

Book Reviews

Editor: Sidney Crown

Chronic Pain: Volume 1. By THOMAS MILLAR. Madison: International Universities Press. 1990. 361 pp. \$50.00.

Chronic Pain: Volume 2. By THOMAS MILLAR. Madison: International Universities Press. 1990. 883 pp. \$65.00.

This publication is in two volumes, each of two parts. Throughout, not only is the multidisciplinary approach to the management of chronic pain emphasised but also the many facets involved in the establishment of pain and suffering. There is generally a lean toward psychological management (most of the 34 contributors are from departments of psychiatry or psychology) perhaps representative of the direction in which chronic pain management is progressing.

Part 1 – “The nature of pain” – includes a chapter reviewing current concepts of pain mechanisms and treatment and gives outlines of pharmacological and non-pharmacological methods of pain management. The chapter on economic, ethical and psychosocial considerations produces some interesting statistics (back pain costs the USA \$24 billion per year [1982 figures]) but obviously relates to the USA rather than Europe. There are so many flaws in the studies of the contribution of ethnic factors to pain that the conclusion to this chapter would have been sufficient information. The chapter on litigation and compensation (an area of some considerable controversy) looks at legal issues, practical problems and their psychological effects, but once again is really only applicable to the USA.

Part 2 – “Diagnostic issues in chronic pain” – also looks at management of the chronic pain patient. There is a chapter on the assessment of the chronic pain patient using the Minnesota Multiphasic Pain Inventory which has been used extensively in an attempt to identify patient sub-groups and predict success of treatment programmes. The personality profiles ascribed to chronic pain patients have, however, been challenged. There is a good, balanced chapter on the management of patients with cancer, although again diagnostic issues are barely touched. This chapter gave an outline of the management of patients with cancer pain, indicating the usefulness of psychological approaches and discussing the limitations of destructive nerve blocks.

Part 3 – “Multiple strategies in the treatment of chronic pain” – includes a chapter on biofeedback and

hypnosis. Although a number of encouraging case studies are described, biofeedback has generally not been found to confer any greater benefit than relaxation alone and its precise role remains unclear. The following chapters provide further interesting case reports but there is a certain amount of repetition particularly on the use of cognitive and behavioural aspects of chronic pain management.

Part 4 – “Perspectives in chronic pain” – includes a chapter “Understanding paediatric pain” which looks at psychological development, assessment and management of paediatric pain. The importance of taking into account the developmental status of the child is stressed and once again the importance of the multidisciplinary approach. Areas for further research are indicated. The chapter on the role of the clinical social worker was of interest since in the UK probably few pain clinics yet have the benefit of a social worker as part of the team. This is surprising in view of the frequency with which social and family problems are reported to be intimately connected with pain problems and this chapter perhaps gives us some guidance for the future. Part 4 finishes with a short chapter – “Chronic pain and the geriatric patient” – again a topic that attracts surprisingly little attention in view of the age spread of our population.

If you are happy with the American style (words like operationalisation spring to mind) and the repetition of certain aspects, then these volumes provide an overview to multidisciplinary pain management with an emphasis on a psychological approach.

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Advances in Psychosomatic Medicine – Vol. 20: Methods in Teaching Consultation–Liaison Psychiatry. Edited by M. S. HALE. Basel: Karger. 1990. 144 pp. £42.60.

Much of the justification for liaison psychiatry has been its educational potential. Indeed, in the United States, the subjects rapid expansion during the 1960s and early 1970s was due to special Government funding in order

to improve the training of medical students in psychological and social issues. Awareness of the importance of teaching and training has encouraged many excellent teachers, especially in North America. It has also meant that many other psychiatrists who work in general hospitals have been both concerned about how to integrate their teaching with medical training and have often been dismayed at the slowness of progress.

