

## Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

### Dementia – Mind, Meaning and the Person

Edited by J. C. Hughes, S. J. Louw & S. R. Sabat.  
Oxford University Press. 2006. 326 pp.  
£29.95 (pb). ISBN 0 198566158

Wonder . . . is the first principle which prompts mankind to the study of philosophy  
(Adam Smith, 1795)

The best College meeting I have attended was the joint conference between the Philosophy Special Interest Group and the Faculty of Old Age Psychiatry in Newcastle, in the autumn of 2002. I am not a philosopher but the ‘wonder’ generated by this meeting has remained with me. I was a naïve but entirely interested reader of *Dementia – Mind, Meaning and the Person*, pleased that contributors to the conference, clinicians and philosophers, had written chapters.

Inevitably in a multi-author book some chapters are more appealing and accessible than others. Being an orderly person I began at the beginning, but chapter 1 is by far the most difficult for the philosophy initiate – it does introduce the feast to come but as a hard-going menu in a foreign language, not as an aperitif. I returned to the first chapter having finished the book and at that point found it more digestible.

The book covers not only the philosophical but also social, spiritual, ethical and practical perspectives and the negative, soul-destroying attitudes about dementia in modern society. Dementia, with its progressive inevitable deterioration in memory, language and skills, causes us to consider the meaning of personhood and identity. Hughes had previously enlarged on the Locke–Hume reductive view that a person is no more than connected mental states, seeing the patient as a ‘situated-embodied-agent’. The person with dementia has to be understood in terms of relationships, not because that is all that is left to them but because that is characteristic of all our lives. ‘He is not the man I married, Doctor’, is commonly heard and

needs to be taken seriously. In his quiddity he is the same, not a vegetable nor in second childhood, but the same man with a dementing illness. However, from a social constructionist viewpoint the usual mutual task of holding and preserving identity is now a solitary and heartbreaking one for the partner. There is a need to guard against using a purely social constructivist approach in order not to deny the patient’s personal human agency and meaningful intersubjectivity. To be semiotic requires some capacity to express genuine intentions and meanings. We need to search for rational patterns which reveal the mind at work. Dementia threatens the process of meaning-making, the hermeneutics of life.

The book only occasionally entertains Doctor Scholasticus with angels dancing on pinheads. Ordinary clinicians need to suspend criticism of the way some philosophical arguments are constructed or supposed syntactical sentences put into the mouth of someone with severe dementia.

The chapter for all in old age psychiatry entitled ‘Respectare: moral respect for the lives of the deeply forgetful’ looks again and more carefully at the experience of persons with dementia. ‘Hypercognitive’ snobbery is moral blindness, an elitism which asserts that some are less worthy of moral concern than others, ‘them’ and ‘us’. The book affirms a common humanity. Our job as staff is to preserve identity.

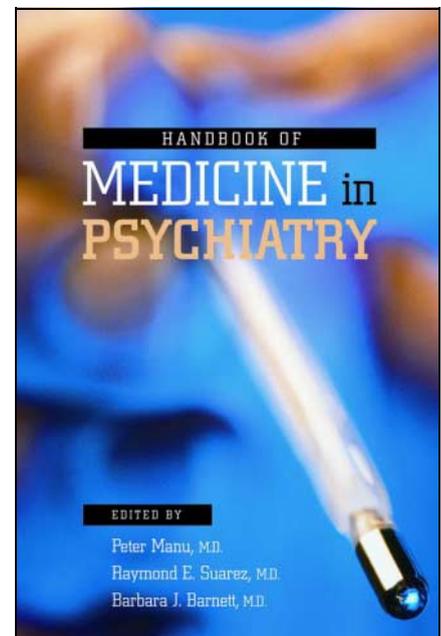
This is a good book. It will not change base metal into gold but via a mosaic of ideas introduces a way of thinking. Ostensibly it is about dementia, actually it is about what it is to be human. The view that the person may survive into severe dementia is now also receiving attention from psychodynamic psychotherapists who recognise that even into the late stages of the disease the ability to forge a relationship is retained. The only way to come anywhere near an understanding of what it may feel like to have a dementia is by close and empathic listening, fusing the horizons of physician and patient even when speech is failing. We underestimate the complexity of

the inner life of the patient with dementia. Language is not the whole of the emotional experience. Personhood is retained and to this we should relate.

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### Handbook of Medicine in Psychiatry

Edited by Peter Manu, Raymond E. Suarez & Barbara J. Barnett. American Psychiatric Publishing. 2006. 633 pp. US\$69.00.  
ISBN 158562182X



Psychiatrists often find that their knowledge and skills in physical healthcare have slowly diminished over time but are still needed in practice. The *Handbook of Medicine in Psychiatry* has been written specifically for psychiatrists and provides evidence-based information on the causes, diagnosis and management of many medical disorders.

