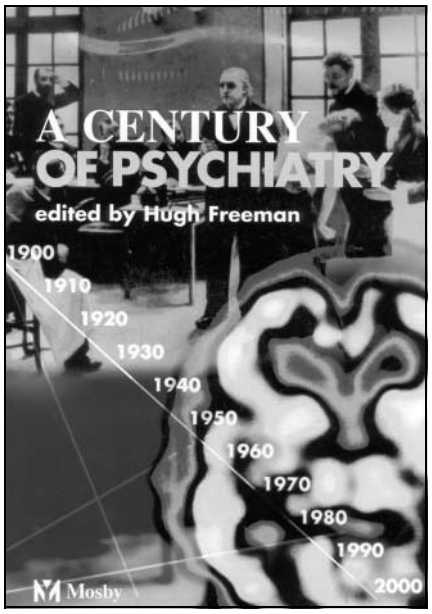
# Book reviews

EDITED BY SIDNEY CROWN and ALAN LEE

## A Century of Psychiatry

Edited by Hugh Freeman. London: Mosby. 1999. 374 pp. £59.95 (hb).
ISBN 0 7234 3174 4




The publication of this book represents a major achievement. Running to over 90 chapters and involving 70 authors, it covers the development of psychiatry during the past 100 years. It takes a broad view, including the discovery of physical treatments, the proliferation of psychological therapies, the growth of sub-specialities, the dark days of Nazi psychiatry, the abuses in the Soviet Union, the scandal of Leros, Basaglia's social experiment in Italy, and the evolution of services outside Europe and America. It also finds space to offer potted biographies of the leading clinicians and theorists in the field, as well as considering specific psychiatric syndromes. In the final chapters, several writers speculate on psychiatry over the next 100 years.

The book is also attractively packaged. In large format, it contains numerous illustrations and consists of 10 sections, divided into short and, for the most part, readable chapters. Each section begins with a brief survey of key historical events and ends with a reading list. The chapters are unencumbered by the usual academic apparatus of footnotes and avoid the often dense prose of the professional historian.

An important aspect of this book is that it once again makes the history of psychiatry accessible and relevant to clinicians. A perhaps unforeseen consequence of the recent outburst of interest in the subject has been the redirection of historical papers from mainstream publications to the more specialised journals. Thus, the average psychiatrist is less likely to be exposed to papers examining the historical aspects of the discipline. For the trainee interested in historical matters, or for the casually curious practitioner, it is likely that a foray into the academic historical journals, with their relentless scholarly tone, may prove rather off-putting. This book provides a determinedly populist account, which psychiatrists may find more inviting.

The front cover illustration contains two images: one is of the great French neurologist, Jean Marie Charcot, lecturing to a class of doctors on the subject of hysteria; the second is of a brain scan. These images reflect two of the major themes in psychiatry over the past century. Charcot's views influenced Sigmund Freud, whose work has, in turn, given rise to the plethora of psychological therapies we have today. The brain scan symbolises the neurobiological approach to mental illness. While the first approach emphasises the value of talking and of considering the patient as an individual, the second sees mental disturbance in terms of brain disease and favours physical treatments. As Edward Shorter notes in his chapter, these opposing perspectives have formed the backdrop to the development of psychiatry over the past 100 years.

The chapters are written mainly by psychiatrists. This has the advantage of making the subject clinically relevant and of drawing on the author's inside knowledge of the area. However, it can result in a lack of critical distance, with clinicians offering an optimistic assessment of their own disciplines. Many chapters follow a similar course: the humble beginnings are sketched, the steady progress described and, finally, a bright future is forecast. If there is a criticism of the book, it relates to the lack of space for dissenting voices. This is seen, for example, in the chapter on Freud. One would not gather from this account and the accompanying reading list that there is a vast scholarly industry deeply critical of Freudian theory. Likewise, in the chapters on physical therapies and advances in the neurosciences, there is no discussion of the limitations of a purely biological account of mental illness. It is left to Birley, in a thoughtful chapter on the care of patients with long-term illness, to point to the shortcomings of an exclusively 'scientific' approach to therapy. Social factors, he argues, are also crucial.

With an enterprise like this, it is always easy to complain that important subjects have been omitted. The range of the book is undeniably impressive, but there might have been more about the history of psychiatry as seen by patients, although there is a short account of the users' movement. There is little about Jaspers, despite his influence on the development of psychopathology, and there is no mention of George Robertson, the first Professor of Psychiatry in Scotland and early pioneer of out-patient clinics, voluntary admissions and psychiatry for children.

Despite these reservations, this book can be recommended. It offers a useful and reader-friendly introduction to the many developments that have taken place in psychiatry over the past 100 years. Every psychiatric library should have a copy.

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## Drug Use and Prisons: An International Perspective

Edited by D. Shewan & J. B. Davies. Amsterdam: Harwood Academic. 2000. 256 pp. £19.00 (pb), £38.00 (hb).
ISBN 90 5823 004 X (pb), 90 5823 003 1 (hb)

Despite its title, the central theme of this multi-author book is not drug use in prisons. It is the impact on prisons across the world of the emerging epidemic of AIDS in the 1980s, and the associated risk of the transmission of HIV by needle-sharing. That risk was recognised early on, and the tragic episode at Glenochil



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prison in 1993, in which at least eight prisoners were shown to have become infected with HIV while incarcerated, proved that it was not merely theoretical. This presented prison doctors, prison governors and governments with a novel and unwelcome dilemma. To minimise the spread of a lethal illness, not only within prisons but ultimately in the wider community, they had to envisage condoning the provision either of disinfectant or of clean needles and syringes to prisoners, and possibly of methadone and condoms as well. But if they were to do so they would immediately be accused of condoning and encouraging drug taking and sodomy in their prisons.

