

Book reviews

The Neuropsychology Handbook, 2nd edn. Vol. 1: Foundations and Assessment/Vol. 2: Treatment Issues and Special Populations. Edited by A. M. Horton, D. Wedding and J. Webster. (Vol. 1, pp. 544/Vol. 2, pp. 408; \$97.95.) Springer Publishing Company: New York. 1997.

It is very difficult for a European reviewer to do justice to this book. It is written by Americans (only one of the contributors is not affiliated in the United States, and he is in Canada) and is primarily about American practice, and with little reference to non-American research.

Those involved have done a very competent, and generally quite thorough, job of presenting the contemporary state of North American neuropsychology but unfortunately, with a few exceptions, the contributors communicate little of the excitement – the buzz – of neuropsychological endeavour. The neurosciences generally must be one of the most exciting of all scientific fields in which to be involved at the end of the second millennium, and this is no less true of neuropsychology; but this does not emerge. Part of the problem is the book's pragmatism. There is little of the inspiration of the great ideas, fundamental intellectual problems, philosophical challenges and scientific puzzles that are at the heart of contemporary neuropsychology.

Some will recall that the first edition of *The Neuropsychology Handbook* appeared in 1986, when it could be contained within one volume. The obvious need to update the content as time passed and the discipline evolved has resulted in the latest (second) edition, which as a result of revision of the existing chapters, and the addition of several new ones, has forced the work into two volumes. I might be tempted to complain that the revision has not been uniformly thorough, and few chapters have references beyond the early 1990s, but as one of the editors of an even larger work (Beaumont, Kenealy & Rogers, 1996), which attempted a similarly comprehensive task, I fear the walls of my study may turn to glass. It is regrettable, but perhaps

understandable, that all the material is not equally up-to-date.

The first part of Volume 1, which addresses 'Neuropsychological foundations', opens badly. The first sentence asserts that 'Clinical neuropsychology focuses on the clinical problems of assessment and treatment of disorders of higher cortical functions in humans' (p. 3). I think that few clinical neuropsychologists would agree with such a limited conception of their discipline. To be fair, when 'Definitions' are reached two pages later, a rather more satisfactory statement appears ('the application of our understanding of human brain-behaviour relationships to clinical problems', p. 5), but this confusion is a symptom of much of the conceptual laxity which follows throughout the work.

The five chapters that comprise this section do succeed in setting out much of the groundwork for the discipline, but it is here that one might have expected more critical conceptual analysis. The chapter on Historical Antecedents is too brief and superficial to do justice to such a fascinating subject, and the chapter on Lateralization fails to reflect much of the recent debate about the true significance of performance asymmetries. Taking this section as a whole, it is surprising that there is hardly a mention of cognitive neuropsychology, and no reference to several of the most influential works of recent years; for example Shallice's stimulating 1988 book.

Part II of Volume 1 deals with 'Assessment' and opens with one of the most useful chapters in the work: on Neuroimaging. It is clear, authoritative, useful and contemporary up to about 1995. A better quality of reproduction of the figures would have allowed the chapter to be even better and one figure legend is transposed.

There then follow three chapters on the three major assessment batteries employed in North America (the Halstead-Reitan, the Luria-Nebraska and the Kaufman Assessment Battery for Children). These chapters are of scholarly interest and I would, for example, use them as a resource for students who require a contem-

porary account of these approaches, but they are little used outside North America. Elsewhere in the world the individual normative-centred approach has continued to gain ground, and is now the predominant approach in association with the form of behavioural neurology, which is supported by cognitive psychological models.

Volume 1 concludes with a rather mixed bag of contributions. I approached Berg's chapter on Screening Tests with interest as it was an area I do not often think about, and it succeeded in being provocative. Sbordone's chapter on Ecological Validity contains the 25 'widely-held assumptions' that he has published separately and which may 'seriously handicap the neuropsychologist'. They should be posted in bold type on every neuropsychologist's pinboard. The Detection of Biased Responding is a valuable discussion, although it misses some of the relevant material, and while it appropriately addresses malingering within the DSM-IV definition, is regrettably short of discussion on the equally important topic of factitious disorder. Kane and Reeves provide a very useful chapter on Computerized Test Batteries, one field in which developments in North America are generally in advance of those elsewhere in the world. A final chapter on Assessing Unilateral Neglect, which seems rather out of place, concludes the volume.

