natural desires through a process of retaining and cherishing them as obsessions (which become partially autonomous) is well argued. These then feed on the rest of the woman's character, which atrophies, so that the individual disintegrates although her detached desires retain their force. From this perspective, the woman's self-destruction is thus a secondary, but seemingly inevitable, consequence of indulged resentment.

Throughout the book Motz convincingly demonstrates that when we want to understand a woman's violence, we need to grasp both the original motives involved and the kind of perversion to which they are liable. Spotting the particular motive involved is clinically difficult but generally attempted. What is rarely, if ever, considered – and this is where Motz succeeds brilliantly – is the need to search for the characteristic advantage involved in the woman's violent behaviour or her personal pay-off. Where a woman's personality has begun to disintegrate her motives will no longer need to be adequate, since adequacy is a notion adapted to judgement by a complete, integrated personality. As Motz points out in such circumstances a woman's motives essentially need only be obsessive, addictive or otherwise.

In her conclusion, Motz notes that her intention is to offer a model for understanding a range of cases of female violence. Her model integrates pathological foundations with developmental consequences and also proposes a cycle of maintenance for female violence. She underlines important contributory psychodynamic factors. In the post-Bowlby era of attachment theory, infants come equipped with a flexible repertoire, depending on the specific environment in which they live. Viewed from this perspective, it is now critical to specify how alternative patterns might be adaptive under what care-giving circumstances. Motz's psychodynamic insights into the chaotic interactions during childhood that lead to the foundation of the woman's pathology and effectively cause diathesis–stress syndrome, are forceful. She clearly underlines the resultant personality difficulties, distorted cognitive styles and psychiatric morbidity that occur in the women, arising from the interaction between their pathological antecedents and through interaction between themselves (e.g. there are likely to be significant and magnifying interactions between fantastic withdrawal, dissociative processes and the women's developing relationship with their own bodies or that of their children).

Motz's analyses in the case illustrations underline the effect of stressors (e.g. a significant life event such as rejection, maternal death) in causing the initial violent episode. The vignettes magnificently convey what follows the positive affect (or relief from negative affect) after a woman's act of violence. Her examples show how such an initial episode may differ from subsequent violent acts in its level of planning and instrumentality. However, where the initial act is associated with relief (from stress or from positive psychotic symptoms), sexual gratification, or with success in evading something, then these operant processes will contribute to a cycle of maintenance.

The myriad manifestations of the women's subjective experiences, both conscious and unconscious, and their impact on clinicians and services are well-developed in the fourth and final section of the book on clinical applications. Sometimes, the body of truths that we hold to be fixed in our clinical culture for caring for others develops a fissure, which widens into a crack and, as we watch, the whole shatters until nothing is left but fragments of prejudice lying in disarray at our feet. This can be felt to happen in secure services for women. Motz helps us understand how some of the particular challenges and provocations, unconsciously created by women with severe personality disorders, are bound to invite retaliatory behaviour and feelings by staff, particularly those staff who work most closely with them.

This deeply felt and well-researched book exposes the myths and challenges the rhetoric behind violent women. Its fascinating, sharply etched clinical portraits, richly embedded in their social and historical milieu, challenge us in a subtle and accessible manner. It offers an integrated approach to understanding and caring for a disadvantaged patient group. It should be read and reread.

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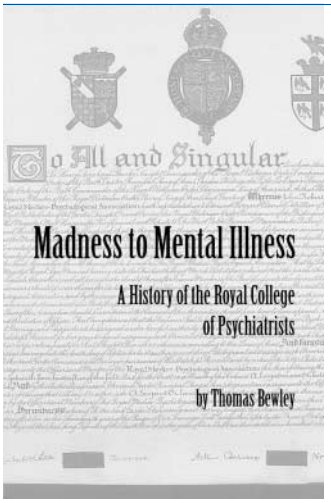

Madness to Mental Illness: A History of the Royal College of Psychiatrists

By Thomas Bewley.
RCPsych Publications.
2008. £35.00 (hb). 158pp.
ISBN: 9781904671350

I must confess that on opening this handsome volume, I gave in to the temptation of looking up my name in the index; there were two mentions, both quite favourable. Institutional histories, though, have to avoid the tendencies to be uncritical and to become bogged down in parochial detail. Bewley (an ex-President) has been successful in avoiding both these temptations, first, by frequent references to the online archive and second, by placing the story of the College firmly in a setting of the evolution of psychiatry itself.

There is now a substantial historical literature on that subject, but much of it – particularly by non-medical writers – is undermined by a failure of clinical understanding. No such problem here. This story also makes clear that the Medico-Psychological Association (MPA), which eventually became the College, was for decades pathetically small in membership. To refer to psychiatry in the mid-19th century as an influential profession, therefore, is entirely ahistorical. One factor which helped it to survive was the journal, first published in 1853 (its 150th anniversary in 2003 seems to have been overlooked). Bewley dislikes the present title of *British Journal of Psychiatry*, though that expresses most clearly what it is about. Similar journals had, in fact, appeared rather earlier in both Germany and the USA.

The gradual evolution of the MPA into the present College is the central part of this history. A key event was the granting of a Royal Charter in 1926, though as the aim got nearer, the rate of change slowed to a snail's pace. The author is particularly to be congratulated for acknowledging here, for the first time, the essential part played by Dr John Howells in obtaining college status. Initially, both the officers and Council of the RMPA were hostile or indifferent to the idea.

