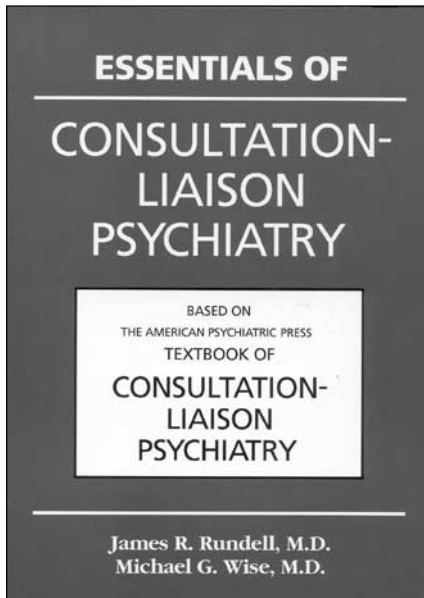


Essentials of Consultation–Liaison Psychiatry

Edited by James R. Rundell & Michael G. Wise.
Washington, DC: American Psychiatric Press.
1999. 671 pp. £48.00 (pb).
ISBN 0 88048 801 8



Essentials of Consultation–Liaison Psychiatry is the product of a process that began with a pocketbook. This was expanded into the excellent but expensive *Textbook of Consultation–Liaison Psychiatry* (Rundell & Wise, 1996). The current volume is a more concise (and updated) reincarnation aimed at the clinician. It is easily readable and will be useful as a quick reference book in the clinical setting; the many excellent tables (listing, for example, neuropsychiatric side-effects of medications frequently used for HIV/AIDS and of chemotherapeutic agents, and the approximate duration of detectability of drugs in urine) are particularly helpful in this respect. In addition, many chapters provide a detailed, critical review of pertinent topics in consultation–liaison psychiatry, including diagnostic classifications (DSM–IV is used throughout), theoretical models of aetiology, and treatment issues.

The text is organised into four sections. The first, ‘General principles’, contains interesting chapters on the models of consultation–liaison psychiatry practised in the USA and the legal and ethical dilemmas encountered. The second section, ‘Psychiatric disorders in general hospital patients’, deals with the clinical syndromes commonly encountered in liaison psychiatry, including

good coverage of substance misuse, delirium, dementia and somatisation. The real strength of this book lies in the third and largest section, ‘Clinical consultation–liaison settings’. Most British liaison psychiatrists will be well-versed in referrals from medical and surgical wards and accident and emergency departments. Also covered here in considerable depth is the potential role of the liaison psychiatrist in the fields of transplantation, gynaecology, oncology, intensive and terminal care, and HIV/AIDS, as well as an excellent chapter on liaison psychiatry within primary care. The chapter on neurology and neurosurgery valiantly tries to cover neuropsychiatric disorders, which, although important, are really beyond the scope of this book. The final, fourth, section covers treatment, and although there is inevitable overlap – and a few contradictions – with the preceding sections, it is helpful to have this summarised separately. Psychopharmacological and psychotherapeutic treatment options are reviewed and there is useful background information on the pharmacodynamics of medications likely to be of use to the consultation–liaison psychiatrist, particularly an excellent chapter on the treatment of chronic pain. The chapter on psychotherapeutic management provides practical help on how to develop the clinical skills necessary in consultation–liaison settings, although cognitive–behavioural methods, which are commonly used in the UK, receive relatively little attention.

The volume is aimed at medical undergraduates, psychiatric trainees and consultation–liaison psychiatrists and also doctors and other health care professionals working in related medical and surgical fields. This wide potential readership creates some problems; for instance, the sections on mental state and neurological examinations and the descriptions of common mental symptoms are not detailed enough to be of benefit to those without significant experience in the field of psychiatry, but are superfluous for a more experienced readership.

The book has over 70 contributors, almost exclusively based in the USA, and the bias is unashamedly North American. There is little reference to important UK and European research. A further disadvantage of the American stance is that some aspects relevant to British psychiatrists (e.g. mental health legislation and legal concepts such as capacity to consent) are not covered

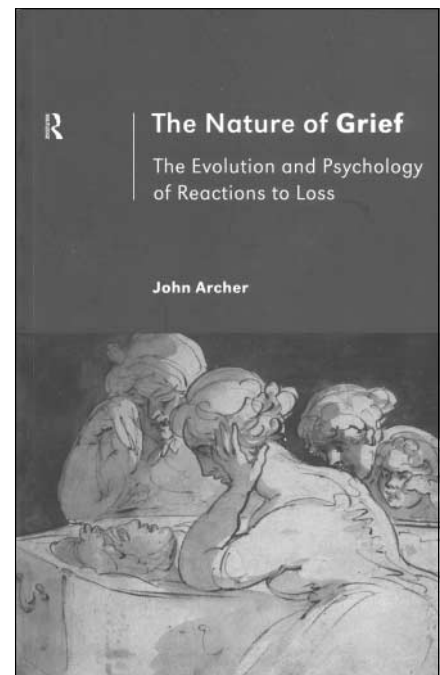
and details of medication regimens do not always comply with British recommendations. However, to anyone seeking to broaden their knowledge of the subject this publication can be highly recommended.

Rundell, J. R. & Wise, M. G. (eds) (1996) *Textbook of Consultation–Liaison Psychiatry*. Washington, DC: American Psychiatric Press.

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The Nature of Grief: The Evolution and Psychology of Reactions to Loss

By John Archer. London: Routledge. 1999.
317 pp. £18.99 (pb). ISBN 0 415 17858 4



In the 1970s, the complaint was that human life was becoming increasingly medicalised. This book tries to reclaim some of the lost ground. John Archer, Professor of Psychology at the University of Central Lancashire, lists various ways of viewing grief, but he prefers to view it as a “natural human reaction”. He explores it in different cultures, at different times in history, in art, poetry, literature and the cinema, and this I found refreshing, although he also examines its clinical features. Like most academic psychologists, his main concern is with scientific studies, and large numbers of these are reviewed

with scrupulous rigour. Reactions to every conceivable form of death are considered, including those to miscarriages, abortions, still births and cot deaths. Every testable theory is tested.