It is relatively easy to define the broad aims of liaison psychiatry in teaching the psychological aspects of medicine and surgery to medical students and to other general hospital staff, and to training psychiatrists in a special interest area which requires special knowledge and skills. It is much more difficult to know how we should do this. Part of the problem is that liaison psychiatrists have not yet clearly defined the special problems, clinical skills and treatments appropriate to the general hospital setting; another obstacle is the practical difficulties of setting up regular teaching within other medical units. Liaison psychiatrists require the time and the appropriate access to students, as well as the support and collaboration of colleagues. It remains rare for psychiatrists to be able to teach together with physicians and surgeons who are willing to reinforce the importance of psychological skills.

This latest book, the 20th volume in a now well established series has the right title and the right aims. Does it tell us what we want to know? The answer must be equivocal. It is relatively short, and surprisingly, three of the eight chapters have nothing to say about teaching methods. A good introductory chapter (Helz & Thompson) surveys the general approaches to consultation-liaison psychiatry, most of which are dependent on much greater resources than are available in most British units. Two chapters provide useful accounts of interviewing (Bird & Cohen-Cole) and the teaching of behavioural medicine (Gallagher).

It is a book to consult for valuable sections and for references, not an essential reference or practical guide.

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The Work and Play of Winnicott. By SIMON GROLNICK.
Northvale, New Jersey & London: Jason Aronson.
1990. 232 pp. \$25.00.

In a wonderfully Winnicottian manner Grolnick includes in his Preface to this work, an account of his 'unacknowledgements'. This is a playful reference to all those colleagues and teachers who resist change and new ideas and are enslaved by orthodoxy. It is also a good joke.

Winnicott was a paediatrician, psychiatrist and psychoanalyst combined. The beauty of his ideas are in their common sense and he was a theoretician and clinician with a lot to say to the general psychiatrist. It is

not necessary to be a devotee of an exclusive psychoanalytic model to find value in his ideas, particularly in understanding the clinical situation.

The body of this book is an exploration of Winnicott's ideas, capacity to play and therapeutic originality. Grolnick traces Winnicott's development involving the incorporation of scientific principles derived from his medical training with a psychoanalytic interest tinged with poetic creativity. But the Winnicott of this book is also very human with foibles and idiosyncrasies. This model gives permission to clinicians to develop their own style and 'true self' within the theory.

In a limited way, Grolnick describes Winnicott's own development, tracing his evolution from Freud & Klein to a unique position of his own. Possibly driven by his own experiences in a female-dominated household, Winnicott spent a considerable time observing mothers with their infants. His paediatric practice was the creative setting for his theories on 'the good enough mother', 'holding environment', 'transitional object' and 'false self', which are Winnicott's major contributions to understanding human nature and interaction. Grolnick explores each concept clearly and devotes separate chapters to the Winnicottian mother/baby, to the developmental line of self, to object relatedness and to creativity. While Grolnick's prose is fluent here, it becomes turgid when discussing the more secret areas of Winnicott's own personality.

Winnicottian theory is very hopeful, seeing great value in patients' aggression as a motive force. Like the Winnicottian mother, the Winnicottian therapist learns to value the power of patients' hate. Thus the patients' true self gains confidence and all aspects of the self are allowed full expression and are utilised in personal growth. It is this hate or energy that spurs one on towards the outer fringes, creative absurdities or ludicrous possibilities where a livelier being exists. In a sense this happened to Grolnick too. While the middle section of the book is an excellent account of Winnicottian theory, it is a bit lifeless. It is in the end section, where Grolnick allows himself to play while describing Winnicott at play, that the initial humour returns and in a more lively Winnicottian vein, Grolnick combines humour and play with the serious business.

An interesting and exciting book, excellent reading for those unfamiliar with Winnicott. It is a useful starting point for moving onto Phillips' *Winnicott* (1988, London: Fontana) which is an analysis of the more complex aspects of Winnicott's theory.

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Mutism. By YVAN LEBRUN. London: Whurr Publishers.
1990. 124 pp. £18.95.

Mutism, meaning the absence of speech, has a long history preceding its adoption as a medical symptom.