Trainees were equally apprehensive then about their own position, and it emerges clearly that training and education have since become the College's biggest achievements. In the

qualification of nurses also, the MPA was, for a long while, the only body to take this task seriously. I would have liked to see a longer mention of the Maudsley Bequest lectures: for doctors in provincial hospitals, these were a lifeline of information, at a time when medical schools were of very little help. By now, psychiatrists have reason to be proud of their College, and this history will give them the essentials of how it came about.

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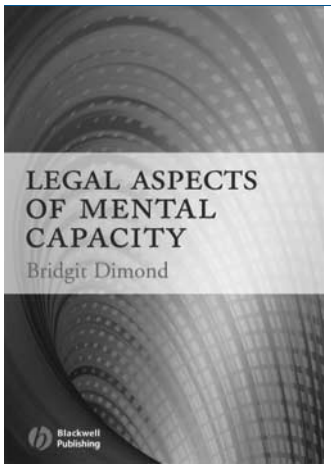

Legal Aspects of Mental Capacity

By Bridgit Dimond.
Blackwell. 2008. £29.99 (pb). 448pp.
ISBN: 9781405133593

Pity the authors of books on mental capacity legislation! Not long after the Mental Capacity Act 2005 – an act which codified the previously confused English common law – was implemented in October 2007, it suddenly ballooned with the amendments added to it by the 2007 revision of the Mental Health Act 1983, which was, in turn, a response to the European Court's ruling on the Bournewood case. One can imagine Bridgit Dimond stopping the presses of Blackwell and wearily returning to her desk to accommodate these changes.

Within mental health, much recent debate has been on the apparently similar functions but very different flavours of the Mental Health Act compared with the Mental Capacity Act. The 2007 revision to the Mental Health Act 1983, coming from the Department of Health, modernised aspects of the earlier legislation but centred decision-making firmly on issues of risk; while the Mental Capacity Act, arising from the Department of Constitutional Affairs, was focused on respect for patient autonomy. These differences in emphasis pervade the two statutes, and reinforce claims that mental health legislation is inherently discriminatory. For example, under the Mental Capacity Act each decision faced by the patient has to be assessed on its own merits, and all decisions made on behalf of the person lacking capacity are made in the person's best interests. Best interests are not quite what most professionals think they are, as the Act emphasises the person's previous desires and wishes above what a professional thinks 'ought to be done'. Contrast this to the Mental Health Act, where no such requirements are placed on clinicians providing care.

All of which is important, but this debate possibly loses sight of the real advances represented in the Mental Capacity Act. Although many of the issues seem similar for patients with mental disorders treated in mainstream psychiatry, the population the Mental Capacity Act was primarily designed for was people with long-term conditions predominantly affecting cognition – learning disability and dementia – as well as helpfully clarifying the law relating to a range of difficult situations usually involving treatment refusal in general healthcare. For these groups the Act provides a new, clear framework, particularly in relation to issues such as best interests, proxy decision-making and advance decisions.

Professor Dimond – a barrister by background – has written a handbook designed for professionals working in health and social care, which despite being authoritative and comprehensive is also clearly written and easy to use. Early chapters outline some of the basic principles in mental capacity legislation, including case law which influenced the Mental Capacity Act, and a summary of the Human Rights Act. The book then takes us through each of the key components of the Act, with sections organised to describe first what the law says, and second providing worked examples which are compelling case histories. It is through these examples that the book comes alive, with examples of clinical conundrums that clinicians will recognise as cases to lose sleep over – a fate this book will, mercifully, prevent.

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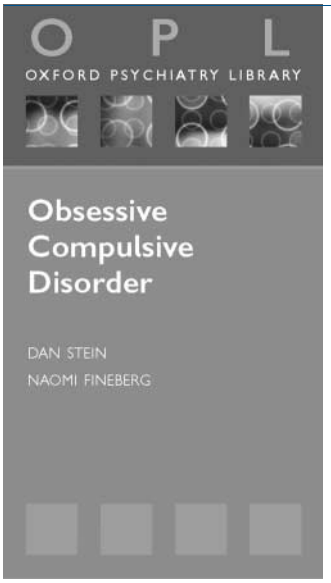

Obsessive Compulsive Disorder

Dan Stein & Naomi Fineberg.
Oxford University Press.
2007. £5.99 (pb). 160pp.
ISBN: 9780199204601

This is a very comprehensive handbook covering the phenomenology, pathogenesis and treatment of obsessive-compulsive disorder (OCD). It is truly a handbook fitting neatly into the pocket/briefcase. The chapters are laid out in a logical format, guiding the reader through the aetiology of OCD before proceeding to management aspects. Their content is sufficiently detailed to guide practice without being overwhelming, while an excellent bibliography at the end of each chapter allows further, more detailed, reading. The layout of the chapters also lends to easy accessibility with the use of headings and boxes, figures and tables to highlight information.

The book considers the phenomenology of OCD and helpfully outlines the diagnostic criteria, paying particular attention to differential diagnoses. It highlights the chronic and hidden nature of the disorder. A comprehensive overview of the pathogenesis of OCD is provided considering the areas of neuroanatomy, neurochemistry, neurogenetics, neuroimmunology and neuroethology.