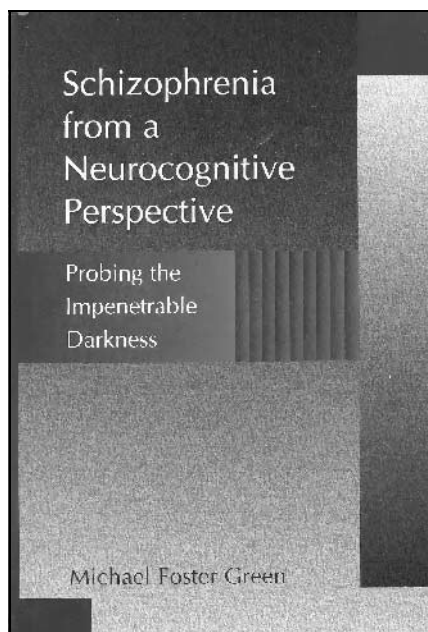


## Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

### Schizophrenia from a Neurocognitive Perspective: Probing the Impenetrable Darkness

By Michael Foster Green. Massachusetts, MA: Allyn & Bacon, 1999. 190 pp. US\$59.00 (hb). ISBN 0-205-184-77-4



There is a vast amount of literature on schizophrenia, including scientific papers, medical case histories and numerous books. Much of this leaves the reader feeling confused by the lack of consistency in the experimental results and pessimistic about the likelihood of developing a consensus regarding the origins of schizophrenia. This new book is refreshing in its coherence and optimism. Green pursues the few clues to the aetiology of schizophrenia that have emerged from research, and uses them to construct a theory in which he considers the illness primarily in terms of neurocognitive processes. Neurocognitive deficits, such as memory, attentional and executive problems, are common in schizophrenia, but are normally considered peripheral to the primary symptoms. Green argues that neurocognitive deficits might in fact contribute to the primary symptoms and prognosis of the illness. This is a new, and

intriguing, way of considering schizophrenia.

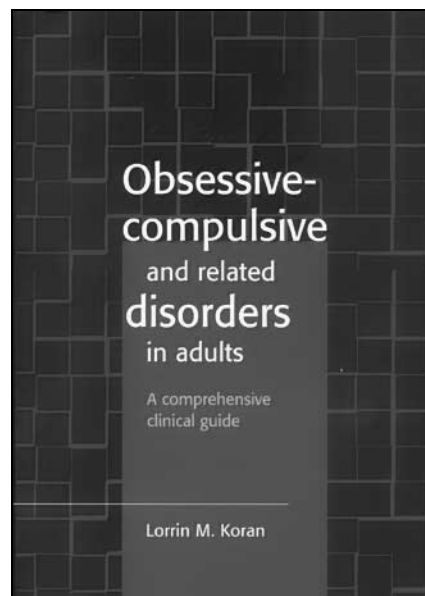
The book is exceptionally well written, in a style that is original and succinct. Green reviews the long history and complicated findings of research on schizophrenia by evaluating a number of exemplar paradigms in detail, rather than giving an exhaustive account of all the literature. The reader learns about research techniques and methodological principles, such as study groups and ecological validity, through worked examples of experiments. The author conveys complicated concepts and experimental results in a readable and interesting way, driven throughout by his own argument. An example comes early on in the book, when Green introduces a model proposed by researchers at UCLA to account for vulnerability factors in schizophrenia. The model is thorough, incorporating several factors that might make someone vulnerable to schizophrenia, such as dopaminergic dysfunction together with a stressful life event, and several factors that might act as protectors, such as coping strategies and effective family problem solving. The model is original in that it identifies specific neurocognitive processes as the link between vulnerability and protective factors and outcome for the patient. Despite the complexity of the model, Green conveys the ideas in a style that is comprehensive and persuasive.

Green writes for a broad spectrum of readers, “anyone who has a firm grounding in the basics of physiological psychology and psychopathology”. The implications of his theory for the functional outcome and treatment of patients with schizophrenia, covered in the final two chapters, is the book’s ultimate strength. The use of relevant and interesting quotations and illustrations lights up the text, depicting each point cleverly and making this fascinating theory a very enjoyable read.

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### Obsessive–Compulsive and Related Disorders in Adults: A Comprehensive Clinical Guide

Lorrin M. Koran. Cambridge: Cambridge University Press, 1999. 361 pp. £34.95 (pb). ISBN 0-521-55975-8



Those unfamiliar with Hollander’s concept of obsessive–compulsive spectrum disorders (Hollander, 1993) will be pleasantly surprised by the content of this excellent book. After the expected chapters dealing in depth with obsessive–compulsive disorders (OCD) are ones devoted separately to each of 12 so-called spectrum disorders, from the largely compulsive (harm or risk avoiding) hypochondriasis and body dysmorphic disorder to those characterised by damaging impulsivity, such as pathological gambling. The author, Professor of Psychiatry at Stanford University, points out the pitfalls of this largely phenomenologically based association, but adopts it none the less as “primarily a stimulus to basic and clinical research”. He advocates that clinicians and investigators with a special interest in any one of the spectrum disorders expand their expertise to others. The ability to reach a functional understanding of compulsive (or impulsive) behaviours and to choose between or combine serotonergic agents and cognitive–behavioural therapy are essentials for any such specialist. Koran clearly has this expertise and comes across as an experienced and astute clinician.

The initial sections deal with OCD. There is a concise and interesting historical review, authoritative discussions of epidemiology, classification and aetiology and particularly helpful passages on differential