Volume 2 is slimmer and divided between 'Treatment' and 'Special Populations'. Treatment is further divided into Cognitive Retraining with a parochial account which omits, for instance, reference to Riddoch & Humphreys, 1994; useful chapters on Family Intervention and on Behavioural Neuropsychology, both topics too much neglected in Britain; and a chapter on Rehabilitation in Unilateral Neglect. Much of the content of the last, some of the same figures, and most of the same references, appear in the concluding chapter of volume 1 and the chapter also fails to be contemporary in such a rapidly developing area.

'Special Populations' are much the curate's egg. Some chapters are good and welcome (Learning Disabilities, HIV-1 and AIDS; Toxic Exposures). Others are less satisfactory by failing to adequately address a complex subject, and some, such as Forensic Psychology, are only relevant to an American context.

This book is an inadequate account of the

global activity of neuropsychology, too parochial in its sources and limited in its perspective on ideas. It ducks the challenge of understanding human consciousness and identity, of addressing the relationship between brain and mind, or the role of somatic systems in regulating mental life. Also missing, is the work on connectionist modelling of neuropsychological abilities and dysfunctions, and its potential relationship to the outcome of functional imaging studies. Where, also, is the potential for detailed mapping of cognitive systems and the ability to intervene in a precise fashion to remediate cognitive pathology?

I can recommend these two volumes to anyone who wishes to gain an overview of the contemporary state of American neuropsychology, but, from my perspective, I cannot recommend it more broadly as a general introduction, or a general resource, on neuropsychology.

J. GRAHAM BEAUMONT

REFERENCES

- Beaumont, J. G., Kenealy, P. M. & Rogers, M. C. R. (eds.) (1996). *The Blackwell Dictionary of Neuropsychology*. Blackwell Publishers: Oxford.
- Riddoch, M. J. & Humphreys, G. W. (eds.) (1994). *Cognitive Neuropsychology and Cognitive Rehabilitation*. Lawrence Erlbaum Associates: Hove.
- Shallice, T. (1988). *From Neuropsychology to Mental Structure*. Cambridge University Press: Cambridge.

Staying Sane: How to Make Your Mind Work for You. By R. Persaud. (Pp. 288.) Metro Publishing: London. 1998.

This has been an extremely difficult book to review. It came with 'Advance Title Information' billing it as a provocative and brilliantly researched book that exposes the myths surrounding mental health. Both the information blurb and the book itself go on to state that mental health is virtually a taboo subject compared with the vast amount of advice on fitness and health maintaining programmes that people regularly adopt where their physical health is concerned. The title information went on to state that Raj Persaud is the best known psychiatrist in the UK, both a brilliant academic and communicator and listed media comments about him such as '1995s answer to Sigmund Freud', 'Shrink to the Stars', and 'Undisputed King of the media shrink pack'. There is a

problem with this for any reviewer. Not that it is wrong – recently a mental health team colleague confided to me that his radio slots had got her through her recent divorce and she thought he was absolutely marvellous. I confirmed that in the flesh he was equally impressive. So the problem is not with the descriptions of Raj Persaud, or the book as such, but rather with the fact that these descriptions were left in the copy that was sent by the Book Review Editor. Is this another member of the media shrink pack playing snooker?

Moving on to the book itself, the acknowledgements immediately strike anyone not from the Institute of Psychiatry as interesting. They list David Goldberg, Gerald Russell, Isaac Marks, Robin Murray, Jim Birley, Stuart Checkley and acknowledge great debts to each of these. This prompts the question as to whether this is a manoeuvre to ‘stay sane’ when working in the Institute of Psychiatry.

As regards the substance of the book, the claim is that few people know how to stay sane. The book itself is a compendium of techniques to handle stresses of various sorts. Many of the proposals are simple common sense: ‘I believe the mentally healthier person is interested in most people and does not dismiss any one out of hand as being unworthy of getting to know’; ‘It is important to forgive yourself for your mistakes’. There are certainly well over 100 proposals/suggestions of this sort. Their merit is the fact that none could readily be subjected to randomized control trials and the book is singularly free of jargon of that kind but one of the drawbacks is the overwhelming number of proposals, many of which have the character of instructions on how to ride a bike – very difficult to read or put into practice without having a bike to hand.

