

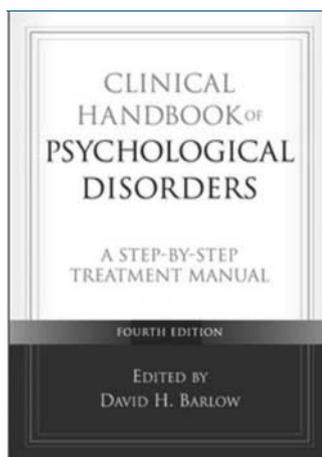
details the symptoms and the empirical support of the inclusion as well as available treatments. Part II seeks to include a number of disorders in the obsessive–compulsive spectrum that are currently classified elsewhere in DSM–IV. The chapter layout is similar to Part I and the disorders range from the impulse-control disorders to tics and the autism spectrum.

Each chapter uses a case vignette to illustrate the disorder or subtype in question and its treatment. These are helpful in clarifying some of the more unusual presentations and are generally succinct. Some of the treatment examples are long and I found it difficult to stay interested, although those practising psychological therapies regularly may find these more useful. The treatment sections are predominantly related to psychological approaches and focus largely on cognitive and behavioural approaches. There are a few chapters where no medical intervention is mentioned in the treatment, despite giving differential diagnosis of mental illness, but for the most part medication is included, if only to point out the lack of evidence for its efficacy. The book is generally easy to read and chapters can be read in isolation if a particular subject is of interest, as much of the general information on classification and treatment is repeated regularly.

The preface suggests that this book is aimed at students, researchers and practitioners. Given the significant slant towards psychology, it is more likely to appeal to practitioners in this area, although doctors in training may find some of the vignettes useful. I was not convinced that all the disorders could be included within the obsessive–compulsive spectrum, but the authors gave balanced arguments throughout and acknowledge the lack of clinical evidence available to them.

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Clinical Handbook of Psychological Disorders: a Step-By-Step Treatment Manual (4th edn)

Edited by David H. Barlow.
Guilford Press. 2007.
US\$75.00 (hb). 689pp.
ISBN: 9781593855727

‘Books’, says Wessely, ‘are not very important for us’ (‘And now the book reviews’, *British Journal of Psychiatry* 2000; 177, 388–89). For once he is wrong. This is the fourth edition of what has become a standard American text, well nearly so – the chapters by Tarrier and by Fairburn, Cooper and Shafran keep the UK on the map. Barlow begins by extolling the virtues of evidence-based practice but for once he is only partly right. He discusses psychological therapies (cognitive–behavioural therapy plus variants) for the common mental disorders – anxiety, mood and substance

use disorders, psychosis, eating, sex and borderline personality disorders, couple distress – but a chapter on generalised anxiety disorder is missing. Most chapters do review the available evidence and define the evidence base but the strength of this very good book is the depth of clinical advice. The authors have considerable clinical experience and publish therapy plans and transcripts of ‘who says what to whom’ to prove it.

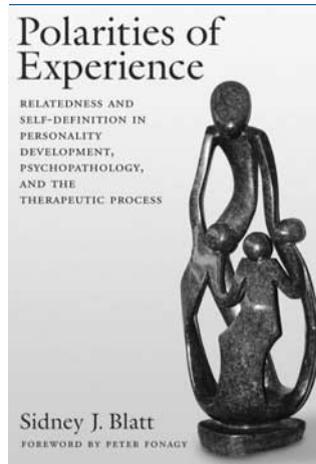
I direct a service that provides cognitive–behavioural therapy for people with anxiety and depressive disorders. We treat 1000 new patients a year, face-to-face or via the internet, and so should be blasé about the first half of the book that deals with these disorders. I’m not. I am about to photocopy chapters to give to my staff who work with the relevant patient groups. It is that good. The opening chapter on panic/agoraphobia is a masterpiece and the chapter that describes a unified protocol for the treatment of emotional disorders is exploring what we all know to be true – the anxiety and depressive disorders are frequently comorbid and we need therapy models for such individuals. There are three chapters on the psychological treatment of depression, which is appropriate given that the burden is large and current initiatives do not seem to be reducing it.

The second half of the book deals with psychotherapy for the functional psychoses, borderline personality disorder and substance use disorders. All chapters are useful but for me the chapters on borderline disorder and alcohol use disorders suddenly made explicit how one might actually treat a patient with these disorders in a way that endless research reports have not done. For eating disorders the author attempts a trans-diagnostic approach with a unified programme for anorexia, bulimia and eating disorders not otherwise specified, which seems eminently sensible to this ignorant reviewer.

In short, it is a great resource for psychotherapists. All staff should have a copy.

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Polarities of Experience: Relatedness and Self-Definition in Personality Development, Psychopathology and the Therapeutic Process

By Sidney J. Blatt.
American Psychological Association. 2008.
US\$69.95 (hb). 404pp.
ISBN: 9781433803147

It is a daunting task to be set to review a book that marks the culmination of over 50 years of study, research and writing in the field of personality development and psychopathology. Professor Blatt has written extensively in this field and has moved with the times, incorporating the latest thinking and research from

across the globe into his work. Recently, this includes the increasingly large contribution of research studies exploring attachment theory and its implications for childhood and adult development.

