Some years ago I attended a lecture given by the then outgoing President of the Royal College of Psychiatrists. The topic was the future role of the consultant in ‘general adult psychiatry’. The take home messages were that consultants would become increasingly acquainted with neuroscience but see fewer patients; would manage teams but see only ‘difficult cases’; that psychotherapy would be ceded to psychologists (and would comprise only cognitive behavioural therapies). Nowadays, I meet trainees who are disenchanted with the state of psychiatry. Journal clubs spent picking apart company-sponsored drug trials lack the sustenance of a good paper by Freud; out-patient clinics are sometimes perceived as prescription services. Has the biological paradigm been ‘too successful’? The risk is that the perceived reductionism of the current paradigm may precipitate a reactionary flight into a narrow, psychodynamic obscurantism. The book under review may go some way towards encapsulating the disquiet felt by some of these psychiatrists in training.

Peter Zachar’s text is part of a series entitled Advances in Consciousness Research and, throughout, he argues for a space for psychological description, theory and practice in contemporary psychiatry. His theoretical opponents reside among the ‘biomedical materialists’ (of psychiatry) and ‘eliminative materialists’ (of philosophy). These authors appear to argue for a radical reduction of the first person, subjective world of experience (and ‘folk belief’) to a third person, objective world of scientific measurement and data (‘broken brains’). Proponents of the latter view purvey a form of ‘scientism’ (below), which is narrow in its purview and heavily dependent upon analogies with the more neurological end of psychiatric practice. Hence, if it can be argued that all mental disorders are really brain disorders akin to general paresis of the insane (GPI) or traumatic brain injury (TBI), then what is really required for their treatment is invariably a biomedical solution. There is no point ‘wasting time’ on psychological understandings when physical treatments are required. Zachar pulls at the seams of each of these assertions, eventually demonstrating that they may be unravelled. However, the biomedical materialists may also go on to espouse moral justifications for their project: biomedical perspectives on psychiatric conditions will reduce blame and stigma, harsh treatments will be curtailed; while psychological theories and treatments unfairly burden sufferers. This is a Utopian quest that sufficient knowledge of genetics and neurophysiology will serve to instantiate. How much of this is true? Is it all just ‘scientism’?

‘Scientism is the (implicit) presumption that, in addition to the superiority of scientific methodology, the more rigorously and exclusively we use the scientific approach in any endeavor, the more superior the product’ (Zachar, p. 115, emphasis added).

Zachar’s response is a measured, careful and (perhaps) overly long consideration of the evidence. He is explicit in stating his bias: he is for a ‘broadly considered co-evolutionary perspective, which accepts multiple levels of analysis, explanatory pluralism, the ecology of neuroscience, and molar explanation (in the evolutionary sense of the term)’ (p. 269). He shows that the most rigorous diagnostic systems rely for their application upon the elicitation of subjective information, describing the mood or perceptions, that empathy and understanding are central to practice, and that psychiatric diagnoses do not resemble ‘natural kinds’. Instead, Zachar posits that our diagnostic categories comprise ‘practical kinds’: prototypical descriptions, of clinical utility but not equivalent to ‘ultimate reality’. Hence, investigators must be careful to avoid the reification of concepts they may misapply. Zachar argues that a diagnosis has multiple uses: providing a common language
between professionals, access to services, insurance cover. Such categories are not random or arbitrary, they do say something about the way subjects become ill, but they do not (yet) represent natural kinds (nature has yet to be "carved at her joints"). Yet, Zachar is careful to avoid slipping into relativism and this is not a "post-modern" critique: throughout, the consideration of case material is sober and concerned with achieving the appropriate level of description. Does borderline personality disorder resemble GPI or TBI? Can we be so confident that a purely biological level of explanation will suffice? If we tell a patient in the clinic that his affective disorder is "due to" an imbalance of neurotransmitters, are we telling the truth? Or are we saying more than we really know?

Zachar addresses what he sees as the excessive criticism of psychoanalysis, Freud and interpersonal therapies. He critiques the "false dawns" of the biomedical paradigm: frontal lobotomy, social Darwinism and eugenics. Again, he is careful to state that biological theories and treatments are not inherently flawed, merely that they may be perverted or misapplied. Equanimity is called for; there is a place for biological accounts and another for the psychological. Importantly, psychiatry does not collapse into neurology; these are still distinct specialties.

