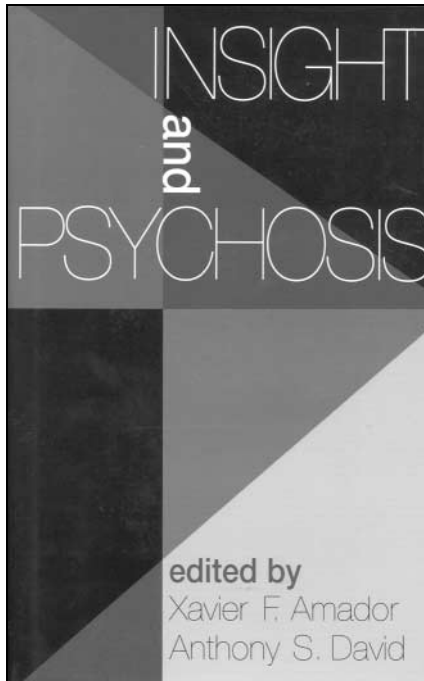


### Insight and Psychosis

Edited by Xavier F. Amador & Anthony S. David. New York & Oxford: Oxford University Press. 1998. 366 pp. £39.50 (hb). ISBN 0 19 5084977



Insight is a familiar clinical concept that we tend to take for granted and employ without giving much thought to its precise definition and significance. The past decade has seen an upsurge of interest in the subject, which has inspired much novel research and theory. The editors of this book, themselves authorities in the field, have assembled an impressive group of international multi-disciplinary contributors who examine insight from biological, psychological and social perspectives. The 17 chapters are arranged in five sections entitled 'Phenomenology of insight', 'Neuropsychology of insight', 'Culture and insight', 'Insight and behaviour' and 'Clinical implications of poor insight'. Most of the discussion focuses on insight in relation to schizophrenia.

As so often in psychiatry, the first hurdle to overcome is finding an agreed definition. Impaired insight is usually measured in terms of departure from reality, but this begs the question of whose reality. David's pragmatic three-pronged definition, which will attract clinicians, is criticised from the sociological standpoint on the grounds that the clinician's judgement is being used as the gold standard when it too is shaped by cultural concepts and

values. Linguistic analysis of the meaning of insight also finds the medical model of psychosis wanting.

Purely psychological explanations for impaired insight, for example, defensive denial, are giving way to explanations based on neuropsychological deficits. Parallels are drawn between the loss of insight in schizophrenia and neurological syndromes such as the various forms of anosognosia, and mesio-temporal-limbic structures have been implicated.

An interesting contribution from Japan describes how a rigid adherence to Jaspers's views on loss of insight in schizophrenia led to a national policy of involuntary incarceration of almost all patients with schizophrenia, which has been reversed only in the past 15 years. Other consequences of lack of insight are reviewed, including non-compliance with medication and violent behaviour. Clinical studies reveal that insight is related to outcome and voluntary *v.* involuntary commitment, is correlated with IQ and can be improved by psychosocial treatments. In a thoughtful epilogue, Strauss proposes that insight should be conceived as a process rather than a static label.

This is a comprehensive review of an important yet little studied feature of clinical practice. While absorbing much new knowledge, the reader is conducted along some fascinating and relatively untrodden byways of psychiatry, neurology, psychology, philosophy and sociology. The editors deserve our appreciation for assembling such an intellectual *tour de force*, which should appeal to all who are interested in the enigma that is schizophrenia.

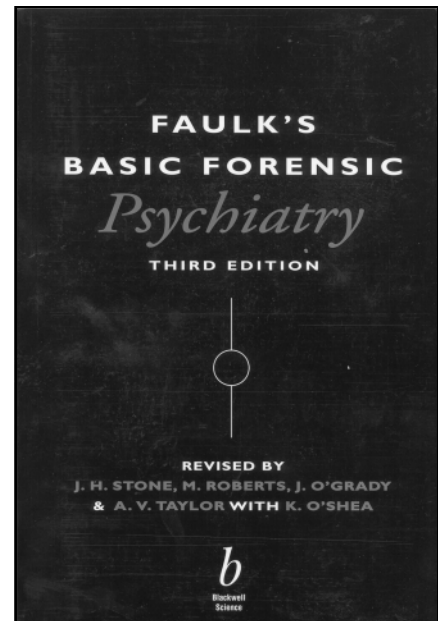
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### Faulk's Basic Forensic Psychiatry (3rd edn)

Revised by J. H. Stone, M. Roberts, J. O'Grady & A. V. Taylor with K. O'Shea. Oxford: Blackwell Science. 2000. 328 pp. £26.50 (pb). ISBN 0 632 05019 5

This is such a successful introductory text that when I tried to find my copies of the earlier editions, they were missing, presumed lost to keen borrowers over the years. The first edition was the first British textbook for this new speciality. Textbooks and curricula between them try to define



the scope of a subject, although in fact they follow the development of practice. This text covers services (one chapter), legal aspects, illegal behaviour and report writing (six), mental disorder (four), women and juveniles (one), risk (one) and ethics (one). The chapters on report writing and risk are particularly good introductions. Forensic psychiatrists actually spend most time treating patients, and a greater emphasis on the therapeutic uses of security, multi-disciplinary team work and leadership, treatment planning, and community work in the inner-city would reflect this. There is a limit, however, to how much a textbook can be expected to cover when research in these essential areas of practice is so rare.

This latest edition can safely be recommended to all pre-membership trainees and to any members of a forensic multi-disciplinary team. Consultants in all psychiatric specialities will also find it a useful quick guide.

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### Folding Back the Shadows: A Perspective on Women's Mental Health

Edited by Sarah Romans. Dunedin: University of Otago Press. 1998. 280 pp. US\$39.95. ISBN 1 87713 349 3

This book, unsurprisingly, has a very Antipodean perspective. Romans is a

psychiatrist, firmly embedded in the medical tradition, as are several other contributors. Although the medical model slants thought and discussion towards considerations of illness and treatment, there is due consideration given to broader historical and sociological perspectives. Biology, psychiatry and sociology are elegantly balanced.

Brookes's interesting historical introduction to women's mental health includes moving stories of women incarcerated in asylums in New Zealand from their earliest days. The social influences on women's mental ill health, including the social pressures on value systems, are well articulated throughout the book.

There is an interesting section on undertaking research in this area; indeed, the primary impetus for the book came out of research undertaken at the University of Otago. Qualitative research techniques are given due weight, and there is also a

balanced feminist perspective on women's mental health research. For those interested in intercultural issues, Cheung writes about the relationship between acculturation and mental health. It should be noted that 'Asian women' in New Zealand are mostly of Chinese and Cambodian origin. The concluding chapter is written by a woman sociologist who gives a moving account of her recovery from mental illness.

The contributors present a number of important conclusions regarding women's mental health. It is pointed out that women's disadvantaged social status is intimately linked to gender differences in mental disorders and that good social relationships are central to women's mental health. Furthermore, women have been under-researched and all too often treatment policies are extrapolated from data collected for men. Services are often inappropriate for women, failing to recognise their need for safety from violence and the

importance of maintaining their mothering and affiliation roles. Cultural differences are important in the definition and assessment of mental health problems and need to be respected and understood. Finally, mental health services must work with many other sectors, such as women's groups, welfare agencies, churches and self-help groups, to provide a coordinated approach.

All in all, this is an interesting and enjoyable book, especially if you are concerned with issues of women's mental health, health care research and intercultural psychiatry.

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