It is fascinating to see how different countries reacted to this challenge. In the aftermath of Glenochil, Scotland, England and several other jurisdictions ensured that disinfectant was readily available to prisoners and that they knew how to use it, and in some prisons doctors started prescribing methadone to known addicts. Several countries made condoms available and a few, led by Switzerland, started to provide both sterile needles and syringes and methadone, and even to allow prisoners to self-inject with heroin under supervision. Others, like Germany and the normally pragmatic Netherlands, refused to condone disinfectants, clean syringes or methadone, or played for time by setting up small pilot studies which never progressed beyond the pilot stage. Only the USA, and even there only a few states, introduced comprehensive treatment and rehabilitation programmes for heroin addicts. It is equally instructive to see what stimulated these innovations. In most countries it was not the results of research, or even the 1993 World Health Organization declaration that "prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community". It was litigation, or the threat of it, by prisoners themselves.

I learnt many interesting things from the 11 essays in this book, for example, that twelve-step programmes are forbidden in American prisons because of their religious content; that in Brazil syphilis is a greater threat than HIV, and that the prison authorities try to minimise the risk of infection by allowing *visita intima* by wives and girlfriends rather than by issuing condoms; and that in most prisons in sub-Saharan Africa conditions are so terrible that the risk to life and health from HIV and hepatitis hardly registers on the scale. There is, however, a good deal of repetition, and Gore & Bird's description of their innovative methodology for anonymous salivary HIV surveillance is spoilt by a tedious, self-justifying description of their war with the Home Office over its mandatory drugs testing policy. All in all, this is a book for prison doctors and governors, and for civil rights lawyers, rather than for psychiatrists.

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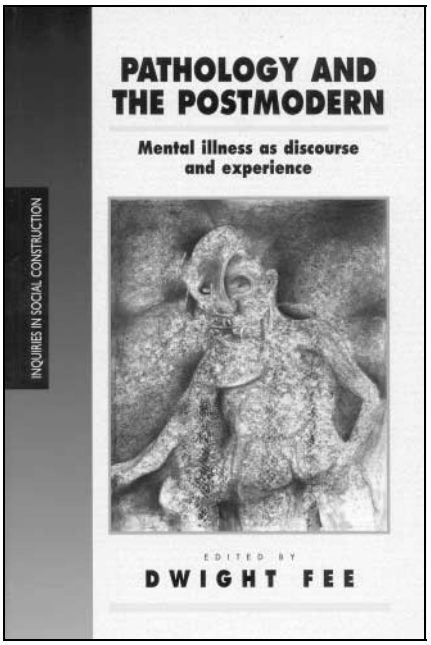
## Pathology and the Postmodern: Mental Illness as Discourse and Experience

Edited by Dwight Fee. London: Sage. 2000. 271 pp. £17.99 (pb), £59.95 (hb). ISBN 0 7619 5253 5 (pb), 0 7619 5252 7 (hb).




British psychiatry, in both its organic and psychodynamic forms, tends to be empirical: what we see is what is. Evidence comes directly from our experience – and this was the founding principle of modernism in the 16th and 17th centuries. Post-modernism overturns that. What we *think* is comes from a construction by our minds, collectively, through our immersion in social and cultural attitudes. Usually, the post-modernists would say, we are unaware of those attitudes in our culture – as a fish is hardly aware of water, since, being always in it, it knows no better. Post-modernists do know better about the cultural constructions in which we all swim. Or rather, post-modernists take it as their job to try to 'see the water'.

They employ a method of deconstruction – unpacking words and language to reveal hidden implicit meanings and injunctions. Deconstruction gives weight to the role of language and therefore language's inherent narrative property.

Within the social sciences, the contribution of post-modernism is social construction theory. In psychology it is discourse theory and in psychiatry it is labelling theory. However, the influence of both social construction and labelling theory in psychiatry has, as yet, been negligible.

The plethora of new psychiatric syndromes in recent years is a possible example of the regular construction of what we perceive and our patients experience, rather than empirical discovery (Burr and Butt, Chapter 9). As Fee's introduction conveys, mental illness represents the dislocation of patients' comfortable narratives of themselves. Professional narratives are offered (or constructed) to satisfy puzzled patients with meaning from an authoritative source. Gegen (Chapter 5), in arguing that the self of the modern period of history has given way to a fragile and dissolved self in the post-modern 20th century, suggests it has been replaced by commercialised images from the market-place. And in the medical market, the DSM (American Psychiatric Association, 1994) becomes a kind of source book for certain kinds of meaningful identity (Gottshalk, Chapter 2).

Empirical research, and its discoveries of aetiologies, is one – and only one – kind of narrative of distressed experience. It is no better, or worse than, say, the narratives discovered by psychoanalysts. So, the medical 'stories' of symptoms, diagnosis and cure are important as narratives in themselves, for insecure and fragmented persons. And because of their very concrete and bodily focus, those narratives gain a special credibility (Hewitt *et al*, Chapter 8). The message is that psychopathology has appropriated narrative in a medical way, and needs to be deconstructed to reveal its true purpose – a kind of power play of psy-professionals (Burr and Butt, Chapter 9 again).

There is much here to dismay orthodox psychiatry. However, this book does



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