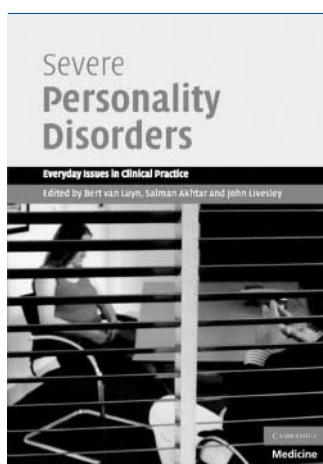


Transgendered people often complain that psychiatrists cannot fulfil the dual role of therapist and gatekeeper for gender reassignment services and this book is helpful in acknowledging that fact. Given that these guidelines are based on shared international criteria, the book will be of greatest value to the GP or mental health professional who is new to this topic.

Brian Fergusson Lincolnshire Partnership Trust, Beaconfield Centre, Beacon Lane, Grantham, Lincolnshire NG32 9DE, UK. Email: brian.ferguson@lpt.nhs.uk

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Severe Personality Disorders: Everyday Issues in Clinical Practice

Edited by Bert Van Luyn, Salman Akhtar and John Livesley.
Cambridge University Press. 2007.
264pp. £50 (hb).
ISBN 9780521856515

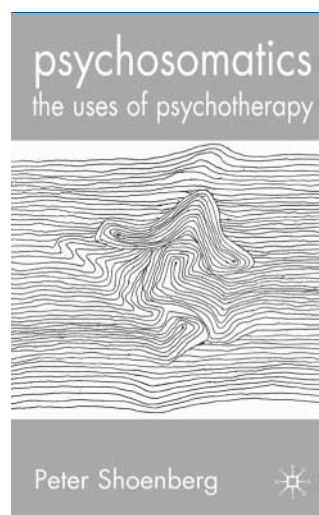
I picked up this book with interest, partly because its title suggested a practical book that deals with what are probably the most difficult patients that the average clinician comes across in ordinary practice, but I also hoped that this volume might open the lid on what is a highly significant diagnostic issue for psychiatrists involved in specialist care. The general evidence from the literature of personality assessment suggests the following law: 'the proportion of patients with severe personality disorder in a psychiatric service is directly related to the degree of specialisation of that service'. So I judge that almost all tertiary referral services (and this includes those in adolescence as well as adult psychiatry) have at least 50% of people with comorbid significant, if not severe, personality disorder as well as the primary diagnosis attracting the label of the service. Any helpful advice for practitioners in these services will therefore be of immense assistance.

Unfortunately, this book may arouse expectations that are too high and although it is described as 'a holistic, practical guide to the treatment of patients with a range of these disorders and should be read by all the members of the mental health team in dealing with this challenging clinical group' I guess that disappointment would be the primary reaction of the average clinician after reading this book. Why should this be the case? First, severe personality disorders are not defined anywhere by any of the contributors to this book. Severity is somehow assumed and perhaps is best equated with the adjective 'difficult'. This is not a satisfactory way of describing any psychiatric disorder and adding other adjectives such as 'challenging' just add to the tautology. The problem is most of the authors deal in highly specialised services, predominately concerned with one group of personality disorders, those with borderline conditions, and either

do not recognise or have nothing to say which is the slightest bit useful, about other groups of personality disorder. So for example, the importuning attentions of the dependent patient, the fulminating hostility of the angry one and the gross rigidity of the ultimate obsessional, do not get a mention within the 200 odd pages of this book. I am also concerned that in this super-specialised age that very few of the authors seem to be engaged in direct regular face-to-face management of severe personality disorder, and this seems to reflect a cynical comment made to me by a colleague some years ago that, 'the aim of promotion in psychiatry is to get away from the most difficult patients'. This may allow you to write about them with a better sense of perspective, but it makes your writings less valuable to the present day practising psychiatrist who reads about concepts such as 'ego-syntonic sadism', 'differential therapeutics', 'projective counter identification', 'meta-cognitive awareness', 'surgency' and 'homeostatic attunement' with mild amusement at first and alarm later, as though going on a stroll from a new holiday destination and finishing up on the surface of the moon. The best chapters are on practical issues such as managing suicidal crises (Paris) and day treatment programmes for borderline personality disorder (Bateman & Fonagy), and by John Livesley who in a measured summary of all that has gone before concludes that we need to be 'less concerned with comparing different modestly effective therapies and more concerned with determining the most effective intervention strategies for each domain of personality pathology'. We are at the beginning of developing good treatments for personality disorder but time after time during the reading of this book I wished for a little gentle modesty rather than stentorian proclamations of dramatic change.

