

## Book reviews

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*The International Handbook of Suicide and Attempted Suicide*. Edited by K. Hawton and K. van Heringen. (Pp. 755.) Wiley: Chichester. 2000.

As Retterstol (1993) once wrote, suicide is probably the most personal act anyone can perform as few acts have such deep roots in social and human conditions, or have such far reaching consequences. Indeed, suicide and attempted suicide are major public health problems. It is estimated that worldwide around 1 million people die by suicide each year. Evidence-based programmes of action directed to the prevention of suicide and attempted suicide are needed. However, a comprehensive review of knowledge on suicide behaviour is needed before such programmes can be developed. Here, we are faced with the first major handbook in the field, which therefore represents an important milestone in the development of suicidology. It covers all major determinants of suicide behaviour: biological processes, psychosocial circumstances and cultural influences. Each of these aspects is then examined from antecedents and prevention through the suicide behaviour itself and up to the consequences and post-vention of the phenomena.

An overview of this comprehensive book is given in the 'Introduction' by both editors, Professor Keith Hawton and Professor Kees van Heringen. The former is well known to the researcher and clinician alike for his contributions to suicidology in the field of suicide behaviour in young people, epidemiology about suicide attempt, and development and evaluation of treatments for suicide attempters. Main research interests of the latter is the study of the interactive relationship between psychological and biological characteristics in the development of suicidal behaviour. The other 67 contributors include most of the internationally respected experts in this field. However, if more authors were selected from the East Europe, Africa and

the South America, this book would provide a better cross-cultural understanding of the problem.

The handbook is divided into four parts. The first part, 'Understanding Suicidal Behaviour' covers basic topics in the field. It begins with three chapters about epidemiology of suicide and attempted suicide in the world. Here, many countries are almost completely excluded between the two chapters about 'Suicide in the Western World' and 'Suicide in Asia and the Far East'. In the former, extremely high and validly obtained suicide statistics in some East European countries are not discussed at all. The epidemiological chapters are followed by overviews of biological, psychological and ethological models of understanding suicide behaviour. The following five chapters are needed to describe that suicide behaviour may occur in the context of depression, schizophrenia, substance abuse, personality disorder and anxiety disorder. Position of the last three chapters somehow proposes a new classification of determinants of suicide behaviour into environmental ('Sociology and Suicidal Behaviour'), genetic ('The Genetics of Suicidal Behaviour') and their interaction ('Pathways to Suicide: an Integrative Approach'). Furthermore, in the last chapter a model is built in which biological, psychological and social characteristics of suicide behaviour are grouped together according to their risk-increasing or protective properties. It becomes clear that suicidal behaviour results from a combination of these factors.

Part II is entitled 'Suicide and Attempted Suicide in Specific Populations and Circumstances' and deals with elements of the integrative model as described at the end of the first part. Initially, developmental influences are emphasised. The first four chapters cover suicidal behaviour in children, adolescents and in the elderly. The two review chapters about the adolescent suicide behaviour show that characteristics of suicidal youth in the general population resemble those of suicidal young people with various mental disorders. It is, therefore,

