

Book reviews

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A Guide to Asperger Syndrome. By C. Gillberg. (Pp. 178; £19.95.) Cambridge University Press: Cambridge. 2002.

Asperger syndrome is a condition about which there remains limited understanding beyond a relatively small number of specialized professionals, and the much larger numbers of those who live with the condition every day. This book, by one of the foremost researchers and clinicians dealing with Asperger syndrome, attempts to provide an easy-to-read overview of everything you ever wanted to know about the condition. The preface states that the book is 'intended for all those who struggle with Asperger syndrome in their everyday life', under which is included not only people with the diagnosis and their families, but clinicians struggling to understand a disorder about which they may hear much but know very little. To a great extent, the book succeeds in its task. Chapters in the book range from definitions and explanations of current knowledge about prevalence, through descriptions of symptoms across childhood and into adolescence, diagnosis, associated difficulties – psychiatric, psychological, behavioural, social and physical, current interventions and treatments, case vignettes, and even a chapter about 'famous geniuses' who may have had Asperger syndrome. Each chapter is a very manageable length and is presented in 'bite-size' paragraphs with key headings, and each ends with 'concluding remarks' which neatly summarize the content of the chapter.

While it could be argued that some of the terminology and writing style may be less accessible for parents and families, overall the book is clear and easy to understand. There is rather a lot of overlap between chapters and topics within the chapters, with points being repeated several times throughout the book. While this can lead to a perception of excessive over-repetition at times, it does however make the volume useful in terms of targeting a specific

chapter of interest and being certain that key associated issues will be covered. In this way the reader can use it almost as a 'textbook' for Asperger syndrome. It also helps to highlight the inherent overlaps between the features of Asperger syndrome and its behavioural and psychological impacts.

Focusing on some of the chapters in more detail, there are several that are extremely good: 'Definitions' explains and explores the features, diagnostic criteria, and co-morbid conditions very clearly (although there are inclusions of diagnostic labels which are uncommon in some countries, such as DAMP – Deficits in Attention, Motor control and Perception); the two chapters on 'Symptoms' likewise provide an excellent overview of the varying and core characteristics of the condition; 'Cognitive neuropsychology' considers the current understanding of the way in which people with Asperger syndrome process information and how this affects learning, psychology and behaviour; and 'Attitudes, interventions and treatments' addresses not only the typical social skills and psychological supports available but also the effects and appropriateness of pharmacological interventions. The concluding 'Case Vignettes' present very helpful and informative examples of a range of individuals across age groups and genders, highlighting both the similarities and the uniqueness of people with the diagnosis. However, there are a couple of Chapters which seemed rather 'sketchy' – most notably the chapter on the long-term outcome for adults. This is an area which many families are intensely concerned about, and although the book covers possible 'personality' differences it is less detailed about associated psychiatric, behavioural, forensic, vocational, or relationship possibilities. These are generally covered within other chapters, but it might have been useful to have included them here to hold with the 'textbook' format which presents elsewhere for ease of access. That said, the chapter on 'Famous Geniuses' goes a long way to demonstrate that individuals with Asperger syndrome may be not

only capable of living a near-normal life in adulthood, but the features of the condition may lead in some cases to incredible successes.

Of interest to clinicians the appendices include copies of Gillberg's diagnostic interview and screening tools for Asperger syndrome, although surprisingly there is no explanation as to their appropriate use, or any proviso that they ought not be used by non-professionals.

In summary, minor gripes aside, I would recommend this book as an up-to-date, accessible guide for anyone who works or lives with Asperger syndrome. It succeeds in the main in covering all topics of relevance, and includes useful further reading and reference lists. Professionals in all fields across medicine and education, as well as lay-persons, would find it a useful addition to their resources.

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Drugs and Addictive Behaviour: A Guide to Treatment, 3rd edn. By H. Ghodse. (Pp. 501; £75.00 hb, £39.95 pb.) Cambridge University Press: Cambridge. 2002.

After its first publication in 1989, *Drugs and Addictive Behaviour – Guide to Treatment*, quickly established itself as a leading authoritative text in this field. This is the third edition and it has been extensively revised and updated. Not only does it provide a comprehensive overview of the subject but it is also written in a clear, lucid style that communicates easily with a broad readership.

The book opens with a brief history of coffee to illustrate the themes underlying our response to the use and abuse of drugs. From the start the author deliberately adopts a measured approach, avoiding sensationalism and throughout this text the issues are placed firmly in their historical and social contexts.

