospitals, university units, or what is referred to as ‘ex-mental hospitals’.

*Integrated Mental Health Care. A comprehensive community-based approach* is a paperback reprint of a book first published in 1993, and describes the Buckinghamshire community psychiatric service in a rural area of Britain. It focuses on specialist mental health service delivery integrated into primary care. An introductory part refers to work by Goldberg & Huxley (1980) and Shepherd *et al.* (1966) and outlines the advantages of service integration with the family practitioner and practice staff, home-based management, early intervention and carer involvement. Following an outline of the vulnerability–stress model of mental disorders and of general principles of community management, the authors set out to review the

evidence on effective therapeutic strategies applied in the field. The review covers adjustment disorders, anxiety disorders, affective disorders and schizophrenic disorders on just over 20 pages (the subtitle is cautious in referring to a 'Selection of major therapeutic strategies').

A central section of the book is dedicated to methods of 'Early detection of major mental disorders'. Consultation and liaison work with the general practitioner is described in detail, there are sections on 'Reducing fear and avoidance of consultation about mental disorders', on clinical techniques of initial assessment, and on instruments that can be used in assessing and documenting target problems, prodromal signs, mental state, suicide risk and carers' views. The approach described here covers 'Problem-based assessment of functioning', setting of personal goals, problem-solving efforts, and drafting and monitoring of problem management plans. Chapter 6 is about intensive care in patients' homes. Pioneer projects such as Stein and Test's Community Living programme in Dane County, Wisconsin, Fenton and colleagues' Montreal Project, and Houlst's Sydney Project are referred to. The authors conclude 'that around 80% of crisis admissions to mental hospitals can be averted where home-based intensive treatment can be provided, preferably on a 24-hour basis' (p. 143). The authors emphasize the greater focus on training carers in clinical management skills, including stress management approaches, and the necessity of initiating intensive intervention long before people are considered in need of hospital admission. The technique is set out clearly in a series of components described in a practical and detailed way, and a range of illustrative case vignettes given. The account includes the use of the semi-structured Family Member Interview (Falloon *et al.* 1988), problem rating charts, an illustrative intensive care contract, and a sleep record chart in monitoring progress. Some components of therapeutic programmes such as activity schedules, anxiety and sleep management, and anger control techniques are described along with relapse prevention strategies and the detection of early warning signs.

In the section on the 'Assessment of benefits and costs' evaluation techniques are described. Sociodemographic and diagnostic data of 12-

months' referrals to the Buckingham service are presented: 63% of the patients were married, 73% had completed university or high school education and 80% were currently employed. Among first assessments anxiety and adjustment disorders amounted to 1-year inception rates of 213 and 189 per 100000, respectively. Upon initial assessment there were no patients with schizophrenia; following reassessment and four referrals from neighbouring services there was a total of five (3 per 100000); four patients had a diagnosis of affective disorder at first assessment. Some data are presented on referrals, refused assessment and treatment, treatment discontinuation, the rating scales used by the team to assess outcome (e.g. Clinical Global Impressions Scale, Charing Cross Disability Scale, Global Carer/Household Stress Scale) are described, along with 'Preliminary findings', which report an incidence of major mental disorders considerably lower than the levels found in community surveys, and a ten-fold reduction in expected levels of schizophrenic and major affective disorders. These reductions are considered by the authors to be 'remarkable and readily noted by clinicians', and they state that 'a search of surrounding mental hospitals found no new cases who had sought treatment from neighbouring services'. Their conclusion is that '...it was probable that the early intervention with cases in the early phases of major mental disorders using optimal combinations of biomedical and psychosocial strategies contributed to a lowering of the rate of major episodes of some mental disorders'. The authors go on to report a similar reduction in the frequency of recurrent episodes of schizophrenia and affective disorders. They state that the provision of 24-hour intensive treatment never exceeded a rate of five cases per 100000, and the provision of hospital-based care of major episodes averaged one bed per 100000. They state that 'many cases received intensive care that was equivalent to that provided in day-hospital units' (p. 278). The number of people receiving long-term management was 110 (370 per 100000) in 1984, and had shrunk to 43 (134 per 100000) by 1987 although there were 'new' cases of long-term mental disorder in the community, and people with episodes of major mental disorder had moved into the area. In the concluding chapter the authors acknowledge and outline a number

of what is referred to as 'minor difficulties', and see the evidence presented as supporting the concept of integrated mental health care they have outlined.

