

Book reviews

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Neuropsychiatry and Behavioral Neuroscience. By J. L. Cummings and M. Miga. (Pp. 414; \$99.95.) Oxford University Press: New York. 2003.

This is a sumptuous and elegantly produced book of over four hundred 8 × 11-inch pages. The illustrations and images of the brain are in vivid multiple colours, and are truly works of art. These illustrations will no doubt be ‘borrowed’ by many teachers for their lectures. Almost all of the written text is presented in summary tables that stand out from the text, as they are printed on a contrasting blue background making them visually accessible, lending an attractive format to the book.

There are 26 chapters that cover the neurobiological basis of behaviour; neuropsychiatric assessment; treatment of neuropsychiatric disorders; principles of neuropsychiatry; disorders of speech and language; memory disorders; visuospatial, visuoperceptual and right hemisphere disturbances; frontal lobe dysfunction; dementia; delirium; psychosis, delusions and schizophrenia; hallucinations; disturbances of mood and affect; apathy and other personality disorders; obsessive-compulsive disorder and syndromes with repetitive behaviour; anxiety disorders; movement disorders; tics, startle syndromes and myoclonus; catatonia, motoric manifestations of psychiatric illnesses and drug induced motor disturbances; epilepsy and temporal-limbic syndromes; dissociative states, multiple personality and hysteria; disturbances of sleep, appetite and sexual behaviour; violence and aggression; developmental neuropsychiatric syndromes, focal brain disorders and related conditions.

As one can see from the chapter list the scope of the text is comprehensive. The book has a tantalizing quality as many topics are just cited; for example, in the chapter on temporal-limbic syndromes the Gourmand syndrome is listed with only the note ‘preoccupation with food’

(p. 315) leaving the reader a little ‘hungry’ for more information about this syndrome. However, to cover all that is mentioned in this book would require a text two to three times as large.

Chapter 5 ‘The Principles of Neuropsychiatry’ (pp. 61–69) is excellent and clearly states the contemporary principles underpinning any discussion of brain behaviour relationships. This chapter will no doubt become a credo of modern neuropsychiatry and should be required reading for all trainees in the clinical neurosciences. The chapter highlights some of the unsolved dilemmas of our present knowledge. For example, in amplifying one of the principles ‘Neuropsychiatric disorders typically reflect disruption of a system or circuit’ (p. 62), the authors note that behavioral disorders are most often associated with disturbances of the limbic and the frontal-subcortical system. As examples of behavioural disturbances of these systems the authors discuss minor anatomical localizations within these systems leading to such diverse behaviours as apathy and disinhibition. While undoubtedly these systems are involved in these behaviours, currently it is completely unclear how these circuits mediate such varied behaviours. After decades of almost metaphysical psychological explanations of behaviour, it is refreshing to read attempts to ground behaviour disorders on biological speculations.

The neurological training of the authors is evident in that the book is reminiscent of many neurology texts, where every variation of a disorder is described as a discrete disorder. For example, in the text every delusional condition with an eponym is given an individual paragraph, regardless of clinical rarity, e.g. Schneiderian first rank symptoms are given almost equal discussion as the Incubus syndrome (pp. 176–177). Similarly, the frequent full-page tables citing the multiple aetiologies of disorders e.g. myoclonus, chorea, intracranial calcifications, loss of consciousness (the causes of which range from syncope to hiatal hernia), etc., are so comprehensive that one is left with the

feeling that any physiological disturbance can cause any disorder of behaviour.

However, these are minor concerns, as the scope of the book is its major strength as it conveys the current state of knowledge in neuropsychiatry. *Neuropsychiatry and Behavioral Neuroscience* by Cummings and Mega is a beautiful and valuable reference for anyone interested in brain–behaviour relationships.

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Whiplash and Other Useful Illnesses. By A. Malleison. (Pp. 544; £26.95.) McGill-Queen's University Press: Chesham, Bucks. 2002.

This is a highly interesting and unusual book. In the Introduction, the author tells the reader that he has retired from medico-legal (and presumably clinical) practice and this book has the feel of a volume that could only have been written on reflection of a long clinical career. It also conveys the sense of a man who has an awful lot to get off his chest.

Whiplash and Other Useful Illnesses starts by painstakingly documenting the genesis of whiplash as a clinical entity. Whiplash is used as an example of a 'fashionable illness' that has evolved during the past 50 years and is now estimated to cost the United Kingdom £3.1 billion annually. Dr Malleison carefully discusses many of the important studies in the whiplash field and, with relish, points out their prolific failings. The next section of the book is devoted to following the whiplash trail around various medical specialities. Malleison demonstrates how different groups of physicians have used the symptoms of whiplash to their own ends, using poorly designed research to help support their claims. More outlandish claims include: whiplash commonly causes direct damage to the structures that control eye movements (by ophthalmologists); or whiplash causes cochlear–vestibular damage (by ENT surgeons) – all based on flawed, uncontrolled and poorly designed studies.

