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The Creation of Psychopharmacology. By D. Healy. (Pp. 416; £27.50.) Harvard University Press: London. 2003.

For some time now, critics of David Healy have been suggesting that he has lost the plot. My own situation is distinctly worse in that despite two readings of *The Creation of Psychopharmacology* I am not sure that I have got the plot at all. That is certainly not for lack of effort on Healy's part. This book consists of over 400 pages of detailed history, anecdote and reflection. It covers not just the story of how modern psychotropic drugs came to be discovered but also puts these discoveries in a political, social and intellectual context. Healy sees profound cultural forces at work and, indeed, believes that these forces are now shaping the markets for psychotropic drug discovery in unforeseen and undesirable directions.

Healy's work has an impressive and at times disorientating sweep. He sees the Enlightenment as giving rise to a new kind of individual, one with a personality rather than a character. While the character of a person was defined by their place of birth and network of relationships, personality is the face that a less rooted, urbanized individual presents to the world. This leads to the modern concept of alienation, which permits what had previously been undifferentiated forms of insanity to be 'diagnosed' as mental illnesses with distinct aetiologies. Healy explores the development of psychology and psychotherapy as well as psychopharmacology in this historical context. While sedating agents such as bromides and barbiturates had been available since the end of the nineteenth century Healy, correctly I am sure, sees the discovery of chlorpromazine as being the pivotal event in the evolution of modern psychopharmacology.

For those of us brought up in the post-chlorpromazine era there is a tendency to wonder what all the fuss was about. Healy's vivid account is a useful corrective. A barber, hospitalized in a psychotic and stuporose state for many years, recovered with chlorpromazine and shaved his psychiatrist, Dr Jean Perrin, with open razor, water and towels before departing for home. In Canada, Dr Heinz Lehmann, saw nothing less than an 'awakening' in many of his patients with psychosis. He later commented that if these patients and their relatives had been told that the price of these recoveries would be death in 2 years they would have taken the 2 years of restored life.

After this brief halcyon period, Healy's tone becomes gloomier. He believes that the original goals of clinical psychiatry and especially the innovative use and development of psychotropic drugs have become perverted by market forces and unholy alliances between Regulators and Industry. Healy presents many arguments and I am not sure I grasp all the issues he thinks are important, although the key factor appears to be the legal role of doctors in the prescription of medicines. The story is as follows. Initially pursued as a misguided means to limit drug misuse, this medical privilege has led Pharmaceutical Companies to promote the use of prescription drugs to treat 'community nervousness'. To license drugs, Regulators require randomized controlled trials in defined categorical disorders. The Industry has responded by bullying psychiatrists into diagnostic categorizations such as DSM-III and DSM-IV and colluding with the creation of common pseudo-illnesses such as social anxiety. The selective serotonin re-uptake inhibitors (SSRIs), a product and cause of this pernicious development, are not much use as antidepressants, though they do increase the risk of suicide. However, SSRIs are the harbinger of drug treatments that will lead to resculpting of personality just as plastic surgery has been directed by culture and market forces to reshape the bodies of dissatisfied owners. This is heady stuff!

Unfortunately, the intoxication of the argument does sometimes get the better of the facts. Talking about the hypothesized role of

serotonin in depression, for example, Healy comments 'This is an idea that has never had any more evidence to support it than the uric acid diathesis had'. In the age of spin, it would probably be better to prove that marketing of drugs has an undue influence on psychiatric theory and practice without saying things that are not, strictly speaking, true.

Healy appears to have a good memory of the 1960s which means, I imagine, that he was not there. My own memories of the time are poor, but even so I really do not believe that opposition to the medical use of chlorpromazine caused much of the political ferment. The tide of antipsychiatry came in and went out without appreciably altering the treatment of schizophrenia, which has remained centred on dopamine receptor blocking agents and various kinds of psychosocial management.