In many ways the dilemma for clinical psychiatry is similar to that for contemporary philosophy. The latter may be caricatured as a contrast between sterile language games that have little to do with wisdom and arcane hermeneutics where sentences may seem to lack veridical content (Critchley, 2001). This distinction approximates to one between the Anglo-American and Continental traditions, respectively (though not exclusively). Is there a problem with "meaning" in psychiatry, or is Zachar merely pushing against an open door? I think his thesis is timely, indeed perennial; no matter how good our biological accounts may be we will still be interacting with human agents who experience distress and describe beliefs about the world.

A broader, political perspective is also relevant here: why do ex-psychiatric patients require a "survivors' movement"? What is the appropriate relationship that should pertain between doctors and the pharmaceutical industry? Sceptics may wish to consider the contents of a recent issue of Adbusters magazine, devoted entirely to the perceived deception practiced by industry and its apologists. Zachar's account is not polemical but it does raise a central question: when we understand the mind in a material way, does this effect what we are thinking when we listen to a patient?

It may be argued that conscious states provide a necessary level of description in psychiatry, if only because they tell the subject the consequences of their actions (Spence et al. 2002), and in some cases comprise the very result that the subject seeks (as when a substance is procured to alter consciousness). Describing the neural correlates of such an experience may be informative but it does not provide an exhaustive account of that experience (or the motivation for its pursuit).

Relevant here may be a philosopher who is not mentioned by Zachar, but whose work dealt explicitly with the work of conscious thought, and its place in action. When asked why she encouraged thinking in her students, rather than merely teaching them (didactically), Arendt responded:

"[W]hen the chips are down, the question is how they will act. And then this notion[...] that I examine my assumptions ... that I think 'critically', and that I don't let myself get away with repeating the cliches of the public mood ... And I would say that any society that has lost respect for this, is not in very good shape."

(Altenbernd Johnson, 2001)

SEAN A. SPENCE

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Research and Innovation on the Road to Modern Child Psychiatry: Vol. 1. Festschrift for Professor Sir Michael Rutter. Edited by J. Green and W. Yule. (Pp. 166; £25.00.)/Vol. 2. Classic Papers by Professor Sir Michael Rutter. Edited by E. Taylor and J. Green.
In 1998 Professor Sir Michael Rutter retired from the MRC Child Psychiatry Unit. This was a major event for child mental health research and clinical practice, both in the UK and worldwide. His retirement coincided with the opening of the MRC Centre for Social, Developmental and Genetic Psychiatric Research, of which he was the initial director. Sir Michael’s remarkable research and clinical contributions to child and adolescent psychiatry occurred continuously over four decades. His outstanding contribution was recognized by the Royal College of Psychiatrists and the Association of Child Psychology and Psychiatry, who combined forces to publish the contents of two separate celebratory events as a single Festschrift in honour of his achievements. A second volume, reproducing some of his classic papers acts as both a compilation and a valuable source material for much of what is referred to in Volume 1. The second volume also provides a remarkable overview of the breadth of Michael’s interests over his working lifetime. The selected papers provide a very real insight into Michael’s skills as a clinical scientist, an outstanding capacity for synthesis of scientific fact from many for both an academic and a clinical audience. The topics covered in both volumes include contributions on psychiatric genetics, autism, conduct disorders, social psychiatry and the importance of longitudinal and prospective studies. To do all this within a developmental framework and to be recognized as one of the founders of the modern discipline of developmental psychopathology, is an extraordinary achievement for one working lifetime.

Michael Rutter entered the field of child psychiatry at time when the subject was driven by opinion and psychological theories with little scientific validity that dominated the practice within child and adolescent mental health services. From the mid-1960s he set about the task of introducing measurement to childhood behaviour and the social environment together with assessment and classification procedures for clinical syndromes. By the 1970s he had set the standards for child psychiatry research worldwide and was publishing not only original science but also highly influential books and monographs on the theories and practice. His views have always been based firmly on the facts and observations derived from a critical scientific method. Michael has spent virtually all of his career at the Institute of Psychiatry, the foremost centre for psychiatric research in the world. It is from this secure base that he developed his ideas and methods and promulgated in particular some of the most influential studies into autism. He demonstrated the importance of genetic influences in the origins of this most profound neuropsychiatric disorder, firmly refuting the notion that this syndrome was caused by maternal emotional indifference in the early years of life. Chapter 6 of Volume 1, entitled ‘Five decades of research on autism’ by Fred Volkmar is a most readable summary of where the field has gone since Rutter established a biological basis for this disorder. Chapter 4 in Volume 2 provides a fine illustration of a set of papers from Michael and colleagues over the past two decades regarding the role of brain dysfunction in autism and related neuropsychiatric conditions. His interests in autism were clinical as well as scientific as indicated by the inclusion of his own excellent chapter on the interplay between research and clinical work in Volume 1.