The early chapters provide a theoretical review of the concepts of addiction and misuse and the effects of substances on the individual. This edition includes a chapter on alcohol, which although brief, rectifies the past impression that alcohol may be less relevant to those working with the consequences of illicit drugs. In describing the epidemiology and service provision

for substance misuse, this edition now also includes a discussion of the global perspective. This reflects the author's extensive experience as president of the United Nations International Narcotics Control Board and enhances the book's appeal to an international audience. It is, however, a decidedly British-based text with its careful account of UK services such as Drug Treatment and Testing Orders and Community Drug Teams.

Undoubtedly, the core of this book lies in the central chapters dealing with assessment and treatment. This is set out in a practical, detailed, but nevertheless accessible manner and clearly reflects accumulated clinical experience. Quite rightly there is an emphasis on comprehensive assessment and the reader is assisted by schemata of key points. This edition includes the classification of substance use disorders within the ICD-10, DSM-III-R and DSM-IV systems and mirrors the increasingly rigorous approach to this field in the twenty-first century.

The discussion on treatment interventions starts from a long-term perspective. Psychological therapies, family treatments and vocational rehabilitation are described. For the reader, the underlying message must be to avoid the quick short-term solution – an ever present temptation for clinicians under pressure from drug users. It is also gratifying to see drug counselling given equal space to some of the more prominently reported therapies. So often this essential component to any treatment intervention is glossed over.

Specific treatments are discussed in relation to the different drugs and not surprisingly opiates receive the greatest attention. This edition includes some of the new and less widely used interventions such as buprenorphine and accelerated detoxification. Typical prescribing regimes for UK practice are presented. Withdrawal schedules for barbiturate abuse are also provided, which are still a problem elsewhere in the world even if now less prevalent in the UK.

The chapter on complications of drug abuse and their treatment is very diverse ranging from infections to overdose and psychiatric complications. Encompassing this within one chapter is a challenge and the author has kept the focus firmly on the UK scene. In discussing compulsory treatment only the use of the Mental Health Act in the United Kingdom is considered.

This edition contains new material on HIV and Hepatitis C infection. The important contribution of drug services to the prevention and management of these infections is reflected in the space given to this topic. However, there is no comment on testing the children of Hepatitis C infected mothers, even though vertical transmission is acknowledged. The book goes on to consider treatment within different settings such as pregnancy, co-morbidity and presentations within different health facilities. Thus, treatment is comprehensively explored from many angles and the text so structured as to enable the reader to quickly find the relevant section.

The final chapters of the book return to theoretical issues and deal with treatment outcomes, prevention and drug control policies. This edition includes references in line with the need for evidence-based practice. The appendix also provides a series of clinical intervention tools, among them a Substance Misuse Assessment Questionnaire. This revised edition will ensure that Professor Ghodse's text will remain a comprehensive guide and essential reading for a new generation of professionals working in the field of addictions.

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Dangerous Minds: Political Psychiatry in China Today and Its Origins in the Mao Era. Edited by Human Rights Watch and Geneva Initiative on Psychiatry. (Pp. 298.) Human Rights Watch: New York. 2002.

With the collapse of the Soviet Union, there were widespread hopes that the political abuse of psychiatry was an item that could now be taken off the world human rights agenda. But perhaps totalitarian government inevitably involves the danger – if not the practice – of this perversion of medicine. For many in the West, 'China' does not extend far inland from the main coastal cities, apart from a quick visit to the terracotta army in Xian or to occupied Tibet. The huge expanses of the country's hinterland and their vast population still remain largely unknown to outsiders. This encourages generalization from a small evidence base; it also allows a great deal to be hidden.

In 1985, I was one of a Royal College group who visited the four most accessible cities, seeing mental hospitals, clinics and university departments. This was several years after the overthrow of the Gang of Four and political sloganizing was largely out of sight, though the population was still Mao-suited. We saw no evidence that psychiatry was being misused for political oppression, but if there had been any, we would not have been shown it. Forming a judgement on such a question demands a very rigorous, and usually clandestine search for the truth.

The present Chinese government allows relative freedom in areas such as work, business, culture and entertainment – once highly politicized. Any criticism – or even questioning – of the regime itself, though, is as rapidly suppressed as it was in the days of Mao, or of the Manchu emperors, with their Confucian doctrine. One of the means of this suppression is the wrongful identification and confinement of critics as being mentally ill.

