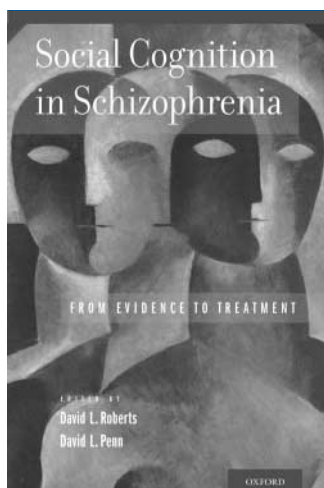


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Social Cognition  
in Schizophrenia:  
From Evidence  
to Treatment**

Edited by David L. Roberts  
& David L. Penn.  
Oxford University Press USA. 2013.  
£52.00 (hb). 452 pp.  
ISBN: 9780199777587

This is a weighty book, conceived from an expert consensus panel convened by the US National Institute of Mental Health, which summarises expert theory and developments in therapy across the field of social cognition as it relates to schizophrenia.

The book is divided into three sections. The first section examines the construct of social cognition through the respective lenses of social psychologists and schizophrenia researchers. While the former have focused on broad concepts, such as whether mechanisms behind mental representations are under automatic or higher control, schizophrenia research into social cognition has looked at areas of malfunction, such as biases in attribution, limitations in emotional expression and impairments in tasks which require a theory of mind.

The second section examines the relationship between social cognition deficits and functional outcome in schizophrenia, concluding that social cognition appears to act as a mediator between neurocognition and functioning, and postulating that social cognition may be the better target for remediation. There is then an exposition of the evidence for specific social cognitive deficits in schizophrenia, looking in turn at affective disturbance, theory of mind impairments and attribution bias with resultant paranoid thinking, and reporting evidence that social deficits emerge early on in the course of illness, and persist when acute psychotic symptoms remit.

The final section brings us into the clinical sphere, starting with 'proof of concept' studies which show that social cognitive deficits may be malleable, followed by a critique of the current evidence base for the various therapy programmes which have been developing over the past decade.

The concluding chapter emphasises the need for a framework to test going forwards. The authors discuss the idea of a 'dual process framework' of social cognition, with lower-order 'automatic processing' of social information taking place, which is modified by higher-order 'controlled processing' to yield an end product. Controlled processing will use a variety of 'heuristics', that is shortcuts, so that a person can process information more efficiently. In schizophrenia it is postulated that there is a combination of excessively salient and aberrant

automatic processing and impaired higher-order controlled processing; a person may therefore be primed to have paranoid thoughts by selectively responding to negative information and then lack the higher-order cognitive capacity to make rational sense of their experience.

The authors question whether, by focusing on specific deficits and training people with schizophrenia to learn normal social responses to fill gaps, we may in fact be missing the point. If people without psychosis exhibit heuristic biases, then a person with schizophrenia's attribution biases, albeit unusual, may not be any less accurate. Future treatment strategies might therefore benefit from moving away from training patients to 'get it right' and instead focus on helping them to tolerate uncertainty rather than jump to erroneous conclusions.

In summary, this book broadens our understanding of negative symptoms in schizophrenia, and the chapters on possible remediation strategies are welcome to bring the book into the clinical context. However, the duration and intensity of the therapy programmes described will challenge their applicability to clinical settings.

The idea of a dual processing framework is not unique to social cognition. Similar 'bottom-up v. top-down' processing theories are developing in other areas of neuroscience, for example in visual processing. The dual processing framework for social cognition appears to make intuitive sense and provides a base to generate new paradigms for experimental research. Whether current therapies should adapt their approaches (for example, changing the focus from getting it right to avoid getting it wrong and tolerating uncertainty) or whether novel approaches are needed remains to be seen.

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**Addiction Trajectories**

Edited by Eugene Raikhel  
& William Garriott.  
Duke University Press. 2013.  
US\$29.95 (pb). 360 pp.  
ISBN: 9780822353645

I found this a fascinating book but not always an easy read. The chapters deconstructed all the usual notions one holds about addiction trajectories and opened up a myriad of trajectories of temporal, cultural and spatial dimensions.

This is a distillation of a number of presentations delivered in 2009 at a workshop on the anthropologies of addictions. While

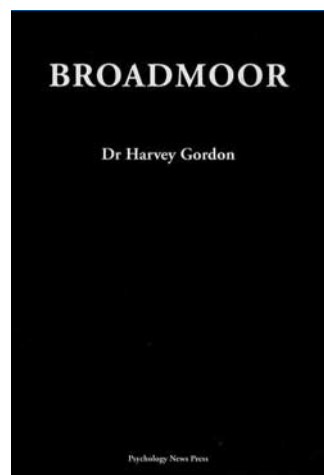
personally I find collections of presentations often to be very individual and not well threaded together, this book was different. The presentations were written from a variety of theoretical and geographical perspectives that were then carefully edited and integrated. At the start, there is a critical examination of 'addiction' that is rooted in Western ideas of health and behaviour, although now experientially and geographically widespread. Therefore, addiction is both shaped by and shapes the contexts in which it passes. The authors together outline three main types of trajectories: epistemic trajectories, therapeutic trajectories, and experiential and experimental trajectories. These are explained and brought together in the book.

