

Book reviews

Psychological Medicine, **35** (2005).
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Campbell's Psychiatric Dictionary, 8th edn. By R. J. Campbell. (Pp. 701; \$69.50; ISBN 0-195-15221-2.) Oxford University Press: New York. 2003.

This is the 8th edition of a Psychiatric Dictionary that began in 1940. Robert J. Campbell, M.D. has been the author since the 1953 edition, a period of 50 years. As discussed in the preface of this 701-page dictionary this span of time has witnessed massive changes in the field. In the 1950s psychoanalysis and descriptive psychiatry were predominant. The psychopharmacological revolution which began in the late 1950s continues today and nosology has progressed to more descriptive syndromic diagnoses. All of this is increasingly being impacted by advances in epidemiology, neurobiology and molecular genetics. It is stated in the preface that one of the aims is to make each definition comprehensible not only to those active in the behavioural sciences, but also to readers whose primary work, training or interest is not in the area being defined. The dictionary includes over 12 000 entries with over 640 abbreviations listed in a separate table. The entries begin with *Abadie sign* (an early sign in tabes in which there is loss of deep pain) and ends with *zymogen* (an inactive proenzyme that must be processed before it can become active).

There is excessive emphasis on terms reflecting the original psychoanalytical orientation in the 1940s and 1950s. For example, the *Oedipus complex* and *transference* each receive $1\frac{1}{2}$ pages while all of the opiate terms are less than three quarters of a page and brain imaging is less than half a page. Even *Dora* (the subject of a case history written by Freud in 1901) receives a quarter of a page.

A major drawback is the lack of terms used in psychopharmacology. Thus, fluoxetine (prozac) does not have a separate listing and is categorized under antidepressants which takes only one quarter of a page. Chlorpromazine and

haloperidol as well as morphine and heroin do not have independent definitions although *clozapine* does. This book is almost useless for anyone interested in understanding psychopharmacological treatments. Given the large number of patients taking medications it is important to have more entries and more lengthy descriptions of psychopharmacological agents.

On the other hand, the author makes some effort to modernize the entries. Thus, *kindling*, *long-term potentiation (LTP)*, *phosphorylation* and even *GP 120* are listed. Even very recent terms such as *Gulf War Syndrome* are included, and there is a nice discussion of *managed care* and even a table listing the *prevalence* of mental disorder. In addition, there are many technical and informative definitions such as *type I* or *type II* errors in statistics, and there are even very technical genetic terms such as *trinucleotide repeat*.

Obviously in a psychiatric dictionary there are a lot of entries beginning with *psy* or *psycho*. The *psycho* prefix covers 12 pages. There is clearly an issue of how many terms to include, particularly the older terms. There are a considerable number of obsolete entries such as *mania errabunda* (impulsive wandering from home) or *sedativism* (alcohol and drug abuse). Whether archaic words should be included in a comprehensive dictionary is certainly debatable, but most people would rather drop the old terms if it means that there is not room for the new (e.g. traumatic grief and magnetic resonance spectroscopy are not listed).

The general issue of education through the use of a dictionary *versus* a textbook arises. With definitions in the dictionary, the surrounding context is missing. In a textbook the term is usually imbedded in a conceptual framework that gives a better picture of what is being discussed. All alphabetized dictionaries suffer from the problem of successive entries being disconnected from each other. The dictionary is best for a first-time user, someone who is not familiar with the words used in the field.

If they want deeper understanding they need a textbook.

As the field of psychiatry advances, many new concepts, terms and ideas are brought forward. It is extremely difficult to integrate these into a dictionary such as this where the intention is to maintain most of the historical and obsolete definitions. Use of modern technology could be a major assistance here. With electronic publishing, old entries would not have to give way to make room for the new. The time to look up a particular word is not dependent on the size of the dictionary. As it stands now, with the 700 pages, it is not that easy to find a particular word, while if this was electronically based, the information would be immediately available and not dependent on the total volume of entries. In this way the older items could be left available for the rare person so inclined to look for them without interfering with the more modern and more heavily used terms. An electronic version would definitely improve the utility of this book. In the next edition the author would be well advised to consult with a wide range of experts in the field to ensure that all of the terms and concepts in current use in psychiatry are included.