The Geneva Initiative on Psychiatry, based in Holland, was founded as a response to the knowledge of Soviet abuse that slowly began to reach the West in the 1970s, but since 1990, its attention has switched mainly to China. In this publication, it has joined with the New York-based Human Rights Watch to compile an exhaustive chronicle of documents and personal evidence relating to the misuse of psychiatry. However, in doing so, it reminds us that the great majority of mental health practitioners in China, as in the former Soviet Union, have had nothing to do with such activities and may even be unaware of them. This does not diminish the seriousness of the problem, but it does set it in the context of two vast countries.

The issue first emerged seriously in the period following the disastrous Great Leap Forward and before the turmoil of the Cultural Revolution was let loose on China.

Anyone who was then prevented through mental illness from understanding what they were required to do politically (such as enthusiastic support for the current Party line) was in danger of imprisonment and even death. Marxist views on mental illness that had been imported from Russia underlay the attack on 'bourgeois' understanding of individual psychiatry and behaviour. Then, in the era of the Red Guards, all

professional activity was deemed 'reactionary' and all scientific knowledge 'oppressive' if it did not derive from Marxism–Leninism or (paradoxically) from Chinese tradition, as with acupuncture and herbal remedies. It was not until the overthrow of the Gang of Four that China began to rejoin the rest of the world, medically and scientifically.

In recent years, psychiatric abuse has been particularly linked with the persecution of Falun Gong – a meditative discipline associated with idealistic principles – which attracted about 70 million practitioners (Lyons & O'Malley, 2002). As part of the suppression, many followers have been forcibly confined in mental hospitals and at least 600 have received medically unnecessary 'treatment', often of a brutal kind. Forensic psychiatrists there have eagerly adopted the pernicious doctrines of the Moscow Serbsky Institute, diagnosing mental illness on the basis of 'political harm to society'. Although Falun Gong has been the most obvious target, any dissenting activity provokes the danger of being scapegoated by this system. Rather reluctantly, the World Psychiatric Association has taken on this issue, though what it will do next remains unclear.

Dangerous Minds contains a rich and unique compilation of official documents and published articles, many of them previously unknown in the West. There is also extensive documentation of the way that individuals and groups who express any form of dissent have been persecuted through psychiatric means. It will be a valuable resource in the struggle to rid the world of this perversion of the humane role of psychiatry.

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REFERENCE

Lyons, D. & O'Malley, A. (2002). The labelling of dissent-politics and psychiatry behind the Great Wall. *Psychiatric Bulletin* 26, 443–444.

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The International Handbook of Suicide and Attempted Suicide. Edited by K. Hawton and K. van Heeringen. (Pp. 755; £35.95.) Wiley: Chichester, 2000.

Over a decade ago the World Health Organization identified suicide as a major public health issue and recommended that member nations should develop preventative programmes. Suicide and the prevention of suicide are now topical issues in the UK although this has been the case in North American and Scandinavian countries for some time. This book aims to provide a comprehensive overview of suicide and attempted suicide and is a major undertaking having 41 chapters and 69 contributors.

There are various single and multi-author books about suicide on the market already and several of these attempt to cover the topic comprehensively. However, the *International Handbook* manages to distinguish itself from other offerings. First and foremost the book's title is an accurate reflection of the scope of the contents. The authors of the chapters of this book are not only well-known researchers from the UK, the USA and Scandinavia but also authors from countries such as Russia, China and India. In the English-speaking world we read little of work from these latter countries and this is a major strength of the book. As examples, while the first chapter in this volume is 'Suicide in the Western world' in the second chapter Cheng and Lee offer an overview of the issues around suicidology in Asia and the far east. They point out how the patterns and trends in Asian countries differ from those in the West. Of course as one would expect from such a huge continent these patterns vary greatly from country to country so that Sri Lanka has a suicide rate fivefold greater than that in India, its nearest neighbour.

The chapters are what one might expect in an overview of suicidology so that attempted suicide, biological aspects of suicidal behaviour, depression and schizophrenia are all comprehensively covered. An indication of the prominence that suicide prevention has now attained internationally is that nine chapters are devoted to that topic. Notably, one chapter on suicide prevention in Asia and the far east is written by an Indian academic again the different issues for different countries with a wide diversity in religion and culture in Asia are emphasized.