In reflecting the book as a whole one is reminded of a sentence in one of the introductory chapters where, in describing integrated mental health services, the authors state that '...long-term rehabilitation is provided until all impairment, disability and handicap has been resolved' (p. 53). In spite of achieving what the Preface sets out to attempt, i.e. describing one attempt of providing an integrated mental health service, the book does attempt to do a lot more, e.g. review the empirical evidence available on therapeutic strategies in several of the most frequent mental disorders. There is a lack of emphasis upon putting the team's experience in service development and the preliminary evidence presented into a critical context, and some sections of the book do not appear to further the reader's understanding of the evidence available in clinical psychiatry.

The Italian book is no easy reading even to one who understands the language. It provides highly useful information on the development of mental health services in Emilia-Romagna since the passing of Italy's revolutionary mental health law in 1978, and should be read by those who follow developments in Italy. The book by Falloon and Fadden is practical and inspiring reading which requires a critical reader who will bear in mind the unusual context.

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*Psychiatry and Religion: Context, Consensus and Controversies*. Edited by D. Bhugra. (Pp. 236; £50.00.) Routledge: London. 1996.

This is an interesting and useful book. There is a wide range of approaches, an inevitable and generally happy consequence of the range of

disciplines and professions with an interest in the overlap between psychiatry and religion.

In Part I, 'Introduction and History' Bhugra sets the scene by exploring the early areas of overlap between psychiatry and religion, particularly in the area of possession and mental illness. He describes the secularization of modern medicine, and the competition between priest and psychiatrist, as well many areas of consensus and overlap.

Fulford offers some conceptual context for the articles that follow, in a readable philosophical approach. Although religion and psychiatry lay claim to the same territory (the psyche), there is mutual prejudice, perhaps exacerbated by the Western separation between science and religion. The scientific view of mental illness is deterministic, and patients have (in theory) free choice. In contrast, the religious view of mental illness includes notions of moral responsibility and individual free will, and also notions of subordinating choice to the divine will. Fulford, however, suggests that these oppositions are less clear-cut than they seem. For example, 'psychiatry is no less ineffable, value-laden and dependent on unprovable presupposition than religion'. This does not mean that psychiatry and religion should or will merge, but that psychiatry – since it is concerned with persons – must be concerned with 'fact *and* value' in a dialectic relation with each other. Religion is, of course, concerned with value, and this is a concern of great importance for many patients. Fulford's salient claim, therefore, is that religion and psychiatry could and should move closer, because both are engaged with values.

Lipsedge's historical review of religion and madness in history includes several fascinating case histories. Lipsedge covers possession and holy anorexia, bringing home the point that in many societies, religious means were and are almost the only effective way for women to gain an audience. There is thought-provoking material on the political aspects and uses of prophecy and ecstasy, and Lipsedge advances the view that there has been a reaction against religious enthusiasm in the last two centuries. Lipsedge also deals more briefly with suicide and self-harm, and the decline of the view of suicide as sin. Lipsedge's most striking point is that there is no substantial evidence that the pos-

session (by an evil spirit) theory of madness was ever popular. Zilboorg (Zilboorg & Henry, 1941) is associated with the influential belief that in the past, people believed that madness was caused by possession. Zilboorg, however, did not base his claims on manuscript (primary) sources, and Lipsedge supports Neugebauer's (1979) conclusions based on fourteenth to seventeenth century legal archives. In these 'the diagnosis of insanity seems to have been based entirely on naturalistic criteria. Aetiological explanations include physical illness, cerebral trauma and major adverse life events and... only a single case (1383) where a demonological explanation of mental illness appears'.