His early work on the influence of parental psychiatric disorder and the subsequent studies of the role of psychosocial adversities on child development and psychopathology paved the way for a reconsideration of how social processes exert different effects on the liability for psychiatric disorder over time. He demonstrated that childhood developmental trajectories are determined not by some ‘fixed dose’ of early family difficulty but through a dynamic and ongoing interplay of experience and behaviour. The implications were that there are opportunities and turning points throughout childhood for the disadvantaged and the institutionalized young person. His psychosocial studies have paved the way for delineating the mechanisms and processes regarding how life experiences, both good and bad, exert their effects on the developing mind. This psychosocial side of Michael’s work is abundantly represented throughout these volumes. The inclusion of two seminal papers in the first section in Volume 2 on the concept and practice of developmental psychopathology and an essay on the same
topic in Volume 1 by Dante Cicchetti provide very readable accounts of what this term means and why it is important. It would be easy to continue to describe each and every contribution in this Festschrift in glowing terms. Instead, I recommend these volumes as a ‘must purchase’ for mental health professionals and all libraries. It documents more than any other current publication how child and adolescent psychiatry came of age in the last third of the twentieth century thanks in a very large measure to the extraordinary achievements of Michael Rutter and his colleagues at the Institute of Psychiatry, London.

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Care of the Mentally Disordered Offender in the Community. Edited by A. Buchanan. (Pp. 333; £34.50.) Oxford University Press: Oxford. 2002.

A past generation might consider the title of this book an oxymoron; forensic psychiatry was once the province of closed intuitions with merely a handful of specialists involved. This book marks forensic psychiatry’s coming of age and charts its transformation, not merely in the number of psychiatrists (in the UK a nine-fold increase in consultants in the last 30 years) but its transition to all levels of secure setting, especially where security appears ethereal: the community. So if it is not the walls, what defines the speciality? In contrast to other psychiatric sub-specialities it is the social, the breaking of laws or risk of the same, which is the key determinant and the sociological perspective is one that is particularly well addressed in this work. Alec Buchanan has gathered well-informed commentators from a number of disciplinary perspectives. There is a light editorial touch, which allows spirited debate on the issues in question, such as the ethics of risk, the role of compulsory treatment in the community and management of personality disorder. The reader may not come away with easy answers but will certainly be better informed about the questions.

What after all has changed in the science of forensic psychiatry to help explain its rise? As Joan Busfield comments, the two over-riding empirical conclusions from research reveal that mental disorder predicts violence rather poorly and the accuracy of risk prediction is similarly limited. Yet the one theme to run throughout the book is that of risk. The language of risk assessment and management was supposed to reduce stigma and aid treatment. It now has perhaps created a stigma of its own; whereas only a few patients were ascribed the label of ‘dangerous’ every one has a level of risk. The terminology of risk, adopted in the early 1990s, resonated with changes in public attitudes about risk. To understand the expansion in forensic psychiatry one needs to appreciate this wider context, which is well described by David Tidmarsh and other contributors. From the government policy perspective the catchphrase is ‘safe, sound and supportive’ mental health services. From the professional perspective safe practice is risk averse and failure in preventing violence is coupled with the fear of a blame-prone culture.

Forensic clinicians need to be well informed about the risk debate. Proper appreciation of why the terminology was adopted in psychiatry and the current state of the art regarding risk assessment should be facilitative of good clinical practice. Contributions by Jennifer Skeem and Edward Mulvey are excellent on this, but also read the introduction by Paul Mullen and the chapter by Nikolas Rose, which give timely ethical warnings. As Mullen states, ‘[i]f risk management is to emerge out of risk assessments; if risk management is amount to more than coercion and incapacitation; if risk management is to be a legitimate activity for health professionals, then, assessments must focus on establishing those vulnerabilities contributing to offending which are open to modification through appropriate health related treatments.’.

A key theme that emerges is the interface between general and forensic psychiatry. Different models of community forensic psychiatry and definition of which patients might be suitable for a specialist service are appraised and contrasted. The book balances the contributions with practical and organization focus with contributions that are more reflective and place current concerns in a wider context. Among those clinical contributors there is a preference for the former, while the non-clinical academics prefer the latter.
The book as a whole is both practical and theoretical. Clinically it is well informed and evidence based, but its excellence is to place that material in a wider ethical and moral context. This is a book that marks the development of forensic psychiatry in Britain and should be a core text for forensic practitioners, as well as providing important reading for those with an interest in forensic psychiatry or who are responsible for planning forensic services.

