

Book reviews

Depression: Neurobiological, Psychopathological and Therapeutic Advances. Edited by A. Honig and H. M. van Praag. (Pp. 658; £80.00.) Wiley and Sons: Chichester. 1997

A Mood Apart: A Thinker's Guide to Emotion and its Disorders. By P. C. Whybrow. (Pp. 363; £17.99.) Picador: London. 1998

These books are timely as we have now had about three decades of biological enquiry into the aetiology of depression and are about to enter a third millennium where depression will cause more disability than almost any other illness. It is therefore an opportune moment to review the progress in understanding and treating depression and to set agendas for the future. Honig and van Praag do this for the academic while Whybrow does it for the lay reader. Both also consider, albeit to a far lesser degree, manic-depression.

Honig and van Praag have edited the third volume in a series on neurobiology in psychiatric disorders. The chapter authors are mainly from the USA, Holland and the UK. There is an inevitably wide array of writing styles and a less forgivable dramatic variation in the amount of detail presented. For example, sleep deprivation gets 28 pages whereas brain imaging gets only ten. Selective citation is obvious in some of the shorter chapters. This limits the value of the book as a comprehensive reference source, while it is clearly too long for most clinicians. I found myself repeatedly comparing the book adversely with the *Handbook of Affective Disorders*.

There are, however, some very good aspects of the book. I generally enjoyed the first section, rather loosely titled 'psychopathology', particularly the chapters on epidemiology and primary care. Angst is sceptical about reports of increasing prevalence, and the difficulties in diagnosing and treating depression in general practice are highlighted. The subsequent pathogenesis section includes excellent reviews of the role of serotonin by Smith and Cowan, and of the biology of life events by van Praag. It is clear that 5HT(1a) and corticosteroid receptors are

central to the disorder, but there is tremendous difficulty in teasing out cause and effect. Psychosocial perspectives are well represented in 'aetiology', including the intriguing finding that first episodes are more strongly associated with life events than subsequent illnesses. The remainder of the book contains generally workman-like reviews of issues in treatment and prophylaxis but includes stimulating considerations of ECT, animal models and psychoeducation.

There seems to be a fundamental problem in the current 'biological' (sic) approach to depression. Only the most reductionist psychiatrists would claim that social experience was irrelevant in depressive disorders, yet no-one appears to be systematically studying the influence of psychosocial factors on symptom formation and treatment response, let alone establishing how these may differ in first *versus* subsequent episodes and primary *versus* secondary care. The standard approach to mood disorder research still seems to be a rounding up of a small number of folk meeting arbitrary criteria for disorder without any serious consideration of the context, stage or setting of illness. It is therefore no surprise that definite advances are few and far between – indeed one might argue that the fact that there have been any suggests that a truly scientific approach has a promising future.

Whybrow cannot be accused of failing to consider psychosocial influences and context, although he may do it somewhat simplistically. The problem with representing mood disorders as understandable reactions to bereavement (quite apart from the fact that this is not a particularly well-replicated scientific finding) is that this all too readily reaffirms stereotypical views that patients with depression should just try a little harder. Whybrow tells his story of depression through a detailed account of a small number of patients it has been his privilege to serve. Given that he says he has merged histories to preserve confidentiality and yet extensively quotes verbatim conversations, the validity and

representativeness of his accounts may be questioned. He does a good job of summarizing some of the relevant biological, psychosocial and therapeutic literature but seems unsure who he is aiming for. There is not enough science here for academics and any but the most literate, interested and well patients would find much of the book too detailed.

Whybrow seeks an integrated account of emotion and brain; in particular, an understanding of depression through 'personal stories'. He (correctly in my view) regards depression as an extreme on a continuum of (low) mood but links it to a sensitivity to criticism. He also seems to view manic-depression as a variant of hyperthymia and/or dysthymia, which does not fit with observations of the rarity of mania as compared to depression.

Both of these books are adequate without being great. Both fail to target their audience well and feel rather one-dimensional. Both also fail to specify likely avenues to a better understanding.

It is clear that a 'medical' approach to mood disorders is the way ahead. However, there is more than one medical model – compare, for example, the diagnosis and treatment of myocardial ischaemia and hypertension. Why do we not try to regard low mood as a continuum of risk for incapacity/death in an analogous way to the latter? We know that subthreshold depressive symptoms increase the subsequent risk of developing depression (and probably other important outcomes such as death). The time is ripe for a randomized controlled trial of a simple treatment for low mood and an accompanying study of biological correlates at a community level.

STEPHEN LAWRIE

The Social Nature of Mental Illness. By L. Bowers. Routledge: London. 1998.

What now passes for the sociology of mental illness, as the author of this monograph correctly states, is a 'loose bag of many items' (page 11), many of them illogical theories and others unsubstantiated claims. A broad framework for this subdiscipline would include, at the least: the epistemological foundations for study (i.e. the social constructionist approach); the ways in

which the formation and maintenance of social groups and social interactions affects risk for mental illness (social epidemiology); the consequences of mental illness for group formation and social interaction (help-seeking and disability studies); and, the organization of services in society for the mentally ill (services research and political economy). This book addresses the first, and most important, topic of the social construction of mental illness. This topic is the most important because it influences in a fundamental way the consideration of the other topics.