It was the third section of the book that I found to be the most interesting and controversial. Dr Malleison turns his attention to

the social context in which whiplash and other medically unexplained syndromes (such as fibromyalgia, chronic fatigue syndrome and chronic pain) flourish. The author makes a strong case for the link between these conditions and an unchecked, compensation driven legal culture and an iatrogenic medical culture. He also attempts to untangle the puzzle of what motivates the sufferers of such ailments, which is something that consultation-liaison psychiatrists and psychologists attempt to do in everyday clinical practice. Malingering is rarely a diagnosis that is given in clinical practice and yet Malleison outlines a strong argument for considering it more frequently in these medically unexplained syndromes. To take such a viewpoint is bound to court controversy, which I am sure this book will do. However, it certainly made me wonder whether we ignore the importance of secondary gain in our patients to our peril. Towards the end of the book, Dr Malleison also attempts to explain why women outnumber men as victims of these illnesses. His use of feminist theory to do so was interesting and worthy of further attention, although it was unconvincing at this stage.

This is a long and detailed book that I found fascinating. Dr Malleison's style is easy to read and entertaining. It is meticulously referenced, although it would have been more reader friendly to place the references at the end of each chapter rather than at the end of the book. I think it is also a brave book as the author does not shy away from blatant criticism of doctors, lawyers, patients and medical systems. Although the book is international in its use of published evidence, its findings apply most clearly to the North American medical and legal systems. For example, the National Health Service (NHS) in the United Kingdom is unlikely to engender as much iatrogenic investigation and treatment as occurs in the United States due to greater rationing within the NHS and the gate keeping role of the general practitioner.

This is a book that is to be recommended to any physician or mental health professional working with patients with medically unexplained syndromes. It is also highly recommended to those that have an interest in the future political direction of health services in developed countries.

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Meeting Mental Health Needs of Developing Countries: NGO Innovations in India. Edited by V. Patel and R. Thara. (Pp. 402; \$59.95, ISBN 0-7619-9699-0 hb.) Sage: London, UK. 2003.

Psychiatric services in India are quite inadequate. There are only a few thousand psychiatrists, and less than 50 000 beds for a population of over one billion. Investment in the development of facilities by the State has been tardy, and other civic initiatives are necessary to fill the gap. This book is a worthwhile collection of experiences from several non-governmental organizations (NGO) across India in the field of mental health. It arose from an effort to chronicle all the NGOs in the field of mental health in India, and describes the activities of 17 of these NGOs. Included are some with a clear, specific service agenda (e.g. the Schizophrenia Research Foundation; SCARF), and at the other end of the scale some that are almost exclusively 'theory' and policy oriented.

The opening chapter provides the framework for the book with a brief review of the situation and the lacunae that exist. The need for a more locally responsive system, from a third world/developing country perspective, and specific community-driven interventions are stated. Although the Government is largely seen as unresponsive, the book ends with the acceptance that the same Government will have to address the majority of these needs. Methods to bring about this transformation, and perhaps make the State-run health systems more accountable and responsive are scattered throughout the chapters.

The book is organized into six sections – some on disease (severe mental health, substance use) and others on special populations and needs (families, women, children). Most describe similar experiences, such as an initial lack of public participation, difficulties of 'lobbying' the Government and raising funds, erratic availability of drugs, increased awareness of pharmacological advances, and rehabilitation and social skills for the disabled. There are large differences in political and bureaucratic involvement in the activities of the NGOs. The contrast between SCARF, based in a cosmopolitan urban

background and Ashagram (with a name reminiscent of Mahatma Gandhi's rural community) based in one of the poorest and least developed regions, is striking. In the absence of a national health policy, such differences reflect the perpetuation of a trend observed over the past 200 years. Almost every reviewer of mental health services in India has commented upon the disparities within the country. These disparities probably reflect the degree of involvement of the NGOs with the community, and the varying levels of public and governmental involvement in civic issues within India.

With less than 25 000 long-stay beds in the country, the problem of care of the chronic mentally ill is acute. Most facilities are located in urban areas, where changes in family and social support necessitate semi-institutionalization at a price that can be borne by the families. The experience of Ashagram highlights the greater diversity of roles and expectations that the chronically ill experience, and the relative ease with which they can be reintegrated in rural societies. This, in contrast to the Herculean effort of trying to get abandoned women reintegrated within the community in Bengal (at a cost of Rs 700 000 a year for eight women), indicates the magnitude of the real cost of care in the community, a factor that is not evident in many of the accounts. Other chapters focus on family and community-based services, including day care, long-stay homes and rehabilitation initiatives. Efforts by families of the chronically ill to organize themselves into a supportive network and a pressure group are another aspect of bottom-up approaches that are necessary. Similar efforts are also required to increase awareness and provide community-based care for dementia victims, and to focus attention on the problems of the geriatric population.

