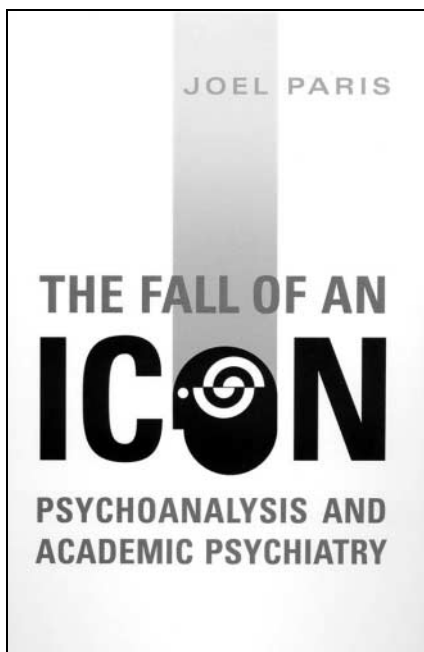


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

The Fall of an Icon: Psychoanalysis and Academic Psychiatry

By Joel Paris. Toronto: University of Toronto Press. 2004. 226pp. £18.00 (pb); £32.00 (hb). ISBN 0802037720; 0802039332



From a British perspective, the idea that psychoanalysis might ever have played a central role in academic psychiatry is scarcely believable – and from your reviewer's point of view highly enviable. Yet for a generation almost every Chair of psychiatry in the USA was occupied by a psychoanalyst. From 1950 to the mid-1970s personal analysis was an essential part of psychiatric training; being able to listen to and interpret patients' feelings and fantasies were as important skills as mastering the latest drug and its side-effects. Today all has changed: with a few honourable exceptions (Glen Gabbard in Texas is the outstanding example), those same prestigious seats are now occupied by geneticists, psychopharmacologists and neurobiologists, while trainees learn how to set up their office practice for 15 minute

drug reviews, leaving psychotherapy (usually time-limited and cognitive) to psychologists and social workers.

Joel Paris is a US-trained Canadian personality disorder researcher and Professor of Psychiatry in Montreal. In this compulsively readable account – part history of American psychiatry, part personal memoir, part anti-psychoanalysis hatchet-job – he charts the decline and fall of academic psychoanalysis. He describes the immense charisma of the psychoanalytic émigrés – but their failure to brook any opposition. He bemoans the lack of solid evidence for the efficacy of psychoanalytic treatments. He makes great play of the Osheroff case at Chestnut Lodge, where a depressed physician successfully sued the psychoanalytic Mecca, Chesnut Lodge in Washington, for failing to treat him with antidepressants. He accuses psychoanalysts of ignoring those with severe mental illness, and concentrating on 'easy' cases that would have improved anyway.

He is thus something of a cult escapee, and therein lies the weakness of a book that is more polemic than balanced assessment of the case for and against psychoanalysis. It perpetrates many of the very faults of which he accuses his adversary. He relies on anecdote and personal experience – 'none of Professor X's cases ever got better', etc., tendentiously cites those research findings that support his case, but plays down contrary evidence. Attachment theory gets a grudging thumbs-up for being generally evidence-based, but contemporary psychoanalysts like Fonagy, Bateman, Westen, Kernberg, Schore and Solms, who are attempting to integrate attachment theory with neurobiology, are portrayed as mavericks rather than the leaders of a new psychoanalysis committed to outcome studies, integration with modern neuroscience, and forging links with other psychotherapies such as cognitive-behavioural therapy.

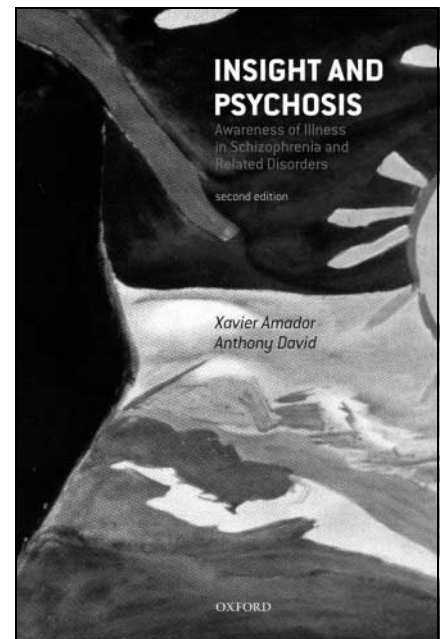
Seeing that the quasi-parental gods of one's youth have clay on their boots is a necessary part of maturation; but sadly,

Paris's disillusionment is more catastrophic than optimal. In the ever-skeptical UK things are different: perhaps the marginalisation of psychoanalysis here means, ironically, that it can still claim its rightful place as an essential component of psychiatric education and research. Rumours of psychoanalysis's death continue to be exaggerated.

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Insight and Psychosis: Awareness of Illness in Schizophrenia and Related Disorders (2nd edn)

Edited by Xavier Amador & Anthony David. Oxford: Oxford University Press. 2004. 402 pp. £29.95 (pb). ISBN 0198525680



It's a slippery fish, a tangled web, a hall of mirrors. Beginning to think or read about insight can be the start of a tortuous journey leading anywhere from neuroscience to neuropsychology, philosophy, sociology, anthropology or phenomenology. The different spheres the concept contains is a reflection of its complexity as well as the difficulty we have in defining what we mean by insight. It is perhaps, then, quite remarkable that for many years it was considered an 'all or none' phenomenon and that lack of insight was, along the lines of 19th-century thinking, the

prerequisite definition of insanity. And so the pillars of present-day psychiatry are founded on this quicksand of a concept. From the time of Lewis and Jaspers, the great and the good have in turn struggled to explore and redefine our thinking on insight. The crystallisation of this is contained within the pages of this eminently readable book, which manages to keep its subject grounded while encompassing huge scope.