Raj Persaud bemoans our ignorance as regards mental gymnastics that we might do in order to get ourselves mentally fit and thus ward off insanity. One of the problems with this is that he contrasts the situation with the state of affairs in areas of physical health where people commonly, these days, have elaborate fitness regimes, diets and other programmes aimed at ensuring their physical health. So much is this the case that a recent quip in psychosomatic medicine suggests that the first ploy a doctor should have is to get the patient to tell them

what book they, the patient, have most recently been reading as this will probably hold the key to the syndrome that they are now presenting with. There are two issues here; first, I think it is necessary to take issue with the claim that there are very few books aimed at offering people programmes for mental fitness; and the second is, were programmes like that outlined by Raj Persaud to be adopted widely, what presentations might psychiatrists be faced with in due course by patients who had read *Staying Sane*.

A range of recent books such as *Manage Your Mind* by Butler and Hope (1995), *The Feeling Good Handbook* by David Burns (1994), Skinner & Cleese’s *Life and How to Survive It/Families and How to Survive Them* (1993), Clare Weeke’s *Self Help for Your Nerves* (1992), Jack Black’s *Mindstore and Mental Fitness Programme* (1995), Dryden and Jack’s *Think Your Way to Happiness* (1990), Sandler’s *The 10 Day Rebalance Programme*, Phillips’ *Emotional Evolution* and a range of books by Jeffers such as *Feel the Fear, But Do it Anyway* (1991) all seem to fall broadly into the same area as *Staying Sane*. The ‘Advanced Title Information’ for *Staying Sane* states ‘this looks like an excellent addition to the *Emotional Intelligence/Mars and Venus/Feel the Fear* field’. There are so many of these books that I think there is a real issue about concepts in books such as these feeding through and affecting presentations to mental health services. Concepts such as co-dependency and co-counselling etc. have been feeding through in recent years and perhaps shape the expectations that patients bring to mental health consultations far more profoundly than those who spend their time reading Kraepelin might think.

What effect will *Staying Sane* have on presentations? This is difficult to say. The book was a very difficult read in some respects. It was not broken down into subsections and it did not contain any simple take home messages. It was so full of compendious detail that it is very difficult to see a clear message getting out into popular culture and spreading contagiously to colour the syndromes being presented in primary care or mental health team settings. Will the book keep people out of primary care and mental health team settings? At present the popular mental health ring is dominated by prize fighters coming from the psychological corner such as the *Courage to Heal* (Bass &

Davis, 1992), focusing very heavily on abuse issues and the psychological management of past traumas, squaring up against *Listening to Prozac* (Kramer, 1993), *Driven to Distraction* (Hallowell & Ratey, 1995) and *Shadow Syndromes* (Ratey & Johnson, 1997), which ascribe personality and inter-personal difficulties to biological factors and recommend the management of these by pharmacotherapy where possible. Raj Persaud is fighting out of neither of these corners. His message is that regardless of the origin of the problems there are certain techniques that will help. In this he is surely right but the book felt, to me, as though he could have acknowledged biological and social differences to a greater degree than he did. While most of the techniques recommended were admirable, not all techniques would suit introverts and extroverts equally or indeed men and women equally as well. There is a good deal of evidence to support gender differences in responsiveness to therapeutic interventions both pharmacological and psychotherapeutic. Equally getting to know one's own feelings as is recommended here is one thing but distinguishing between the feelings that appear to be one's own but are given to you by virtue of your social role as opposed to other feelings is quite another thing. If feeling in control is as important as this book claims, a failure to distinguish the social origins of some feelings risks leaving Raj Persaud in very much of a New Labour position. Had the book been able to manage to marry the sensible forms of advice it offers with biological and social distinctions of the kind I have just outlined, it could have been extraordinarily helpful. If future editions manage to achieve that, they might yet be classics. It is hard to see, however, how future jacket designs could ever equal the current version which is a classic.

