

Traumatic Dissociation: Neurobiology and Treatment

Edited by Eric Vermetten, Martin J. Dorahy and David Spiegel, American Psychiatric Publishing, 2007. 398pp. US\$67.00 (pb). ISBN 978158562196X



Workplace-Based Assessments in Psychiatry

Edited by Dinesh Bhugra, Amit Malik & Nick Brown. RCPsych Publications. 2007. 174pp. £15.00 (pb). ISBN 9781904671466

There is little debate regarding the existence of dissociation, particularly following overwhelming traumatic events. It often represents a normal response but in some individuals is problematic. Indeed, peritraumatic dissociation has been strongly associated with the development of post-traumatic stress disorder. Dissociative disorders, with their often bizarre, intriguing and illogical presentations, have provoked more disagreement amongst professionals, a particular example being discourse over the existence and prevalence of dissociative identity disorder.

Vermetten, Dorahy & Spiegel have brought together a group of experts in this field to produce a very readable volume that provides a comprehensive overview of the current knowledge base, largely from the viewpoint of individuals who strongly believe in the concepts they discuss. Several chapters do an excellent job in objectively reviewing the evidence and not shying away from the scepticism they recognise is present among some individuals. Lowenstein, in his chapter on dissociative identity disorder, argues the case of apparent double standards when assessing the research evidence collected in studies of dissociative identity disorder when compared with that of other disorders and cogently argues that a body of research data has been entirely discounted.

The book is separated into three parts. The first considers the conceptual domain of dissociation, covering the history of it as a concept and its relationship with trauma and post-traumatic stress disorder, along with the contribution of attachment theory. The second part provides an excellent review of work concerning the neurobiology of trauma and dissociation. Perhaps not surprisingly the first two parts raise more questions than they answer but certainly demonstrate that a considerable amount of well-designed work has been done in the area of traumatic dissociation and that there is a need for more.

The final part discusses contemporary implications for assessment and treatment. Most of the chapters provide helpful, practical tips for clinicians to manage some of the most complex patients they are likely to encounter. Chu's final chapter on the treatment of traumatic dissociation is a fitting end to the book. He advocates a cautious, pragmatic approach to patients with traumatic dissociation, arguing for the building of coping skills before attempts to explore and work through traumatic experiences. He importantly comments that 'excessive fascination or preoccupation with dissociative phenomenology' can adversely impact on outcome.

Doctors share with airline pilots, and others to whom the public entrust their lives, a requirement to develop complex skills over many years of supervised training, and to demonstrate their competence in performing routine tasks and managing crises. Psychiatry, with its focus on spoken communication, has tended to rely on *in vitro* methods of supervising training (cosy one-to-one supervision behind closed doors well away from patients or team colleagues, or case presentations in busy ward rounds) rather than the direct, *in vivo* transmission of skills expected of a classical apprenticeship.

For many reasons, helpfully summarised in the preface and introduction to *Workplace-Based Assessments in Psychiatry*, these methods have been found wanting and a range of unfamiliar methods of assessing trainees are being introduced. Bhugra, Malik & Brown aim to provide both a handbook and a practical manual for the new generation of assessors and the trainees they will guide. How well do they succeed in these overlapping, but distinct, aims?

The majority of the book comprises a set of monographs on the separate instruments that will be used to structure and record their assessments. These are supplemented by an appendix that allows both assessors and trainees to see, possibly for the first time, the forms used to do so. As a 'how to' manual this succeeds well, and the detailed performance descriptors will do much to demystify the process (and the plethora of acronyms: DOPS, mini-ACE, and the like). The major deficiency of this section, which could be remedied easily, is the lack of a timeline to show when and how the various techniques should be timetabled into busy clinicians' diaries.

Less satisfying are the handbook components that should provide rationale and context. Psychiatry has benefited from the fact that other specialties have been using similar methods for some time, so there is both experience and evaluation of their use. However, although the overview of methods is clearly written, it has too little evidence to draw upon and the section on pilot studies cannot provide assessors and trainees with confidence that the new system is more than 'work in progress' (p.107). Tensions between the context-specific limitations of workplace-based assessments and the need for generalisability of psychiatric skills are touched on but in a chapter that focuses too heavily on a description of the possible structure of the new MRCPsych examinations. Finally, at no point is it clear that the whole is more than the sum of its parts: there is too little indication of whether the assessment tools are sufficiently joined-up and cover all aspects of specialist training. If the Postgraduate Medical Education and Training Board requires assessment to be 'based on

Jonathan Bisson Monmouth House, University Hospital of Wales, Heath Park, Cardiff CF14 4XW, UK. Email: bissonji@cf.ac.uk

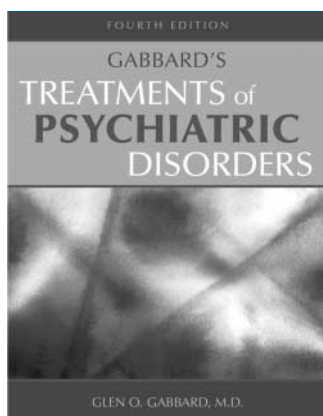
doi: 10.1192/bjp.bp.107.039552

curricula, where is the curriculum map to show how one relates to the other and highlight the gaps?