Healy is critical of this lack of scientific progress but I am less convinced that it is caused solely by the machinations of Industry and its stifling effects on academic research. The discovery of chlorpromazine and antidepressant drugs were marvellous, chance findings, but because they were chance findings, it has been difficult to do much except try and build on them pragmatically. Furthermore, as Healy clearly describes, these great clinical discoveries gave an enormous stimulus to basic psychopharmacology research, leading, for example, to Nobel Prizes in Medicine for Arvid Carlsson, Paul Greengard and Eric Kandel in 2000. Current neuroscience research is truly exciting and may soon be able to repay the debt it owes to the outstanding clinicians whose stories Healy has told so well in books such as *The Psychopharmacologists* (2000). We should also remember that it is academics who have taken the leading role in persuading Industry to pursue genomic research as a means of transforming drug discovery (Horrobin, 2003). Time will tell, but the current state of drug company pipelines suggests that Healy's brave new world may be some way off.

In the meantime, what about the treatment of 'community nervousness'? Healy seems to believe that the prevalence of depression has been artificially inflated to create a market for SSRIs and other new antidepressants. It is just as likely that modern epidemiological methods provide more realistic estimates of community symptomatology than older studies. The clinical efficacy of SSRIs in anxiety and depression (as well as premenstrual dysphoria and premature ejaculation) offers nothing that could not be obtained with an old workhorse such as clomipramine. However, Healy minimizes the real advantage that SSRIs have, namely that it is far more possible to take them and lead a normal life. Equally, Healy is strangely dismissive of 'community nervousness', commenting that 'where once fear of God was a good thing that helped maintain the social order, fear has been replaced by anxiety and that anxiety has been seen as a bad thing – something to be treated'. Indeed, it can be, if you suffer from disabling panic attacks, for example.

In fact, as Healy's account makes clear, for centuries people with anxiety and depression have been medicating themselves with agents such as opiates, alcohol and bromides. Whether the medical prescription of antidepressants for such disorders is a less satisfactory remedy sounds a straightforward question. In fact, I cannot really decide from Healy's discussion whether he himself thinks that SSRIs should be banned, prescribed more carefully, or made available over the counter for the treatment of premature ejaculation.

I have commented elsewhere on the tendency of the media to portray Healy as the lone detective battling against evil corporations and the indifference of the medical establishment (Cowen, 2002). With much good detective fiction, of course, it is not necessary to understand the plot completely to enjoy the writing, characterization and narrative. *The Creation of Psychopharmacology* scores highly on all these latter points. Healy is certainly psychopharmacology's pre-eminent historiographer. However, trying to follow his complex political and social arguments about how we got to where we are and where we are going is more difficult. In this respect it may be significant that Healy tells us that he finished this book on a nightmarish train journey which, courtesy of rail privatization, required him to spend 23 hours completing a 500 mile trip. It will come as no surprise to those who have accompanied Healy on his exegesis of psychopharmacology that he seems to have taken this inconvenience, upsetting though it must have been, particularly personally. My own reading time of *The Creation of*

Psychopharmacology would certainly have been of this order and I probably travelled a considerably greater intellectual distance than 500 miles. How far I ended up from my starting point is another matter.

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Personal Therapy for Schizophrenia and Related Disorders: A Guide to Individualized Treatment. By G. E. Hogarty. (Pp. 338.) Guilford Press: New York. 2002.

This is a definitive work on the psychosocial therapy of schizophrenia and a very welcome addition to a field wherein much nebulousness exists. Our speciality in which books on psychotherapy outnumber studies on psychotherapy, benefits much from this summary work based on data and 12 years of studies (1985–97). Although he is the primary architect of personal therapy (PT), Professor Hogarty is rather modest and hardly claims ownership of any of the therapeutic techniques, often crediting others in the field. What makes PT so valuable is that unlike generic psychotherapies PT is disorder-specific and focused in scope. More importantly, it has a contemporary perspective on the disease it intends to treat. While the systematic description of the therapy and the clinical wisdom shared in the book will impress the reader, what creates an immediate level of comfort is the prudence and pragmatism of the therapy – 'PT is a treatment that acknowledges the biology of a brain disorder, the psychology of the person affected and the sociology of the environment … .' (p. 2), and early on in the book (p. 85), Professor Hogarty declares 'we do not aspire to treat psychologically the basic impairments of schizophrenia'. The necessity for medication treatment is consistently mentioned and the synergy between medication therapy and PT resonates throughout the book. On the other hand, it is not as if PT plays the second fiddle to medication therapy. Whereas it helps to optimize the effect of medications by enhancing control of target symptoms and avoidance of relapse, the ultimate goals of PT are to move beyond the limitations of medications towards achieving social and vocational recovery.