DAVID HEALY

REFERENCES

- Bass, E. & Davis, L. (1992). *Courage to Heal: Guide for Women Survivors of Child Sexual Abuse*. Cedar: New York.
- Black, J. (1995). *Mindstore*. Thorsons: London.
- Burns, D. (1994). *The Feeling Good Handbook*. Plume Books: London.
- Butler, G. & Hope, T. (1995). *Manage Your Mind*. Oxford University Press: Oxford.
- Dryden, W. & Jack, G. (1990). *Think Your Way to Happiness*. Sheldon Press: London.
- Hallowell, E. M. & Ratey, J. (1995). *Driven to Distraction*. Pocket Books: New York.
- Jeffers, S. (1991). *Feel the Fear and Do It Anyway*. Arrow Books: London.
- Kramer, P. (1993). *Listening to Prozac*. Viking Press: London.
- Ratey, J. & Johnson, C. (1997). *Shadow Syndromes*. Phantom Press: New York.
- Skinner, R. & Cleese, J. (1993). *Life and How to Survive It*. Methuen: London.
- Weekes, C. (1992). *Self-help for Your Nerves*. Fontana: London.
- Review of: The Lifespan Development of Individuals. Behavioural, Neurobiological and Psychosocial Perspectives. A Synthesis*. Edited by D. Magnussen. (Pp. 526; US\$95.00.) Cambridge University Press: Cambridge. 1996.
- A full understanding of the developmental processes in individuals requires contributions from disciplines including developmental biology and psychology, physiology, neuropsychology, social psychology, sociology and anthropology. This ambitious and wide-ranging book is an attempt to present the findings from these and related areas to motivate a holistic view of human development from conception to death. (Frontispiece, Magnussen.)
- This book, introduced above, is the product of a Nobel Symposium. These symposia are exciting meetings, set up to address a specific issue by inviting the world's best in their disciplines to present papers and discuss them.
- Does this book succeed in its stated aims? It is a double risk – producing books from meetings do not always work as the meeting has an ambience, which is hard to put into print – and multi-disciplinary as well. The editor has used an excellent format to help both these aims; the papers are presented in roughly similar areas with a good linking and summarizing discussion at the end of each section. Thus, if you are in one scientific area and do not wish to be educated more broadly then you can stick with Early Development (papers by O'Leary on Areal Specialisation of the Developing Neocortex: differentiation, developmental plasticity and genetic specification; Loehlin on Genes and Environment; and Reynolds on Causes and Outcomes of Perinatal Brain Injury, with a commentary by Gottlieb on a Systems View of Psychobiological Development). Part II is the 'Changing Brain' covering neurotransmitters and their role (Changeux – no pun intended I am sure!); Cellular Aspects of Learning and Memory (Morris) and Brain Size and Neural Space (Purves *et al.*) with a commentary by Edelman and Tononi.

Part III covers Cognition and Behaviour, again linking in the basic genetics and developmental biology with the human studies of language and an excellent commentary on advances in cognitive neuroscience by Damasio & Damasio. Even Section IV, Biology and Socialisation covers both the hormonal aspects of gender differences in behaviour (Goy; Gorski) as well as a more purely social analysis (Cairns). Karli's commentary is a nice overview of the brain and socialization. Part V contains a fascinating set of papers over the broad areas of biology and culture (Hind); Temperament (Kagan) and Developmental Psychopathology Research Constructs (Rutter) – with a most important commentary on social competence and human conflict. This section is a must, even if the others do not tantalize, as it contains excellent material on explaining and describing all aspects of the human situation in today's often violent and aggressive world.

And so to the end of life at the end of the book; Part VI is on Aging with the mixture of genes, environment and molecular and social in different but connected papers.

This book succeeds both in its multi-disciplinary approach and in describing what must have been a most interesting meeting. Some of the best researchers in the world contributed and in a way that facilitated interactions across their disciplines. There needs to be more of this in today's science. So, this is a book for the generalist and the specialist, but particularly it is for today's students starting off in neuroscience for it gives them such a marvellous overview of many aspects of the field. I wish I was one of them.

FIONA STANLEY

Traumatic Events and Mental Health. By L. S. O'Brien. (Pp. 302; £24.95 pb, £70.00 hb.) Cambridge University Press:1998.

Doctor O'Brien brings together his military, medico-legal and academic expertise to write a book that will no doubt come to be regarded as an authoritative text on mental illness following trauma.