suggested that many adolescents in the general population may be in need of help, the more so as almost any mental disorder is a major risk factor for youth suicide. The following chapter examines suicide risk and risk of deliberate self-harm in the context of sexual orientation, pregnancy, childbirth or stillbirth and deviant sexual behaviour. Next, a lucid account of 'Suicide Behaviour and the Labour Market' is provided by real experts in this field, Professor Stephen Platt and Professor Keith Hawton. Among all other conclusions, this systematic and structured review shows an increased risk of suicide and deliberate-self harm among the unemployed, which may be compatible with both causal and self-selection processes. The group of individuals who repeat suicidal behaviour include a wide diversity of patients with differing degrees of suicide intent and this makes it difficult to evaluate the risk of subsequent suicide in a given subject. Nevertheless, risk of repetition of suicide behaviour is examined systematically and thoroughly in the following chapter. The chapter 'Physical Illness and Suicidal Behaviour' shows that a wide variety of physical illnesses are associated with an increased risk of suicide behaviour. Many of these conditions involve pain. An international perspective on ethical and legal issues of suicide behaviour is provided by 13 authors from all over the world as these issues are so complex that they extend the knowledge of one person. As expected, there is no uniform legal position on suicide behaviour, euthanasia and assisted suicide. Similarly, no one standard of care applies in all countries. There is, however, a uniform position on murder. The chapter on 'Suicide and Violence' clearly shows that suicide and violence do not have an inverse relationship, but are instead overlapping endpoints on a continuum of aggressive behaviour. The following chapter is devoted to examination of the extent and nature of suicide risk in psychiatric in-patients. The concluding chapter of the second part of the book deals with clinical aspects of postvention and provides a review of recent evaluations of postvention programmes.

Part III covers the effectiveness of interventions to reduce the occurrence of suicidal behaviour. Pharmacotherapy and psychotherapeutic approaches to suicidal ideation and behaviour are reviewed in the first two chapters.

The appropriate use of psychotropic medication in patients with recurrent mental disorders can make a useful contribution to the reduction of suicide rates. Also, psychotherapeutic approaches involving a manual problem-solving component combined with some intensive care of outreach may offer the best opportunity for disseminating and delivering an efficacious treatment. The next, two chapters focus on service issues. The first describes the important aspects of the clinical care of suicide attempters in the general hospital and concludes that provision of this care must be a key element in any local or national suicide prevention policy. The following chapter reviews the evidence for the efficacy of experimental treatments directed to reducing repetition rates in the adolescent suicide attempter. Next, a similar review is provided, but this time about 'Treatment and Prevention of Suicidal Behaviour in the Elderly.' This part is concluded by offering multidisciplinary approaches as alternatives to management of suicidal behaviour by psychiatrists.

In the last part, which is entitled 'The Prevention of Suicide and Attempted Suicide', a general distinction is made between high-risk and population strategies. The first chapter provides an overview of the currently available knowledge about the prediction of suicide. 'General Population Strategies of Suicide Prevention' in the Western world are examined in depth in the second chapter. Many of these strategies involve government intervention. A parallel review of general population strategies in Asia and the Far East is provided in the next chapter. Professor Louis Appleby is author of a chapter on 'Prevention of Suicide in Psychiatric Patients' in which the following components of risk management by mental health services are outlined: identification of high-risk groups, more intensive service activity at times of high risk, and reduced access to the main methods of suicide. The following two chapters cover suicide prevention in two important settings, schools and primary care. In the latter, the successful Gotland study is also presented, although not by its authors. The role of mass media and the impact of volunteers are discussed in the next two chapters. As far as the former is concerned, suggestions are provided on how media approaches might be modified to reduce the risk of imitative behaviour.

In conclusion, the last chapter 'Future Perspectives' is a nice account on many challenging areas for future suicide research: interaction of suicide risk factors, genetic risk factors for suicide behaviour, brain imaging of the morphological and functional substrates of suicidal behaviour, closer examination of high suicide risk groups, pragmatic therapies for people at risk, and integration of population-based strategies with strategies targeted towards high-risk groups. Overall, it could not be anything else but a pleasant experience reading this clearly organized book. It is certainly a crucial source of information for all professionals involved in the study, treatment and care of suicidal patients or clients and their relatives. I do recommend it.

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## REFERENCES

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*Cognitive Psychotherapy of Psychotic and Personality Disorders: Handbook of Theory and Practice*. Edited by C. Perris and P. D. McGorry. (Pp. 444; £60.00.) John Wiley & sons: Chichester. 2000.

This international, multi-author book contains 21 chapters which, despite the title, focus mainly on psychotic disorders. Two-thirds of the chapters are on psychosis so the reader who is primarily interested in personality disorder is better to look elsewhere. However, those wanting an outline of cognitive approaches as applied around the globe in the treatment of psychosis will find this book a useful source of information.