Textbooks are justifiably criticized as being out of date, often before they are published. Publications concerning suicide have increased substantially in the last decade, as a *MEDLINE*

search will reveal. And since the publication of this book I am aware of a several important papers that have been published that would have changed the way the book is written.

As with many multi-author books individual chapters sometimes reflect the enthusiasms of the authors rather than providing a comprehensive overview of particular areas. The prevention of suicide remains an area where the efficacy of many preventative strategies remains to be proved and this is not always acknowledged.

So does this mean that readers should stick to primary sources of information from journals rather than by this textbook? Well no. As long as one retains one's critical faculties when reading, and an understanding that the field of suicidology changes quickly. One can pick it up and start reading at virtually any point and find a wealth of information. Because of the comprehensive nature of the work and an extremely good index, one can choose virtually any topic in relation to suicide and find something of interest: for instance, Plato (attitudes to suicide in history), Jack Kevorkian (physician assisted suicide) or 5-HT_{1A} (receptor sites increased in suicide victims). I found myself reading about the thorny issue of suicide prediction – a crucial area when considering suicide prevention – I found an excellent and engaging review putting the whole discussion into historical perspective. This is a psychiatric textbook that not only provides an in-depth analysis of its subject area but is also pleasure for the reader who chooses to dip into it.

Book reviews often end with recommendations as to who the target audiences should be and these are mine: compulsory for all psychiatric libraries and essential for clinicians and others with a particular interest in suicide who will buy their own copy. While I was writing this review a colleague wanted to borrow a book for a lecture he was giving on suicide, there was only one choice as to what to lend him, this volume.

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Suicide and Euthanasia in Older Adults – A Transcultural Journey. Edited by D. De Leo. (Pp. 224; \$24.95.) Hogrefe & Huber Publishers: Seattle. 2001.

This book, edited by Professor Diego De Leo, is a 200-page transcultural journey, indeed. It is composed of 14 papers plus an addendum, all dealing with both suicide and euthanasia.

The book can roughly be divided in three parts. At the beginning, it is more focused on the issue of suicide and therefore euthanasia is mentioned somewhat shyly, and one could get a false impression that little will be told about this (still) taboo-topic. However, the middle part of the book is somewhere in between. Papers here give us an overall view about the current situation regarding suicide in Sweden, Denmark, Swiss, Slovenia, Turkey, Hong Kong, Japan and Canada, as well as descriptions of euthanasia and/or assisted suicide in these countries. In addition, the authors deliver a quick overlook of dilemmas concerning legalisation and application of euthanasia. The last part of the book becomes more philosophical. It is mostly concentrated on euthanasia and assisted suicide, as well as ethical, moral and legal issues in connection to those. Emphasis is placed on the family of a terminally ill and suffering patient, their decision-making and the consequences of those decisions, and in the same breath the cultural aspect of it all is given. The addendum closes the book with a brief update on self-determined death in elderly in the Netherlands.

It appears that the first part (that dealt mainly with suicide) was needed as a base for the debate about euthanasia. Many authors introduced their point of view of where to place euthanasia and assisted suicide in the first place. Is it a demonstration of free will? Is it murder? Is it safe, as in 'abuse-free'? Is it ethical, moral, and could it possibly be legal? Whose suffering is actually being discussed – the patient's, the family's or the doctor's? And, last but not least, why is it such a complex problem?

The authors agree that there are no simple and unique answers to these questions, and therefore there are no simple and unique solutions to the matter.

The issue of euthanasia was not much of a problem in the past, and it is recently that a need for a thorough discussion all over the globe pops up. The processes of ageing and dying have become complicated by medical technological advances over the past half a century. We give years to life, but not life to years. A 'new' concept was being introduced, and it is the one of

the 'quality of life'. With this concept, a debate about one's suffering, illness and disability, loss and unbearable pain, as well as chronic disease and death, and consequently the search for the solution to these problems, became unavoidable.

So what will most likely happen in the future? The authors and their research imply that one thing is certain. There is nothing new about the fact that the world population is growing old. The number of terminally ill and suffering people is going to increase tremendously in some regions. From this aspect, the answer to the euthanasia question is going to be crucial.

However, sufficient understanding of the issue is missing, and without it only part-solutions can be (and are) available. Since medical intervention prolongs life, well beyond Nature's intent, is it alright to support the medical intervention of the opposite kind?

Anyone interested in these issues should read this collection of papers. A lot of information, different points of view and really clever thoughts are gathered in one place. The book reads well, is concise and provokes further thinking. It is highly recommendable.

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