Part II, 'Religions: East and West' is likely to prove the heart of the book for practitioners. Here the reader is given a generally hands-on account of interactions between religion and psychiatry in the context of each of the religious traditions most likely to be encountered in Britain (or the Western world). Foskett discusses the uneasy relations between 'Christianity and psychiatry'. These have ranged from *conflict*, with William James' attempts at reconciliation, *cooperation*, for example via Boisen's work, and via pastoral psychology, *collusion*, as in Jung's writings and the Richmond Fellowship's communities, and *intercourse*. Foskett thinks that closer relations are possible.

Cooper offers a compassionate view of Judaism, its relations to psychiatry, and its psychiatric future. Cooper offers historical (biblical, rabbinic and hasidic perspectives, and mentions Jewish contributions to psychoanalysis. His view of Freud is pro-Bettelheim (1982), in which psychoanalysis is seen as a spiritual venture. 'The cracked crucible' (Cooper's title) refers to the Jewish family, seen by most observers as crucial to Jewish religious and community life. The Jewish family is breaking down, perhaps inexorably in Cooper's view, and Cooper discusses the mental health implications of this. He relates one of Jung's therapeutic adventures: a young Jewish woman suffering from acute anxiety attacks, 'enlightened down to her bones', was told by Jung that she had been untrue to her spiritual heritage (Jung, 1968). According to Jung, this unconventional diagnosis 'went through her like lightning' and after a week of working with Jung, her neurosis had vanished. Cooper's wary

comment – 'Those were the days' – raised a good laugh from this reader.

Griffith and Bility's discussion of 'Psychosocial factors in the genesis of new Afro-American religious groups' offers some indirect suggestions on mental health. Using illustrative material from a 1920s group in the USA, the Father Divine Movement, they describe the phases and necessary conditions in the establishment of a new religious group – poverty and perceived racial oppression, among other factors. In return for allegiance, members gain some social and economic security, identity, a coherent belief system, a spiritual atmosphere and other benefits, most or all of which have mental health implications.

Bhugra's 'Hinduism and Ayurveda' stresses the variety of practices in Hinduism, and some of the commonalities, such as the general belief in Karma, namely that the effects of actions include the effects of actions in previous lives. Bhugra focuses on Ayurveda: texts dealing with medicine, which entail a holistic approach, and which appear to view mental illnesses as entailing possession. The range of remedies is wide, including music, appropriate food, offerings, parables and discourses on suffering, charms and group psychotherapy. There is an interesting section on semen loss anxiety, and some discussion of the impact of colonialism and Western medicine.

De Silva's discussion of 'Buddhist psychology and its implications for treatment' deals with therapeutic methods which resemble Western techniques (for example cognitive-behavioural therapy). Some forms of Buddhist meditation (e.g. 'mindfulness meditation') have no parallels in Western clinical practice, and De Silva suggests that these could be subject to the sort of process-outcome empirical investigation to which other meditation practices have been subjected (cf. Shapiro & Walsh, 1984).

Barker modestly opens her discussion of NRMs (new religious movements) and mental health with the disclaimer that as a sociologist she can do no more than alert mental health professionals to some of the beliefs and practices of NRMs that might affect mental health. After defining NRMs, and describing a few such religions, she opens an important debate: 'How... could any except the mentally deluded believe that they are going to live for ever? That



by chanting some weird mumbo-jumbo we can store spiritual energy from outer space? That a chubby little boy can give us instant enlightenment...?' Barker suggests that "'strange beliefs" should not be taken by themselves as being an indicator that the person is mentally ill'. Some of Barker's list of factors in NRMs relevant to mental health might be applicable to traditional religions as well: providing a haven, a legitimating of spiritual experience, isolation from family of origin, and from the world, guilt and fears resulting from defection.