But what makes them cognitive approaches? Psychoanalytical approaches to psychotic disorders and personality disorders have been in trouble for a number of years not only because of lack of evidence for effectiveness of treatment but also because of poor definition about what constitutes a psychoanalytical treatment itself. Paradoxically, this book about cognitive behavioural therapy comes to the aid of the beleaguered psychoanalytical paradigm since it suggests that cognitive therapy has become equally pluralistic and ill-defined as its prac-

titioners attempt to address the treatment of complex disorders. Perhaps there is something about trying to understand and treat a complex disorder that necessitates drawing on multiple theories and ideas. Constructivist, humanistic, and attachment based therapies are all included in this volume. While this is extremely interesting, it suggests that cognitive therapy has taken on a chameleon like nature, changing colour to suit any kind of intervention particularly if it shows moderate effectiveness.

In addition, there is implicit confusion between service organization and treatment approach. There is an informative chapter by J. Edwards and P. D. McGorry on early intervention in psychosis describing the well known Early Psychosis Prevention and Intervention Centre (EPPIC) in Australia, implicitly defining it as a cognitive intervention, even though it is not a treatment approach but a way of delivering a multi-model intervention.

As a result of these problems cognitive interventions are continually redefined, chapter by chapter, and it soon becomes apparent that cognitive approaches in Australia are certainly not the same as those in America or Italy. Neither is cognitive behaviour therapy (CBT) the same in Manchester as it is in Newcastle. It would have been helpful for readers if the editors had been clear about what they consider are the core defining features of cognitive therapy since even in their preface they recognize that a range of approaches now comes under the rubric of cognitive. In this respect an initial chapter by T. M. Vallis, on treating difficult cases with cognitive therapy is useful. He describes a 'meta-model' which he believes is necessary if standard CBT is to be applied to psychotic and personality disorders. Interestingly, he takes a narrative, historical approach to the development of this model and moves affect into a more central position than hitherto, trying to blend cognition with affect, personal development, and relationship issues. One is left with a sense that if only cognitive and psychoanalytical approaches would speak to each other a little more, the process of developing effective therapies for complex cases would be quicker and we wouldn't have to keep re-inventing the wheel.

Despite my concern about the all-encompassing nature of the term cognitive, this is a

good book. The chapters range from the purely theoretical to those describing services and those giving practical advice about how to address delusions and hallucinations. The strength of the chapters lies in their focus on effectiveness of treatment although it becomes obvious that outcome evaluation is hampered by a lack of specificity in psychological approach and that the considerable overlap between differently named psychotherapies will compromise any possibility of reaching conclusions concerning relative effectiveness in psychotic and personality disorders. Some interventions began to sound like psychoanalytical approaches. Look at page 386 in the excellent chapter on Interpersonal processes and narcissistic personality disorders by E. Peyton and J. D. Safran, or page 285 in the chapter by J. Pretzer on cognitive behavioural approaches to personality disorder. This latter chapter summarizes cognitive strategies for treatment of personality disorder, many of which are the same as those outlined by Kernberg in his manual, for example using the emotional reactions of the therapist as a source of potentially useful data. Isn't this counter-transference at its most simple and practical level?

The breadth and length of this book ensure that there is something for everyone here. It is a book not only for those interested in cognitive therapy itself but also for practitioners of other therapeutic orientations who are involved in the treatment of psychosis and complex disorders. One can only be impressed by the valiant efforts of mental health practitioners around the world who continue to draw on different bodies of knowledge as they try to understand psychosis. This book is a testament to those efforts.

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*Essentials of Psychotherapy*. Edited by S. Stein, R. Haigh and J. Stein. (Pp. 408; £29.99.)  
Butterworth Heinman: London. 1999.

