

ever, there is still a need for a thoughtful, comprehensive, single-authored text to bring together our knowledge of the behavioural consequences of focal brain lesions, set in a connectionist context and not dominated by DSM-IV.

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Race, Culture and Ethnicity in Secure Psychiatric Practice: Working with Difference

Edited by Charles Kay & Tony Lingiah.
London: Jessica Kingsley. 2000. 284 pp.
£47.50 (hb); £18.95 (pb). ISBN 1 85302 695 6 (hb); ISBN 1 85302 695 4 (pb)

A White middle-class Scot must approach issues of race and culture in forensic practice with uncertainty. This book aims to help clinicians like me and deserves a place in the libraries of forensic units. It is, however, fragmented and incomplete in its coverage, let down by its editing and presentation.

There are interesting contributions from users and reflections on practice described by professionals. Case vignettes bring issues to life. For me with two Muslim patients currently on my ward, the description of Islam and the experience of the visiting Imam to Broadmoor have been extremely helpful. An account of a social worker's experience alongside Asian women with mental health problems in the community is similarly illuminating, with valuable explanations of the importance of *biradari* (kinship) and *izzat* (pride) in how mental health difficulties are experienced.

Many forensic practitioners will read the title and immediately think of the debate surrounding the relationship between African-Caribbean origin, schizophrenia and offending activity. It is a daunting task to present a balanced review of this literature and the contributions here that attempt to address this topic are disappointing. The key chapter examining this relationship is a revised, updated and expanded version of a summary report first commissioned and published by the Mental Health Foundation in 1995. Long lists of publications do not encourage understanding of the important arguments involved, and more use could have been made of

tables, summarising key findings. Several of the arguments and references are revisited in other contributions, but the authors do not appear to have had sight of these and cross-referencing is lacking.

Although the book has some effective illustrations that highlight cultural differences in, for example, art work, many of the graphs are poorly reproduced and difficult to interpret. References are confusingly cited and are sometimes inaccurate. Despite these reservations, I would encourage forensic practitioners to read this book. It contains some outstanding individual contributions, answers to specific cultural questions and provides resources to help address racial issues in secure services, in the form of policy statements and audit protocols from Broadmoor Hospital.

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The International Handbook of Suicide and Attempted Suicide

Edited by Keith Hawton and Kees van Heeringen. Chichester: John Wiley & Sons. 2000. 755 pp. £75.00 (hb). ISBN 0 471 98367 5

No self-respecting worker in deliberate self-harm and suicide prevention, either clinical or research, can afford to be without access to this comprehensive handbook – possession (or at least, a copy in one's local library) and regular use, may well become a marker of serious involvement in the subject! Every university department of psychiatry, and every major hospital with a medical accident and emergency department striving to carry out their work to a high standard will need to have this accessible and well-thumbed.

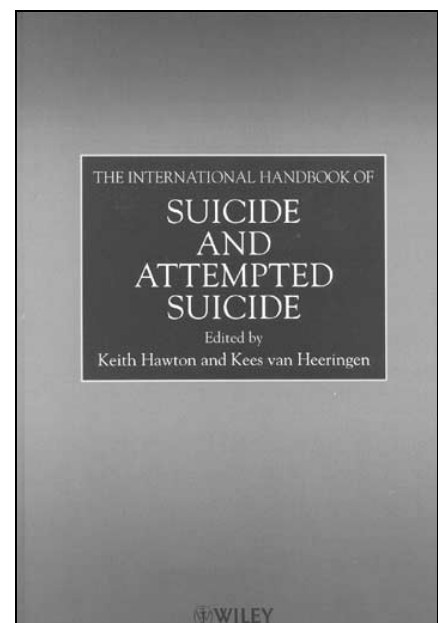
This is the most comprehensive, up-to-date, informative and well-written source of information on suicide and suicidal behaviour. It integrates knowledge in terms of the interaction between the individual and the environment with relation to all aspects of suicidal behaviour. There are four parts. The first, on understanding suicidal behaviour, deals in detail with

background factors for suicide and deliberate self-harm: epidemiology worldwide, psychology, ethology, sociology and genetics. Psychiatric aspects of suicidal behaviour are considered in terms of depression, anxiety disorders, schizophrenia, substance misuse and personality disorders. An excellent chapter integrates these aetiological factors and delineates the pathways to suicide, how these different factors combine.

