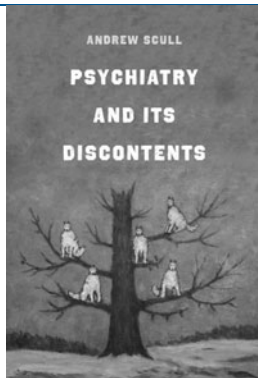


## Book reviews

Edited by Allan Beveridge and Femi Oyeboode

**Psychiatry and Its Discontents**

by Andrew Scull  
University of California Press, 2019.  
£25 (hb), 376 pp.  
ISBN 9780520305496

The resurgence of interest in the history of psychiatry that began in the 1980s saw the sociologist Andrew Scull emerge as a key figure. His *Museums of Madness* (1979), a study of asylums in Victorian Britain, stimulated research not only by historians, but also by clinicians, who were keen to discover whether the inmates of these institutions suffered from recognisable psychiatric illnesses or whether they were merely the disaffected and discontented of society. At the time, Scull was regarded as the history of psychiatry's *enfant terrible*, challenging the assumptions of those who told of the benign progress of psychiatry.

*Psychiatry and Its Discontents* is based on the essays, mainly book reviews, that Scull has written in the ensuing decades and that have appeared in the *Times Literary Supplement*, *History of Psychiatry*, *Brain* and various American journals. Scull covers the scholarship of Michel Foucault, the fall of Freudian psychoanalysis, the rise of the asylum in the 19th century and the recent dominance of a biological perspective in contemporary American psychiatry, as reflected in the latest editions of the DSM and in the widespread influence of 'big pharma'.

At the start of the book Scull strikes a conciliatory note. He states that he does not seek to minimise or deny 'the reality of mental disturbance and the immense suffering it often brings in its train' (p. 2). He also praises 'clinician-historians' who have made valuable contributions to the discipline. In his first essay, Scull examines the work of the great iconoclast Michel Foucault and argues that it is seriously flawed; the historical sources that Foucault cites do not justify his sweeping assertions, in particular his contention that there was a 'Great Confinement' of the mentally ill throughout Europe in the early 19th century, or that the mythical story of the 'Ship of Fools', carrying the insane down the waterways of medieval Europe, actually happened.

Scull looks at another legendary figure in the history of psychiatry, Sigmund Freud. In the past he has been scathing of the efficacy of psychoanalysis. However, in his discussion of the 'Freud Wars', in which Frederick Crews and his fellow combatants have launched unremitting fire on the man and his theories, Scull argues that their obsession has paradoxically kept Freud's ideas alive, which, perhaps surprisingly, he judges 'is not entirely a bad thing' (p. 8). Elsewhere we find Scull lamenting the fact that modern biological psychiatry attaches no importance to the meaning of a patient's symptoms, something which Freudian theory held to be fundamental and at least tried to grapple with.

Scull reconsiders the history of the asylum and concedes that the notion that it could be characterised as 'a cemetery for the still breathing' has been shown to be more complicated than previously

admitted. He refers to recent scholarship that reveals that many patients were actually discharged from these institutions, and that the family played an important role in the committal process. He could have added that 'clinician-historians' have demonstrated, in their analysis of asylum case notes, that 19th-century patients exhibited the same kind of symptomatology as their modern-day counterparts, thus emphasising that the presence of mental illness was of crucial importance too.

In an interesting passage, Scull casts new light on the famous 1973 study by the American psychologist David Rosenhan, in which he claimed to show that people who pretended to be mentally ill by saying that they heard a voice saying such things as 'empty' or 'thud' were admitted to hospital and diagnosed with psychosis. This study dealt a major blow to the legitimacy of psychiatry in the USA, but Scull, on the basis of the work of the investigative journalist Susannah Cahalan, with whom he collaborated, suggests that the results were falsified and that the original data have been conveniently lost, thus avoiding subsequent scrutiny.

