

Religion held at the Institute of Psychiatry in the 1990s. In his preface, the editor intends that the book will develop the theme of the conferences and share the information, thoughts and philosophies that arose from them. This is a difficult and dangerous task for two schools of thought that at times have held directly opposing views on the origin and management of mental illness. Thus it was a surprise to read such a polite book in which each author strives to bring tolerance and reason to their contribution. The editor is even-handed in his choice of contributors to the extent that almost exactly half are doctors. Although only three religious leaders contribute, one (a former psychiatric hospital chaplain) brings us closest to the tensions between psychiatry and religion.

It is a fascinating book for anyone interested in the relationship between psychiatry and religion. If you expect fireworks, however, it is not the book for you. If you seek a reasoned discussion on the cultural, anthropological and medical concepts of religion, then this is a rich resource. Like any book made up of contributions to a conference, some chapters are more comprehensible than others. Occasional authors appear to believe that complex theories can only be explained by complex language. Others become diverted by their own narrow historical or theoretical interest. That said, there is enough here for everyone, from those interested in the history of religion and psychiatry through to others intrigued by the neurological problems underlying ecstatic states. From my own perspective as a researcher I would have welcomed much more discussion on the difficulties of measuring religious belief and spiritual experience.

The meeting of psychiatry and religion is long overdue. This book is essential reading for all who wish to understand how mental illness and spiritual belief relate to one another.

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**Michael B. King** Professor, University Department of Psychiatry, Royal Free Hospital School of Medicine, London NW3 2PF

### Prevention in Psychiatry

By E. S. Paykel and R. Jenkins. London: Gaskell. 1994. 215 pp. £12.50 (pb). ISBN 0-902241-729

I cannot remember who lectured to us as medical students 20 years ago on what was then called mental handicap but the lecture

itself stands out. Not because of anything that was said but because the lecturer brought along two patients with phenylketonuria who joked about their phenylalanine-free diet. It had, of course, come too late to prevent their lifelong disability.

Others have been luckier: a simple test followed by a dietary switch has meant a normal life. It is a striking example of prevention in mental health, one that illustrates both what can be achieved and why examples of success are so rare. In PKU, there is a single biochemical cause, open to manipulation, and a way of dividing the population into those who are at certain risk and those who are not, at a time when something can still be done. But outside learning disability, is there any disorder of which the same can be said? Everywhere you look, aetiology is multifactorial, at times a euphemism for confused. In most disorders, a person's risk is on a continuum – a term to which psychiatry has a rather touching attachment, as if it was anything other than a disguise for how imprecise our measurements, diagnoses and concepts are.

It is easy to be gloomy about prevention in psychiatry but Paykel & Jenkins have produced a book that is optimistic as well as informative, thorough and readable. The optimism, needless to say, comes from being grateful for small mercies. For example, the principles of prevention in other areas of medicine can also be applied to psychiatry. And genetic counselling, particularly in specific syndromes of learning disability, illustrates how far we have already come.

The chapters were first prepared as part of a review for the Royal College of Psychiatrists, published in 1993, and one or two are probably more suited to the role of discussion paper than book chapter. But together they make clear one thing. For many psychiatric disorders, primary prevention would require measures no less grand than the decontamination of water supplies in the 19th century which prevented the infections that had killed millions. All but a handful of mental illnesses are more common in poverty, inner cities and low social classes. To prevent these illnesses or their consequences, people need to live better, with less adversity and fewer traumas. Well, we can hope, and once in a while we can vote.

In the end the book gives the impression that primary prevention will have to wait until we know single causes for individual disorders, because the best strategies we can currently suggest sound just too idealistic. Perhaps it really is possible to prevent somatisation by educating the public about what their symptoms mean, or to prevent drug misuse by destroying the coca planta-

tions of Colombia. Somehow I doubt it. More likely we are stuck with tertiary prevention, preventing deterioration and disability in people who are known to be at high risk or who are already ill. Not that this is a bad start, and after all progress too is on a continuum.

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**Louis Appleby** Senior Lecturer, Department of Psychiatry, Withington Hospital, West Didsbury, Manchester M20 8LR

### Dealing With The Problem of Low Self-Esteem. Common Characteristics and Treatment in Individual, Marital/Family and Group Psychotherapy

By Robert P. Rugel. Illinois: Charles C. Thomas. 1994. 209 pp. \$45.95 (hb), \$29.95 (pb)

When supervising trainees in behavioural or psychodynamic psychotherapy the questions I ask most frequently are "When you said/did that how did you think your patient would experience that intervention? Would he/she find it threatening, would it help him/her feel better about him/herself?" I ask these questions frequently because I have long felt that the subjective sense of the helpfulness of an intervention is the wider context in which its 'technical correctness' should be judged.

Not surprisingly then, I thoroughly enjoyed reviewing this book, giving as it does a central role to self-esteem and the development and maintenance of psychopathology and exploring the crucial impact of therapeutic interventions on self-esteem across the range of therapeutic modalities.

Pitched at a clinical level and largely devoid of abstruse technical jargon the book is an easy, systematic and rewarding exposition. The author is obviously familiar and comfortable with cognitive-behavioural and psychodynamic perspectives and is adept at integrating them in a simplifying, clarifying manner. The bulk of the book is given to convincing clinical vignettes in different therapeutic modalities, i.e. individual, group, marital and family settings and outlining the impact of core therapeutic conditions and interventions such as acceptance, empathy, reframing, interpretation, confrontation and behavioural assignments on self-esteem. From the author's framework therapeutic interventions are aimed at bringing about immediate changes in self-esteem as the necessary pre-conditions for motivation to

change, and longer term adaptive attitudinal and behavioural alteration.

