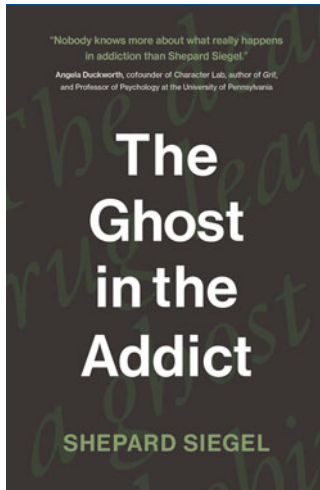


Book reviews

Edited by Allan Beveridge and Femi Oyeboode




The Ghost in the Addict.

By Shepard Siegel. The MIT Press.
£33 (pb). 192 pp. ISBN
9780262547970.

The brain disease model of addiction has been elaborated in detail over the past three decades by neuroscientists funded by the US National Institute of Drug Abuse. Although the model has produced many valuable insights that have challenged stigmatising views of the problem and stimulated treatment research, it is just one of more than a dozen competing theories that have utility.¹ Shepard Siegel, a professor of psychology at McMaster University in Canada, has produced an engaging and in-depth account of one of these ‘other’ theories, drawing on a half-century of research into Pavlovian conditioning. He begins by describing the anticipatory homeostatic correction that occurs in the brain in response to use of psychoactive substances, and how this protects the user from overdose. Taking a regular dose of opioids through the usual route may cause an individual to overdose simply because the drugs are administered in a novel environment. Siegel unravels this mystery by carefully elaborating on the influence of classical conditioning on the development of addiction. The drug-preparatory response is gradually paired with various external (places, people, times) and internal (thoughts, feelings, emotions) cues, until the cue alone elicits a conditioned response. As this response counteracts the effect of the substance it is often mislabelled as a ‘withdrawal response.’ However, the withdrawal response is not due to the effects of previous drug administration, but rather represents the body’s preparation for the next drug administration. This preparatory response can ‘haunt’ people like a ghost long after they have stopped regular use.

This is a relatively short book that does not utilise statistical data or neuroimaging scans, but instead draws on a range of literary and scientific sources, re-interpreting the findings of some of the classic studies in the field along the way. Siegel explains why Temperance legislation failed to control the problem, and why the best possible treatment in the Lexington ‘narcotic farm’ inevitably ended in relapse when the individual returned to their home environment. Conversely, the geographic cure often works, illustrated by the famous evaluation of opioid use by soldiers returning to the USA from the Vietnam War. The narrative covers opioids, alcohol and cigarettes, and explains why both small doses of the substance and stress can function as conditional stimuli for eliciting craving.

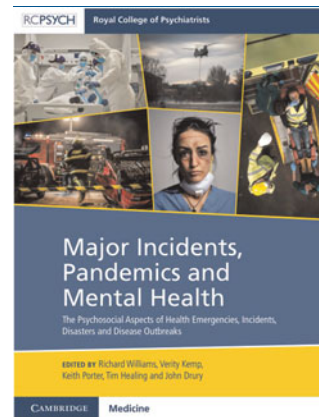
These ideas are applied to the challenge of treating addiction, and the limitations of cue-exposure therapy are explored. The author ends by placing these ideas in the context of the disease model of addiction, concluding that ‘the brains of drug users are different as a result of their conditioning history—not damaged, just different.’

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doi:10.1192/bjp.2024.142

Reference

- 1 Heather N, Field M, Moss AC, Satel S. *Evaluating the Brain Disease Model of Addiction*. Routledge, 2022.



Major Incidents, Pandemics and Mental Health: The Psychosocial Aspects of Health Emergencies, Incidents, Disasters and Disease Outbreaks.

By Richard Williams. Cambridge University Press. 2024. £46.35 (pb). 482 pp. ISBN 978-1009011211.

This book explores the intricate relationship between large-scale emergencies and mental health.

Published in January 2024, it provides a uniquely timed analysis, when the aftermath of the COVID-19 pandemic is just beginning to recede from public memory, yet its effects are still being felt across all sectors. It covers both the psychological toll on affected populations and the unique challenges faced by healthcare professionals and emergency responders.

The text is divided into seven sections, each focusing on different aspects of crises, ranging from trauma care to the mental health impacts of pandemics, terrorism and natural disasters. The book’s key strength lies in its interdisciplinary approach, bringing together expertise from a variety of fields, and ensuring a wide-ranging approach to the recommendations it makes, as well as the evidence it references. It also includes practical guidelines for emergency planning and response, underscoring the need for integrating mental health considerations into disaster preparedness. The chapters cover various scenarios, from urban disasters to infectious disease outbreaks, offering real-world insights, case studies and rigorous research to support their claims.