Scull inveighs against what he sees as the crude biological reductionism of contemporary mainstream psychiatry, which has led to its narrow focus on medication as the answer to mental disturbance. He criticises the role of the pharmaceutical industry in fostering and maintaining this approach, but also feels that relatives and patients collude in the process. He contends that recent editions of the DSM, with its checklist of symptoms linked to specific drug treatments, have served to reinforce the claims of biologically oriented psychiatry, at least in American practice. He is also concerned that biological reductionist theory has infiltrated other areas, such as American legal circles: some of its practitioners claim that brain scans will bring a new objectivity to judging the guilt or innocence of defendants. Scull rightly ridicules such absurdist claims.

Throughout the book Scull writes with style and wit. He is, by turns, sceptical, combative and passionate, especially in his denouncement of treatments, such as lobotomy, which have been meted out to psychiatric patients over the years. Although one may not agree with all of Scull's opinions, these essays offer a stimulating and provoking account of psychiatry, past and present.

Allan Beveridge , Consultant Psychiatrist, Queen Margaret Hospital, Dunfermline, UK. Email: [allanwbeveridge@outlook.com](mailto:allanwbeveridge@outlook.com)

doi:10.1192/bjp.2020.11

**The Cambridge Handbook of Psychology, Health and Medicine**

Edited by Carrie D. Llewellyn, Susan Ayers, Chris McManus, Stanton Newman, Keith Petrie, Tracey Revenson and John Weinman  
3rd edn. Cambridge University Press, 2019. £82.99 (pb). 900 pp.  
ISBN 9781316783269

At medical school we learn about the biopsychosocial model of illness, which emphasises the intrinsic interaction between these components in any disease. Despite this, health services still frequently deliver care in discrete silos that differentiate between physical and mental illness. Training and education often follow this false dichotomy, not adequately considering the effect of psychological processes on physical health, or biological process on mental illness. Policy initiatives

around the globe are calling for more integrated thinking in approaches to improve health and tackle illness.

*The Cambridge Handbook of Psychology, Health and Medicine* promises to help bridge this divide. This third edition considers the role of psychological processes in health and medicine. Less of a handbook and more of an encyclopaedia, this weighty tome provides a comprehensive overview of the topic. It is conveniently and logically divided into two parts, the first focusing on the psychology of health and illness, and the second on particular medical topics.


Numerous updates since the previous edition include welcome additional chapters on assisted reproductive technology, e-health interventions, patient-reported outcome measures and the effects of war and conflict. This ensures that the book covers many relevant contemporary issues that readers may encounter in their modern practice.

The earlier chapters provide a useful overview of the underlying processes informing our understanding of illness development. These range widely over diverse areas, such as the relationship of environment, occupation, immigration, gender, sexual orientation and socioeconomic status with health. The focus moves on to consider how the psychological aspects of disease can be assessed and what psychological interventions are available.

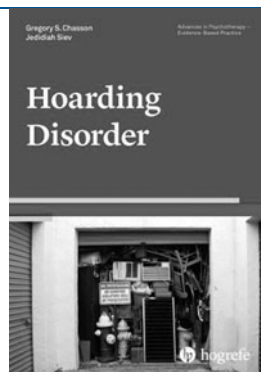
An interesting section for any frontline healthcare professional considers healthcare practice, reflecting on the impact of our often-challenging working environments on practitioner behaviour. Hot topics such as burnout, information quality and communicating risk are covered in dedicated, informative chapters.

The bulk of the second part deals with particular medical conditions and symptoms. This offers an invaluable reference point for any psychiatrist working with patients with the corresponding problem. As well as providing a ready primer on the condition of interest, it also helps to signpost what a psychiatrist could add to the holistic care of such patients.

This book has a very broad scope, which would make it appealing to a variety of audiences. The sections devoted to psychological processes are of interest to candidates preparing for the MRCPsych examinations, while the medical topics chapters would support anyone training to become a liaison psychiatrist. Moreover, the book in its entirety would provide a useful compendium for any student or practitioner of healthcare, regardless of their particular professional background.