The simple, common-sense, theoretically integrative approach of this book may be seen by some psychodynamic purists as superficial and overly simplistic and by cognitive-behavioural purists as excessively interpersonal and emotionally focused. I would argue that these are exactly this book's strengths, in a psychotherapeutic culture that is overly dominated by jargon, abstruse theory and ideological isolationism.

I recommend this book warmly to trainees and supervisors interested in unifying theories and integrationist approaches to psychotherapy.

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**Dr N. Macaskill** Senior Lecturer in Psychotherapy, Leeds Community and Mental Health Services, 40 Clarendon Road, Leeds LS2 9PJ

### Schizophrenia and Related Syndromes

By P.J. McKenna. Oxford: Oxford University Press. 1994. 418 pp. £50.00 (hb)

Recently there has been a spate of well advertised multi-author books in which the great and good of schizophrenia research regurgitate permutations of the same chapter which has appeared in the last five such volumes. This book is quite different. Firstly, its existence is a well kept secret: I have yet to meet anyone who recalls any advertising. Secondly, it is by a single practising clinician, not by a professor who no longer sees patients or a sociologist who has never seen any. Thirdly, it deals with the essential clinical material of the disorder: its presenting symptoms and natural history. Curiously, most modern books on schizophrenia avoid this core, presumably on the basis that it is too elusive to comprehend, let alone explain to others. Instead, they concentrate on applying some other discipline to schizophrenia: neurochemistry, neuropathology, imaging, genetics, or even economics. Finally, most authorities are uneasy about whether the disorder exists as a discrete entity. Peter McKenna delights in going against all these trends, most conspicuously in believing more in the disorder itself than in the disciplines which researchers have applied to it.

In short, although books on schizophrenia are ten a penny, this one is worth having. It is the best British book I have read concerning the core abnormalities in schizo-

phrenia. The descriptions of the cardinal symptoms are clear and memorable, and Dr McKenna provides an excellent account of phenomenology; clinical tutors should substitute this book for the incomprehensible chunks of 'Jaspers', or the endless lists of obscure phenomena in 'Fish', which remain on too many reading lists. As one might expect from McKenna's own interests, the chapter on neuropsychology is exceptionally good and brings the complicated psychological theories of schizophrenia well into the grasp of almost all MRCPsych candidates and most examiners.

Dr McKenna has no time for fashion. For example, the dopamine hypothesis is awarded a whole chapter to itself, just when many await its burial after 30 years of unproductive binding and grinding. Furthermore, he fails to chant the mantra term "multidisciplinary team", and there is not even a mention of health service research. Nevertheless, the book gives a picture of a clinician who knows his subject and his patients very well. Those readers who work near Cambridge should send their most difficult schizophrenic patients to Dr McKenna; the rest of us must content ourselves with buying this book and applying his insights to our own patients.

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**Robin Murray** Professor, Department of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, London SE5 8AF

### Understanding the ICD-10 Classification of Mental Disorders. A Pocket Reference

By Norman Sartorius. London: Science Press. 1995. 96 pp. £95 (pb)

This is a useful and pleasantly brief 'spin-off' publication from the ICD-10. The book shows how large an edifice the ICD now is – the ICD-10 is proudly called a "family of classifications" – and how its everyday clinical applications in psychiatry are but one component of it. A variety of topics pertaining to the mental disorders chapter of ICD-10 are covered in the book, including a history of its evolution from ICD-9, the differences between the clinical and research diagnostic criteria, the triaxial scheme, the primary care version, and the ICD-10 diagnostic instruments. Although much of this information can be found elsewhere, it is helpful to have it brought together in this concise fashion.

It is not part of the book's brief to discuss the validity of the diagnostic categories in

ICD-10, though the issue of reliability is mentioned. Regarding its utility, to state (p. 13) that the ICD-10 is "conservative and theoretically unenterprising so as to remain attractive or at least acceptable to a wide variety of people of different orientations and knowledge" certainly makes a virtue out of necessity. One might also add that it has the attraction of relative simplicity and uniformity, eliminating at least some of the unnecessary complexities and incongruities of its predecessors.

Appreciating the full scope of ICD-10 emphasises how close it has become in philosophy and organisation to DSM-IV. It remains to be seen whether it can recapture some of the research terrain from DSM-IV to accompany its undoubted clinical applications. Anyone undecided about which of the two diagnostic systems to use will gain a useful perspective on the pros (if not the cons) of the ICD-10 from this volume.

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**Paul J. Harrison** Wellcome Senior Research Fellow, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX

### Current Diagnosis and Treatment – A Quick Reference for the Clinician

Edited by R. Pounder and M. Hamilton. Southampton: Pearson Professional Limited. 1995. £40. ISBN: 0443 055998

This book deals with a number of general medical conditions but does not lend itself to being read from cover to cover as I soon discovered; rather it should be dipped into when the need arises. It is logically divided alphabetically into the main specialities such as cardiology, dermatology and endocrinology and a separate section deals with psychiatry. Individual chapters are further sub-divided into a number of different medical conditions and these are reviewed by 'experts' in the field. Each disorder is allocated two pages and includes pertinent background information and details about symptoms, signs, diagnosis, differential diagnosis, aetiology, investigations, complications and management. There is also a useful section dealing with diet and lifestyle, follow-up, patient support and key references. This standardised format is backed up by excellent use of bullet points, clear tables and figures and colour photographs of clinical conditions. The book covers a wide range of topics but does require some knowledge of each of the various conditions before information can be readily accessed.