A good example of geographical, political and social effects of addiction and its treatment is recounted in the experience of Pavel, whose treatment and indeed use of different types of drugs related to and were determined by the different treatment systems in the country, the political, social and physical landscapes in which his experience of addiction was embedded. A really sad read was the story of Alma, whose heroin addiction and overdose history in North Mexico was noted to be 'marked by the impossibility and the inevitability of an end'.

This book brings stories from France, the USA, Russia, Puerto Rico, etc., describing people who use drugs and their families, and sometimes the treatment systems. It made me reflect on how much treatment and healthcare systems react to political and cultural issues, and brought out the real person trying to adapt and respond to treatment interventions within these systems. For more information, read it!

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### Broadmoor

By Harvey Gordon.  
Psychology News Press. 2012.  
£25.00 (hbk). 320 pp.  
ISBN: 9780907633358

This thoughtful and well-referenced history of the UK's most iconic, and to some extent notorious, mental institution, is clearly a labour of love. The author worked there for 17 years and began his research in the 1980s. He was able to screen all the files of those admitted since its opening in 1863, and has obtained prefaces from three leading forensic psychiatrists, including Broadmoor's current clinical director. He has drawn on a wide range of sources, and there are some nice photographs, not the usual ones produced in general history texts. It is not over-long, consisting of 11

reasonably sized chapters, and there are some striking tables as to the changes in status and context during Broadmoor's 150 years. That the institution should share its birthday with the founding of the Football Association probably reflects our Victorian forebears' insistence on organising things, whether via standardised rules for sport, or bricks and mortar for lunatics.

The chapter titles reflect, to some degree, the nature and dilemmas of forensic psychiatry. Moving from 'Before Broadmoor' via 'Broadmoor and the Victorian mind', we follow the journey 'From criminal lunatic asylum to special hospital', and 'The relationship between Broadmoor and the death penalty'. There are then chapters on children (yes, there were apparently children in Broadmoor once upon a time), the elderly and women. We move into 'The international context' and then 'The sexuality of patients and staff in Broadmoor', and conclude with 'Broadmoor – then and now'. However, the most interesting chapter, and the most heavily referenced (699 references in all) is that on 'The balance between therapy and security in Broadmoor'. This in fact moves from comments in the 1850s about Bethlem Hospital's criminal wing to articles written in the 21st century discussing, for example, what level of risk can be regarded as 'reasonable'. Of particular note is that Broadmoor until 1960 had a very low reconviction rate, but after that there was a significant rise. This was probably associated with there being more patients with personality disorders (also known in history of course as 'psychopaths'), and the considerable organisational, psychological and social limitations of trying to 'treat' people for something that many doctors would not consider to be 'an illness'. There is also the simple fact, as the author has noted, that levels of violent crime generally in British society rose in the second half of the 20th century, thus the declining proportion of mentally disordered offenders within the standard homicide statistics.

In the chapter on 'sexuality', there is a noteworthy rise in the proportion of patients admitted with convictions for a sexual offence. Hovering between about 5 and 6% until the 1950s, this started to go up into the 8 to 9% range and by the 2000s reached just under 20%. This seems to reflect in part a greater awareness of various forms of sexual psychopathology, as well as the unfortunate knowledge that it looks like there is a generally greater risk of sex offending among the mentally ill, and of course such cases generate lurid media headlines.

Some of Dr Gordon's historical background is a little uncertain, for example Charles Darwin's book was called *On the Origin of Species*, not 'Origin of The Species', and it was Elizabeth Garrett Anderson (not Elizabeth Garrett) who became the first qualified woman doctor in Britain. But there are some absorbingly detailed case histories, and acknowledgement of the various inquiries that the special hospitals have (not surprisingly) attracted. In this regard there is a somewhat defensive tone from the author in terms of the risks of medicating or not medicating disturbed patients, for example, or trying to discharge people as opposed to simply banging them up for life. It is of course a thankless task, and the author rightly ends on discussing the need 'to try and prevent people with mental illness from becoming offenders and also from becoming the victims of crime'.

While some aspects of this quite dense description of a highly specialised unit can be overemphasised, this book will be invaluable as a source for future historians, as well as being a mature description of psychiatry's dilemmas in the current climate of 'risk management'. Parts of it should be required reading for those wishing to understand the historical constancy of the dilemma between care in the community and hospitalisation and/or institutionalisation. While we have reduced our asylum inmate population overall, from about 150 000+ in the 1950s to something like 30 000 to 40 000 today, it appears that the process