In summary, this dictionary for psychiatry has survived for over 50 years. It is excessively filled with older psychoanalytic terminology and there is less of the more modern and practical information. It provides a useful starting reference for beginning students interested in psychoanalysis but it is less useful for students interested in the modern areas of epidemiology, neuropsychology, psychopharmacology, neurobiology and genetics.

GEORGE R. HENINGER

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Why Does Schizophrenia Develop at Late Adolescence?: A Cognitive-Developmental Approach to Psychosis. By C. Harrop and P. Trower. (Pp. 222, incl. references and index; \$59.95; ISBN 0-470-84878-2.) John Wiley & Sons Ltd. 2003.

I have a bad habit, shared perhaps with some others, of starting to read books from the back to the front. I was, therefore, pleased to read the blurb on the back of this book, describing

the book as 'groundbreaking and innovative', 'controversial' but potentially 'trail-blazing'.

The book's title summarizes the contents well. It is an interesting question. The book addresses important and contentious issues: Is 'schizophrenia' a valid term? Is schizophrenia a primarily physical illness or a psychological condition? Are pharmacotherapies for psychosis useful? Can psychological interventions be equally effective? I actively enjoy tussling mentally with these questions. With these promising beginnings, I was slightly surprised at myself for not enjoying the book as much as I expected I would.

The book has four sections. Section one is challenging, well grounded in a scholarly appraisal of the research literature and is wise and interesting. The remaining three sections are weak, speculative, overly wordy and loosely argued. My habit of reading books from back to front had led me to expose myself first to the three rather weak parts of a book with a very interesting beginning.

In the first section of the book, the authors try to offer an answer to the central question: Why does schizophrenia develop at late adolescence? Thereby, the authors try also to address the essential nature of the condition itself. The issues under examination are large – since schizophrenia (whatever that is) seems to develop in late adolescence, is there something about the physically maturing brain at that time that conveys special vulnerability? Or, alternatively, is there something in the adolescent's psychosocial development that precipitates psychosis? The conjoint argument presented here is that, first, there is little evidence that schizophrenia is a biological illness. The authors undermine some sacred cows (if one can undermine a sacred cow) of psychiatry and present the case that schizophrenia is primarily a psychosocial phenomenon. Schizophrenia is, the authors claim, a crisis of the self-concept. I have some strong sympathy with this position. Then, since schizophrenia is all about how people see themselves in their relation to other people and their wider worlds, schizophrenia develops in late adolescence precisely because one's self-concept reaches its finest instantiation at that time.

The authors do the job of presenting this argument, based on high-quality scholarship, excellently. I suspect that there will be mixed

feelings amongst people reading the literature reviewed and the manner in which it is appraised. Proponents of a social model of schizophrenia and anti-psychiatrists will praise the authors for redressing a bias towards biomedical research and will value the citing of studies that appear to shed doubt on the presumed biomedical nature of schizophrenia. On the other hand, more traditional biomedical psychiatrists will probably feel that the authors are rather partial. Myself, I enjoyed the first section of the book enormously. I think there is a case for an assertive and coherent presentation of a psychosocial account of schizophrenia. The impression is one of a case presented by persuasive advocates. On balance, I think this is appropriate, and I certainly enjoyed it.

But the book seemed to falter in sections two, three and four. The authors make ill-advised forays into existentialism, slightly off-the-wall therapeutic strategies for working with disturbed self-concepts and rather odd and idiosyncratic hypothesized structures for the self. The book is weaker here than earlier.

On the whole, I would recommend colleagues to buy this book, and to read the first section. An excellent case for a rather novel and very humanistic formulation of 'schizophrenia' is made. But I would regretfully recommend colleagues to read the remaining sections of the book in a rather more detached frame of mind. I hope that some of the weaknesses in the latter part of the book will not detract from the earlier section. And I would urge readers to start at the front.