The authors' aim is to draw together all the major psychotherapeutic approaches in a single book from which factual information can be quickly obtained and compared. As any professional or trainee would appreciate it is not an easy task. The book consists of 19 chapters

embracing the different types of psychotherapy. These include clinical applications, e.g. forensic psychotherapy, psychotherapy in general practice, child psychotherapy, as well as a final chapter of psychotherapy research. Each chapter is written by a different author or authors, the authors range from experienced psychotherapists to psychotherapists in training, all of whom are working in the National Health Service in the UK. As a result, the book has an English feel to it. Although embracing a range of psychotherapies, inter-personal therapy, which has at present a higher profile in the USA than the UK, is not included. Overall, I think the book does achieve its objectives. As one might expect in a multi-author book there is some unevenness in chapters. However, this is minimized by the common structure and subheadings for each topic. Considering that the majority of the therapies described originate from Freud's discoveries, the first chapter on Freudian psychoanalysis was disappointing. Devoting only five pages to summarize the 24 volumes of Freud's life's work is somewhat parsimonious. In my view, there needed to be an expansion of this section. I think it would have been useful to have some conceptual guide on how to navigate Freud's prodigious output, so that one could follow his voyage in developing successive models of the mind as he accumulated more observational data from his clinical work.

The successive chapters on Jungian, Kleinian psychoanalysis and more contemporary developments including Bion are informative and the addition of clinical vignettes was particularly valuable. Since the book is aimed at both medical students and professionals in training, it would have been helpful to have had more summary tables of the main points. Although psychotherapy is very much based on clinical narrative, more strenuous efforts could have been made in terms of the visual presentation of material. After covering the classical psychoanalytical theories, the middle section of the book focuses on therapeutic techniques such as psychoanalytical psychotherapy, brief focal therapy, the conversational model and humanist therapy, it then proceeds to address group, family therapy and therapeutic communities. All of these are competently summarized. The closing section of the book includes cognitive analytical and cognitive behaviour therapy, the latter devel-

oping from a non-analytical tradition based on theories of learning and information processing. The contrast in presentation is quite apparent in the models that do not endeavour to embrace unconscious processes; the authors appear much more at ease with the use of graphical forms of representation.

The final chapter is a review on psychotherapy research, concentrating on some of the methodological issues and approaches. It points out the value of qualitative methodological approaches, which have been embraced by social sciences, but have been rather shunned by the logical positivists of 'scientific medicine'. There was a rather depressive tone to this chapter in terms of the nature of evidence, which is unwarranted. Since Eysenck's challenge, it has been amply demonstrated that psychotherapy is effective. The challenge at the present time is what works best for whom, and what are the factors that underlie therapeutic change. These are indeed, formidably difficult questions to answer. This is also true in clinical research as a whole. I would have liked to have seen some of the contemporary issues addressed in this chapter. These would include differentiation between efficacy and clinical effectiveness, the manualization of therapy as part of research methodology in an attempt to reduce the number of variables and the fact that there are very few relative efficacy studies and that most data is built on absolute efficacy studies. The latter is true not only for psychotherapies, but for many pharmacology treatments, such as anti-depressant treatment for depression.

Overall, I think this book is a brave and valuable addition to the current range of texts. I can only think of large textbooks that have attempted to summarize all the different therapies, but in a much more abbreviated form. This book will be most helpful to mental health professionals and psychiatrists and psychotherapists in training, but will probably be used by only the most motivated medical students who may wish to tackle its 400 pages. It certainly should be on the shelves of all the appropriate libraries.

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*A War of Nerves, Soldiers and Psychiatrists 1914–1994*. By B. Shephard. (Pp. 487; £20.00.)  
Jonathan Cape: London. 2000.

This history of military psychiatry in the twentieth century is an ambitious work. The product of interviews and archival research, it analyses the birth and evolution of psychiatry in the British and US armed forces, though reference is also made to developments in France and Germany. Furthermore, Shephard seeks to tie psychological theory and treatment to the characteristics of the battlefield.