Esmail's 'Islamic communities and mental health' explores the philosophical difficulties in understanding models of mental health and understanding the impact of culture. Esmail highlights another important debate: does Islam (or any other religion for that matter) have a different picture of mental health (than that of Western psychiatry)? Esmail argues that 'the Islamic paradigm does indeed offer a vision of community, self and self-realisation which differs...from the dominant philosophy of the West'. Esmail suggests that the Western norms of self-containment, self-fulfilment and turning away from family and community are not appropriate in Islamic life. Esmail describes research in the USA showing the conflicts faced by Muslim immigrants, for instance fathers from patriarchal societies upset by the 'cheekiness' of their children. Some conflicts are those of culture conflict faced by all immigrants, and some are specific to Islam.

Part III, 'Psychopathology, Psychiatry and Religion' deals with some important theoretical and clinical issues. Cox emphasized the need for a holistic approach in psychiatry generally. In psychiatric training, knowledge of spiritual values, ethnic mores and religious practices need to be further improved. Consultations for religious and related problems need to be catered for, as does closer collaboration between priests and psychiatrists. Cox offers helpful suggestions about the impact of sociocultural (including religious) variables on the psychopathology of affect: for example the impact of mourning rituals and belief in after-life on grief and anger. Cox believes that 'a transcultural perspective with an implicit cultural relativism together with a sympathy for inter-faith dialogue provide a pragmatic platform for the further exploration of these ideas'.

Fenwick's chapter 'Neurophysiology of religious experience' explores issues raised in Fenwick's previous work. What are the relations between mind and matter, and more specifically between experience and neural nets? Even more specifically, is mystical experience a spin-off of epilepsy? Fenwick's answer to the last question seems to be a cautious negative. He suggests that while mystical experience is probably a function of the right hemisphere, neither mystical experience nor other aspects of religiosity differ in likelihood among epileptic patients compared with controls. This is true both for temporal lobe and generalized epilepsy.

In a different vein, Littlewood asks under what conditions the madman or madwoman becomes a religious innovator and leader. Littlewood examines the ascetic and antinomian pseudo-Messiah, the seventeenth century Sabbatai Svi, and asks to what extent his actions became routinized models in hasidism in spite of the rapid rejection of Sabbatianism. Littlewood acknowledges that his speculations are limited by 'the usual problems of conjectural psychohistory: the ascription of psychopathology across culture and across time'.

Nayani and Bhugra offer perspectives from different disciplines on the important topic of guilt. They aptly describe guilt as an 'emotional state of ferocious potency... (which) binds the individual into the ethical structures on which society is built'. They review the psychiatrist's role in dealing with guilt, shame and forgiveness.

Sutherland offers a pastoral psychology contribution which supports the very interesting view (following Boisen and others) that psychosis is functional: 'break-down leads to breakthrough'. The pastoral counselling situation can be suited to this search for health via regression. Two interesting case histories illustrate some roles played by the pastoral counsellor. For instance, s/he is in a good position to discern the nature and function of religious experience, neither rejecting it out of hand, nor accepting it at face value.

Bhugra concludes the book with a statement of the need for continued dialogue. This is an important need, and although the book is expensive, it is a useful and helpful source of information about the range of approaches to the psychiatry-religion interface, a good source of illustrative material, and of information about

the problems specific to different religious-cultural groups.

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*The Psychopharmacologists. A Collection of Interviews by David Healy*. D. Healy. Chapman and Hall: London. 1996.

This book constitutes an archive of material about the history of the development and introduction of modern drug treatment in psychiatry and provides fascinating reading for anyone interested in the events of the era of the 'psychopharmacological revolution'. It consists almost entirely of the transcripts of interviews conducted by David Healy with a selection of the pioneers of the discipline of psychopharmacology. As it was not originally intended for publication, it lacks any clear structure or objectives and a short preface, which explains the purpose of the project and introduces a few themes, is the only overview.