The primary database is a study of 151 patients assigned to four therapeutic arms – supportive therapy, psychoeducation, PT and PT with psychoeducation. All groups received medication, many were on injectable long acting preparations, and some on clozapine. All four groups benefited from these therapies. The effects of PT took time to be evident, usually more than a year and sometimes more than 2 years. PT was better at forestalling relapses and significant benefits from PT included improved relationships, enhanced work performance, improved leisure activities, decreased personal anguish and reduced negative symptoms. The only 'negative effect' was an increase in observed anxiety. To therapeutic nihilists in the field of schizophrenia, PT answers with solid data that 93% of patients got through the intermediate stage and 54% completed the demanding advanced stage tasks.

The book has seven chapters and over 300 pages, which describe PT in great detail, giving the clinician enough information and guidance to use it as a working manual. At the same time, it does not have the usual dryness of a manual and the reading is easy. The chapters flow smoothly and information is added in steps, from the 'basic phase' of assessing needs and introducing techniques to the 'intermediate phase' of processes for developing coping techniques and self-monitoring to the 'advanced phase' of strategies to facilitate integration. The sessions are usually weekly in the beginning and biweekly in the second year. At a minimum, PT needs 6 months of work to show any results, usually 10–12 months are needed and to obtain full benefits, it takes several years. PT involves sensitive listening, synthesizing details of patient's account and offering reassurance. The reader begins to feel like an observer watching the actual treatment of a few patients with PT. On many common dilemmas that clinicians face, such as how rigidly to protect patient confidentiality from family, Hogarty offers guidance by stating 'confidentiality from family

is often an exercise in misplaced altruism' and 'clients need to hear that schizophrenia is not a private event that can be concealed from loved ones' (p. 139); many specific tips are provided – avoid lengthy discussion of the contents of psychotic symptoms – you are only overloading a system already in chaos. Examples of positive expression are provided. Thus, 'you screwed up again' becomes 'what is wrong'. PT takes a very positive view of the patient – for example, amotivation is conceptualized as reduced stamina and negativistic behaviours are interpreted as signs of autonomy (p. 200). The emphasis throughout is on the complementary roles of psychosocial therapy and medication management. Extensive information on medications is provided, primarily for the benefit of the non-medical clinician.

To achieve its objectives, PT relies on support, education, therapy and rehabilitation. PT draws from interpersonal theory and does not rely on intra-psychic processes. In fact, PT deliberately avoids the interpretation of psychotic content by not endowing such with special meaning. For example, Hogarty states, 'initial mistrust (from the patient) is often based on a legitimate foundation in recent reality than any early developmental relationships' (p. 142). PT recognizes the numerous impairments of patients with schizophrenia. There is always a willingness to allow for mis-steps and ultimatums are avoided. While relying on established method, simultaneously there is fluidity in treatment, for example denial is accepted if it helps achieve the goals. In many ways, the contents of personal therapy are common sense verified by scientific method. Professor Hogarty describes PT as 'a composite of various techniques that could be strategically tailored to the individual patient's needs and preferences' (p. 1). It is a method of therapeutic practice that started with 'clinical experience, practice wisdom and empirically tested principles' (p. 8), and evolved further based on data, tested by hypotheses and verified by follow-up – over 12 years.

