

Affective and Non-Psychotic Disorders: Recent Topics from Advances in Psychiatric Treatment, Volume 2

Edited by Alan Lee. London: Gaskell. 1999. 159 pp. £15.00 (pb). ISBN 1-901242-17-X

Regular readers of *Advances in Psychiatric Treatment* should be familiar with the articles in this volume, which have been reprinted minus the multiple choice questions, but with the benefit of some degree of updating. In his preface, Alan Lee argues cogently that “those most severely affected with depressive and non-psychotic disorders have levels of disability and enduring suffering comparable to those with schizophrenia”. Indeed, many of the chapters relate to the bread and butter of routine psychiatric out-patient work – the man with chronic depression who has not responded to adequate doses of antidepressants, the young woman with worsening anorexia nervosa, or the woman with persistent somatic complaints unhappy with her referral by the surgeon after numerous negative investigations and two laparotomies. As in the parent journal, the chapters are well structured and extremely readable, but would it have been even better, in a compendium of this nature, to invite commentaries by other recognised experts in the field, given that little new research is beyond debate? Perhaps the editor might consider this for future volumes?

In practical terms, the largely pharmacological chapters are likely to be of most immediate use to the practising clinician, as a quick and comprehensive update. Brief descriptions of models of psychological therapy will be helpful to experienced doctor and trainee alike, but cannot be a substitute for hands-on training. Brushing up on psychological therapies will always consist of more than acquisition of knowledge and this is inevitably the shortcoming of the ‘private study’ approach to continuing professional development from which the book has developed.

Given the current direction that psychiatry is taking, it is good to see an acknowledgement that the topics covered in this book still remain within the remit of a competent general psychiatrist. But for how much longer?

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Sexuality and Serious Mental Illness

Edited by Peter F. Buckley. Amsterdam: Harwood Academic. 1999. 222 pp. £25.00 (hb). ISBN 90-5702-598-1

Sexuality in chronic and/or severe mental illness is not a widely researched or widely discussed topic. This is surprising, as there are many issues involved here that are important for the clinician. For example, patients with chronic psychiatric illness can be sexually exploited, or, at the other extreme, may themselves be sexual offenders. There are other risks, such as infection or unwanted pregnancies.

In this book, which is part of the Chronic Mental Illness series, Buckley (a psychiatrist) has brought together contributions by a group of diverse professionals. The first chapter, by the editor and three collaborators, sets the scene, dealing with the parameters of sexual behaviour in people with serious mental illness. Clinical and survey data are cited which show that many patients with severe mental illness have active sex lives. A much smaller number show inappropriate or predatory sexual behaviour. The authors note that the actions of the latter group, often the subject of media publicity, have overshadowed the needs of the majority.

Patricia Deegan’s chapter gives a consumer perspective, based on a focus group discussion. One of the points she highlights concerns the effects of medication on sexual functioning. It is not uncommon for patients not to be informed about these effects. The need for clear policies with regard to sex and romance in mental hospitals is also addressed, and the tendency to locate the problem in the patient alone is challenged.

Other topics discussed include the legal aspects of sexuality and mental illness. A key issue here is competence to give informed consent to contraception. The topic of sexual assaults in hospital settings is also discussed. As any charge nurse knows, ‘managing’ sexual activities in in-patient settings is an important part of running a ward. There are complex issues, such as the conflict between the responsibility to protect vulnerable patients and the duty to promote patients’ rights. A chapter is devoted to an account of one hospital’s (Riverview Hospital in British Columbia) work on developing a policy for consensual sex between in-patients. Education about

dating, friendship and sexuality is also covered. The chapter on psychotropic medication and sexual dysfunction deserves mention. Sound advice is given on the diagnosis and management of medication-induced sexual dysfunction. However, distinguishing illness-associated sexual dysfunction from medication-induced dysfunction is a notoriously difficult task, and this is acknowledged.

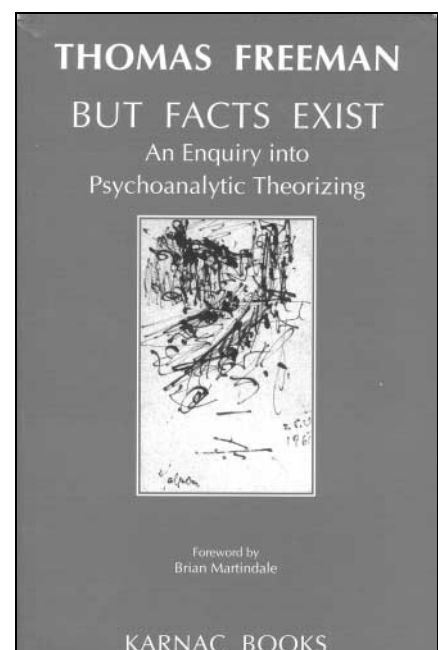
Overall, this book goes some way in filling a gap that has existed in the literature for some time. It certainly succeeds in highlighting some crucial, often difficult, issues. As the topics covered are broad, the book should appeal to a wide audience, including psychiatrists, psychologists, nurses, administrators and lawyers – and, of course, patients themselves and their advocates. Readers of whichever category will find these pages educative – both as a source of information and, more importantly, as a stimulus for discussion and debate.

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But Facts Exist: An Enquiry into Psychoanalytic Theorizing

By Thomas Freeman. London: Karnac Books. 1998. 183 pp. £16.95 (pb). ISBN 1-85575-193-3

The author starts from the view that psychoanalysis is short on facts and over-provided with theories, a view that might



be justified. This might therefore be a book of rather wide interest. However, the author, a psychoanalyst, has written a work for psychoanalysts. He tackles this psychoanalytic problem from several perspectives. There are, he says, clinical facts, verifiable by repeated observation by different observers, and the ordinary signs and symptoms of mental disorder meet the criteria of verifiability; but those arising in the special situation of psychoanalytic treatment cannot be so easily verified.