The second part considers different populations (children, adolescents and the elderly) and their association with suicide. It also looks at associations with sexuality and the reproductive cycle, employment and the labour market, the impact of suicide on relatives and friends, ethical and legal issues, repeated suicidal attempts, physically and psychiatrically ill populations, and the link between suicide and violence.

The third part covers pharmacological and psychological approaches for the treatment of suicidal behaviour. In particular, it considers people who attempt suicide in adolescence and their treatment, prevention in the elderly and management in the general hospital. There is a chapter on multi-disciplinary approaches to management. In addition to the methods of treatment described, the evaluation of outcome data is also extremely valuable for planning services.

The final section is concerned with the prevention of suicide and attempted suicide. It looks at the prediction of suicide and also at strategies for the general population, including a chapter specifically



on approaches that may be useful in Asia and the Far East. Prevention in particular populations is then reviewed, including prevention among psychiatric patients, in schools and in primary care. There is discussion of the role of mass media in suicide prevention and a chapter on how volunteers can be used.

I do have a few gripes about this volume. The chapters are not all uniformly readable and some authors appear to have been writing more for specialists in their own fields than clinicians and researchers across the whole area. I could find no reference to debt and its significant self-harm. However, the criticisms are minor and the plaudits major. This is an invaluable work of reference which will be essential for clinicians and researchers for many years to come.

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**Psychotherapeutic Interventions
for Adults with Brain Injury or
Stroke: A Clinician's Treatment
Resource**

Edited by Karen G. Langer, Linda Laatsch &
Lisa Lewis. Madison, CT: Psychosocial Press.
1999. 257 pp. US\$35.00 (hb)
ISBN 1 887841 23 7

It was with some eagerness that I approached this book, which sets its task as an

exploration of "the challenges of psychotherapy with the patient with stroke or brain injury". Despite increased research interest in this field, in the form of a host of single case studies and the occasional randomised trial, there remains a lack of empirical evidence regarding the efficacy of psychotherapy with patients with brain damage and even less information as to how best to adapt our traditional forms of therapy.

The book is divided into four sections: background, history and ethical considerations; emotional factors and defensive functioning; interplay of psychotherapy and cognitive remediation; and specialist treatment applications for specific population needs. Early on, we are offered a guided tour of neuropsychology, in the form of a rather simplistic and associationist tale of two hemispheres. However, we are left in some doubt as to whether any of the cognitive impairments actually make any difference to the psychotherapeutic process which, according to certain of the contributors, could be conducted without regard to aetiology at all.

In subsequent chapters, the importance of distinguishing between emotional and cognitive sources of denial and compromised awareness is repeatedly emphasised, although the authors seem to share the belief that this can be accomplished solely on the basis of a dialogue with the patient. The reader is also left guessing as to how best to adapt standard psychotherapeutic techniques for patients in the light of these and other common cognitive disorders in

areas such as memory and problem-solving. Excursions into the rehabilitation of cognitive deficits such as visual inattention, and primitive attempts to incorporate cognitive rehabilitation techniques (such as diaries and calendars) into the psychotherapeutic process do little to answer these questions.

My growing sense of pessimism about this book was alleviated, albeit temporarily, by a chapter on psychotherapeutic issues with members of the family. Frank Padrone presents a comprehensive and eminently readable overview of the stages of coming to terms with loss after brain damage, as well as some of the common defence mechanisms that may disrupt and delay the adjustment process. He stresses the importance of a flexible coping style in adjusting to disability and raises issues such as the meaning of the disability for the patient and the family. He also reminds us that even in adaptive, flexible family structures, there is the potential for misattribution and misperception of neuropsychological impairments.

In summary, this text suffers from a lack of evidence-based research and a poor grasp of the relevance of certain neuropsychological impairments to the psychotherapeutic process. The chapters do not hang together as a cohesive entity and, in general, fail to advance our understanding of the key diagnostic and treatment dilemmas in this field.

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