A section each is devoted to child mental health and gender issues. Two chapters focus on children with special needs, and are accounts of successful long-term residential, community- and family-based programmes. Another focuses on viewing the child, the mother and the family as a single dynamic unit. Interventions are not only for distress, but are also pro-active in providing a safer and happier family environment for children, and a series of community efforts to achieve this goal are described. Some are based on psychoanalytic paradigms, and seek to

apply these to the long-term community care of schizophrenia and more effective parenting. Women's mental health issues are discussed from the clinical aspect (high rates of abuse and violence in those seeking consultation), 'sexual healing', as well as the broader perspective of feminist psychology and the need for gender sensitization in mental health care. The experience of Paripurtana, which attempts to rehabilitate mentally ill women in prisons in Bengal, and the advocacy issues raised in this section are different aspects of the same problem. However, a discussion on these social issues and interventions from the feminist viewpoint would have been valuable.

The chapters that deal with suicide prevention describe the overwhelming responses to a suicide helpline and obviously address a neglected aspect of mental health care, and are extremely effective in their description. The difficulties in sustaining these initiatives due to staff turnover, and erratic fiscal and medical support are highlighted. The section on substance use includes the experiences of a well-established de-addiction facility, while another section tackles the more difficult issue of harm minimization and demand reduction by opiate-dependent individuals among the very poor in Mumbai. Both efforts have been instrumental in defining policy issues in India, and focusing public attention on a group that is otherwise stigmatized.

Several of the chapters describe their origins from experiences in Europe or the USA, or through interactions with 'Western' NGOs. Psychoanalysis, behaviour therapy, drama therapy, medical treatment of drug withdrawal and chronic psychoses, and feminism are just some of the frameworks adopted. The paradigms used are thus part of the global intellectual discourse. There is little by way of description of what practical or theoretical adjustments are necessary (or not, as the case more often is) for extending these to 'local' needs in India. The empirical pragmatism of most of the initiatives dispenses with many ethnographic issues.

The book thus serves as a useful sourcebook in gaining insight of the various non-formal efforts in mental health care delivery in India. A text of this nature is bound to be over-inclusive, given the nature of the field. Mental health is perhaps as difficult to define as mental illness. There is no definite evidence, however,

that the two are directly related, and thus the differing focus of the various NGOs is to be expected. This, however, results in some lack of coherence, as the experiences do not combine as a cogent account for readers at either end of the spectrum – the users or providers of services. The editors recognize the enormous diversity of perception and practice, and emphasize that these efforts should be considered as alternative models for addressing service delivery and research concerning psychiatric issues. Most importantly, these initiatives increase the level of public discourse on mental health issues. Any effort that can generate greater State and public participation can only benefit the mentally ill.

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Cognitive-Behavioural Integrated Treatment (C-BIT). A Treatment Manual for Substance Misuse for People with Severe Mental Health Problems. By H. L. Graham *et al.* (Pp. 318; £24.95, ISBN 0-470-85438-3 pb; £55.00, ISBN 0-470-85437-5 hb.) Wiley: Chichester. 2003.

This is a timely and important book. Substance misuse in individuals with serious mental health problems is on the increase, as indeed it is in all areas of society. This has serious negative implications in terms of illness course and severity. We urgently need systematic effective treatments for this group, a group who can no longer be thought of as a small minority.

Hermine Graham and co-authors have produced an excellent treatment manual that deals with this specific problem. The first three chapters offer a theoretic overview. C-BIT is an amalgam of cognitive-behavioural therapy models and techniques aimed at management of substance misuse, psychotic symptoms and mood. In addition it incorporates key aspects of motivational interviewing and family/social network therapy. The whole treatment approach is based on the dual paradigms of harm reduction and relapse management and prevention.

The text is extremely well set out, theory is followed by a section addressing core components of the C-BIT model, this is followed by

additional treatment components such as mood management, skills building and communication training, the book concludes with sections on family work and implementation issues.

The most impressive aspect of the book is the authors' clear intent to offer a text with immediate practical utility. Each chapter is crammed with treatment suggestions and techniques illuminated by frequent case examples. Evidence of this intent is the fact that the worksheets, assessment documents and information documents in the appendix run to almost 30 pages. It should be possible for anyone with a reasonable knowledge of cognitive-behavioural therapy to take this book and begin to offer C-BIT, where appropriate, within a short space of time.