For those wishing to keep up to date with research highly relevant to clinical practice, the book is a one-stop-shop that allows the reader to become conversant with attachment theory research, discussed in the initial chapters. For those who are willing and able to invest more time and thought into the implications of Professor Blatt's book, they are unlikely to be disappointed. Peter Fonagy asserts in his foreword that Blatt's work represents 'the first comprehensive integrated model of personality development and could provide the foundation for the developmental psychopathology of the future.' No doubt some would contest this statement, but none the less this publication certainly represents a milestone in the integration of clinical experience, theorising and research from the psychodynamic school.

Blatt's thesis is essentially that although it has been recognised for decades that personality development appears to hold a tension between relatedness and self-definition (the desire/drive/need to be close to others physically, emotionally and cognitively and the desire/drive/need to be separate and 'individuate'), what has not been fully recognised is the absolute interdependence of these processes.

Blatt takes as his springboard concepts such as the 'dialectical spiral or helix' to describe the way in which the infant's capacity to relate to itself and others gradually develops from its experiences of physical and psychological attunement and autonomy. From there he interweaves research on primates, which has similarly found their social organisation and behaviour to inhabit 'agonic' and 'hedonic' modes, narrative research identifying themes of 'intimacy' and 'power', and psychodynamic theory that has identified a tension between 'competition and success' and 'brotherly love and humility'. On this basis, Blatt proposes a 'dynamic structural developmental approach' that views psychopathology as arising from an imbalance in these facets of development.

The book stands alongside such classics as Erich Fromm's *The Fear of Freedom* (1942) in its contemporary relevance and originality of thought. However, it is unique in its scholarlyness and comprehensive integration of the research across psychology, psychiatry, psychodynamic theory, social anthropology and neuroscience, to name a few of the academic fields from which Blatt draws. One aspect of psychological thought notably absent from the book was any reference to systems theory or a nod in the direction of understanding how individuals in society seem to present in a 'pathological' way not simply due to their development in their proximal social systems (families) but also over time due to how, once pathologised, their behaviour is influenced by society's response to their new identity. The elusive concept of 'power' was conspicuous by its absence, yet we know the role that poverty and social disadvantage play in incidence of those identified with mental illness.

Of particular interest to me was the challenge Professor Blatt's work represents to current diagnostic systems. He sets out a convincing rejection of the current psychiatric nosology in favour of a classification system that can hold itself up to scientific scrutiny and is based on valid concepts. For a clinician who has spent many years attempting to help individuals diagnosed with 'schizophrenia' (which can sometimes mean 'drug-induced psychosis' or be an indicator of neurological damage as a result of a head injury, or refer to hearing voices following severe and ongoing trauma, or hide Asperger's syndrome and so on, but for which there is no evidence of a biological brain 'disease' as

is so often misunderstood by those we work with) this is a breath of fresh, logical air. I can see Professor Blatt and the now retired Professor Mary Boyle (author of *Schizophrenia: A Scientific Delusion?* Routledge: 2002) exchanging thoughts on this topic. However, whether Professor Blatt's *meisterwerk*, despite its vast expertise, will be able to move the mountain of the DSM-IV-TR or the ICD-10, I have grave doubts given the market forces which pull in the other direction.

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Living with Schizophrenia



Dr NEEL BURTON
& Dr PHIL DAVISON

Living with Schizophrenia

By Neel Burton & Phil Davison.
Sheldon Press. 2007.
£7.99 (pb). 128pp.
ISBN: 9781847090065

Straightforward and, for the most part, comprehensible, this book charts the attitudes to and perceptions of schizophrenia from pre-Hippocratic times to gradual enlightenment through the centuries, down the various blind alleys of diagnosis leading to a more humane understanding. Of comfort to readers, carers and service users is that schizophrenia is irrefutably a biological disease of the brain, for which medication has been developed, along with complementary therapies, for those inclined to accept them. However, not much is offered in the way of reassurance or even recognition of the difficulties experienced by both carers and service users when the person with schizophrenia has no insight and is therefore unwilling to accept help.

Searching for answers is the overriding preoccupation of many individuals coming into contact with schizophrenia for the first time. A chapter on the predisposing factors of genetics, gender and ethnicity is informative as well as occasionally veering towards creativity and originality.

As in all publications on schizophrenia, there are few definitives. It could be caused by various factors. There is no black or white test to prove a diagnosis, meaning that wrong diagnosis is a clear risk. Some of the information is presented in a clinical form and the impression is that much has been 'lifted' from textbooks and internet sites. Tables explaining positive and negative symptoms, cognitive problems, care services and medication are easy to understand and provide very accessible sources of instant information. Helpful, too, is the section on the role of community mental health teams and the Mental Health Act 1983. Also discussed are the proposals for the reform of the