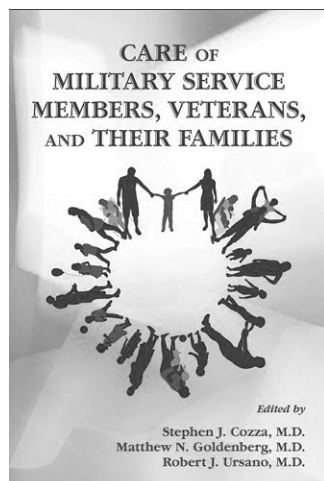


about disclosing intimate facts because they feel protected by boundaries of their own making. However, the lack of visual and tonal cues makes the comments overly concrete or prone to misinterpretation. The ambiguities of the interactions can be hard to tolerate, demonstrating that virtual groups give the illusion of being small groups (i.e. intimate and safe), yet in fact are large groups in the dark (prone to alienation, isolation, splitting, aggression).

Rather refreshingly, Weinberg does not hold back when suggesting who this book might be for – ‘everyone’, he writes. I must agree with him. The book is grounded in literature, well written and accessible to non-specialists. Just as Foulkes had to create his own theory and practice for the newly formed modality of group psychoanalysis, so will those using cyberspace for group work. Weinberg has started to develop this new theory.

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### Care of Military Service Members, Veterans, and their Families

Edited by Stephen J. Cozza, Matthew N. Goldenberg & Robert J. Ursano  
American Psychiatric Publishing, 2014.

£32.00 (pb). 352 pp.  
ISBN 9781585624249

The book has been split into three parts. Part one covers the fundamentals of treating military service members, veterans and families and includes the basic introduction to military service, understanding military families, military children and the military healthcare system in the USA. Part two focuses on military service-related conditions and interventions for combat stress reactions and common psychiatric disorders after deployment. Substance misuse disorders, caring for combat-injured service members, traumatic brain injury, suicidal thoughts and behaviours, and collaborative care are all covered. Part three discusses meeting the needs of the children and families of military veterans, particularly deployment-related care for military children and families, families with an injured service member, caring for the bereaved military family members and building resilience.

The book is written primarily for an American audience. Its usefulness to others will be somewhat limited owing to the differences in the way healthcare systems are organised. For a UK reader there will be some useful information, particularly on recognising and treating traumatic brain injury, which has a much higher profile in the USA. The chapters are predominantly well written and referenced, although I did find that some of the treatments recommended, particularly for post-traumatic stress disorder, would not be prescribed in the UK. The book is easy to navigate. I particularly liked the summary recommendations

for civilian clinicians and the summary points at the end of each chapter.

Overall, this is a useful resource for individuals interested in the topic, but it will have less appeal to practitioners who do not work in the USA or need to know about how the American system works.

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### Creativity and Mental Illness: The Mad Genius in Question

By Simon Kyaga.  
Palgrave Macmillan, 2014.  
£58.00 (hb). 224 pp.  
ISBN 9781137345806

The possible association between mental disorder and creative genius has long been the subject of clinical and public interest, with many publications in the past 5 years. Simon Kyaga has had a hand in many of the major academic contributions to the field of creativity and psychopathology in recent years. This book aims to communicate these findings to a wider audience and acts as a comprehensive review of the history, epidemiology, neurobiology and genetics of the association of creativity with mental health. The main finding is that whereas there appears to be an association between bipolar disorder and artistic occupations and an association between being relatives of these patients and creativity, this is not true for other mental health problems.

A question who the audience will be for this book, not least because of its cover price. At times I feel that I have been tricked into reading a PhD thesis with a nice cover illustration. Those with some academic understanding of the field would be better served by reading Kyaga's journal publications and his PhD thesis (which is freely available online). Indeed, the same may be true for lay readers. The main additions come in the form of explanations of technical language – defining schizophrenia or explaining what a confounder is, for example.