It is emphasized throughout the book that as a person gets better, expectations increase and this may work against the process. Clinicians are cautioned 'beware of extremes while increasing responsibilities, those who are unmotivated and those who act as though severe illness never occurred'. A balanced approach is advocated while noting that the exclusive use of the 'strengths perspective' is counterproductive to recovery and precludes an acknowledgment of disabilities and the other extreme of nihilism and acceptance of the notion that schizophrenic patients have no insight is unhelpful. As the patient works his/her way up, many interpersonal concepts are introduced using lay language such as helping the patient take the emotional temperature of key persons, etc. PT is very pragmatic and no bones are made that resources for basic survival and direct social work are absolutely essential. The author notes that many mental health professionals resist an active role in accessing benefits because of concerns related to encouraging dependency. Although the detailed information provided about social security insurance forms and the complexities involved in successfully navigating the various entitlement programs is primarily applicable to the therapists working in the USA, the message is clear to everyone working with the chronic mentally ill – successful rehabilitation requires the therapist to provide concrete help with basic survival resources and public assistance programmes.

The appendix and bibliography are carefully constructed and provide good reference material. The treatment of the statistical issues relevant to design of studies and interpretation of psychosocial results is impressive and unique. The scale for assessing cognitive disabilities and handicaps is very utilitarian. The process scale in the appendix is excellent and designers of drug trials in schizophrenia should take notice of it as a possible standard measure of assessment. The tables in chapter 5 on signs of distress are very detailed and readily usable in many different settings and therapies. A hierarchy of psychosocial therapies is provided in chapter 7: start with family and patient psychoeducation, add social skills training, move on to the full spectrum of personal therapy and graduate with cognitive enhancement therapy. It goes without saying that such therapy and rehabilitation of a person with schizophrenia will take many years to accomplish.

No matter how good a book, a compulsion that reviewers suffer from is to make a few criticisms of the work he/she is reviewing. I could not resist this. There is no mention made of the concepts of primary, secondary and

tertiary prevention, which the rest of Medicine so extensively uses. After all, the latter two are the aims of PT. A brief mention of other psychosocial therapies and a comparison with PT would have offered a perspective to the reader on how and where PT fits in the armamentarium of psychosocial therapies with schizophrenia. Excerpts of actual conversations between a therapist from the author's programme and a patient, illustrating the many pearls of clinical wisdom would have been the icing on the cake.

The book is highly recommended to clinicians working with and for persons with schizophrenia, to educators developing curricula for the training of such clinicians and to clinical researchers interested in the application of psychosocial treatment paradigms to reducing dysfunction and disability from chronic mental illnesses.

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The Treatment of Obsessions. By S. Rachman. *Cognitive Behaviour Therapy: Science and Practice Series*. Edited by D. Clark, C. Fairburn and S. Hollo. (Pp. 162; £22.95.) Oxford University Press: Oxford. 2003.

Despite significant progress over the last decade in our knowledge of the treatment of obsessive–compulsive disorder (OCD) the main focus of clinical research and therapy has concentrated on the treatment of compulsions. However, as many as 30% of patients with OCD experience obsessions as the primary problem. Although there have been major advances in the treatment of obsessions further development in this area of research is needed. Clinicians often face the dilemma of knowing where to start and what to do in treating this difficult, distressing psychological problem.

This excellent book offers a comprehensive cognitive behaviour therapy manual for treating patients with obsessions. It can be used either as a complete treatment programme or as an adjunct to mainstream CBT for compulsions.

The strength of this manual is that the treatment programme is based on a theoretical premise and model of OCD that offers good evidence-based practice. Cognitive and behavioural therapy (CBT) strategies are linked to the assumptions of the theory. Rachman explains the reasons why some strategies commonly employed in the treatment of obsessions that are not theory driven have minimal impact on reducing symptoms. For example, thought-stopping techniques paradoxically can increase the frequency of obsessions. I would have liked to have seen some comparison of the differences and overlap with other existing cognitive theories and models of OCD (Wells, 1997; Purdon & Clark, 1999).

The manual is clearly written, highly practical and easy to follow. The format is excellent. The balance between describing theoretical considerations and the application of CBT strategies is very good. The manual is illustrated with interesting case examples that illuminate the psychological concepts.

