

Religion held at the Institute of Psychiatry in the 1990s. In his preface, the editor intends that the book will develop the theme of the conferences and share the information, thoughts and philosophies that arose from them. This is a difficult and dangerous task for two schools of thought that at times have held directly opposing views on the origin and management of mental illness. Thus it was a surprise to read such a polite book in which each author strives to bring tolerance and reason to their contribution. The editor is even-handed in his choice of contributors to the extent that almost exactly half are doctors. Although only three religious leaders contribute, one (a former psychiatric hospital chaplain) brings us closest to the tensions between psychiatry and religion.

It is a fascinating book for anyone interested in the relationship between psychiatry and religion. If you expect fireworks, however, it is not the book for you. If you seek a reasoned discussion on the cultural, anthropological and medical concepts of religion, then this is a rich resource. Like any book made up of contributions to a conference, some chapters are more comprehensible than others. Occasional authors appear to believe that complex theories can only be explained by complex language. Others become diverted by their own narrow historical or theoretical interest. That said, there is enough here for everyone, from those interested in the history of religion and psychiatry through to others intrigued by the neurological problems underlying ecstatic states. From my own perspective as a researcher I would have welcomed much more discussion on the difficulties of measuring religious belief and spiritual experience.

The meeting of psychiatry and religion is long overdue. This book is essential reading for all who wish to understand how mental illness and spiritual belief relate to one another.

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### Prevention in Psychiatry

By E. S. Paykel and R. Jenkins. London: Gaskell. 1994. 215 pp. £12.50 (pb). ISBN 0-902241-729

I cannot remember who lectured to us as medical students 20 years ago on what was then called mental handicap but the lecture

itself stands out. Not because of anything that was said but because the lecturer brought along two patients with phenylketonuria who joked about their phenylalanine-free diet. It had, of course, come too late to prevent their lifelong disability.

Others have been luckier: a simple test followed by a dietary switch has meant a normal life. It is a striking example of prevention in mental health, one that illustrates both what can be achieved and why examples of success are so rare. In PKU, there is a single biochemical cause, open to manipulation, and a way of dividing the population into those who are at certain risk and those who are not, at a time when something can still be done. But outside learning disability, is there any disorder of which the same can be said? Everywhere you look, aetiology is multifactorial, at times a euphemism for confused. In most disorders, a person's risk is on a continuum – a term to which psychiatry has a rather touching attachment, as if it was anything other than a disguise for how imprecise our measurements, diagnoses and concepts are.

It is easy to be gloomy about prevention in psychiatry but Paykel & Jenkins have produced a book that is optimistic as well as informative, thorough and readable. The optimism, needless to say, comes from being grateful for small mercies. For example, the principles of prevention in other areas of medicine can also be applied to psychiatry. And genetic counselling, particularly in specific syndromes of learning disability, illustrates how far we have already come.

The chapters were first prepared as part of a review for the Royal College of Psychiatrists, published in 1993, and one or two are probably more suited to the role of discussion paper than book chapter. But together they make clear one thing. For many psychiatric disorders, primary prevention would require measures no less grand than the decontamination of water supplies in the 19th century which prevented the infections that had killed millions. All but a handful of mental illnesses are more common in poverty, inner cities and low social classes. To prevent these illnesses or their consequences, people need to live better, with less adversity and fewer traumas. Well, we can hope, and once in a while we can vote.

In the end the book gives the impression that primary prevention will have to wait until we know single causes for individual disorders, because the best strategies we can currently suggest sound just too idealistic. Perhaps it really is possible to prevent somatisation by educating the public about what their symptoms mean, or to prevent drug misuse by destroying the coca planta-

tions of Colombia. Somehow I doubt it. More likely we are stuck with tertiary prevention, preventing deterioration and disability in people who are known to be at high risk or who are already ill. Not that this is a bad start, and after all progress too is on a continuum.

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### Dealing With The Problem of Low Self-Esteem. Common Characteristics and Treatment in Individual, Marital/Family and Group Psychotherapy

By Robert P. Rugel. Illinois: Charles C. Thomas. 1994. 209 pp. \$45.95 (hb), \$29.95 (pb)

When supervising trainees in behavioural or psychodynamic psychotherapy the questions I ask most frequently are "When you said/did that how did you think your patient would experience that intervention? Would he/she find it threatening, would it help him/her feel better about him/herself?" I ask these questions frequently because I have long felt that the subjective sense of the helpfulness of an intervention is the wider context in which its 'technical correctness' should be judged.

Not surprisingly then, I thoroughly enjoyed reviewing this book, giving as it does a central role to self-esteem and the development and maintenance of psychopathology and exploring the crucial impact of therapeutic interventions on self-esteem across the range of therapeutic modalities.

Pitched at a clinical level and largely devoid of abstruse technical jargon the book is an easy, systematic and rewarding exposition. The author is obviously familiar and comfortable with cognitive-behavioural and psychodynamic perspectives and is adept at integrating them in a simplifying, clarifying manner. The bulk of the book is given to convincing clinical vignettes in different therapeutic modalities, i.e. individual, group, marital and family settings and outlining the impact of core therapeutic conditions and interventions such as acceptance, empathy, reframing, interpretation, confrontation and behavioural assignments on self-esteem. From the author's framework therapeutic interventions are aimed at bringing about immediate changes in self-esteem as the necessary pre-conditions for motivation to