PETER KINDERMAN

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Preventing Intellectual Disability. Ethical and Clinical Issues. By Pekka Louhiala. (Pp. 174; £30.00; ISBN 0-521-53371-6 pb.) Cambridge University Press: Cambridge. 2003.

'... it is a true act of moral cowardice to allow children to be born with known genetic defects' (attributed to James Watson).

Watson (he of Crick fame), who helped provide the essential key to the Human Genome Project, is a spokesman for what Pekka Louhiala refers to as 'a certain medical collective'.

This bio-ethical tradition can be clearly traced in its pure reasoning to Immanuel Kant's argument that only those capable of moral reasoning should be accorded the full status of moral agency. The behaviour of such agents is also governed by the principles of moral reasoning. It is towards these entities and to these alone that we owe moral obligations. The rest are things and have no intrinsic moral status.

Modern ethical philosophy broadens the uni-criterial Kantian account of full moral status beyond its capable agents to include criteria like sentient organic life and social and ecological relationships. Thus, whilst moral agency is sufficient for full moral status it is not a necessary condition, because sentient humans like infants and people who are profoundly intellectually disabled either have not yet, or never will be capable of acting morally but are, nevertheless, quite reasonably the recipients of basic and even full moral rights, by dint of their inextricable relationship with us.

On the ostensibly compelling basis that 'medicine is the servant of mercy' (p. 143) there is, in certain medical quarters, an absolute certainty about the rightful business of going about expunging dysfunction wherever it appears. The origin of this unswerving avocation is dual: the Aristotelian espousal of rational superiority in moral agency, which has always been able to excuse the exercise of power by one class over another in the scrupulous pursuit of progress, and the more contemporary Western privileging of individual autonomy.

Louhiala, a paediatrician and philosopher by training, sets quietly about the task of arranging the various scientific and ethical arguments dispassionately and economically. He then neatly but subtly subverts any certainty about the theoretical, research, and practical dilemmas in the genetic excision of the tapestry that is human diversity in all its ugliness. He turns to unexpected quarters: the feminist ethic of caring is explored for an understanding of reciprocal love for those less able to fend. This serves as a basis for the position that an essentially emotional and feminine motivation may be better equipped for an enquiry into human morality than pre-eminently masculine pure reason. In this context, it strikes one that it is unsurprising if ironic, that autism – in its empathic dumbness of knowing other minds – is

currently being portrayed by neuro-developmental experts, like Simon Baron-Cohen, as the ultimate male pole on the genetically determined gender-brain continuum. There are none so blind ...

The lodestone of individual autonomy is spun on its axis if, as Louhiala hints, the quintessence of personhood lies in our capacity for reciprocal self-conscious dependence on one another. Person as a construct is not as 'theoretically innocent' as it is often held to be by those who use it to bloodlessly resolve the deepest moral dilemmas around the prevention of lesser lives.

The whole point of a moral dilemma being genuine is because it is experienced as inescapable and concerns us precisely because we are carefully troubled about who we are in moral terms; that all advice may be insufficient and yet, somehow, we must go on in our professional lives in an ethical way.

It is to Pekka Louhiala's credit that he does not offer us this advice. What he does do is to provide some pathways between the high ground of technical certitude and the swamp of the individual case. The view from the high ground is breathtakingly clear, as James Watson tells us. Yet Joanna Jepson, a young Church of England curate has famously and recently used her own genetic defect to find firmness in the question of when it is lawful to end a viable if putatively defective life.

A moral minefield is carefully mapped and made accessible by the author, albeit in an infuriatingly even-handed way. And that is no mean feat in a deceptively short book, which, if it bears any criticism is that it reads somewhat like a dissertation. Which it was.

BRUCE GILLMER

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Circles of Recovery: Self Help Organizations for Addictions. By K. Humphreys. (Pp. 238; \$85.00; ISBN 0-521-79277-0.) Cambridge University Press, UK. 2004.

