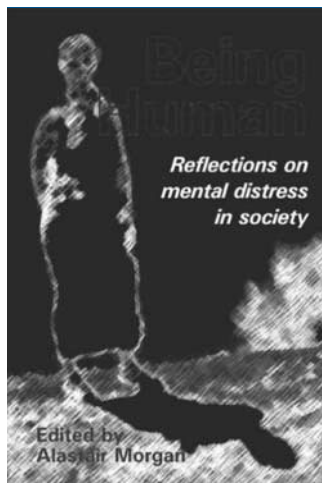


provides an impressive account of painstaking work, including impressive longitudinal studies, to develop theoretically driven and empirically tested interventions.

This volume cannot be used as a manual for clinical work but it definitely can and should be used to inform our thinking about how to understand and work with those at risk or struggling with bereavement-related distress.

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doi: 10.1192/bjp.bp.108.060574



Being Human: Reflections on Mental Distress in Society

Edited by Alastair Morgan.
PCCS Books. 2008.
£20.00 (pb). 213pp.
ISBN: 9781906254063

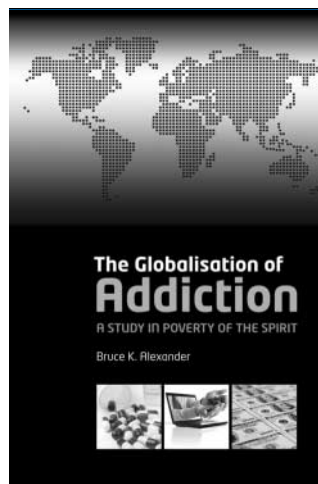
This is a bravely written book. Deriving from a series of seminars presented under the auspices of the HUMAN Research Project at Nottingham University, it consists of 13 chapters reflecting on 'the interface between mental health, mental distress, and the humanities, broadly conceived'. Contributors mainly derive from the fields of psychotherapy and psychology, but include a neurologist, a mental health nurse and those trained in philosophy and humanities. The editor, Alastair Morgan, has a particular interest in critical theory and has trained as a philosopher. In his introduction, he fears for psychiatry disappearing as a discipline, 'as it fragments into a number of subspecialties, and as it eats its own diagnostic categories, only for them to be functionalised as specific behavioural disorders'.

The topics in themselves indicate the breadth and thoughtfulness of the contributions. For example, Ian Parker's 'Constructions, reconstructions and deconstructions of mental health' is a fascinating exploration of names, images (e.g. animals, samurai, orcs), whereas Dave R. Wilson's 'A phenomenological encounter: prelude to a mental health assessment in a magistrate's cells' is a startlingly unique outline of the practical processes of working in mental health reflected in the light of true phenomenology and the psychology of interpersonal communication. More historical outlines are provided by Christopher Ward in 'Symptoms in society: the cultural significance of fatigue in Victorian Britain' and by Susanna Wilson in 'Writing from the asylum: a re-assessment of the voices of female patients in the history of psychiatry in France'. The former considers the relationship between neurasthenia and chronic fatigue syndrome, looking at the real distress and disability generated (regardless of the label) and the social relationships in which such symptoms occur. The latter studies two particular cases from French treatises, suggesting that their 'partially delusional accounts are not meaningless' and that there was an apparent failure of medical professionals 'to place any value on what they had to say'.

As in any multi-authored volume there are of course infelicities in terms of the language used, the approach taken or the sense of psychiatrists being criticised just for being psychiatrists. What work like this does show is the need for all of us to spend more time thinking about, perhaps talking about, and perhaps describing (to the powers that be) the real nature of our task. As noted by David Smail in his final contribution on 'Clinical psychology and truth', we need to understand that 'the service of truth, philosophically complex though it may be and deeply unfashionable though it is, is no minor cause'. One can only recommend reading at least some of this multi-textured volume, which in the main serves its purpose very well.

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doi: 10.1192/bjp.bp.108.060319



The Globalisation of Addiction: A Study in Poverty of the Spirit

By Bruce K. Alexander.
Oxford University Press. 2008.
£34.95 (hb). 396pp.
ISBN: 9780199230129

Several years ago I was asked to participate in a Royal College of Psychiatrists' debate for young people. I was proposing the motion that 'we are all a nation of addicts', and a show of hands before the debate started revealed a strong majority in my favour. Unfortunately, an articulate description of the ICD-10 definitions of dependence by the opposition allowed the audience to re-evaluate their excesses as falling below the 'addictive' threshold defined by scientific medicine, and the motion was soundly defeated. Had I read this scholarly and extremely entertaining book before this debate, the result might have been different.

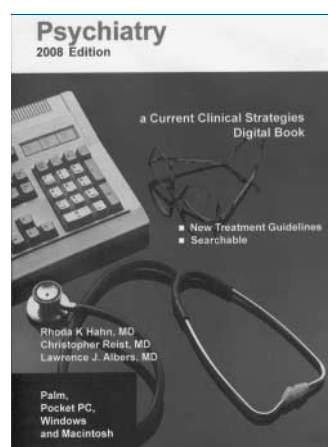
Here the term 'addiction' is reclaimed from its current use in reference to alcohol and drugs and instead defined as an 'overwhelming involvement with any pursuit whatsoever that is harmful to the addicted person and his or her society'. This change of emphasis is crucial, as the author then goes on to present a thesis every bit as bold as his title suggests. His central argument is that 'psychosocial integration' is a 'profound interdependence between individual and society' that 'reconciles people's vital needs for individual autonomy and achievement'. An enduring lack of such psychosocial integration is called 'dislocation' and is both individually painful and socially destructive. Free-market society undermines this and 'addiction' is a way of adapting to this dislocation, thus explaining why huge numbers of people are addicted to destructive habits in the 21st century.