JOHN CRICHTON

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_Early-Onset Dementia: A Multidisciplinary Approach_. Edited by J. R. Hodges. (Pp. 478; £75.00.) Oxford University Press: Oxford. 2001.

Health and, to some extent, social services in the UK continue to organize themselves based on the age of their users. Old age psychiatrists predominantly look after patients over the age of 65, while geriatricians use 75 as their cut-off. Unfortunately, most humans are oblivious of such arbitrary cut-offs and develop the wrong illness at the wrong time! Patients with early onset dementia and their carers often have to cope with not only the disease itself but also the boundaries of various services and poorly trained specialists. During my specialist registrar training in adult and old age psychiatry I received considerable training in the diagnosis and management of dementia in older people, but the experience of managing patients with early onset dementia was, to be polite, limited. Hence, I read this first ‘comprehensive and international’ book on early-onset dementia with great enthusiasm.

I liked the layout of the book, and found most of the chapters easy to read. Judicious use of tables and diagrams makes it easy to understand difficult text and help focus on key points. The book is divided into three sections (as per preface but not marked in the index). The first section concentrates on assessments (physical, psychological, psychiatric and radiological), and pathology of early onset dementia. The second section includes chapters on individual diseases and the third section covers management of early onset dementia. The book is truly comprehensive. It includes well-researched information on diseases causing early onset dementia that I did not know even existed! I especially enjoyed reading the chapters on neuropsychological assessment, functional neuroimaging, Huntington’s disease and inflammatory and infective disorders. I got the impression that one of the main aims of the book was to encourage clinicians to look for specific treatable conditions when dementia is of early onset and especially if features atypical of common degenerative causes are present. John Hodges has done well in this respect.

The book describes the clinical, neuropsychological, neuroradiological and pathological features of early onset dementia in great depth (the first two being the topics of special interest to the editor). There is some overlap and repetition of information as the first section covers many causes of early onset dementia that have chapters of their own in the second section of the book. It is useful to have key points highlighted at the end of each chapter but in some chapters the key points are rather general and not specifically related to early onset dementia. For some reason, alcohol-related dementia, which often presents early, does not get much mention. Also, I found the third section, on management, rather weak, especially with regard to a non-pharmacological approach. This is particularly relevant, as the book’s title includes ‘a multidisciplinary approach’. I hope that the next edition will include contributions from other professionals (e.g. social workers, occupational therapists, specialist nurses). A key question facing clinicians and managers in health and social care is how to meet multi-faceted and unique needs of patients with early onset dementia. In this respect, it would have been useful to have a chapter describing organization of specialist services in different countries followed by discussion about pros and cons to consider. This book will be of particular interest to readers in the UK as the current service provision for these vulnerable patients varies considerably and needs to be improved in line with National Service Frameworks.

I would recommend this book to doctors from the field of medicine, neurology and psychiatry, who have a special interest in patients with early onset dementia. For other doctors, who do not come across such patients commonly in their
practice, it would still be useful to have this on the shelf as a reference book.

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*Negative Symptom and Cognitive Deficit Treatment Response in Schizophrenia.* Edited by R. S. E. Keefe and J. P. McEvoy. (Pp. 201.) American Psychiatric Press: Washington, DC. 2001.

This book is a constructive contribution to the issue of treating negative and deficit symptoms in schizophrenia. They are the major reason for patients’ failure to survive in the community and the ability to improve them is often pessimistically perceived by clinicians. The book is authored mostly by psychiatrists but there are some chapters by psychologists and it is of benefit that some of the authors have written their contributions with knowledge of other chapters. The research methodology is closely inspected and it is constantly emphasized how the area is bedevilled by the failure of many researchers to distinguish between the primary cognitive deficit and secondary negative features of the condition. This results in an appropriately cautious interpretation of the research. Areas covered include assessment of social functioning, cognitive deficit, the experience of emotion and family perspective. The biological basis and pathophysiology of negative symptoms are also addressed.

For trainee, trainer, and researcher, there is much to be gained from reading this book. It would have benefited from having a broader professional range of authors as the psychosocial treatments were not addressed as fully as they might have been. It is after all nurses and occupational therapists who spend most time rehabilitating these patients and the research from these professions is not particularly drawn upon. I also felt the emphasis on secondary negative features was overrestricted to the areas of EPS and drug side-effects once again to the neglect of psychosocial causes. An important point is that the cover and print are dowdy and there were virtually no diagrams to heighten interest. In spite of these reservations this reviewer used the book as a basis for a teaching session that was well received. This is perhaps the best proof of the value of this book.

FRANCIS WINTON