

## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### **A Mood Apart: Depression, Mania and other Afflictions of the Self**

By Peter C. Whybrow. New York: Basic Books. 1997. 384 pp. US\$24 (hb). ISBN 0-465-04725-4

Many of us who subsequently came into medicine were first beguiled by entrancing stories: one of the excellent histories of medical discovery, or Axel Munthe's *The Story of San Michele*, or The Duke of Paran's *A Cure for Serpents*. Like others I was attracted by such books, which were powerful magnets to read medicine. Before entering psychiatry I found the writing of Carl Jung and Paul Tournier particularly attractive. Why start a book review in this way?

It is rare for such a pantheon to welcome a new member but I believe, in *A Mood Apart*, Peter Whybrow has achieved just that. He uses the sure but sensitive brush strokes of a consummate artist to portray the general features and consequences, and the detailed psychopathology and disturbed biology of severe affective disorders. This is a masterly and highly readable discourse.

From the perspective of a phenomenologist one was particularly struck with the detail, the empathy and the meticulous exploration of the self-experience of those currently suffering and previously having suffered from mania, depression and dysthymia. Graphic description is beautifully illustrated with several well-chosen and detailed case histories. Like a good novel, but much more rarely in biography, one finishes these accounts feeling that one actually knows and understands the individual and their story. It comes across with the same personal impact and the same degree of illumination of intense human suffering as Kay Redfield Jamison in *Touched with Fire*, which he quotes. Another author of whom I was reminded was Stuart Sutherland in his autobiographical account of depressive illness and its treatment, *Breakdown: A Personal Crisis and A Medical Dilemma*. However, Whybrow writes more convincingly and is more comprehensive in his account of depression.

William Styron's poignant description of his own depressive illness, *Darkness Visible*, which is also quoted, has clearly been influential. Whybrow, has really attempted to enter into the soul of manic depression and has succeeded to a remarkable extent.

He muses upon the background meaning of depression, mania, and consequential suicide; their biological and philosophical purpose, effects upon the individual, the family and society, and to some extent the meaning of life in its emotional and affective context. He quotes Alvarez, *The Savage God*, and in the process answers some of Alvarez's questions concerning the meaning of suicide and what are its antecedents – at least for the individuals described.

Current psychiatry, with its concern for psychopathology and nosology of affective disorders, and up-to-date knowledge drawn from biochemistry, neuroimaging and experimental psychology are comfortably joined to form a composite picture. It combines clear, incisive, descriptive and didactic information with literary écart that sometimes achieves brilliance. Next time your rivalrous physician colleague makes a derogatory remark about the scientific bases of psychiatry or the precision of psychiatric treatment, lend him (it usually will be him) this book.

“Mania is to depression as fire is to the ashes of the fire . . . these are remarkable and very human disorders, for mania and melancholia exaggerate life”. In his prologue Whybrow discusses some of the dilemmas of the disorder and problems experienced by sufferers. “It is one of the great ironies of Western culture that we revere and socially applaud sustained creativity, drive and infectious enthusiasm but fail to recognise these qualities as close cousins of the disorganisation and suspicion that accompany them in mania and are stigmatised as maniacal madness”.

Melancholy is his preferred term, “better capturing the veritable tempest in the brain that marks the experience of inner turmoil and confused thinking as harmony and emotion drain away, often to be replaced . . . by a withered imitation of

life”. Less than one-third of the millions suffering from manic–depressive illness are diagnosed, probably because of the nature of mood disorder itself. It manifests a complex range of different emotions and grief, often feeling like fear. “What we describe as emotion is actually memory and feeling intertwined”. Whereas “grief alone does not breed hopelessness, melancholia does”. The complex illness of depressive disorder is much more than just persistent unhappiness.

Prominent in severe depression is anhedonia, “an absence of feeling, a profound blunting of emotion such that life itself loses meaning”. It may accompany the grief of bereavement, as Hamlet: “How weary, stale, flat, and unprofitable seem to me all the uses of this world!”. There is a major difference between transient episodes of sadness and depression with their feelings of being trapped in uncertainty, alone, and without purpose or control, from the established illness of melancholia: “The roots of serious melancholic depression grow slowly over years and are usually shaped by many separate events, each of which combines in a way unique to the individual”. Depression does arise out of the circumstances of life but more importantly out of the way we understand, interpret and make sense of those circumstances: “Within the privacy of our own heads we experience life as a series of interrelated stories, which when collected together become the anthology of our personal experience”.

The range of mania is described starting from the early stages where the individual feels marvellous with “a faster beat, a sense of expectation that my life will be full and exciting . . . it's a feeling that can last for days, sometimes weeks, and it's wonderful”. The subjective experiences of different individuals are described in detail and how this enjoyable experience in the early stages of the illness changes imperceptibly to a feeling of being totally out of control, and then to feelings of helplessness and alienation, the most powerful predictors of suicidal behaviour. Current attitudes towards mental illnesses ensure that suicide is not only a killing by one's own hand but also by “the social stigma that surrounds depression and manic depression”.