**Howard Ryland** , National Institute for Health Research (NIHR) Doctoral Research Fellow, Department of Psychiatry, University of Oxford, UK.  
Email: [howard.ryland@psych.ox.ac.uk](mailto:howard.ryland@psych.ox.ac.uk)

doi:10.1192/bjp.2020.12



### Hoarding Disorder

By Gregory S. Chasson and  
Jedidiah Siev  
Hogrefe Publishing. 2018.  
\$29.80 (pb). 76 pp.  
ISBN 9780889374072

This is a compact, comprehensive book that has been eloquently written by experts in the field. The book is split into four chapters to help the reader navigate the topic of hoarding disorder. The

first chapter looks at the description of the disorder and uncovers the root of the term hoarding, which comes from the Old English word *hord*, meaning ‘treasure, valuable stone or store’ (p. 1). The final section of this chapter, ‘Diagnostic procedures and documentation’, perhaps would have been better placed in chapter 3, which covers diagnosis. The authors acknowledge that there is no universal core battery of instruments to diagnose hoarding disorder and therefore clinicians can be flexible in choosing these. This section is therefore quite useful as a summary of all the various diagnostic interviews and measuring scales that can be used to aid diagnosis as part of a multimethod assessment.

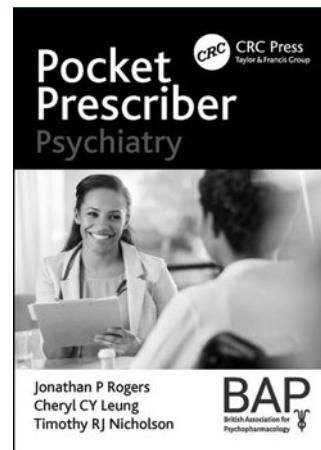
Chapter 2 looks at the theories and models of the disorder, namely cognitive-behavioural and biological models. Chapter 3 takes the reader through the diagnostic assessment and treatment indications. Finally, chapter 4 looks at treatment for people with hoarding disorder. This chapter contains case vignettes to highlight examples in which clinicians could explore issues and problem solve with patients, as well as depicting ways of information giving.

The book is laid out in an easy to read, clear and practical format which lends itself well to being used by clinicians in their clinical practice. A strength of this book is the bold marginal notes that appear throughout and help to make key points stand out on the page. Furthermore, there are boxed clinical ‘pearls’ with useful bite-size chunks of information that can be applied in clinical practice.

Overall this was an interesting book. In view of the fact that hoarding disorder is a new disorder in both DSM-5 and ICD-11, I think that this book is a good guide to aid clinicians in their understanding of the disorder.

**Saloni Peatfield-Bakhshi**, Higher Trainee in Psychiatry of Intellectual Disability, Heath Lane Hospital, West Bromwich, UK. Email: [s.peatfield-bakhshi@nhs.net](mailto:s.peatfield-bakhshi@nhs.net)

doi:10.1192/bjp.2020.16



### Pocket Prescriber Psychiatry

By Jonathan Rogers, Cheryl C.Y.  
Leung and Timothy R.J. Nicholson  
First Edition. CRC Press. 2019.  
£18.99 (pb). 448 pp.  
ISBN 9781444176667

In late 2019, the General Medical Council’s ‘*The Workforce Report*’ reinforced that the number of psychiatrists in the UK remains low and that more non-UK medical graduates are gaining a licence to practice. One outcome is that more non-psychiatrists and non-UK medical graduates are treating people struggling with mental health problems. Better textbooks are always required, and concise versions that can cater to a wide audience are increasingly in demand. Problematically, many existing texts have grown to become reference works at the cost of easy accessibility and portability.

In our opinion, ‘*The Pocket Prescriber (Psychiatry)*’ is one of those few tools from which practising psychiatrists and trainees – both UK and international medical graduates – as well as non-mental health specialists will equally benefit. It includes an impressive amount of