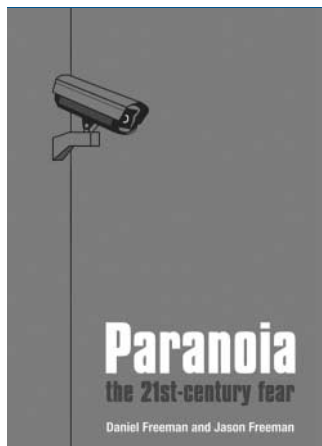


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Paranoia:
The 21st-Century Fear**

Daniel Freeman & Jason Freeman.
Oxford University Press. 2008.
£9.99 (hb). 224pp.
ISBN: 9780199237500

This book has been written by two brothers, one a consultant clinical psychologist, the other a writer and editor. This creative mix has produced a popular scientific account of the social and clinical phenomenon of paranoia. The book has an engaging style that suits its intended audience. Readers are not burdened with specific references, yet the academic sources for each chapter are provided.

The authors are keen that paranoia should be understood as part of general experience rather than just psychiatric illness. Perhaps this should not be seen as a surprising perspective. After all, Melanie Klein regarded persecutory anxiety as having its origin in the infant's fear of retaliation of the 'bad breast', with such psychotic thinking being retained into adulthood. The authors struggle, though, with what they regard as messy, complex psychoanalytic explanations. They refer to Freud's analysis of paranoid delusions as the consequence of repressed homosexual urges, yet they favour the commonsense view that unfounded mistrust exists generally among a substantial minority of people (this is supported by the authors' study of reactions to a virtual reality underground train ride). Paranoia is hence for them an everyday, emotional concern that is associated with anxiety, depression, worry, interpersonal sensitivity and negative ideas about self.

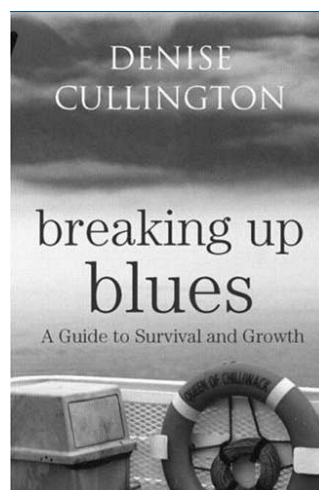
The authors speculate that paranoia is increasing, although admittedly there is no historical evidence for comparison. They blame social factors such as urbanisation, social isolation, migration, trauma and victimisation; they also mention mistrust of authority and media effects on assessment of risk. They do not explicitly set this in the context of the 'risk society'. However, the view that the role of government is to manage risks on behalf of the citizens has led to increased accountability across society that is not always sensibly applied. But the modern emphasis on ensuring accountability does not necessarily mean there has been an increase in paranoid thinking.

The book characterises our society as one in which we do not let our children out unsupervised for fear they will be abducted by a paedophile. A summary of six steps for cognitive-behavioural therapy for this new age of paranoia is included. Overall, I found the book enjoyable and educational, but I would not make as much of the issue of paranoia as the authors do, particularly when

they suggest that there should be government intervention to combat the issue. None the less, we need reminding that we are not always as rational as we might think we are. It may not be the menace the authors suggest it is, but their engagement of public interest in the subject of paranoia is to be welcomed.

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**Breaking up Blues:
A Guide to Survival
and Growth**

By Denise Cullington.
Routledge. 2008.
£9.99 (pb). 296pp.
ISBN: 9780415455473

Scanning Amazon using 'divorce' yields dozens of titles – the market is well stocked. However, the author of *Breaking up Blues* is a British psychoanalyst whose monograph claims to be a 'practical self-help book'. Divorce, especially splintering of families, is not only a growing social and economic concern. It increases the risk of adult psychopathology and long-term vulnerability in children of divorcing adults. There is death (e.g. attacks by men with morbid jealousy on former partners) and illness (e.g. self-harm in adolescent children). What outcomes does the author mean by 'growth' after a life event like divorce?

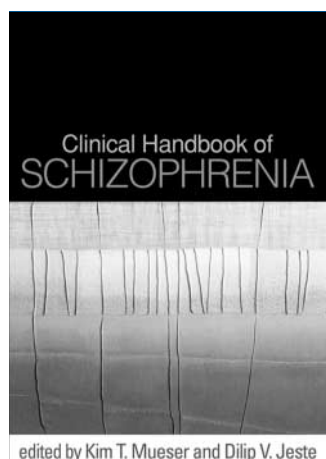
Cullington uses 'her own experience of break-up', but research evidence cited is limited and rather old. One section ('Emergency toolkit') might provide short-term 'survival' tips, around the time of a break-up. However, the intellectual framework for survival and growth is one-size-fits-all (men, women, heterosexuals and homosexuals) using preverbal infant models, personal 'experience' and Janet-and-John-style superficial vignettes. As a life event, divorce is equated with trauma or occasionally bereavement, including offensive analogies with the history of Israel or suicide bombers. The few black-and-white illustrations are poorly reproduced. Gaps include 'practical' financial, housing and legal matters, responding to threats of violence, relationships with older dependents or step-children, and desertion linked to pregnancy or postnatal depression. Religion is never considered in relation to the many descriptions of guilt, shame and grief. I never grasped what was meant by 'growth' – certainly not, say, flourishing, participation or the search for meaning. By the end, readers may feel like audiences at recent Woody Allen films: where did the humour go?