Peter Tyrer Imperial College London, The Claybrook Centre, 37 Claybrook Road, London W6 8RP, UK. Email: p.tyrer@imperial.ac.uk

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Psychosomatics. The Uses of Psychotherapy

By Peter Shoenberg.
Palgrave Macmillan. 2007.
296pp. £19.99 (pb).
ISBN 97800333946510

This book offers a good summary of the current knowledge on psychosomatics. Shoenberg's writing style is highly readable, very clear and to the point, avoiding unnecessary detours that waste the reader's time. This virtue of the text is, at the same time, its worst

defect, as its content is limited to the bare facts. Further elaboration of the ideas by the author would have been desirable.

Although it falls short of the exhaustive review scholars are fond of, it provides more than enough material to satisfy both professionals and aficionados who approach the topic of psychosomatics.

In the preface, Shoenberg warns us of the difficult challenge of psychosomatics, to ride two horses at the same time: the psyche and the soma. Throughout the book he takes on much more as he tells us about the findings of physiology, neurobiology, medicine, phenomenology, general psychiatry, psychoanalysis and other psychotherapeutic schools. Also including approaches to literature and poetry, he illustrates his accounts with lively clinical examples. Certainly, he avoids falling in one of the most common pits of the studies on psychosomatics, that of oversimplification. However, he doesn't successfully integrate all these sources of information in a comprehensive model, rather just puts them together.

One chapter is dedicated to his teaching work with medical students. It seems to me that, through his work on Balint groups and offering doctors an experience of psychotherapy, he is promoting the use of psychosomatics at a clinical level and preparing the ground for its theoretical integration in the future. He concludes by stating that each system of thinking has its place, leaving it to the reader (or to the future) to find out what that may be.

In summary, I consider this a highly informative book either as a first approach to psychosomatics or as an up-to-date reference guide for the profession.

Ángel Sánchez-Bahillo Bridger House, 22 Summer Road, Acocks Green, Birmingham B27 7UT, UK. Email: angelsanchez@gmail.com

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Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities (2nd Edn)

Edited by Nick Bouras & Geraldine Holt.
Cambridge University Press.
2007. £48.00 (pb). 438pp.
ISBN 9780521608251

Bouras & Holt are both widely known and respected researchers and clinicians in the field of intellectual disabilities with many years experience in publication of academic as well as service-related work. They have maintained a strong international perspective and the list of participating authors is a veritable Who's Who in the field.

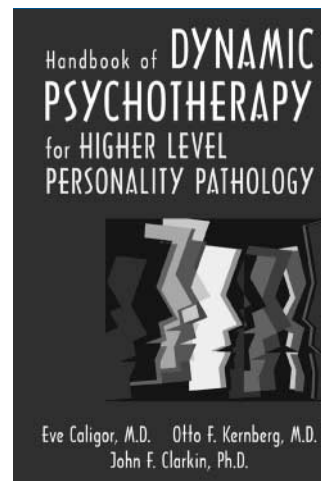
The book is divided into four parts, each encompassing the key aspects of psychiatric practice from assessment and diagnosis to specific disorders to treatment and interventions and finally policy and services. I particularly enjoyed reading, for example, the exhaustive and informative chapter on clinical services for challenging behaviour, which I found enormously instructive. The book is well written and includes summary points at the end of each chapter which help to drive home important messages.

However, there are a few issues that should also be mentioned. First, the references are already out of date; the most recently cited are from 2005. In addition, there are a number of stylistic differences in references between chapters. Second, it would have been desirable to include a considered view of what might be the impact of current UK Government legislation (*Valuing People*, 2001), on the lives of people with intellectual disabilities several years on. Third, the chapter on interdisciplinary assessment of mental disorders might have been better placed as the last in Part 1, rather than in the middle of that section as it is at present.

Overall, though, this book, revised and updated from the first edition of 1999, is a useful and reliable resource for professionals and psychiatric trainees. In my view it forms a stimulating and worthy companion to *Seminars in the Psychiatry of Learning Disabilities* (2nd edn edited by W. Fraser & M. Kerr) published by Gaskell in 2003.

Angela Hassiotis University College London, Wolfson Building, 48 Riding House Street, London W1N 8AA, UK. Email: a.hassiotis@ucl.ac.uk

doi: 10.1192/bjp.bp.107.039651



Handbook of Dynamic Psychotherapy for Higher Level Personality Pathology

By Eve Caligor, Otto F. Kernberg & John F. Clarkin.
American Psychiatric Press. 2007.
US \$60.00 (hb). 284pp.
ISBN 9781585622122

This book presents a model of interpretative psychotherapy that is provided through twice weekly sessions over several years. It is for people who may be able to get by, but not to fulfil themselves, in work or love. (In a UK context, they will be typical of many seen in the private sector or as training cases). The self-defeating habits responsible are attributed to avoidant, obsessive-compulsive, depressive/dependent or hysterical/histrionic personality traits. The use of descriptive personality profiles to map psychotherapeutic needs is not new, having been the organising principle of Anthony Storr's *Art of Psychotherapy* nearly 30 years ago. With the possible exception of some paranoid and schizoid tendencies