The dilemma facing the psychiatrist is well described: that his efforts to save a patient's mental health, if successful, may simply cast the serviceman back into combat and death. The blurring that may occur between a soldier who develops a somatoform disorder that results in his evacuation and the man so terrified that he is unable to fight is also explored. Shephard takes up the problem presented to the Ministry of Pensions: if it is reasonable to offer financial compensation to a man who has lost a leg how should a soldier whose mental health has been damaged by conflict be treated? Should he too be offered a pension even when there is evidence that this may inhibit a natural process of recovery?

Although the attempt to tie psychiatry to its military context is laudable, the focus on trauma and breakdown sometimes distorts the overall picture. The graphic description of psychiatric morbidity at Dunkirk, for example, ignores the fact that most troops coped and did not need to be hospitalized. Although 220 000 of the evacuees were British, a further 130 000 were French. It would have been interesting to discover what happened to the latter. Did their refugee status and the fact that they had survived the Nazi invasion of their country protect them from psychological disorders, or did they have a higher incidence of psychiatric morbidity than their British counterparts? Although the chaotic and traumatic aspects of war are movingly described, Shephard does not investigate the great periods of boredom that typified so much of military service. Troops were often in action for a very short period and the intervening months of tedium and inactivity presented real

problems for both commanders and medical officers. It would be helpful to know whether depression and suicide rates were higher among the armed forces than a comparative civilian population.

The narrative is sometimes presented as a moral tale. For example, Shephard says of the Tavistock and Cassel Clinics that they have been 'unequivocal forces for good' (p. 161), ignoring their failures and early doctrinal adherence to Freudian theory. He is generally sympathetic towards psychotherapy. Studies of psychological debriefing following traumatic events have shown that this form of therapy did not necessarily reduce subsequent psychiatric morbidity. Shephard tends to assume that physical interventions, such as ECT, are always bad and occasionally sadistic.

Although he is at his best when describing psychiatrists and their patients, Shephard sometimes seems to make unwarranted assumptions. It is difficult to think of W.H.R. Rivers as 'a hedonist' (p. 84) or Myers as 'sunny' even in his youth. The description of Bion as 'an intellectual heavyweight of British psychoanalytical psychiatry' (p. 258) and as 'always determined and committed' (p. 259) are debatable. Bion, in fact, did not train as an analyst with Klein until after demobilization, qualifying in 1950. Noted for his taciturn and withdrawn behaviour during groups and socially, one therapist observed that Bion 'sat further behind his face than any one I have ever known' (Hill, 1992, p. 72). Indeed, the pioneering, pre-war groups run by Joshua Bierer are ignored, while Maxwell Jones's work at Mill Hill is not fully explored. To describe Foulkes as having a 'large Jewish nose' (p. 263) seems at best inappropriate.

World Wars One and Two are covered in detail and with greater assurance than recent conflicts such as the Falklands and the Gulf. Interestingly, Shephard implies that so-called 'Gulf War Syndrome' may be the product of vaccinations and prophylactic medication, adding that French troops who 'were not given the same chemical cocktail as British and American soldiers and suffered almost no after-effects' (p. 464). Gastro-enterologists will be surprised to read that peptic ulcer is 'that classic psychosomatic symptom' (p. 297).

Shephard reaches the anti-expert conclusion that 'psychiatry is often done best not by psychiatrists but by doctors, officers and soldiers who understand the principles of group psychology' (p. 398). Yet Brown, Salmon, Foulkes, Gillespie, James, Hanson and Glass, professional psychiatrists, are identified as sympathetic and successful practitioners. The study also depicts the clinical disasters that could follow the enthusiastic pursuit of an untried, fashionable idea, notably faradism. Despite these reservations, this is an interesting and widely-researched study that will serve as a useful work of reference. Shephard has a fascinating tale to tell and does so with verve and enthusiasm. He is to be admired for his perseverance and commitment though these very qualities have on occasion led to a tendency to hyperbole.

EDGAR JONES

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