Overall, this book is boring and repetitive. A revealing interview with Cullington is podcast on the publisher's website (www.routledge.com/breaking-up-blues/interview.asp).

If patients read this bleak book, they might augment their learning with 'practical' examples of ways to rehearse their options, along successful lines used for children in *The Divorced and Separated Game* (Jessica Kingsley Publishers, 1996). Cullington frequently quotes 'no future without forgiveness' and some families may benefit from practical 'rite de passage' approaches to bury old resentments (L. Gulliford, 'The healing of relationships', *Forgiveness in Context*, T. & T. Clark, 2004).

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Clinical Handbook of Schizophrenia

Edited by Kim T. Mueser & Dilip V. Jeste
Guilford Press. 2008.
US\$75.00 (hb). 650pp.
ISBN: 9781593856526

My first reaction on receiving my copy of the *Clinical Handbook of Schizophrenia* was surprise at the heavy thud with which it landed on my desk. This is not a handbook in the sense of a compact reference or *vade mecum*. It is a full-size, hardback tome that will belong on a desk or bookshelf rather than in a bag or briefcase.

The book is essentially a collection of 61 concise literature reviews, divided into eight broad areas and authored by more than a hundred contributors, many of them world experts in their fields. It is probably not intended to be read from cover to cover, and in doing so I encountered several areas of repetition and a few inconsistencies, but in general the book is well edited. Each chapter is written in a clear, simple style, with a minimum of jargon and sparse references, followed by a useful summary of key points and a list of recommended further reading. It is an excellent format and it works well.

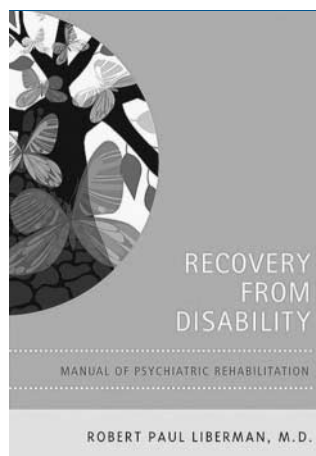
The first and largest of the eight sections, on core science and background information, is succinct, factual and up to date, with excellent summaries of epidemiology, genetics, biological and social aetiological factors. This is followed by sections on assessment, diagnosis and somatic treatments that again cover familiar ground, although the coverage of pharmacological treatments is rather brief. That said, the book's forte is in its comprehensive discussion of psychological and social aspects of treatment and service delivery, areas which are often neglected in psychiatric textbooks. I appreciated the opportunity to fill the (sometimes yawning) gaps in my own knowledge on such topics as cognitive remediation, illness self-management strategies, environmental supports and the recovery movement, as well as more familiar but still relatively recent developments such as cognitive-behavioural therapy for psychosis. The final sections cover special topics, including stigma, sexual functioning, comorbidity, physical health, and schizophrenia in children and the elderly.

The editors have clearly made an effort to include international authors, but the book retains a predominantly US perspective. This obviously limits the usefulness to British readers of some of the chapters, such as those on involuntary commitment or the US jail system, but there are other areas where relevant non-US research seems to have been overlooked. For example, it was disappointing that the chapter on rates of psychosis in African Americans made no reference to the extensive research conducted in Black British populations. Another notable omission was any significant discussion of the possible role of cannabis in inducing or precipitating psychosis.

Overall, however, the editors have succeeded in their objective to produce a collection of accessible and concise reviews on a comprehensive variety of clinical topics, particularly the social and psychological aspects of schizophrenia care.

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Recovery from Disability: Manual of Psychiatric Rehabilitation

By Robert P. Liberman.
American Psychiatric Publishing.
2008.
US\$65.00 (pb). 628pp.
ISBN: 9781585622054

Textbooks of psychiatric rehabilitation are rather like the no. 37 bus of my years living in south London: first you wait a long time at the bus stop and then a whole bunch turn up at once. In the past 2 years I have acquired four substantial tomes on the topic: our own *Enabling Recovery: The Principles and Practice of Rehabilitation Psychiatry* (Gaskell, 2006); the soberly entitled *Psychiatric Rehabilitation* (Academic Press, 2007); the highly academic *Principles and Practice of Psychiatric Rehabilitation: An Empirical Approach* (Guilford, 2008) and now *Recovery from Disability: Manual of Psychiatric Rehabilitation*. All these texts draw on the same evidence base, although the last three are written by practitioners working in the USA, which of course has a radically different system of health and social care than the UK. Even within the USA there are varying rehabilitation traditions: what one might loosely call the Boston model of psychosocial rehabilitation pioneered by William Anthony; an eclectic tradition centred on the work of Robert Drake and Kim Mueser in Dartmouth, Patrick Corrigan in Chicago and Gary Bond in Indiana; and finally the UCLA model, of which Robert Liberman is the doyen.

Liberman began his journey as a young psychiatrist in the 1960s, exploring the exciting new world of behavioural treatments for mental illness. He has remained true to this tradition. The UCLA model consists of tightly operationalised therapeutic modules that involve a didactic approach to rehabilitation using