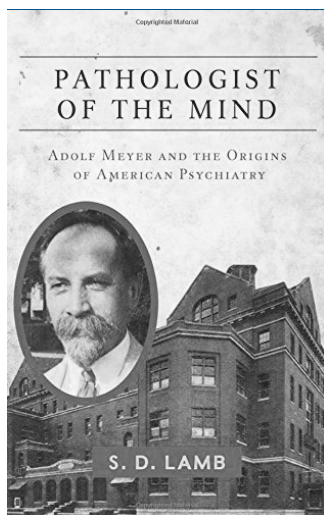
Kyaga waits until the final page to explain the purpose of this work as he sees it: 'Research on creativity and psychopathology . . . may give hope and optimism back to those struck by mental illness'. But here's the rub: can proof of an association really reduce stigma? Surely if you find yourself with a diagnosis of bipolar disorder and you are not creative this is a double blow? The work is admirable, has moved forward the debate and is interesting in and of itself, but this presumed impact on reducing the stigma of mental illness is a reach.

Also we should be clear that this association does not reflect an impact on creativity at the population, or indeed, individual level. By my reckoning if it was possible to remove all bipolar disorder

in the population, creativity would only be reduced by 0.23% according to Kyaga's findings. However, this fails to address the fact that in doing so we may also eliminate the next Byron, Elgar or Munch (all of whom have been posthumously diagnosed with bipolar disorder by various sources).

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**Pathologist of the Mind:  
Adolf Meyer  
and the Origins  
of American Psychiatry**

By S. D. Lamb.  
The Johns Hopkins University Press.  
2014.  
US\$44.95 (hb). 299 pp.  
ISBN 9781421414843

In the first half of the 20th century Adolf Meyer was the most powerful and influential psychiatrist in America, yet today he is almost forgotten. In this book, the medical historian S. D. Lamb attempts to account both for Meyer's rise to prominence and for 'his strange disappearance' from American psychiatry.

Born in 1866 in Switzerland, Meyer qualified in medicine in Zurich and conducted pathological research under August Forel at the famous Burgholzli Hospital. He studied in London with the eminent neurologist John Hughling Jackson who emphasised the concept of the dynamic functioning of the nervous system and the importance of evolutionary theory to understanding disease. In Paris Meyer attended lectures by Jean-Martin Charcot who demonstrated the intimate relation between a patient's life

history and their symptoms. Later Meyer was to visit Heidelberg where he observed Kraepelin's practice of taking meticulous and detailed records of his patients. All of these experiences shaped how Meyer approached the care of the mentally ill.

At the age of 26, Meyer emigrated to the USA where his career blossomed. In 1909 he was appointed as psychiatrist-in-chief at the prestigious Johns Hopkins Hospital, an event which his biographer tells us singled him out as America's pre-eminent psychiatrist. Around the same time, he coined the term with which his name is associated: 'psychobiology'. Meyer held that mental activity was a biological function and inveighed against those who maintained that mind and body were separate entities. Despite his emphasis on biology, he was critical of hereditary explanations of mental illness. Lamb makes a convincing argument that Meyer adopted this stance because his mother had a serious psychotic illness which required institutionalisation at the Burgholzli. At one stage he was told his mother was 'incurable', although she did, in fact, recover. Meyer felt a genetic approach condemned the patient to therapeutic nihilism. He was also struck by the fact that his mother's breakdown was psychologically understandable. In his work he was to emphasise that a patient's life experiences played a crucial part in the development of symptoms. Lamb's examination of Meyer's highly detailed case notes shows just how studiously he followed this precept.

Meyer was responsible for promoting the work of both Kraepelin and Freud in America, though he was subsequently very critical of psychoanalysis. Meyer's colleague D. K. Henderson, who became professor of psychiatry at Edinburgh, introduced Meyer's ideas to a British audience in his widely read *Textbook of Psychiatry* which he co-wrote with R. D. Gillespie. Lamb contends that part of the reason for Meyer's fading profile is that his writing style was execrable. He was unable to convey his ideas and left even admirers baffled as to what he was trying to say. Another reason is that many of his clinical practices were adopted into the mainstream and their origins forgotten. Written in a somewhat dry, academic manner, this book nevertheless provides a valuable reassessment of a pioneering psychiatrist and places him in the context of the psychiatric culture of his time.

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