Pierre Pichot describes the discovery of chlorpromazine in France and the ongoing controversy about who should take credit for its introduction into psychiatry. In other interviews there are recollections about its impact on clinical practice and in controlled trials and about the first documentation of extra-pyramidal side effects. The discovery of clozapine and the controversy surrounding its withdrawal are recalled by Hans Hippus and Jules Angst in particular.

Many of the interviews touch on the development of antidepressants and are revealing of the influence of the social context of the era. Frank Ayd describes how the pharmaceutical companies were initially reluctant to invest in antidepressants until his own publication on the prevalence of depression in general hospital patients indicated that there could be a sufficient market for them. George Beaumont relates that

marketing imperatives determined the promotion of clomipramine for the treatment of obsessive-compulsive disorder and how subsequently the disorder came to be perceived to be more common than before. Alan Broadhurst indicates how the attraction of increasingly ambitious doctors into psychiatry in the 1960s facilitated the introduction of drug treatments. Many other interviewees comment on the immense enthusiasm with which the new drug treatments were greeted and how the biological approach to mental illness rapidly emerged as the prevailing psychiatric ideology, succeeding psychoanalysis in the United States.

These observations are not consistent with the interviewer, Healy's, pre-occupation throughout the interviews with the peripheral and neglected nature of psychopharmacology. Although his assertion that it developed outside the major academic institutions of psychiatry is interesting, the material of these interviews demonstrates that there was no shortage of political, professional and financial momentum behind the endeavour to develop psychotropic drugs. His concern with the conflict between psychoanalysis and biological psychiatry is also not shared by his interviewees, who indicate, if anything, that the transition from one paradigm to another was relatively smooth.

The substantial coverage of the development of psychopharmacological institutions in many of the interviews may be of less interest to the outsider. Subjects of more general appeal that are addressed include diagnosis and nosology, trends and fashions in psychopharmacology, professional boundaries, clinical *versus* laboratory research and the role of the pharmaceutical industry. The extent of drug company involvement in the events described is not always clear, however, and the interviewer could usefully have pursued this issue further. The biographies of individual contributors provide valuable information on the history of the asylum, professional training and the organization of research and many experiments are described in detail. There are also some memorable personal stories such as the 'rags to riches' tale of the Nobel prize winner, Julius Axelrod who started his career as a laboratory assistant.

As Healy reflects in the preface, a sense of an uncomplicated faith in the progress of science emerges from many of the interviews. Several of

the contributors hail the possibilities of using drugs to engineer aspects of personality. The challenge to the assumptions of objectivity and neutrality in science that has arisen from sociological and philosophical considerations, as well as developments in physics, has impinged little on the protagonists of the psychopharmacological revolution. The movement of resistance to biological psychiatry, whose activities are recollected in some interviews (those with Herman van Praag and Alec Coppen in particular) is cursorily dismissed as irrational and antiscience. The book is, thus, not only a source of rich historical insights, but is also a testimony to the spirit of an age. The impartiality of science can no longer be taken for granted and neither is it regarded as the panacea it once was. As the initial euphoria over drug treatment has waned, the social and political aspects of psychiatric practice appear as complex as ever.

JOANNA MONCRIEFF

*Essential Psychopharmacology.* By S. M. Stahl. (Pp. 379.) Cambridge University Press: Cambridge. 1996.

This book is essential reading for those who mistakenly believe that psychopharmacology consists of worthy but tedious clinical trials of highly derivative agents. In fact, psychopharmacology bridges basic and clinical neuroscience and it is this that gives the field its scientific impetus and therapeutic importance.

This book has some novel and highly attractive features. Primarily, the focus is on mechanisms of drug action and the text is firmly grounded in contemporary neuroscience. Several important concepts are developed in early chapters, for example, the distinction between the anatomical and chemical addressing of information in the central nervous system, together with the use the brain makes of polypharmacy (multiple neurotransmitters). In addition, the way that psychotropic drugs often mimic the actions of natural neurotransmitters is described under the somewhat alarming heading of 'God's Pharmacopoeia'.

