

Reviews

The Unbalanced Mind (2nd edn)

Julian Leff

Books in Mind, 2012, £12.00, pb, 240 pp.

ISBN: 9780957044401

I selected this book by Julian Leff for comment in a chapter of my edited collection, *Critical Psychiatry*, because it is seen as representative of modern social psychiatry. The argument I made was that it was not thoroughgoing enough in promoting a psychosocial conceptual understanding of mental illness. When I received the request to review the second edition of the book, I was interested to see whether there were any changes in the text.

Actually, the new edition is not much different, but that is not unusual for such revisions. There is an additional chapter on the dissolution of the asylums, describing the work of the Team for Assessment of Psychiatric Services (TAPS), which Julian Leff directed. This material was alluded to in the first edition, but Leff says he highlighted it now because 'the transition from psychiatric hospitals to community-based care has been achieved' (preface). It is noteworthy that there is no longer an active debate about whether traditional psychiatric hospitals should be run down because the process has been completed.

Among other minor changes, information about the importance of expressed emotion, about which Leff is well known for his contribution, has been expanded to include a useful table about the percentage of relatives of people with schizophrenia in different countries who have high expressed emotion. Data about the association of expressed emotion with physical illness have also been reinforced.

Leff includes information about some major studies published since the first edition on the importance of urbanisation and ethnicity in the aetiology of mental illness. He seems to place more emphasis now on isolation and lack of support as specific causal social factors. He is clear that measures to reduce the social isolation of African-Caribbean individuals offer 'more chance of success in curtailing this epidemic of schizophrenia [in this ethnic group] than hoping for a breakthrough in the genetic field' (p. 210).

Personally, I remain disappointed that it is insufficiently critical of genetic theories of the aetiology of mental illness and the evidence base for psychotropic medication. (Fundamentally, it adopts a stress-diathesis model rather than a truly psychosocial understanding of the origins of mental illness.) However, this is a well-written book that remains accessible to a non-academic readership.

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Bipolar Disorder: The Essential Guide

By Dan Roberts. Need-2-Know Books, 2011, £9.99, pb, 118 pp.

ISBN: 9781861441263

This concise guide to bipolar disorder addresses key issues that individuals newly diagnosed with bipolar disorder and

their families would want to know about. In the first half of the book, Dan Roberts discusses the symptoms and causes of bipolar disorder in a refreshingly friendly and approachable style that would be particularly suitable for individuals in their late teens and twenties. Chapter 2, covering the causes of bipolar disorder, does very well at explaining the contribution of both genetic predisposition and environmental triggers. A particularly useful section of the chapter is the list of specific lifestyle factors that are important for people with bipolar disorder to consider. The chapter also briefly covers pregnancy and childbirth for women with bipolar disorder, but as many women may want to find out more about this, some suggestions of further resources would have been helpful.

The second half of the guide focuses on available treatments and self-management, emphasising the importance of taking prescribed medication. Chapter 8, on self-management, contains a lot of helpful advice on tools for self-monitoring and suggests key books that are aimed at helping the reader understand more about the pattern of their mood swings and early warning symptoms. Readers may be particularly interested in the new online mood mapping system, Moodscope (www.moodscope.com), which the guide encourages them to try. The chapter also outlines a number of self-management courses, including those run by Bipolar UK, with the details of where to find out more.

Overall, the layout of each chapter, with clear headings, short paragraphs, bullet-point lists and a helpful summing up section at the end, makes the book very readable. It contains case studies which readers will be able to relate to and may find helpful. The help list at the end has website addresses of a number of key organisations to which individuals can turn to for further information and support.

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Preventing Boundary Violations in Clinical Practice

By Thomas G. Gutheil & Archie Brodsky

Guilford Press, 2011, £16.99, pb, 340 pp.

ISBN: 9781462504435

This is the paperback edition of a book first published in 2008. My impression then was that it appeared as almost anthropological, as stories from another world. It is not that clinical 'boundary violations' (most usually those of a sexual nature) may be any fewer in Britain, although data are hard to come by; rather, it is that accusations and litigation are more frequent in the USA. Apparently, insurance companies will not cover physicians for compensation in the case of professional misconduct or criminal offences, but may do so for 'clinical negligence'. As a result, physicians (even non-psychiatrists)

have been found to have been neglectful of the handling of transference phenomena, even when their specialty might make it unlikely that they had even come across the concept. 'Warning signs' or steps in the 'slippery slope' have also been taken very literally by some jurisdictions, as evidence of neglect or abuse. The situation of 'multiple jeopardy' is even worse than in the UK, with lawyers advising in which order and how to use the various systems. Gutheil & Brodsky point out that 'just as a flexible rule invites manipulation and exploitation, an absolute rule risks abusive enforcement', and that 'you cannot count on an ethics committee or licensing board to respond reasonably'.

The result, understandably, is that clinicians have to be extremely cautious about, for instance, what they reveal about themselves or if it is ever safe to touch a patient. Advice is given on when it might be appropriate to give a lift to a patient, what to do if you find yourself in the same reading group and what physical manoeuvre to perform if a patient repeatedly tries to hug you. Considerable effort, not entirely successful, is made to reflect on what would be appropriate in

therapeutic modalities other than the primarily psychoanalytic, acknowledging the somewhat obvious, for instance that it may then be all right to have lunch with a patient as part of a treatment programme.

Nevertheless, Gutheil & Brodsky have great expertise, and also write clearly and humanely. After the initial culture shock is overcome, there is plenty to learn and reflect on. I would recommend this book primarily as a teaching aid within the areas of communication skills, risk and ethics; the vignettes lend themselves well to discussion, and just by being from elsewhere highlight the possibilities of different cultural expectations and assumptions which are such an important part of clinical practice in the UK today.

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