I found the first edition of this book useful, and the second edition is undeniably an improvement. It is a treat to dip into and out of when one wants to raise one's head and contemplate just what it is we do day to day. The second edition has been comprehensively restructured and updated, and every chapter shows signs of rework. Most chapters are self-contained and many begin by exploring a definition of insight.

Divided into four parts (phenomenology and psychology; neuropsychology; insight, culture and society; and clinical and personal implications of poor insight), there is balance here and the editors have clearly resisted the temptation to weight the contents too much in favour of the neuropsychological. New chapters include Beck & Warman's 'Cognitive insight: theory and assessment', which adds the weight of heavy guns behind the increasingly popular idea that psychological assessments and treatment have a core role to play in schizophrenia. Also of value in keeping the work grounded are the personal perspectives eloquently portrayed by Frederick Frese and the topical views on mental health law in Ken Kress's new chapter.

Priced very reasonably, bordering on cheap, and now in paperback with a snazzy new cover, this is an essential read for any clinician or researcher starting off in the field of schizophrenia.

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Autism and Asperger Syndrome: Preparing for Adulthood (2nd edn)

By Patricia Howlin. London: Routledge. 2004. 388 pp. £20.99 (pb). ISBN 041530968 9

'Many psychiatrists working in the field of adult mental health know relatively little of the problems of people with autism'.

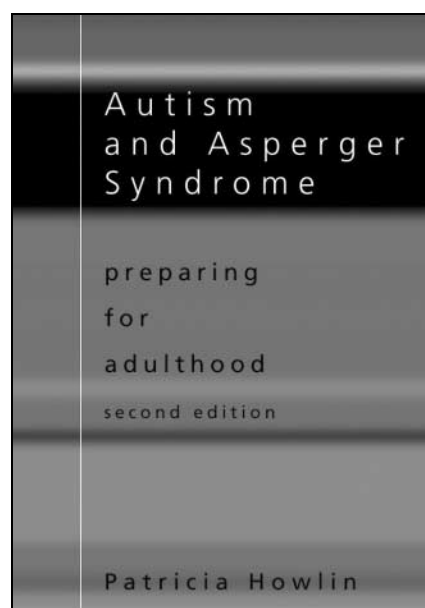
Patricia Howlin's book tackles this important and often overlooked subject with humour and candour.

Howlin dares to take on some of the more difficult issues faced by an adult with autism, for example sex and relationships, working life and gaining independence: areas that are often assumed to be beyond the capability of those with an autistic-spectrum disorder.

She uses a cast of characters to illustrate by example the difficulties of being autistic in a 'neurotypical' society. Many of the stories are touching, some recount sad-dening episodes of mistreatment and misunderstanding, and some of the (often funny) autistic faux pas serve to highlight the subtlety, absurdity and illogicality of our social world.

One of the major strengths of this book is its appeal to a broad readership. For medical professionals it is an excellent overview of the medical, social and psychological aspects of autistic-spectrum disorders, and the chapters dealing with education will provide valuable guidance for those involved in decision-making about school placement.

This book should be recommended reading for the parents of a child who has just received a diagnosis, particularly because it gives details of support groups, websites and further reading. The information provided will add to the armamentarium that families need in order to negotiate the complexities of social, educational and mental health services (or lack thereof).



It is a compliment to the author's understanding of her subject that the book is written in such a way that it is also very accessible to the person with autism. She writes in a forthright, direct manner without ambiguity. This narrative style allows the reader to gain insight into the way individuals with autism communicate, and provides food for thought about how we, as clinicians and potentially in our personal lives, can adapt our own communication methods when encountering people with autistic-spectrum disorders.

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Brain Stimulation in Psychiatric Treatment

Edited by Sarah H. Lisanby, Washington, DC: American Psychiatric Publishing. 2004. 153 pp. US\$34.95 (pb). ISBN 158562175 7

There was a time when 'physical' treatments in psychiatry implied electroconvulsive therapy (ECT) and psychosurgery, but during the past 20 years some alternatives have been developed. The aspirations are that the new treatments are less invasive or reversible, and result in fewer side-effects while being as efficacious.

Transcranial magnetic stimulation (TMS) is the best-known of these methods and there is a growing body of research trial data in depression and schizophrenia. It is thought to work by inducing subconvulsive electrical activity in brain areas of interest. Magnetic seizure therapy (MST) is a logical development of TMS and uses focal magnetic fields to induce seizures in the anaesthetised patient. The localised application and the use of magnetism rather than electricity are seen as possible benefits over ECT. Deep brain stimulation (DBS) requires the implantation of electrodes in the brain area of interest which are connected by wires to a pulse generator implanted subcutaneously in the chest wall. In the field of psychiatry, DBS has so far only been used to treat a handful of people with intractable obsessive-compulsive disorder. Vagus nerve stimulation (VNS) was first developed as a treatment for intractable epilepsy, but its use has now been