Refreshingly, the focus is not all on neurotransmitters and their receptors because Stahl also describes the role of G-proteins, second

messengers and ion channels in drug action. Furthermore, the neuronal pathways in the brain are not 'hard-wired' like a telephone exchange but are in a constant state of plasticity and revision, making new synaptic connections and eliminating old ones. In this respect, Stahl has some very interesting things to say about future possibilities for the drug treatment of severe disorders such as schizophrenia where remodelling of neuronal pathways could conceivably go some way to attenuating a presumed neurodevelopmental deficit.

While these themes are exciting, the book also provides an excellent and comprehensive account of the pharmacology of the drugs currently used to treat psychiatric disorders, including less commonly covered topics such as cognitive disorders and substance abuse. The various chapters are heavily illustrated with excellent diagrams, which ensure that the important concepts of drug action can be thoroughly understood by those new to the field. I would thoroughly recommend this book to anyone who works with psychotropic drugs – or who has the task of teaching others about them!

P. J. COWEN

*Understanding Drug Treatment in Mental Health Care.* By A. Bond and M. Lader. (Pp. 235; £15.99.) Wiley Series in Clinical Psychology. Wiley: Chichester. 1996.

This book is primarily directed at health care workers who do not have specialist knowledge of psychopharmacology such as psychologists, nurses and general practitioners and provides an excellent overview of the field in a manner that is straightforward and easy to understand. Emphasis is placed on the interaction of drug and non-drug modalities of treatment and how both can be most usefully integrated together. The relative efficacy of drug psychological treatments in different disorders is discussed and useful information provided about the effects of adding different kinds of psychological treatments to drug treatments and vice versa.

The book includes a simple introduction to neurophysiology and neuropharmacology. There are chapters dealing with treatments of each of the main groups of psychiatric disorders.



In addition factors affecting drug prescribing patterns, treatment compliance, placebo effect, and assessment of psychological effects of drugs are well covered.

As is inevitably the case, the book has been unable to include discussion of a number of drugs very recently released on the market, or due shortly to be released such as olanzepine, mirtazepine or acamprosate, which may represent significant advances in drug treatments of psychiatric disorders.

This is a well written book giving both a historical perspective and information on current treatment options for various psychiatric disorders. The material is presented in a succinct and accessible manner that will be useful to many people working in the field of mental health.

P. SARGENT AND W. SARGENT

*Sexual Deviation.* Edited by I. Rosen. (Pp. 496; £75.00.) Oxford University Press: Oxford. 1996.

This is a dreadful book. The editor introduces it himself as *the* (my emphasis) leading reference work on sexual deviation. Rather than replacing earlier editions he hopes it will add to them as new subject matter is introduced. This candour demonstrates how psychoanalytical thought evolves, not by refutation but by addition. The result would be risible if it were not so damaging to the subjects of its study. The psychoanalytical babble is incomprehensible to all but the most dedicated of readers. We enter a time warp where homosexuality is an illness subject to cure by psychoanalysis. Armchair theories are treated as science and measurement of effectiveness simply depends on therapists' opinions of their patients' outcomes.

Homosexuality dominates this book, pervading almost every chapter even when other topics are under consideration. Several of the authors are determined to demonstrate that it is a disorder that can be corrected by psychoanalysis. Parents are blamed in a welter of contradictory theories. Fathers are absent, hostile, cruel, weak, or ineffectual. Mothers are over-protective, seductive, narcissistic, cold, remote, hostile, male hating, threatening, castrated or even phallic. The authors ignore large-scale epidemiological work, which reveals no evidence for anything of

the sort in the lives of gay men and lesbian women (Bell & Weinberg, 1978). But when did evidence ever impede analytical theory?