Medical diagnoses often raise problems beyond simple diagnostic or therapeutic questions and as such lead to issues of social attitudes and policy. There can be no other psychiatric label

since 'shellshock', to which this applies more so than 'Post-traumatic stress disorder' (PTSD). Unfortunately, few can have failed to notice that the term PTSD has become almost synonymous for all mental illness following traumatic events. Doctor O'Brien's thesis is important, as he sets out to untangle the web behind the simple facts that: (1) not everyone who is exposed to trauma develops post trauma (mental) illness (PTI); and (2) not all PTI is PTSD.

This book is a scholarly examination of the issues surrounding this topical, yet complex, subject. It consists of 11 chapters and is 294 pages in length. The chapters are so designed to be read in isolation, yet the style of the writing is clear and easy to read and will not deter any reader with an interest in the subject. It is extremely well researched and all the major references are quoted and examined critically. The references, over 900 of them, will allow any reader access to the literature on the subject, to which many will turn as I am sure this book will stimulate them so to do.'

Doctor O'Brien covers the historical context of PTI, normal reactions to trauma, epidemiology, aetiology, management and outcome, the last three have weighty references and the medico-legal chapter is particularly lucid and useful. The whole essay is thought provoking, challenging and stimulating and reveals that we must retain a healthy scepticism about the subject and see it in its social context as there are many contentious, politicized and emotional aspects to it. Many interesting facts and uncomfortable questions are examined in this book, for example: nearly all research to date reveals that traumatic events alone account for less than 35% of the variance in the genesis of PTSD; much of the work has been undertaken on populations from which unwarranted generalizations may have been drawn; there can be few other psychiatric diagnoses where there is an 80% co-morbidity; clinical psychometric measures may not translate to medico-legal situations; there are still no studies of the incidence of PTSD and no useful UK epidemiological studies... to name but a few. In the light of such evidence (or lack of it) Dr O'Brien is wise to counsel caution in our use of the term PTSD.

This book illustrates the many dilemmas faced by medicine and society and approaching human

responses to traumatic events with reductive medical models and councils against critical belief in categorical diagnoses, which are after all both provisional and hypothetical. Much research is clearly needed in this area, but Dr O'Brien does us a service by warning us against grouping diverse human experiences into a four letter acronym that may dehumanize and limit our responses to mental ill health following traumatic events.

It is difficult to find a clearer, more authoritative, concise and well-researched overview of the situation on PTI at this time. It is essential reading for all military psychiatrists and other experts in the field. It should also be the starting point for all others interested in the subject of post-trauma mental illness and PTSD in particular.

IAN P. PALMER

Schizophrenia from a Neurocognitive Perspective: Probing the Impenetrable Darkness. By M. F. Green. (Pp. 190.) Allyn & Bacon: Needham Heights, MA. 1998.

The first thing I hoped this book would tell me is 'What is neurocognition?'. It is a word that does not appear in the latest *Oxford English Dictionary* but my guess is that it links cognitive functioning (thinking, planning, remembering) directly with neural functioning, which is useful for researchers, particularly psychologists, in an era where there is a concentration on the biological underpinnings of behaviour. Is this a useful co-relation and is it desirable? In its favour it seems obvious that thinking is something to do with the brain and not the pancreas and that schizophrenia as a disorder of thinking is a brain disease (although doubts are still being

voiced about this last conclusion). But the main reason for arguing for the usual term, cognition, and against this new one is that it may lead us to slip easily into talking about brain scan changes during a cognitive task as causally driving the behavioural output rather than possibly being merely the consequences of behaviour or strategy adoption. The author acknowledges these arguments and points to the "neuro-centrism" created by viewing schizophrenia purely as a biological disorder without the adequate appreciation of social and interpersonal factors' (p. 141).

If we ignore this etymological digression, the book is clearly trying to find a chink of light in the darkness by focussing attention on the significance of cognitive problems for people with schizophrenia. This is not only because they are one of the core features but also because it is now accepted that cognitive impairments are important in the prediction of functional outcome. The book covers a wide variety of topics in cognitive research including its place in the development and maintenance of the disorder. The research cited is sometimes limited to the highly respected research output of a single coastal town in the US but the author points this out himself and makes no apologies for it.

Most importantly, the book finally focusses on what our patients need – interventions which alleviate the cognitive difficulties. These include the possible effects of new anti-psychotic medication as well as the now accepted psychological treatments, such as cognitive remediation and cognitive behaviour therapy. All this information has been elegantly linked into a model which will, no doubt, keep schizophrenia researchers busy for the next decade.

TIL WYKES