

Book reviews

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Insight in Psychiatry. By I. S. Marková. (Pp. 329; £50.00; ISBN 0521825180.) Cambridge University Press: Cambridge, UK. 2005.

Insight into mental illness has become a major focus of research in clinical psychiatry during the last 15 years. Major areas of research have been the definition and measurement of insight, its relationship to clinical features of major psychiatric disorders and its putative neurobiological basis. However, results of studies on insight have been striking in their variability. What this book aims to provide is a conceptual framework for understanding both variability among studies and the complex nature of insight.

The book is divided into two parts. The first part (chapters 1–5) is devoted to review and examines how insight has been conceptualized and explored in psychiatry and related disciplines. Chapter 1 addresses the historical framework of the concept and its development. Chapter 2 examines three psychological perspectives (gestalt, cognitive and psychoanalytic) and their influence in the clinical concept of insight. Chapters 3 and 4 are devoted, respectively, to a review of the clinical studies on insight in psychiatry and neurology, and chapter 5 is specifically dedicated to dementia.

The second part (chapters 6–9) addresses the conceptual issues raised from the first part of the book and the author attempts to develop an insight conceptualization which is intended to provide a useful framework for understanding insight and its determinants. Chapter 6 focuses on the nature and meaning of insight and a distinction is made between the concept and phenomenon of insight. Chapter 7 examines the relational aspects of insight and it is argued that the ‘object’ of insight assessment has a crucial role in determining and shaping the clinical phenomenon of insight. Chapter 8 argues for a meaningful distinction between awareness and insight, both on theoretical and empirical grounds, and provides many examples of how the distinction works in different clinical situations.

In the Introduction the author states that the book is based on thoughts that have developed

and changed over the years. This, however, is both a privilege for those who have been deeply involved in a research topic over the years and the natural outcome of inquiring into complex or elusive phenomena from different points of view. Insight is one of the best examples of such type of phenomena, and Dr Marková, and Professor Berrios (the author acknowledges that much of the conceptual work in the book is a joint struggle) are one of the best examples of such type of researchers. The result is an excellent book.

The book has three major good qualities: (a) historical and conceptual scholarship, (b) accurate knowledge of the existing empirical studies, and (c) conceptual clarity for showing the complex nature of insight and the ways of addressing it. Of particular interest are the chapters devoted to the distinction between awareness (narrow concept) and insight (broad concept). The narrow concept has been used in the neurosciences while the broad concept has been used in psychiatric disorders, the crucial difference among them being the ‘objects’ of insight assessment in these respective areas. Whereas in neurology the ‘objects’ of insight assessment tend to be objective in nature (i.e. directly accessible to an external observer by examination) and negative in type (i.e. loss or impairment of a normal function), in psychiatry ‘objects’ of insight assessment tend to be subjective in nature (i.e. experiences which are not directly accessible to the external observer) and positive in type (i.e. referring to the presence of a new or abnormal experience). In the latter case ‘objects’ of insight demand judgements that are based on or influenced by a great number of personal and illness-related factors. Dr Marková nicely shows how the differentiation between awareness and insight provides a means of understanding the way in which different clinical phenomena relating to insight are obtained and, furthermore, helps to identify some of the specific ways in which such phenomena may be different. The complex nature of insight in psychiatric disorders unravelled by Dr Marková can help to explain, for example, why no replicable neurobiological substrate has been found for the lack of insight in mental disorders.

In summary, this is a well-written and well-argued book that provides new *insights* into the nature of the phenomenon of insight and the ways in which it should be understood in order to capture more accurately its clinical significance. We highly recommend the book not only to those who are interested or involved in the topic but also to any practitioner in the field of mental health.

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Problem Solving Treatment for Anxiety and Depression: A Practical Guide. By L. Mynors-Wallis (Pp. 199; £24.95; ISBN 019852842 pb.) Oxford University Press: Oxford. 2005.

Over 90% of people with mental health problems are treated in primary care without recourse to secondary mental health services. The most common mental health problems seen in primary care are depression and anxiety. However, apart from antidepressant medication access to other treatments is often limited. There is, therefore, a real need for effective psychological treatments that can be delivered by primary-care professionals and within the constraints of general practice. Enter problem-solving therapy (PST).

PST was developed, in part, with primary care in mind, to help meet the demand for psychological treatments for common mental health disorders. It is brief, time-limited and generally shorter than an equivalent course of cognitive behavioural therapy (CBT). Primary-care professionals can be taught to deliver it, and there is a now substantial evidence base as to the feasibility of delivering it in primary care and its efficacy.

However, it is probably true that PST has not had the same attention from professionals interested in mental health as CBT. One reason for this may be the relative lack of resources available to equip professionals with the skills necessary to practice PST. Dr Mynors-Wallis's book is, therefore, timely and much-needed.

The book is divided into nine chapters. The first chapter introduces the reader to

PST, outlining its goals, why and how it was developed, and a very brief discussion of treatments for psychological disorders. It assumes no prior knowledge of PST, but does assume a working knowledge of common mental health disorders.