There are a few minor problems, the tendency to assume that all cannabis is essentially the same needs to be addressed. Cannabis can differ vastly in terms of psychoactive potency according to type and this fact needs to be addressed within a harm reduction model in a manner analogous to alcohol (harm reduction through reduction in strength). In addition it is a pity that Ellis and Rational Emotive therapy approaches to substance misuse are not referred to. Ellis, who has become CBT's forgotten man, had some interesting ideas about substance misuse particularly with regard to the abstinence violation effect and apparently irrelevant decisions that remain important today.

However, these are minor complaints, Hermine Graham and colleagues have produced a vital book that is surely destined to be reprinted many times.

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Resilience and Vulnerability. Adaptation in the Context of Childhood Adversities. Edited by S. Luthar. (Pp. 574; £23.95, ISBN 0-521-00161-7 pb; £65.00, ISBN 0-521-80701-8 hb.) Cambridge University Press: Cambridge, 2003.

This book provides a very comprehensive overview of what is described as the 'first generation' of resilience/vulnerability research, effectively the outcome of the last 30 years

since the early work of Norman Garmezy and colleagues. The authors are stars in the risk/resilience field mainly on the US scene. Only two chapters arise from the remaining English-speaking world, both from eminent and prolific researchers (Fergusson and Harwood from New Zealand and Rutter from the UK). A history of the topic is given together with the latest findings from a whole array of risk categories, both familial (e.g. parental mental health, maltreatment, divorce) and wider social (e.g. poverty, community violence, discrimination). There is considerable convergence in identifying risk and resilience factors across the range of studies and consensus on the methodological and conceptual issues central to their investigation. The book is a necessary read for researchers, students and practitioners in this field.

The Introduction by Cicchetti points to the limitations of resilience research in terms of biological/genetic contributions incorporating additional levels of analysis. The book attempts to redress this with a final section dealing with neuroscience (Curtis and Nelson) and a commentary on genetic approaches (Rutter). These provide interesting and informative extensions to the other chapters, although they tend to stand apart from them. Thus Curtis and Nelson outline concepts such as enrichment of human potential, derived from animal studies, but argue that human enrichment programmes have been too little contextualized, while Rutter emphasizes the importance of identifying moderating and mediating mechanisms in relation to the gene-environment relationship, warning that clarity in analytical and conceptual issues is still critical to the success of resilience research and its application. The constraints identified by Luthar as the choice between breadth and depth of enquiry in resilience research is particularly likely to apply to biological and genetic approaches where breadth of social context may be sacrificed for depth achieved by drilling down to the biological substrata.

The reference to policy and practice is important in an age where research and practice are expected to meet and form a 'two-way bridge' with research being practice-relevant and practice being evidence-based. In contrasting risk and resilience paradigms Luthar links these to different research goals – the former when the central goal is to maximize prediction

of negative child outcomes and disorders – the latter to wellbeing. One wonders if the complexity of the resilience field is in fact well understood by policy-makers where resilience is often short-handed as any positive factor and its promotion can be seen as a way of reducing service provision and cutting costs.

Two elements in resilience research are particularly gratifying. One is the refreshing focus on positive experience; the other is the necessary inclusion of social context. Luthar and other contributors emphasize that resilience refers to a process and not a trait, with ‘resilient adaptation’ rather than resiliency the focus of study. It is surprising then that one aspect – that of measurement – is not given greater emphasis. It is hinted at in various places – Rutter’s reference to the importance of impingement of experience, Luthar’s to the importance of precision in risk/resilience definition but this is not developed. Experiences identified as relevant are widely diverse, at different levels of analysis, of different intensities, in different potential multiples over time, both positive and negative and widely differing in their likely impingement on individuals and the individual response provoked. Measurement precision is therefore required in determining dose–response effects of risk, moderating effects of protective factors and the thresholds at which these apply. Much attention is paid to study design, sample composition

and statistical sophistication. Yet no discussion is provided of how measurement might better reflect such experience than the ubiquitous self-report questionnaires. One wonders why no use is made of contextualized measures, such as those investigator-based interviews devised by Brown and Rutter in the UK and utilized over two decades, reflecting life events, adversity, family life and individual coping. It will be an interesting challenge for future study if biological and genetically sensitive designs can be combined with multiple measurement approaches to include such qualitatively based interview measures to encapsulate both meaning and personalized context in experience.

So where does the book imply risk/resilience research will go next? Clearly the implication is that biological and genetic aspects will take centre stage, but the extent to which they can incorporate existing psychosocial approaches is unclear. An interesting historical note is that risk research emerged from a medical model where it was quick to develop methods and measures for assessing risks, deficits and pathology but slower to consider assets, competence and protective processes. Whether new biological approaches can move swiftly to the second stage and whether the same impressive rate of advance can be made in fewer than 30 years, only time will tell.

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