Some professionals may dismiss self-help groups for substance abuse as places where addicts get together to chain-smoke, drink too much coffee, and exchange 'war-stories' of their

life when drinking or using drugs. However, there is a growing body of literature demonstrating that self-help groups help maintain recovery, as well as provide other less clinically tangible benefits to persons seeking to recover from addiction. This book presents a clear and comprehensive international overview of the history of self-help groups and the evidence for their efficacy in recovery. The book begins by defining and describing the nature of self-help organizations and differentiating self-help groups from professional or clinical treatments for addictions or other forms of self-help (e.g. self-help books). The book also provides a thoughtful summary of the five main cultural forces behind the self-help movement including the increased wealth and improvement of health in western countries, the diminishing role of family involvement, the constraints and limitations of professional interventions, increased consumer knowledge in health care, and the general rewards of participating in self-help treatment.

For those unfamiliar with the number and scope of addiction-related self-help groups, chapter 2 is an essential read. The author begins by alphabetically reviewing what is known of all the nineteen identified self-help organizations for addictions across the world. Using available scientific literature, as well as more obscure sources, he describes the history and origins of each organization, the basic philosophy, and the characteristics of their membership, when available. No assumptions are made of the reader's level of previous knowledge of self-help organizations and basic information about the organization (e.g. the 12 steps for Alcoholics Anonymous) is presented alongside less well-known facts for each organization. The end of the chapter provides a handy reference table comparing and contrasting all the organizations on their spiritual background, funding support, advocacy, involvement of professionals, and whether family members can attend the meetings.

For the empiricists, the real meat of this book begins in chapter 3, where a thorough review of the recovery outcome literature is presented for each self-help organization. Unfortunately, the research literature is sparse for most of these organizations. Since Alcoholics Anonymous has the most scientific literature evaluating addiction and medical outcomes, this organization is

reviewed the most extensively, although shortcomings of this literature are addressed. The author does a nice job of fairly assessing and evaluating the evidence while highlighting areas of weakness and gaps in the literature. After reading this chapter, while the existing evidence clearly supports the benefits of self-help participation, the mechanism of how this benefit is derived and whether all self-help groups are equally beneficial remains an open question and area of much-needed future research.

Finally, while most books on the topic of self-help treatment for substance abuse would have stopped after reviewing the primary medical outcomes, the remainder of the book takes it to the next level and reviews the research literature on less concrete but perhaps more esoteric benefits of self-help involvement (e.g. friendship networks, evolving identity of the addict, spirituality changes, etc.) and how professionals can interface with such organizations. The author raises such controversial issues of whether or not groups like Alcoholics Anonymous are a 'religion', the pitfalls self-help organizations may encounter when accepting external support or guidance (e.g. governmental funds, professional collaboration), and overcoming some professionals' negative attitudes towards self-help organizations. He provides practical solutions to such dilemmas as well as offering suggestions for professionals interested in interacting with these organizations. Overall, this book is well-written, timely, and provides the underlying message that individuals and society benefit when professionals and self-help organizations can come together to provide the best care for the addicted patient. This book is a must read for all addiction professionals as well as all other mental health professionals who encounter substance abuse problems in their clients.

KAREN CROPSEY

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Neurology of Cognitive and Behavioural Disorders. By O. Devinsky and M. D'Esposito (Pp. 470; £67.50; ISBN 0-19513764-7.) Oxford University Press. 2003.

The great strength of Devinsky and D'Esposito's *Neurology of Cognitive and Behavioural*

Disorders is the overview it gives of the neuroscience that underpins the clinical approach to brain dysfunction. It covers the essentials of neuroanatomy, neurophysiology, experimental psychology, neuropsychology and neuroimaging with a clarity that will appeal to clinical neuroscientists of varying backgrounds and varying levels of expertise. It is concise but not superficial.

The volume is published as a part of the Oxford University Press Contemporary Neurology series. It consists of 449 pages in eleven chapters. Chapters 3 to 10 cover the individual cognitive domains; chapter 11 describes treatment. The contents pages and index are comprehensive, as is the referencing. Much use is made of tables. The many schematic drawings provide useful insights and the absence of colour is not particularly problematic. There is a generous use of brain images. Numerous quotations are included, perhaps too many. The £67.50 price tag is moderately expensive.