The author is a psychologist with many years experience in the addictions field and has drawn on an impressive array of materials to support his theory. Evidence from clinical and scientific sources is supplemented by historical and anthropological studies, case

histories of historical figures (J. M. Barrie, Adolf Eichmann and St Augustine, among others) and the author's interviews with various individuals, as well as case studies of communities as diverse as the Canadian 'Orkneymen' and Maoist China. It all amounts to a well-reasoned and illuminating read that will challenge many people's views on the world that we live in, as well as providing a refreshing alternative to a clinical view of addiction dominated by genetics and neuroscience. My only concern was that the solutions offered to tackle dislocation in the final two chapters seemed lightweight in comparison with the rest of the book.

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doi: 10.1192/bjp.bp.108.060327



Psychiatry (2008 edn)

By Lawrence J. Albers, Christopher Reist & Rhoda K. Hahn
Current Clinical Strategies Publishing, 2008.
US\$28.95
(CD-ROM for Palm, Pocket PC, Windows & Macintosh).* 115pp.
ISBN: 9781934323038

*The book is also available in a paperback format (US\$12.95).

This electronic book has been written to provide practitioners with an up-to-date, easily accessible reference of clinical psychiatry. Designed for use with palm and handheld computer devices, it is a substantial resource of clinical topics and practical advice. It guides the reader through the initial assessment and evaluation of psychiatric patients, before providing more detailed discussions on common and not so common psychiatric disorders. It concludes with a highly informative, albeit brief, discussion of the key principles of pharmacological and somatic therapeutic options, interspersed with summary tables useful for everyday working. All information is presented in a concise, easily understood format, to which the reader quickly becomes accustomed.

The book is undoubtedly aimed as a working guide for the junior doctor who has little experience of clinical psychiatry and is likely to be most gratefully received by those making the transition from medical student to practising doctor. To this end the book provides useful day-to-day advice on a host of common issues, including patient admission, as well as a range of examples of how to format and record salient pieces of information in patient notes. Particular highlights are the guidance notes on distinguishing differential diagnoses detailed below every clinical topic and descriptions of personality disorders.

The book appears to have been written for the American reader – it is grounded on the DSM-IV diagnostic criteria and at times refers to US law. Although this does not detract from the book's usefulness, it may be confusing to non-American readers.

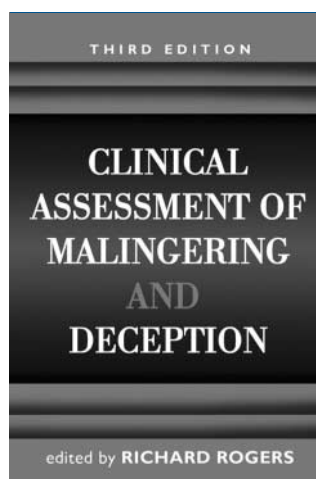
One aspect of the book that I found disappointing was the lack of cross-referencing and linking of topic areas. Although a rudimentary word or phrase search system exists, the book

noticeably lacks any hyperlinks and at times the authors direct the reader to specific page numbers, something more akin to paper publications.

Overall, this electronic book provides a useful resource for the working doctor and is likely to be welcomed by those facing the prospect of having to work in a psychiatric setting for the first time.

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doi: 10.1192/bjp.bp.108.060533



Clinical Assessment of Malingering and Deception (3rd edn)

Edited by Richard Rogers.
Guilford Press, 2008.
US\$65.00 (hbk). 526pp.
ISBN: 9781593856991

Psychiatrists and psychologists commonly conduct assessments where 'clients' may, for a host of reasons, attempt to feign mental disorders, psychopathology and neuropsychological deficits. When psychopathology or deficits are identified, they may play an important part in the outcome of the case, whether civil (e.g. compensation) or criminal (e.g. competency issues).

This edited book, which consists of 24 chapters by experts in the field, is in its third edition. It demonstrates the remarkable expansion in the field of malingering and other forms of deception since its first edition in 1988. Major advances have taken place in the development of detection strategies, which include the use of multiple measures rather than relying on a single test, and their solid conceptual foundation and empirical validation. The book's focus is on malingering, but it contains chapters on a range of issues that do not fall directly within this area such as the use of polygraph techniques (e.g. with sex offenders), the controversial field of recovered and false memories, and deception in children and adolescents. A huge strength of the book is the exceptional breadth of relevant subject matter, the appropriate detail and comprehensiveness of each chapter and their consistently good quality.

The book sends a clear message to all clinicians: be vigilant to deception in every case, be well acquainted with the numerous publications on malingering and the tests available to detect deliberate and consequential deception, keep up to date with the rapidly growing research base, incorporate multiple measures of deception into your assessment battery, and when deception is identified describe the person's apparent motivation to deceive without making unsubstantiated inferences regarding their character and personality. This is a very tall, and many would argue unrealistic, order for most clinicians. The field of malingering is rapidly expanding and it should probably be viewed as a specialty in its own right. The best first step for all clinicians is