The editors emphasise that mental health should be a core component of emergency response strategies. They convincingly argue that the psychological needs of both the public and those directly involved in emergency services have been historically overlooked, despite evidence showing the significant long-term impact of trauma from such incidents.

One of the standout features of the book is its focus on the mental health demands placed on first responders and healthcare workers. The editors and contributors highlight the immense

stress and burnout these individuals face, especially during prolonged crises like pandemics. The book calls for systemic changes to provide better support systems for these professionals, which is a critical aspect often underemphasised in discussions on emergency management.

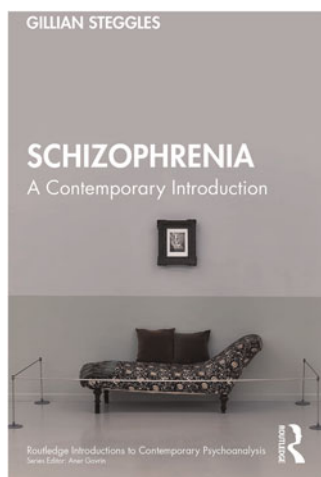
While it provides an extensive overview of various mental health challenges, there are a few features that may limit its accessibility to a wider audience. The language and depth of analysis are geared more towards professionals in the fields of disaster management, healthcare and mental health, rather than the general reader or policymakers without a specialised background. Additionally, some of the recommendations, while theoretically sound, would lend themselves well to more concrete implementation strategies or examples of successful models.

The heavy focus on Western contexts might limit the book's relevance in global discussions about mental health during emergencies. Although some chapters touch upon international crises, there is at times a noticeable lack of information regarding how cultural differences impact the psychosocial response to disasters, a topic increasingly recognised as critical in global health literature.

In summary, the book is a valuable contribution to the growing body of work on disaster preparedness and mental health. It serves as a robust resource for professionals in emergency planning and mental health fields, offering both theoretical insights and pragmatic practical guidelines supported by a wide evidence base.

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doi:10.1192/bjp.2024.190



Schizophrenia: A Contemporary Introduction

By Gillian Steggle. Routledge. 2024.
£19.99 (pb). 146 pp.
ISBN: 978-1032560380

Schizophrenia is both a commonplace and mystery, and has never ceased to affirm its centrality in psychiatric theory and practice.

This book introduces its psychoanalytic enquiry by inviting psychiatrists and allied professionals to plunge into a schismatic and elusive universe which escapes rational ways of understanding.


A history of analytic theories of schizophrenia starts with Freud, who considered afflicted individuals completely lacking transference whilst narcissistically retreating in their ego, and continues with Melanie Klein, who highlighted the importance of the paranoid-schizoid position in schizophrenic thinking. An important hypothesis is proposed by Richard Lucas, that in schizophrenic minds two distinctive parts inhabit, a psychotic and non-psychotic one. Tuning into the 'psychotic wavelength' to disentangle the confusing fabric of thoughts and genuinely engage with the patient is considered key part of treatment, as priority is given to understanding and containing rather than eradicating the illness entirely.

Unconscious mental processes are explored and suggested to be at the forefront of understanding symptomatology. In order to protect themselves from intense psychic pain, individuals with psychosis evacuate and project unacceptable mental elements into others, which gives rise to the incomprehensibility and peculiarity of their 'life-worlds'. I found the exploration of non-psychoanalytic features of treatment such as medication, and cognitive behavioural and family therapies, including the Need-Adapted Approach, essential to maintain balance and to demonstrate how important contextualisation of treatment is within different systems. Medication's role of 'suspending' symptoms whilst personality structures are investigated in order to bring to the fore the stable part of a person's psyche is emphasised. Case vignettes illustrate how the content of delusions and hallucinations offers clues to the personal nature of schizophrenic experience which can guide treatment.

Close attention is paid to Dr Michael Robbins's seven therapeutic stages and Psychodynamic Pentapointed Cognitive Construct Model which geometrically illustrates the development of the schizophrenic mind in psychoanalytic psychotherapy, from a psychotic state to integration of reality as a discrete individual. The therapeutic alliance ebbs and flows, fluctuates from hostility then confusion to safety, and eventually grows to reinstate autonomy in a disintegrated mind.

I was left wondering whether there is space and time to incorporate psychoanalytic thinking of schizophrenia in the rigorosity of psychiatric training and whether an optimal psychotherapy ward can be created as a place of containment.

One shortcoming I found was at times an absolutist and reassuring tone concerning the success of such treatment which can carry a degree of uncertainty and ambivalence. The book's invigorating premises of curiosity and introspection lie at the heart of it, with Elvin Semrad's words vigorously summarising the schizophrenic core: '*An individual's sacrifice of reality to preserve life.*'

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doi:10.1192/bjp.2024.191