The book includes chapters on deviance and labelling theory; culture; the history of psychiatry; diagnosis; politics; illness; and physiology. All are interpreted in the framework of social constructionism – that is, the way in which life in human groups determines the constructs (such as words and theories) which guide interaction. Labelling theory and the work of Thomas Szasz are given prominent attention. In any given area the review is not comprehensive, but examples are carefully selected to buttress the argument at hand. The book draws on the later work of Wittgenstein, on language, to interpret the data and theories. Wittgenstein contended that language was not simply a series of descriptions for objects or activities – a view he regarded as a 'pernicious philosophical weed', according to the author (p. 144). Instead, language is more like a tool box for accomplishing various tasks (p. 43); meanings, therefore, depend on context, and, while usually overlapping, are not always consistent. Inclusion of Wittgenstein's approach adds complexity but is a distinct advantage because the nature of the argument about mental illness requires this sort of framework.

The book includes a list of references, which is more comprehensive than any other on this topic. There is some evidence of the well-known Atlantic divide: the most sophisticated and articulate spokesperson for labelling theory, Theodore Sarbin, was not mentioned (possibly because he is a psychologist, not a sociologist); the work of Berger & Luckmann (1967) on the social construction of reality, was not included; and recent developments on the mind/brain issue (e.g. Damasio, 1994) received short shrift. Even though the author feels it 'a shame that the sociological study of mental illness appears to

have entered a cul-de-sac with the labelling and deviancy topic' (p. 196), there are no references to several (American) texts in this area (see reference list below). Many of these are into their third editions and beyond; some include chapters on the social construction of mental disorders; and others do indeed include topics beyond labelling and deviance. On the other hand, I was made aware of many sources produced east of the Atlantic.

This book is the most comprehensive treatment of the social constructionist approach to mental illness available. The author is occasionally too blunt or breezy (e.g. 'curiosity satisfying ethnographies' on p. 16, or 'patent nonsense' on p. 60). But the treatment of the substantive area is persistently, even painstakingly, rational and empirical. The author is aware of psychiatric arguments but not taken in by them. The reader benefits in that the author is willing to break down an argument to its precise and subtle details, before making conclusions. In many instances the summaries given by the author are better framed and more intelligible than the original sources, and there is a great deal of wisdom in the book. In the end, having dismembered labelling theory, Foucault, Szasz, and many other sociological treasures, the author does in fact provide a satisfying view of the social nature of mental illness.

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Difficult Clinical Problems in Psychiatry. Edited by M. Lader and D. Naber. (Pp. 246.) Martin Dunitz: London. 1999.

This clearly written and well-organized book brings together the work of 23 authors from

eight different countries. The aim of the book is to review the most useful treatments for patients with mental disorders who do not respond to initial treatment. Despite the different geographical and professional backgrounds of the authors the book maintains a consistent style. All the sections of the book concentrate on the evidence base for the effectiveness of different treatments and all are comprehensively referenced.

The book begins with a brief introduction that describes the continuing uncertainty that surrounds the diagnosis and classification of mental disorders. While considerable effort has gone into providing diagnostic criteria for an increasingly long list of mental disorders the editors highlight clinical problems associated with the treatment of patients who present with problems that do not conform to these diagnostic categories, particularly those with co-morbidity. Unfortunately, having highlighted this problem, the management of co-morbid patients receives little attention in the remainder of the book.

If agreement about the most appropriate classification of mental disorders has proved difficult to achieve, I imagine that there is far less agreement among psychiatrists about what constitutes a 'difficult clinical problem'. The editors of this book must have faced hard choices in considering which problems to include. They settled on covering most of the major diagnostic categories of mental disorder and included chapters on behavioural disturbances in old age and managing the hyperactive child. Chapters on the community treatment of violent patients and the treatment of patients who experience tardive dyskinesia also review the management of patients whose symptoms are often difficult to treat.

For my part the management of patients with mental disorders and personality disorders and mental disorders with substance misuse problems have presented some of the most difficult clinical challenges but neither topic receives much attention in this book. A possible reason for this is suggested by the editors in the introduction – 'in the move to evidence based medicine we are all often hard put to justify our treatments in a single disorder, let alone in multiple disorders, where very few studies have actually been carried out'. As contributors to the book all concentrate on providing a review

of the available evidence, patients with complex problems for whom an evidence base may not exist inevitably receive less attention.

Similarly, the relative abundance of information on pharmacological treatments for mental disorder may explain the emphasis placed on pharmacotherapy within this book. Psychological and social interventions are often not covered (as in the chapters on schizophrenia, manic depressive illness, depression and substance misuse) or considered briefly following a full discussion of pharmacological strategies (as in the chapters on OCD, violent patients and behavioural disturbance in old age). Other chapters, particularly those on panic disorder and chronic fatigue syndrome successfully combine discussion of pharmacological and psychological approaches to the management of patients and a wider discussion of intervention strategies in all chapters would have been helpful.

The final chapter of the book reviews evidence about how to improve patient compliance. As with the rest of the book the focus is on

pharmacotherapy. We are reminded that as few as a third of patients are fully compliant with drug treatment and that judgements of clinicians about which patients will take their medication are usually wrong. In highlighting the benefits associated with providing information to patients about treatment and its side-effects this chapter is one of the few that emphasises the importance of the doctor-patient relationship when considering the management of patients who are difficult to treat.

This book provides an excellent review of pharmacological interventions for patients who do not respond to first line pharmacotherapy. As such it would be a valuable reference for all those involved in the management of patients with mental disorders. Meanwhile, psychiatrists will continue to need to combine knowledge of pharmacotherapy together with the effects of other interventions, personal experience and the experiences of colleagues in order to help patients whose problems prove difficult to treat.

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