This book should be read by assessors and trainees for its 'how-to' procedural instructions. A second edition should follow soon to remedy its deficiencies and to ensure that this useful manual does not become obsolete as the tools it describes evolve. A second edition should also correct some sloppy usage, such as the interchangeable use of competence/s and competency/ies (the General Medical Council favours the former) that occur sometimes in a single paragraph.

Teifion Davies King's College London, Institute of Psychiatry, London SE5 8AF, UK.
Email: t.davies@iop.kcl.ac.uk

doi: 10.1192/bjp.bp.107.040592



Gabbard's Treatments of Psychiatric Disorders (4th edn)

Edited by Glen O'Gabbard.
American Psychiatric Publishing.
2007. 968pp. US \$195.00 (hb).
ISBN 978158622160

This book began life almost a quarter of a century ago as a four-volume, encyclopaedic tome. In the course of publishing the previous editions, it has contracted to a single volume. But, this is not at the expense of quality since it continues to include the full range of psychiatric conditions. With developing specialisation we have an increasingly narrow range of therapeutic skills, making the broad approach of this book even more valuable than its founding fathers might have envisaged.

Each of the 12 sections has an editor and individual contributors, who are experts in their respective fields. The first section includes disorders diagnosed in infancy, childhood and adolescence, followed by delirium and other cognitive disorders, and then substance-related disorders. The subsequent sections cover the major remaining groups such as mood disorders, somatoform disorders and psychotic illnesses. Within the sections, areas as diverse as paedophilia and body dysmorphic disorder, narcissistic personality disorder and psychiatric rehabilitation are covered in individual chapters with references as recent as 2005. A significant achievement has been the editorial work which has established a consistent style.

This book is not without its problems, the most substantial of which is the absence of specific guidelines for clinicians (as distinct from detailing the studies and outcomes in individual trials, which it does in detail). This scholarly approach shifts it into the category of reference book and prompts the view that it is a textbook of clinical trials and of efficacy rather than a clinician's guide to treatment and effectiveness. Neither is there much attention to interactions between specific drugs so the clinician will have to garner this information from other sources,

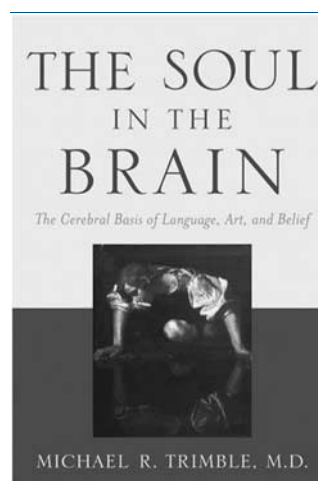
while interventions for the important area of self-harm are scattered and sketchy.

On the other hand, its attractions include its accessibility and scope, reliance on best evidence and the presentational style. The latter includes the use of colour which adds to its attractiveness and the typeface is also easy on the eye. Furthermore, it incorporates psychotherapeutic as well as pharmacological studies, a welcome addition to books dealing with treatment where psychotherapy is often included as an afterthought. Surprisingly, and thankfully, there are few tables listing the litany of DSM criteria for each and every disorder which haunt most textbooks of psychiatry nowadays.

This authoritative book will be the first port of call for clinicians wishing to evaluate the evidence for specific interventions. Against that backdrop it will aid clinicians' confidence in selecting interventions based on best evidence. While the science of prescribing is highlighted in the textbook, the art of prescribing must come from other sources.

Patricia Casey Department of Psychiatry, Mater Misericordiae University Hospital, Eccles Street, Dublin 7, Ireland. Email: profcasey@esatclear.ie

doi: 10.1192/bjp.bp.107.042259



The Soul in the Brain: The Cerebral Basis of Language, Art, and Belief

Michael R. Trimble.
Johns Hopkins University Press.
2007. 304pp. US\$35.00 (hb).
ISBN 0801884810

Building a complex theory on an absence is a brave enterprise, even for a neuropsychiatrist specialising in epilepsy. However, for Michael Trimble, the crucial absence is a statistical one: that among the many people suffering from epilepsy there are remarkably few poets. From that negative association, along with a similar absence of poets with schizophrenia and an overabundance of writers with bipolar disorder, and using a careful linguistic analysis of psychopathology, Trimble's 'central aim . . . is to relate . . . religion, poetry and music to their underlying neurological basis'. Indeed, it is an attempt to describe the soul of man, those uniquely human features which together provide a sense of existence, of purpose, of being in the world and of it. And, 'the thread that unites them [all] . . . is the neurobiology of the non-dominant hemisphere'.

Trimble suggests that although neurology has carefully dissected the left-hemisphere lesions causing the aphasias, the right hemisphere's contribution to the mood, feeling, rhythm and consonance that underpin poetic language is relatively neglected. This, though, is not yet another 'simple right-brain