

aid clinical work and discusses issues such as decision support, coding, the electronic patient record and the internet. It uses clinical examples to illustrate the text and avoids going 'under the bonnet' and talking about horsepower, overhead camshafts, random-access memory and whatever else makes them work. Each chapter finishes with a single-page summary, which is ideal for the clinician who wants to keep the IT department on its toes. A scan of the relevant summary before an IT meeting should be enough to convince the managers that they are up against someone who knows their stuff.

I propose that in each trust a consultant should take a special interest in IT and that a copy of this book be presented to them. There is no doubt that computers are here to stay and, while we can excuse some of our more senior colleagues from cluttering up their ever-diminishing memory with talk of computers, I would suggest that trainees, especially specialist registrars, would find this book interesting, informative and relevant.

On a personal note, I feel indebted to the author for solving my longest-running unanswered IT question: what is the point of developing 120 000 Read codes to classify every imaginable clinical situation, when we already have the ICD-10 and the English language which can do the same using only 80 000 words? Answer: No point at all. The author musters a number of arguments to back his belief that a universal medical coding system will never work. Oh dear, it sounds as if the Department of Health has ploughed an enormous amount of money into another white elephant.

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### Treatment of Depression in Managed Care

Edited by Mark Mays & James Croake.  
New York: Brunner-Mazel. 1997. 256 pp.  
US\$27.95 (pb). ISBN 0-87630-829-9

Managed care is the North American solution to rapidly escalating health care costs. North American clinicians are having

limits set on their freedom to practise in a more direct way than clinicians in the UK, even with the ever-present cash constraints within the National Health Service. Managed care is considered by many to be a euphemism for costed and rationed care. Not surprisingly, the move towards managed care has been greeted with alarm by certain practitioners in the mental health field. A prediction quoted in this book is that 50% of all currently practising psychotherapists will be out of business by the year 2000.

Although managed care has developed as a cost-limiting exercise, this is cloaked by association with another rapidly developing movement – evidence-based practice. For many patients with depression, this link between managed care and evidence-based practice may bring significant benefits in that clinicians will be forced to justify their management decisions in line with best available evidence. One paragraph in the book emphasises that it will be the therapist managing change, "there will no longer be the metaphor of the greenhouse . . . the therapist will not watch patients to see what insights, growth or choices will emerge on the part of the client. It will not be a journey of discovery but one of direction". Many patients will benefit from such a shift in treatment planning.

Unfortunately, this book devotes only one chapter to the political and economic backdrop to managed care. The remaining nine chapters review aetiological theories, the diagnosis and the treatment of depression in the style of a rather uninteresting textbook. It is unclear to whom these chapters are directed. The book claims to serve as an introduction to the treatment of depression for health plan administrators and policy-makers but I would have to disagree with the claim that it will be of value to mental health practitioners at every level.

The book represents a missed opportunity to set out the details of what could be an exciting debate about the benefits both economic and clinical of managed care. There is no attempt to compare managed care with other health care systems. There is no discussion as to whether psychiatric patients may be discriminated against in a managed care system.

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### The Body in Psychotherapy

Edited by J. Guimon. London and Basle:  
Karger. 1997. 206 pp. US\$174.00 (hb).  
ISBN 3-8055-6285-3

This book presents 29 papers arising from an International Congress of the same title held in Geneva in 1996. As such, it represents a walk around a very large and partly charted territory. Indeed, even for someone like me, who regards this subject as both intriguing and of major importance, arriving at any part of the book must be rather like a landing on the moon: very interesting to be there but with a need to stand well back to get the whole thing into perspective.

I do not say this disparagingly. The book is a bold and thorough attempt to relocate the mind, and with it various psychotherapies, within the flesh and bones of the body, which is a notion to which people in a wide range of therapeutic fields pay lip-service, but whose concepts are curiously elusive. Indeed, theory, practice, language, perspectives and even contact are still miles apart in the fields represented.

There is an account by Landis of disturbances of the integrity of the body image in a number of patients with major brain disease. Heller & Haymal provide a detailed study of the facial behaviour of psychiatrists interviewing patients who have attempted suicide (something which I suspect is out of sight among most clinicians' interests, yet high in patients' awareness) and which the authors link to the art of clinical practice. Guimon discusses body image changes in psychoses. A poetic account is given by Roux of a psychoanalyst's reflections on what goes on in relaxation therapy other than achieving calm, incidentally mentioning the wonderful syndrome of *éclopés du divan*. Sacco writes on training in analytical psychodrama, and Barale, in a wise and thoughtful chapter, discusses managing the entrenched conflict between the 'organicists' and the 'mentalists', concluding with Freud's warning that we cannot free ourselves from the multiplicity of fine differences in nature just because it might be intellectually convenient or satisfying to do so.

The chapters are mostly short, clear and, for the most part, accompanied by 10–30 references. There is also a good-enough index. With so many authors on so many themes, it is inevitable that the emphasis of each chapter varies considerably, but this

contributes to the diversity and interest of the book.