In Chapters 1 and 2 the phenomena of obsessions are described and Rachman's theory of OCD is presented. Empirical evidence for the theory is examined and a clear rationale for treatment is provided. Chapter 3 is devoted to a thorough and rigorous assessment procedure that aims to measure both the psychopathology of OCD along with idiosyncratic symptoms. A broad range of tools is used that measure the key constructs of the theory. The importance of using repeated measures on a session by session basis and pre- and post-treatment is stressed. Following the assessment treatment is divided into two distinct stages, chapter 4 covers the first stage of treatment which focuses on education about the nature of intrusions and obsessions. The patient is socialized into CBT through guided discovery, cognitive restructuring and in-session socialization behavioural experiments. Phase 2 of treatment described in chapter 5 concentrates on cognitive strategies that aim to reduce the frequency obsessions and associated distress. A wealth of clinical material illustrates how to deal with problems such as reducing the significance of an obsession. The chapter is packed with innovative techniques that would give the therapist direction and confidence to deal with the most stubborn obsessions. Chapters 6 and 7 tackles reducing self-defeating safety behaviours though socializing the patient into understanding how safety behaviours exacerbate obsessions. The use of behavioural

experiments to test out negative predictions is seen as central to the treatment (Beck, 1979). Good clinical examples illustrate a range of CBT strategies. Chapter 8 briefly touches on how to deal with potential problems and barriers in therapy. Chapter 9 is the therapist's toolkit, 18 blank worksheets, handouts, scales and interview schedules that were illustrated in the treatment chapters can be reproduced to complement the CBT programme. Finally, chapter 10 briefly describes six cases of patients treated for obsessions. I would have liked to have seen a cognitive case conceptualization for each patient that illustrated the mechanisms that maintain obsessions along with developmental aspects to the disorder especially given that CBT proceeds by case formulation.

This book is essential reading for clinicians working in mental health settings. It would also be of interest to trainee clinical psychologists, psychiatrists, nurses, occupational therapists and social workers. I will most certainly use this manual, which is a most welcomed volume and great contribution to the practice of CBT.

GILLIAN TODD

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Treatment and Rehabilitation of Severe Mental Illness. By W. D. Spaulding, M. E. Sullivan and J. S. Poland. (Pp. 386.) Guilford Press: New York. 2003.

Treatment and Rehabilitation of Severe Mental Illness is that all-too-rare example of a book that is both informed by rigorous research and inspired by clinical experience. The authors provide an innovative framework for planning and implementing effective clinical services for people with severe psychiatric disabilities. In easy to understand terms, they have combined 40 years of social learning principles with very recent knowledge gathered from research on neurocognition to facilitate the successful assessment, treatment and progress evaluation of individuals with schizophrenia and related disorders.

The approach advocated by the authors is grounded in an integrative model of case formulation that incorporates the latest biomedical and psychosocial knowledge. Specifically, it incorporates a conceptualization of mental illness that is informed by current scientific findings and principles related to the problems and goals of rehabilitation. The value of such an approach is its ability to bridge the gap between clinic and laboratory by guiding the way for scientific advances to become clinical tools, as their relevance to real human problems becomes better understood.

The book is divided into three parts. The first part focuses on key concepts, identifies the major elements of the approach, and describes the concepts that provide integration. The second part forms the heart of the book through its description of specific, evidence-based clinical techniques and their appropriate role in the rehabilitation of severe and disabling mental illness. The third section addresses the organizational context of rehabilitation by reviewing the administrative and managerial challenges that confront implementation of effective rehabilitation and shows how the integrated approach guides successful provision of services.

The authors also provide three very useful appendices. The first appendix is a list of common problems encountered during the assessment, treatment and rehabilitation of people with severe mental illness and demonstrates how to conceptualize and operationalize each problem effectively. The second appendix is a case example that illustrates the process of creating a rehabilitation plan. This example gives the reader a thorough appreciation of the method advocated by the authors. The third appendix presents an algorithm for the treatment and rehabilitation of schizophrenia that skillfully integrates pharmacological and psychosocial treatment modalities.