The second chapter reviews the evidence for the effectiveness and feasibility of PST in the treatment of depression, dysthymia, 'emotional disorders', and deliberate self-harm. Dr Mynors-Wallis presents a convincing and fair argument for the use of PST in primary care for common mental disorders. It ends with a brief discussion of how PST works.

The next four chapters form the core of the book and guide the reader through the seven stages of PST. Each stage is discussed in some depth, and is usefully broken down into steps. These are presented lucidly and succinctly with helpful illustrative examples. The reader is taught how to structure a six-session course of PST, with examples of work sheets and hand-outs. The aims and objectives of each stage are outlined, together with common problems the therapist may encounter. Helpful associated techniques are described such as activity scheduling, simple anxiety management techniques, sleep hygiene advice, and basic communication skills. Chapters 7 and 8 describe three case histories, session by session, and discuss further potential problems that may be encountered when delivering PST. The final chapter sets out the structure of a 2-day course to introduce PST to potential practitioners. Dr Mynors-Wallis also provides copies of slides, and case vignettes for use in training.

My only criticism is that despite the title, anxiety disorders are given short shrift, and this is, in effect, a book about how to use PST to treat patients with depression.

Nevertheless, Dr Mynors-Wallis has done a commendable job writing a pragmatic manual that makes PST a very real option for primary-care practitioners treating patients with common mental disorders. Although its focus is mainly primary care, there is much here that anyone involved in the treatment of people with mental health problems will find useful. In fact, it is probably true to say that the skills taught in this book can be of use to all of us. I have found myself over the past 2 months frequently delving into my bag to pull out my now tattered copy to recommend it to colleagues. It will be

of interest to all primary-care practitioners interested in mental health problems, in particular counsellors, graduate mental health workers, general practitioners with an interest in mental health, interested practice nurses and psychologists.

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Prevention and Treatment of Suicidal Behaviour: from Science to Practice. Edited by Keith Hawton (Pp. 394; £75.00, ISBN 0-19-852975-9 hb; £35.00, ISBN 0-19-852976-7 pb.) Oxford University Press: Oxford. 2005.

This book was partly inspired by the Ninth European Symposium on Suicide and Suicidal Behaviour, held at Warwick University, UK, in 2002, which was jointly organized by the Centre for Suicide Research at Oxford University and the Samaritans, and which provided the setting for the launch of the National Suicide Prevention Strategy for England. Researchers and clinicians in the field of suicidal behaviour from 39 nations attended the conference.

As the editor rightly acknowledges in the Introduction, this book is not a comprehensive textbook. Other published books fulfil this function. Rather, it is a compilation of evidence that underpins efforts to effectively prevent suicide and treat those who survive suicidal acts. It is a rich source for all those with an interest in suicidal behaviours, and those concerned with the designing and implementation of prevention or treatment efforts. Psychiatrists, psychologists, social scientists, public health professionals, policy makers, general practitioners, psychiatric nurses, social workers, workers in voluntary agencies and many others can draw ideas from this book.

The book commences with an excellent Introduction by the editor, Keith Hawton. He discusses the highlights of the 19 chapters that follow. These cover epidemiological evidence, register studies, time trends, geographic differences, contextual effects, risk factors, specific populations, mental health services, questions of prevention and treatment, access to methods, media influences, volunteers, and survivors. The considerable wealth of evidence and information provided in all the chapters underlines

the statement made by Robert D. Goldney, in chapter 10, that it is no longer acceptable to state that there is no convincing evidence for the effectiveness of suicide prevention measures. Considerable knowledge is available and the unacceptable rate of suicide worldwide can be reduced.

The Introduction also points out and raises curiosity about a number of issues that might have merited becoming chapters on their own. For instance, high suicide rates in Asian countries, low suicide rates in Muslim countries, or more suicides in females than in males in rural China. The advanced reader might have found it instructive to learn more about the evidence of these issues treated less frequently in publications. The notion of a marked increase in suicide rates among young people along with the greater numerical burden and years of life lost to suicide in young people as compared to the elderly would have deserved a separate chapter as well. Furthermore, the Introduction raises expectations to learn more about the evidence of the success of national suicide prevention strategies when mentioning that a large number of countries now have such strategies.

A critical issue that has recently attracted increasing attention and interest is the role of pesticide ingestion in suicide. From a global perspective, self-poisoning with pesticides is one of the most commonly used methods of suicide. David Gunnell, chapter 3, and Keith Hawton, chapter 16, agree that tackling this issue may have a major impact on the global burden of suicide. A separate chapter could have shed light on available evidence of effective interventions in this important area.

Despite the missed opportunity of inviting authors from countries other than developed Europe and North America (only three authors located in India and Australia contributed) and of treating some important current issues, which might seem less relevant from the European perspective, more prominently in chapters of their own, this resourceful, well-written and fascinating book with exhaustively researched and informative references that invite for further reading, can be highly recommended. It will be valuable to both novices and veterans in the field of suicidal behaviours and has certainly achieved its stated objectives.

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