The American authors tackle the most common medical conditions, which they found in a retrospective case review of over 1000 psychiatric in-patients in the USA who had received a medical assessment. The chapters cover symptoms and signs, such as chest pain and red eye, as well as conditions such as obesity. Each chapter has the same format of clinical presentation, differential diagnosis, risk stratification,

assessment and management in the psychiatric unit, and most have an assessment and treatment algorithm.

There are differences between the UK and USA in guidelines for the management and treatment of certain conditions, and in this book treatments recommended for hypertension differ from those in the current guidelines from the National Institute for Health and Clinical Excellence. The algorithm for the assessment and treatment of chest pain indicates electrocardiography (ECG) only for patients with suspected cardiac ischaemia. In the UK, ECG would also be undertaken for the investigation of other causes of chest pain such as panic attacks and serious conditions such as pulmonary embolism and aortic dissection. If followed exactly, this algorithm might lead to problems with diagnosis.

The chapter on cardiac arrest does not present an algorithm for advanced life support but treatments are shown in tables instead. There are differences from UK practice in recommended medication; for example, the initial dose of aspirin recommended for the treatment of myocardial infarction is given as 325 mg, whereas the recommended dose is 300 mg in the UK. This might not be clinically significant but could lead to confusion. Mannitol is listed as a treatment for constipation and enemas with tap water are recommended for the prevention of faecal impaction in the bed-ridden; both would be regarded as unusual treatments in the UK.

Psychiatrists who are unfamiliar with UK guidelines and standards of medical practice may not wish to rely solely on this book for medical information. In the UK, this book faces strong competition from the *Oxford Handbook of Medicine* and the *Oxford Handbook of General Practice*.

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### R. D. Laing: Contemporary Perspectives

Edited by Salman Raschid. Free Association Books. 2005. 325pp. £18.95 (pb). ISBN 1853437018

As a sixth-former I was an avid listener to Anthony Clare's Radio 4 programme 'In

the Psychiatrist's Chair'. Of the interviews Clare conducted, two continue to stick in my mind: one with Jimmy Savile, the other with R. D. Laing. The image with which Clare left me was that of Laing as a rather romantic, yet tragic individual. Raschid's edited volume on Laing both reinforced and modified this impression. The volume is divided into three sections: introduction, ideas and therapy, with the second section the longest and, for me, the most worthwhile. The papers are largely either original contributions or derive from the R. D. Laing conferences, organised under the auspices of the Philosophy Special Interest Group of the Royal College of Psychiatrists. There are some papers that deal less directly with the work of Laing: the contributions of Fuchs, Sass and Matthews in particular serve, from different perspectives, as lucid and clear introductions to phenomenology and the philosophy of psychiatry. What is refreshing is that the contributors who engage directly with Laing's thought and influence are not unquestioning, bedazzled disciples. Many of the papers are critical of Laing's views on mental illness, psychotherapy, politics and his use and understanding of philosophy. There was a tendency, particularly in Laing post-*Divided Self*, to romanticise mental illness. This was combined with an aspiration towards transcendence and otherworldliness. The book achieved one very important thing for me personally: it shifted the image of the tormented Laing as interviewed by Clare and replaced it with

that of the young army psychiatrist spending hours trying to interview and understand the distressed soldiers under his care. This is the Laing I am left in full admiration of. The tragedy is not so much that of Laing's own personal life but rather his own seeming loss of this immediate pre-reflective ability to be with and understand people in distress. One could interpret his later work as an attempt to reify, in an increasingly esoteric fashion, that which once came so easily.

There are a few pedantic criticisms of the book. The same point is repeated by different authors in different papers leading to some degree of repetition, not all works cited in the text are referenced and there is no index. Many contributors to the volume also offer an incorrect or simplistic interpretation of Jaspers' views on understanding those with mental illness. I would still recommend to medical students and trainee mental health clinicians *The Divided Self* as an account of engaging with those with mental illness and am grateful to R. D. Laing: *Contemporary Perspectives* for reminding us of the passion of Captain Laing.

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### Gambling as an Addictive Behaviour: Impaired Control, Harm Minimisation, Treatment and Prevention

By Mark Dickerson & John O'Connor. Cambridge University Press. 2006. 204 pp. £55.00 (hb). ISBN 052184701X

Gambling, albeit a leisure activity for most, can in a significant minority progress to problem gambling or pathological gambling, with wide-ranging adverse interpersonal, financial and social consequences. There is mounting evidence that increased availability and easy accessibility to gambling opportunities can result in increased incidence of problem gambling – a point of particular relevance to the UK, at the present time, given the impending deregulation of gambling legislation as proposed in the Gambling Bill. So too, over recent years, gambling research has emerged to occupy an important place within the field