He then conducts an examination, in three parts, of psychoanalytic ideas. First, in Chapters 1 and 2 he reviews facts, reliably to be found in the psychoanalytic situation. These consist of Freud's ideas as laid out in Chapter 7 of the *Interpretation of Dreams* (first published in 1899; Freud, 1914), and elaborated by him in his writings up to about 1920: in short, Freud's particular interest in the economic model of mental function. Freeman recapitulates these somewhat elderly theories with a revitalising perception, and in addition employs many brief (or longer) vignettes from his own clinical work. Thus, he offers verification by repeating Freud's observations, raising them to the status of clinical fact.

He then deals with Freud's revision of his theories during the 1920s (Chapters 2–5), when Freud was moving slowly away from a full commitment to the economic model. The method of argument is solid: Freeman attempts to show that the revisions are not necessary, since new phenomena (traumatic neurosis, repetition compulsion, etc.) can still be explained with the old theories. And in exemplary fashion he provides clinical vignettes to show how such loyalty can be achieved. And this provides more weight that those early ideas of Freud are verifiable, objective facts.

The third part (the remainder) of the book deals with other revisions of Freud's theories – particularly those of Fairbairn, Klein and Kohut – concerned with early development, narcissistic disorders, psychosis and clinical technique (Chapters 7–10). Here Freeman's method is slightly different. He argues from a priori grounds that such revisions are not necessary, and he does not revisit the clinical situation. Perhaps this is understandable, since he would need to be able to grasp the clinical process in both his own school and that of the 'deviant' school. What sort of clinical material could convincingly discriminate between, say, the 'dubious' phenomenon of splitting and the tried-and-tested repression? Psychoanalysts

have barely begun to establish what conditions are necessary to be able to make such a discrimination between the characteristic observations of different schools. Lacking this clinical reference point, this part of the book therefore loses some of the grip of the preceding chapters. The sense of evidence being built up fades, and Freeman seems to fall here into the familiar temptation of proselytising his own school over others.

Freeman does not address the fashionable and over-familiar recent arguments against Freud's scientific achievement. Instead, he gives a picture of how facts might be built up from evidence in the psychoanalytic clinical situation, and thus supports the view that psychoanalysis occupies a valid place within the natural sciences.

Freud, S. (1914) The interpretation of dreams. Reprinted (1956–1974) in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans. and ed. J. Strachey), vols 4 and 5. London: Hogarth Press.

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Ten Years Which Changed the Face of Mental Illness

By Jean Thuillier. Trans. by Gordon Hickish. London: Martin Dunitz. 1999. 225 pp. £24.95 (pb). ISBN 1-85317-886-1

The title of this book alludes to John Reed's classic account of the Russian Revolution, *Ten Days that Shook the World* (Read, 1990). Instead of the overthrow of capitalism, it focuses on the decade during which the introduction of antipsychotics transformed psychiatric practice. The author, Jean Thuillier, is well placed to discuss this period, having worked alongside Jean Delay and Pierre Deniker, the French clinicians who were among the first to use chlorpromazine. Trained in both psychiatry and pharmacology, Thuillier was a Chef de Clinique at the Faculty of Medicine in Paris and played a pioneering role in the early days of psychopharmacology.

In similar fashion to Edward Shorter in his recent *A History of Psychiatry* (Shorter, 1996), Thuillier contrasts the dark ages before the advent of effective medication with the post-chlorpromazine era, which he portrays as liberating the mentally ill from the asylums. Advances were made by heroic

clinical scientists, toiling in laboratories and at the bedside. The end of this happy tale sees psychiatry rescued from the professional wilderness and restored to its rightful place beside general medicine. In Thuillier's view the discovery of the neuroleptics has brought psychiatry back into the medical mainstream.

There are, of course, other readings of this key episode in the evolution of modern psychiatry. Some have pointed to the fact that the asylums were starting to empty before the development of the antipsychotics, demonstrating the importance of social factors. Some may also feel that the author, in his somewhat evangelical account of the benefits of medication, rather downplays the severity of side-effects.

However, this is an 'insider' account of recent events, rather than an 'outsider' overview by an academic historian. Thus, what it loses in its lack of engagement with other interpretations of the period, it gains in the personal detail that Thuillier is able to provide by virtue of the fact that he lived through the time. He takes us into the Parisian psychiatric wards of 50 years ago, to ground-breaking international conferences and to eavesdrop on the discussions of the leading psychopharmacologists of the day. Thuillier emerges as a humane clinician, with an enquiring mind, forever trying to find novel pharmacological remedies for mental distress.

The book ends with an imagined picture of what psychiatry will look like in the year 2080. The millennial issues of the *Journal* and *Bulletin* also contained essays attempting to predict the future of psychiatry (Davies & McGuire, 2000; Kendell, 2000; Persaud, 2000). Thuillier was writing in 1980, but, like these more recent authors, he conjures up a vision in which pharmacology and computers combine to create a brave new world of mind manipulation and control. And, like current prophets, he voices his unease that the human dimension to clinical care may thus be eroded.

Unfortunately, the book is overlong and given to lengthy digressions. By aiming to cater for both lay and professional audiences, it veers between simplistic accounts of psychiatric theory and more technical discussions of pharmacology. Clinicians may wish to perform their own editing as they read the book, and by doing so, they will discover passages that convey the excitement of the decade that shook the psychiatric world.