The emphasis on anatomy, and functional imaging in the first and second chapters is entirely justified. Anatomy should be ingrained knowledge, but a coherent overview is always welcome. Many will find the summary of recent developments in brain imaging useful for their reading of this burgeoning literature.

The sequence of the chapters dealing with specific cognitive domains worked well. Unconventionally, they begin with 'The Right Hemisphere'; this section proved to be particularly illuminating. It was also good to see a chapter devoted to the motor system with a very clear discussion of the apraxias. In general, I found that the chapters more distant from my own day-to-day reading tended to whet the appetite for further knowledge, in a manner reminiscent of successful undergraduate teaching. Those chapters where my prior knowledge was greater (those on language and memory) provided a sound and interesting synthesis of ideas.

On the whole, those parts dealing specifically with clinical issues were somewhat less impressive. Of course, useful details are given and there are many instructive tables. My criticism would be that the style approaches that of a clinical handbook, which is rather at odds with the tone of the volume. Little would have been lost been by confining the text to scientific insights gained

from the various diseases. The coverage of management issues is too brief to be truly useful.

With that qualification, this is an elegantly written assimilation of facts and ideas. I would recommend it to any neuroscientist for use as a reference or as cover-to-cover reading.

RHYS DAVIES

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Drug Addiction and Its Treatment. By M. Gossop. (Pp. 343; £32.50; ISBN 0-19-852608-3.) Oxford University Press: Oxford. 2003.

This book attempts to look at the current evidence behind the use of treatment processes practised in the UK. It is intended to be a clinical *aide-mémoire* to clinicians of all disciplines working in the field of addiction and mental health. Dr Michael Gossop is one of the leading addiction researchers in London who has influenced and informed the addiction clinical arena in the UK for the last 30 years. The book is as much a reflection of Dr Gossop's professional journey as it is an attempt to put findings conducted by the same London unit, as part of the UK National Treatment Outcome Research study, into a clinically meaningful context. This combination produced a well-written and user-friendly publication for the non-specialist. I do not recommend this book to specialist addiction workers unless one is using other reference books to complement the information available.

The lack of substantial European data, the use of references that are 10–20 years old, the London centric (almost NTORS centric) approach to the subject and the absence of the current rapidly changing patterns in drug abuse (e.g. increasing cyclyzine use, use of the internet) and changing populations (e.g. chronic pain and dependence, children on psychostimulants with a diagnosis of ADHD, and an increasing number of severely mentally ill people with drug and alcohol dependence) has denied the opportunity

for this book to move forward and provide the readership with confidence that the evidence presented will be able to help them start understanding the novel, clinically relevant problems in the addictions field.

It is always very difficult to write any book on a subject that has a rapidly changing landscape like that in the field of addictions, since by the time it is published some facts have either changed or evolved to become misinformative. I give credit to the author, who managed to maintain a focused exercise that, I think, culminated in strong chapters on 'Psychological therapies' and 'Treatment effectiveness and social policy'.

An important omission in this book is the treatment effectiveness of tobacco research. In order to understand the concept of pharmacologically based addiction and its impact on health and eventually treatment provision, tobacco research would have helped this book by thinking not in the traditional perspectives that are usually based on current research and clinically founded routes, but in terms of the individual's problems as a result of dependence.

Another important feature that would have helped make this book stand above other addiction-related books is the ethical and professional research on the conflicts clinicians currently face between individualism and social control, especially due to the increasing influence of criminal justice intervention such as the Arrest Referral Schemes, Drug Treatment and Testing Orders and Drug Courts. These initiatives and subsequent consequences of delivery of care have been omitted.

Overall, this book is a helpful and informative publication that will consolidate current knowledge. I applaud Dr Gossop's attempt to provide such a useful reference mark. I would also encourage Dr Gossop to provide us with a more specialized version looking at different populations using a wider research framework.

ALEX BALDACCHINO