Psychoanalysis gets pretty short shrift, but attachment theory is more sympathetically dealt with. Essentially, as we all knew anyway, the greater the degree of attachment, the more intense the grief. Archer points out more than once that, in cultures where infant mortality is high, mothers do not form strong attachments to their children and consequently do not grieve their death. Murray Parkes, the British authority on grief, is respectfully and repeatedly cited, as are the Stroebe, whose dual-process model of recovery from loss, involving an oscillation between facing grief and breaking bonds and denial, avoidance and controlled distraction, is extensively discussed and recommended. Archer believes, as do many psychologists, that our preoccupation with the necessity for grief work, which, he says, is sometimes confused with rumination, has deflected us from considering the value of indulging in comforting fantasies, becoming immersed in new interests and even denial.

Although the word evolution is placed prominently in the book's subtitle, the topic of evolution surfaces only in Chapter 9, and even then, not very convincingly. The value of evolutionary theory is that it generates testable hypotheses. These include: that we are programmed to grieve most intensely for those with what is called the highest reproductive value, that is, those who would have been the most able to reproduce our genes; that we would grieve more for kin than for non-kin, and more for the young than for the old; and that those parents least able to reproduce their lost child would grieve more, that is, older parents would grieve more than younger ones. The trouble with this kind of hypothesis-testing is that, for one reason or another, there are always exceptions to the rule.

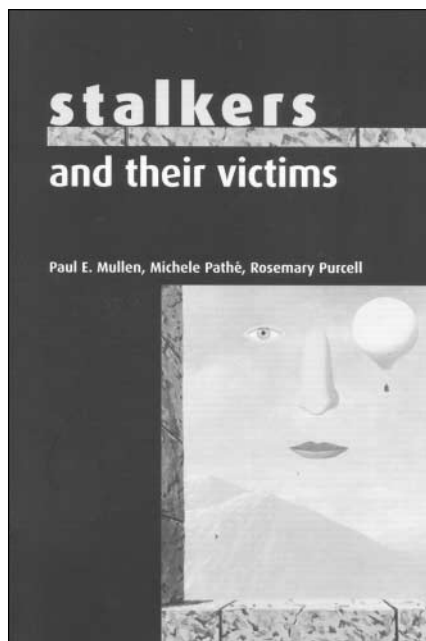
This has to be the longest and most comprehensive study on grief ever written, but despite its length, I had no difficulty reading it from cover to cover, and I learned a lot about a lot of things along the way. It is a mine of information, and there are 40 pages of up-to-date references. I did sometimes wonder why it was necessary to examine such a simple phenomenon in such meticulous detail. This should remain the definitive text on the

subject for some years to come, which I imagine was Archer's intention.

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Stalkers and Their Victims

By Paul E. Mullen, Michele Pathé & Rosemary Purcell. Cambridge: Cambridge University Press. 2000. 310 pp. £24.95 (pb). ISBN 0 521 66950 2



Stalking has rapidly gripped the popular imagination, partly because some of the facts are so good that the media does not have to make them up. For example, a US study of the enclosures sent in mail to Hollywood celebrities and US Congress members included syringes of blood and semen, a bedpan and a coyote's head.

We are used to the idea of celebrities being stalked, but there are many more obscure and unusual victims, for example, the incarcerated armed robber who received considerable media exposure and was subsequently inundated with letters from adoring women. One became so persistent, even flashing her genitals at him during a non-contact prison visit, that the inglorious victim had to appeal through his lawyer for the 'hero-worship' to stop.

Hence, this is one of those rare books, absolutely essential for forensic psychiatry seminar reading lists, which if browsed in

the library, you will take home because you cannot put it down.

Although this deserves a wider audience, because the stories it tells are more gripping than any crime bestseller, perhaps only in a work by academic psychiatrists would one find the following: "We have come to realise that many stalkers inflict considerable pain and damage on themselves in the pursuit of their victim". While the popular media has devoted thousands of column inches in pursuing the curiosity of stalking, nowhere else will you find the kind of dispassionate attempt at understanding that rigorous behavioural science, as exemplified by this book, can bring to a forensic phenomenon.

But the problem of trying to embark on the study of a behaviour that is as yet not properly defined can also make objective study appear ponderous. For example, the attempt to operationalise the definition of stalking – "the behaviour should consist of at least ten separate intrusions and/or communications, the conduct spanning a period of at least four weeks" – appears oddly unfeeling to victims.

The authors, all from Monash University Department of Psychiatry in Australia, acknowledge that "nobody would want to advise a terrified victim who has had a man stand outside the house looking up at the window on nine consecutive nights that, according to Mullen *et al* (1999), there was another night to go before he or she could lay claim to being stalked". On the other hand, it is only in a book like this, where adherence to data is the guiding principle, that you can uncover the truth. For example, stalking is in fact not a modern phenomenon at all but is centuries old, with some surprising practitioners, including Kierkegaard, the Danish philosopher.

The work is comprehensive, including discussion of related phenomena such as stalking by proxy, cyber-stalking and false victims of stalking, with some excellent practical advice on management of stalking from both the professional's and the victim's standpoint.

The few weaknesses include a neglect of the issue of assassins, who are one subtype of stalker, albeit rare, but who evidence suggests are often evaluated by mental health professionals at some point before they step out on the path toward assassination. Also, although the research is relatively meagre, there is a literature on predicting future violence from threatening letters, including some useful anecdotal