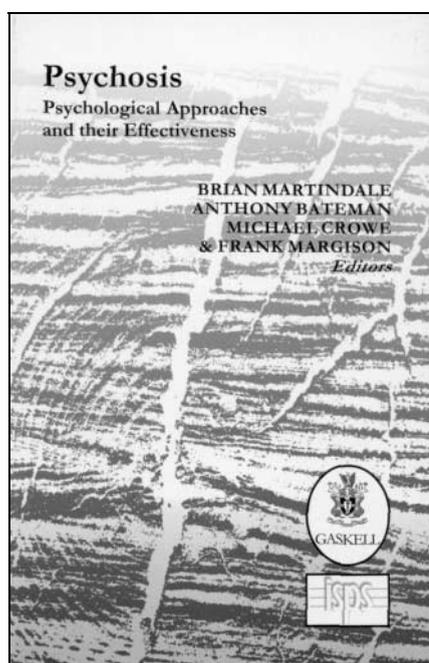


## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### Psychosis: Psychological Approaches and their Effectiveness

Edited by Brian Martindale, Anthony Bateman, Michael Crowe & Frank Margison. London: Gaskell. 2000. 306 pp. £25.00 (pb). ISBN 1 901242 49 8



Following on from a 1997 conference, this book aims to build bridges between professionals from different mental health disciplines who use diverse models of treatment of psychosis. The editors have put together a volume that pays wider attention to a range of psychologically based approaches, outlining the rationale for each therapy and summarising how each is conducted. In addition, they include research evidence of effectiveness of each of these therapies. In managing psychosis there certainly has been a swing from the use of biological and pharmacological treatments. The days of long-stay in-patient psychotherapy wards for managing psychosis are long gone. Psychotherapists now attempt to come together with general psychiatrists to work on themes of common interest.

In the introductory chapter the editors argue that rapprochement is needed urgently between biological and psychological approaches, as biological psychiatry and biology have not succeeded in providing answers to the aetiology, management and course of psychosis. Following from work on expressed emotion, serious attention is again being paid to cognitive therapy, group work and approaches to managing psychotic features.

The introductory chapter's effective and detailed outline of the structure of the book is followed by sections on cognitive approaches, family, group and psychosocial approaches, individual psychoanalytical approaches and early interventions using need-adapted psychological treatment modules. The final chapter is an Australian overview. Clinicians will find practical advice in the sections on cognitive and family approaches. Garety *et al*, for example, provide an excellent theoretical background to cognitive-behavioural therapy and conceptualisation of therapy in various stages. They include a detailed discussion on building and maintaining the therapeutic relationship and describe how negative self-evaluation, anxiety and depression can be addressed. They also offer details of outcome research and talk about how cognitive-behavioural therapy can be used in acute episodes. In the acute phase the effect of cognitive therapy was most apparent for positive symptoms; at 9-month follow-up the cognitive therapy group had significantly fewer positive symptoms. An extension of this kind of approach has been used with people with early psychosis or prodromal symptoms, and four chapters here are dedicated to early intervention.

In the several chapters on compliance therapy, which involves working with the patient and the family, the authors identify various barriers to compliance. These include not only personal concerns for the patient but also issues to do with the illness and the treatment. They identify basic principles and key techniques of compliance therapy and give practical advice on dealing with some primary problems in

working with families. In particular, they outline how to handle the families' anxieties and concerns. Advice is offered on the organisation of psychoeducational sessions, and evaluation and outcome are discussed.

The final chapters provide an overview of treatments for first-episode psychosis in different parts of the world. Prodromal symptoms are very difficult to identify, and to start treating them with medication that may have implications in terms of side-effects, compliance and long-term outcome is a major issue. In the chapter by Johnnesen *et al*, for example, it is suggested that first admission for first-episode schizophrenia should be for a minimum of 1 year. Not only is this excessive: it may create problems of its own in terms of dependency and institutionalisation. It would have been helpful to have known more about the rationale for this recommendation.

Overall, the editors offer mental health professionals an extremely helpful snapshot of current psychological treatments for psychosis.

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### Eyes and the Mind: Psychophysiological Approach to Psychiatric Disorders through Visual and Ocular Functions

Edited by Takuya Kojima & Eisuke Matsushima. Tokyo & Basel: Japanese Scientific Societies Press & Karger. 2000. 215 pp. (hb). ISBN 4-7622-2941-5

*Eyes and the Mind* summarises the work of Japanese schizophrenia researchers from the early 1960s through to the present. Some 38 researchers contribute an overview of eye movement and its psychophysiological correlates in the context of schizophrenia.

Among the key topics addressed are discussions of specific types of eye movement and the correlation of neuropsychological and neuroimaging findings with deficits in these movements. The authors also consider familial factors, comparison between patients with schizophrenia and those with 'organic' brain lesions, and visually evoked potentials in health and disease.

When subjects have their eyes closed, they make two types of horizontal eye movement: rapid and slow. The former indicate tension and implicate limbic activity. The latter are thought to reflect relaxation and a release of brain-stem nuclei from cortical inhibition. Rapid and slow horizontal movements may be superimposed on one another and are not in mutual equilibrium. But their relative contributions may be disturbed in neuropsychiatric disorder and in response to certain medications. In schizophrenia, even patients who have greatly deteriorated and exhibit pronounced negative symptoms show an accentuation of rapid eye movements in the resting state. The authors conclude that despite apparent apathy and withdrawal such patients are intensely aroused; such arousal may indicate limbic overactivity. These findings are congruent with reports of accentuated galvanic skin response in such patients.

When patients with schizophrenia explore visual patterns they make less exploratory eye movement than 'normals' and those with other neuropsychiatric disorders. This distinction is particularly marked when subjects are invited to check their responses to a visual display to see if they

have correctly identified discrepancies in the patterns presented. The authors argue that this particular deficit (in 'responsive search score') is sufficiently sensitive and specific that through the application of discriminant analyses it may be used to diagnose schizophrenia.

The organic and neuropsychological correlates of such behaviours appear to implicate not a single brain focus but a network of regions, distributed especially throughout the right hemisphere. The closest correlation appears to be with deficits on neuropsychological tests putatively linked to right frontal impairment (although any such 'localisation' is likely to be an oversimplification).

Smooth-pursuit eye movements (SPEMs) have been found to be abnormal in patients with schizophrenia and their relatives since the ground-breaking work of Holzman and colleagues (1973, 1974) in the 1970s (although the idea for this approach goes back to Diefendorf & Doge (1908)). In the current text the authors build on this approach, attempting to discern whether a deficit in SPEMs (while following a target) is due to a central deficit in the control of information-processing or a failure to inhibit breakthrough saccades (the 'catch-up'

movements occurring when SPEM breaks down). A dispassionate reading of the arguments would suggest that the current answer appears to be 'a bit of both'. The brain systems implicated comprise a network spreading from the dorsolateral prefrontal and orbito-frontal cortices through the caudate nuclei and substantia nigra to the superior colliculi. Relevant sensory data are processed in the temporal and parietal cortices.

This is a rewarding text to read, and it will acquaint many in the international community with the original insights into schizophrenia emerging in Japan.

**Diefendorf, A. R. & Dodge, R. (1908)** An experimental study of ocular reactions of the insane from photographic records. *Brain*, **31**, 451–489.

**Holzman, P. S., Proctor, L. R. & Hughes, D. W. (1973)** Eye-tracking patterns in schizophrenia. *Science*, **181**, 179–181.

—, —, **Levy, D. L., et al (1974)** Eye-tracking dysfunctions in schizophrenic patients and their relatives. *Archives of General Psychiatry*, **31**, 143–151.

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