The homosexual man substitutes his partner's penis for his mother's breast while the lesbian woman substitutes the fictive penis of her partner for the abhorrent female breast. Latent heterosexuals are differentiated from true deviants (true homosexuals) by their feelings of guilt. In order to defend himself against the positive Oedipus complex, that is his love for his mother and hatred for his father and punitive, aggressive, destructive drives towards the body of his mother, the male homosexual substitutes his partner's body and penis for the mother's breast. Get the drift? If you do, there are over 400 pages more of this sort of nonsense. The authors blithely ignore the damage that psychoanalytical theories have done to the emancipation of homosexual men and women in our society. They oppose liberal views of sexuality. In a chapter on 'advances' in psychoanalytical theory of male homosexuality, Charles Soccarides states that efforts to 'normalise' homosexuality by 'well intentioned but uninformed practitioners' are misguided.

Rosen and Soccarides make breath-taking claims for the 'cure' of homosexuality based on uncontrolled samples of their own analysands and give no clear time frame for the follow-up. They also provide 'evidence' of cure from questionnaire surveys of other psychoanalysts who report in an *ad hoc* way on their own patients. Very few outcome data are given for patients other than homosexuals. When he does (in studies of the treatment of exhibitionism), Rosen is not able to distinguish between studies of behavioural and psychoanalytical therapies. This book is an illuminating example of how psychoanalysis explains everything and disregards the most basic requirements for evidence.

There can be few books which are not good in parts. In three or four chapters the light of reason shines through. These include an introductory chapter by Brickman and Bluglass, a consideration by Kolvin and Trowel of child sexual abuse and a discussion by Abel and Osborn of the difficulties of applying behavioural therapies. It is only here that serious attention is paid to outcome research. There is also an interesting chapter by Michael Freeman on the laws governing paraphilic behaviour. Unfortu-

nately, these sensible contributions go down with the ship. At the risk of pushing the marine metaphor too far, I hope it is a wreck that Oxford University Press will never salvage for a fourth edition.

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## REFERENCE

Bell, A. P. & Weinberg, M. S. (1978). *Homosexualities: A Study of Diversity among Men and Women*. Mitchell Beazley: London.

*Psychosocial Disturbances in Young People: Challenges for Prevention*. Edited by M. Rutter. (Pp. 397; £30.00.) Cambridge University Press: Cambridge. 1996.

This is the second book in a series sponsored by the Johan Jacobs Foundation as part of its remit to build bridges between the scientific community, practitioners in educational, social and health fields and policy makers. The focus is on why psychosocial disorders and deviant behaviours are increasing in frequency and what can be done to prevent such disorders and their adverse impact.

There are 11 chapters in two sections. The first, consisting of six chapters, begins with overviews of changes in physiology cognitions, social behaviours and competencies across the adolescent period. There then follows a discussion of the current understanding of depression, including suicidal behaviours, anti-social behaviours and a particularly thoughtful

and readable chapter on patterns and trends in youth crime. This section is a reminder of how few studies there have been in this age range which have included concurrent measures of physiology, cognitive and social psychology and psychopathology in normal or abnormal populations.

The second section deals with preventative strategies in four chapters focused on individual coping, positive effects of youth organizations and the wider community, and finally schools. There is a helpful overview chapter at the end of the book charting how sociocultural trends have influenced the prevalence of adolescent problems. This second section is, with the exception of the chapter on prevention in schools, more focused on North American experiences and research findings. While the principles of teaching coping skills to individuals may be generalized across different cultures and social contexts it is less clear that youth policies and community strategies will be so. In addition, the prevention section has much more to say about externalizing behaviour problems rather than internalizing emotional difficulties and, to that extent is not entirely consonant with some of the preceding chapters on depression.

Overall this is a concise volume whose strengths are in the descriptions of the cause, nature and outcome of antisocial behaviour, youth crime and potential strategies for prevention.

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