There were only two relatively minor concerns the authors should address in the next edition of what should become an essential textbook in the field. First, the authors provide the findings of only one study to support their views

on the benefits of their integrated approach. Given that the authors have many years of experience utilizing their methods at the Lincoln Regional Center in Nebraska, the reader could expect more quantitative evidence of the value of their treatment model. The other issue relates to the excessive and repetitive criticism of the DSM framework, referred to by the authors as the 'Neo-Kraepelinian' method. Although there are certainly limitations to this diagnostic system, it is, by most accounts, the best we currently have. The authors' dissatisfaction with the DSM system could have been noted without repeatedly (over a dozen separate instances throughout the book) making the same argument, which only serves to distract the reader from the thrust of the book's essential points.

These concerns non-withstanding, this book should serve as an effective tool in disseminating the technology of psychiatric treatment and rehabilitation to a new generation of practitioners working with the most severely and persistently mentally ill.

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Surviving Stalking. By M. Pathe. (Pp. 166; £17.95.) Cambridge University Press: Cambridge. 2002.

One of the difficulties when providing information to victims of stalking is to strike a balance between giving a realistic and practical approach and being alarmist. *Surviving Stalking* attempts to do this in providing 'a practical and comprehensive survival manual for victims of stalking and related crimes'. The main author Michele Pathé is a Consultant Forensic Psychiatrist at the Victoria Institute of Mental Health in Melbourne and liaises with fellow Forensic Psychiatrists Dr Dorren Orion in the USA and Dr Edward Petch in the UK to provide information for victims of stalking around the world. The book details types of stalkers and their motives, as well as ways that victims can try and prevent and overcome the problems associated with such behaviour. It also attempts to guide victims around the different services that may help them resolve the distressing situation in which they find themselves.

The introduction to the book states the usefulness of its contents to workers in healthcare and law enforcement who may be dealing with victims and indeed the book provides a great deal of educational material for such professionals. The first seven chapters deal with descriptions of stalkers and their behaviour, the risks they pose to their victims and the likely experiences stalking victims will have, with frequent reference to research. While helpful to professionals dealing with victims, such reading may be overwhelming, and sometimes alarming, to victims who have experienced lesser behaviours from their stalkers. However, the information provided may help stalking victims gauge their risk, for example, of violence.

The informative and educational aspect of this book is understated in its introduction. Chapters 6, 7 and 8 are most probably irrelevant to current victims of stalking and will only serve to relive their trauma. They are, however, useful to workers attempting to support and advise victims of stalking. Later in the book, very practical and user-friendly advice is given, showing the victim ways to gain a sense of control over their situation. Indeed this information is important to non-victims to a lesser degree.

Chapters 10, 11 and 12 provide comprehensive information about the judicial systems in the United Kingdom, United States of America and Australia, a distinction that is often not made in publications. These chapters do importantly highlight the difficulties that may be encountered at police level, although the bulk of these chapters refer to cases where the perpetrator has been charged. Within the body of the book not enough is made of other support systems that can be of help if the complaint by the stalking victim does not reach the courts. However, Appendix 1 lists the contact details of support systems available in all three countries.

Surviving Stalking gives information ranging from the different types of stalkers and their behaviour, through to advice about how to gain protection and cope with the harmful impact it has on victims. It is highly educational and informative in its content and this is both a strength and a weakness. While of use to those dealing with victims of stalking, it detracts from the need to inform victims without alarming them unnecessarily. The book does, however,

gives sound, practical advice to victims that is easy to follow and universally relevant.

The book is well set out, clearly written and important chapters for victims of stalking provide a summary in bullet points at the end of the chapter. It is a book of 160 pages that is easy to read and avoids using technical terms, where possible. It will provide good reference information to victims of stalking and is of great educational importance to those professionals who may need to deal with victims of stalking in the course of their work.

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