The nature of depression is explored in terms of the evolution of the brain, so that “from this perspective depression is understood as a disordered flow of information and loss of behavioural resilience secondary

to changes in neuronal regulation and disturbed brain chemistry". However, it is important not to be merely reductionist when giving the physical side its full weight and depression is also a disability of mind and involves changes in thinking. Genetic, constitutional and environmental factors are all of importance and may all be operative in the individual sufferer.

Temperament significantly determines the development of affective disorders and may also initiate diagnostic confusion and delay. In skilfully drawing out his arguments on the influence of personality with well-chosen case examples, Whybrow comments, "In practical terms this means that many individuals suffered unnecessarily, often receiving the wrong treatment or no treatment at all for an illness that, with optimum care, can be more effectively treated than virtually any other complex ailment in contemporary medicine".

Comparative morphology, from the lizard brain through to recent advances in neuroimaging for affective disorders, is described, and is lucid and informative for doctor and layman alike, "We do not know yet how close these observations lie to the anatomical truth of the matter; what we do know is that activity among the limbic centres is poorly regulated in melancholia and states of abnormal mood, and as this dysregulation progresses, disturbances of emotion, thinking, and body housekeeping emerge. Brain imaging for the first time offers the potential to track, as they occur, the shifting patterns of metabolism that must underlie these changes, building a vital bridge between neuro-anatomy and subjective experience". The link between subjective feelings and objective brain changes is made easily comprehensible, as is the link between normal homeostasis and the effects of stress resulting in mood changes. Throughout the book technical information is placed in digestible portions alongside informative personal stories, so the chemistry, although up-to-date and detailed, is easy to assimilate.

The balance is well maintained in an excellent account of the psychological and social factors involved, drawing on attachment theory and cognitive approaches to management. This is linked to the earlier account of the development of the limbic system with the mammalian brain and its importance for emotional and social control.

The chapter on treatment focuses attention on both physical factors in treatment,

such as antidepressant medication and electroconvulsive therapy, and dynamic, family and social factors, with psychotherapy and especially cognitive therapy being described. The case is well made for a combined approach using both physical and psychosocial treatments. This, of course, emphasises the role of a well-trained psychiatrist with substantial background in both physical medicine and psychotherapeutic treatments in the management of manic-depressive illnesses.

This multi-faceted view emerges again in the final chapter where it is made explicit that many different approaches and concepts must be combined in treatment. Personal responsibility for seeking treatment and achieving recovery is discussed and "judicious pharmacological intervention plus a programme of self-education" is described. The importance of the family is emphasised, and how these illnesses can destroy families.

Do you have a local benefactor who is thinking of giving some money to psychiatric research but is not sure whether this is justified from the results? Is a young person of your acquaintance wondering about psychiatry as a career choice? Do you have regular discussions with someone who discredits the whole intellectual enterprise of psychiatry? If any of these or other options pertain you could do a lot worse than giving them *A Mood Apart* to read.

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### **The Politics of Attachment: Towards a Secure Society**

Edited by Sebastien Kraemer & Jane Roberts. 1996. 250 pp. £15.95 (pb). London: Free Association Books. ISBN 1-85343-3446

Academic work in the social and medical sciences has become increasingly specialised. Researchers focus their attention on relatively narrow areas of interest and draw on sub-branches of disciplines familiar only to those working in the same field. One reason for welcoming this book is that it bucks the trend. Contributors to *The Politics of Attachment* come from a wide

range of disciplines and include practitioners as well as academics. Their common purpose is to analyse the sources of insecurity in contemporary society and to suggest what might be done to construct stronger social relationships. The elevation of two of the authors, Mo Mowlam and Tessa Jowell, to posts within the British Government in the time that has elapsed since the book was written adds to its interest for prospective readers.

In their introduction, the editors explain the thinking that lies behind the book. At its simplest, their aim is to join in the clamour to refute Margaret Thatcher's claim that "there is no such thing as society". In so doing, they seek to reinforce the argument of writers such as Etzioni and Fukuyama that there is a need to rediscover the importance of social networks and trust. To this extent, Kraemer and Roberts and their fellow authors are riding the ways of fashionable thinking. The distinctive claim of this book is to go beyond current fashions and to argue that political theory and public policy can be enriched by drawing on the work of development psychologists. In particular, as the book's title indicates, the aspiration is to make connections between attachment theory, as developed by Bowlby and others, and the search by politicians such as Tony Blair for an analysis and a set of policy prescriptions which transcends the perspectives of both the 'New Right' and old Labour.

Running through the book is not only a challenge to the rampant individualism of Margaret Thatcher but also a critique of the communitarian approach articulated by Etzioni. This is most apparent in the contributions by Murray and Campbell. While Etzioni's writings are acknowledged to have value in acting as a counterweight to the philosophy of the 'me' generation, Murray argues that communitarianism lacks any theory of moral development. The contribution of attachment theory is, in part, that it seeks to overcome this omission and to ground an alternative approach within a sound theoretical framework.

Etzioni also comes under attack from fellow sociologist, Ray Pahl. In one of the most entertaining chapters of the book, Pahl emphasises the importance of friendships and their role in building supportive social networks. On a related theme, Helena Kennedy, another contributor close to the Blair government, draws heavily on Putnam's work on social capital to argue for radical changes to the political system.