It is easy for psychiatrists and psychoanalysts to ignore the topics represented in this book, and many will continue to do so, but it constitutes a worthwhile attempt to make sense, interestingly, critically, thoughtfully and responsibly, of an area which is burgeoning and perhaps even approaching meltdown in terms of alternative therapies and alternative syndromes. It deserves attention.

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### **Affect Regulation and the Origin of the Self. The Neurobiology of Emotional Development**

By Allan N. Schore. Hillsdale, NJ: Lawrence Erlbaum. 1994. 542 pp. £119.95. ISBN 0-805-81396-9

This impressive work takes as its central theme the view that the adult's socio-affective life is critically determined by events in infancy between the child and the primary care-giver, usually the mother. Hardly news to a psychotherapist or anyone versed in modern revisions of psychoanalytic theory, notably attachment and object relations theory, but here we have a vast amount of neurobiological data supporting this contention and offering the possibility of a *rapprochement* between neurobiology and psychoanalysis, as Freud always hoped.

Allan Schore reveals himself as a polymath, the depth and breadth of whose reading, bringing together neurobiology, developmental neurochemistry, behavioural neurology, evolutionary biology, socio-biology, developmental psychology, developmental psychoanalysis and infant psychiatry, is staggering. Through a series of essays he produces evidence that genetically programmed structural connections in the developing infant brain are dependent on, and significantly modified by, the quality of the mother-infant relationship at a number of critical periods, particularly during the 'practising phase' between 12 and 20 months. During this period there is a massive turnover of synaptic connections,

particularly in the right orbitofrontal cortex which is establishing links with the limbic, neuroendocrine and autonomic nervous systems. It is the development of this cortex and its reciprocal connections in the presence, or not, of an adult who can contain powerful affects and respond rapidly and intuitively to the infant's needs that crucially determines the development of the ability to self-regulate affect. Significant failures in this relationship predispose the adult to psychiatric disorder by limiting the repertoire of possible socio-affective adaptations when the individual is subjected to stress. The author would contend that all functional psychiatric disorder is determined by a series of neurodevelopmental failures, and there are chapters specifically dealing with the origins of affective disorders, personality disorders and vulnerability to psychosomatic disorder. The roles of monoamines (particularly dopamine) and endogenous opioids in the development of the orbitofrontal cortex and discussed in depth.

This is not an easy book to read. The number of references which pepper the pages and the strings of pretty gruesome compound adjectives are a barrier to understanding, though perhaps this problem with language is to some extent inevitable in this attempt to link the overlapping but distinct jargon of so many disciplines. A weakness of the book is that in his enthusiasm for integration he often fails to distinguish between work that is speculative and that which is empirical. Likewise, it is not always clear whether papers refer to animal models or are based on human studies without consulting the original work. However, once you've struggled through a chapter, you're often rewarded by a surprisingly clear and succinct summary.

These reservations aside, this is a superb integrative work, an excellent source book and required reading for any psychiatrists wishing to locate their work within the much broader study of mind. It is a book to borrow rather than to own but it deserves a place in a departmental library. It might also form the basis of what could be an enormously creative dialogue between neurobiology and psychoanalysis.

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### **Disorders of Affect Regulation. Alexithymia in Medical and Psychiatric Illness**

Edited by Graeme J. Taylor, R. Michael Bagby & James D. A. Parker. Cambridge: Cambridge University Press. 1997. 359 pp. £45.00 (hb). ISBN 0-521-45610-X

I was somewhat wrong-footed when asked to review a book which by its title looked to be concerned with fairly straightforward biological psychiatry. I was further exercised reading the foreword to find that Freud's original formulation of libido "has now re-emerged in the more suitable guise of affects. Indeed, affect theory is how we are personally affected by events". Taking a deep breath, I read on! The book is concerned with alexithymia in medical and psychiatric illness. Alexithymia is defined as "deficits in the subjective awareness and cognitive processing of affects" and that certain medical and psychiatric illnesses arise from disorders of affect regulation.

There is a background to the work. There is an attempt to describe the various themes in the development and regulation of affects. Darwin's work appears to be seminal in describing the importance of signalling emotions by facial expression for the function of social groups in animals and man. Application of these ideas by system theory leads to the concept that emotion possibly modulates the organisation of behaviour and may be linked to the development of personality structure. So far so good, but what about pathology?

Alexithymia can apparently be measured by a number of scales, only one of which (presumably for copyright reasons) is given in the appendix. Most of the scale, 9 of 12 items, deals with the patient's inability to verbalise their feelings and emotions to others. The others deal with fantasy and dreams: "the content of the patients dreams closely resembles every day thoughts and events rather than being more symbolic or abstract in nature". In the broad Church of Psychiatry, how many but the analytically trained could answer those questions correctly?

The list of disorders resulting from alexithymia is almost endless: somatisation disorder, chronic pain, anxiety and depression, panic disorder, post-traumatic stress disorder, personality disorder, substance use disorder, eating disorders are listed among the psychiatric illnesses. Coronary