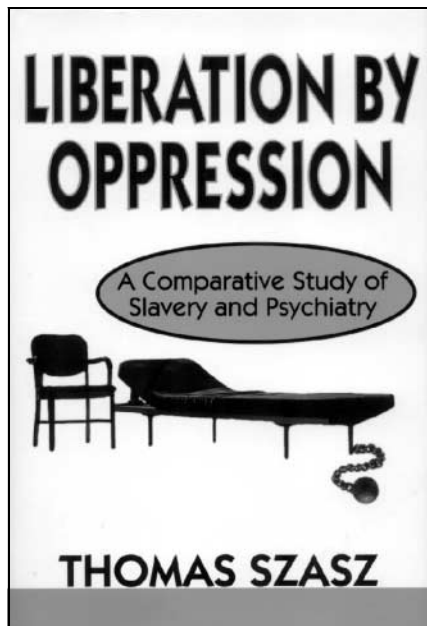


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Liberation by Oppression. A Comparative Study of Slavery and Psychiatry

By Thomas Szasz. New Brunswick, NJ:
Transaction Publishers. 2002.
237 pp. £33.50 (hb). ISBN 0 7658 01450



Thomas Szasz became famous for being at the vanguard of the anti-psychiatry movement, and his latest book begins ominously enough with the subtitle *A Comparative Study of Slavery and Psychiatry*. The cover illustration is of a psychotherapist's couch with a ball and chain attached. However, something remarkable has happened in the decades since *The Myth of Mental Illness*, one of his first polemical attacks on psychiatry, was published (Szasz, 1962). Szasz now appears to have been transformed into an ally rather than an enemy of the National Health Service general adult psychiatrist. Szasz's project has always been to argue passionately for a boundary of demarcation around the responsibility and power of psychiatry.

For the clinician (generalist) who daily has to cope with an increasing number of referrals for which it seems to have become impossible clearly to indicate what a

psychiatrist *cannot* do or be held responsible for, Szasz is like a lifebelt thrown to a drowning man. After all, he gets to his points quickly and via some catchy slogans: 'dangerousness is not a disease', he points out, and this is certainly worth remembering by a society that is increasingly abandoning 'dangerousness' at the door of psychiatry.

One of the topical arguments in the book centres on Szasz's favourite preoccupation, coercive psychiatry – topical because of the current controversy over possible new mental health legislation in the UK. Szasz makes the telling point that most often we detain and commit patients not so much because of what they have done in the past, but more because of what they might do in the future – be it to themselves or to others. But the future, philosophy reminds us, is a theoretical construct, and we probably consistently overestimate how much of the future we can reliably determine.

However, if we only ever committed patients after a dangerous event, then psychiatry would be seen to be failing in its science: it is an expertise based on knowledge of human behaviour but how can you claim to know anything if you can predict nothing? Is this not the same charge we level against astrology, which explains everything but predicts nothing? The law operates in precisely the opposite way – you are tried *after* you have done something reprehensible, not *before*. It is therefore not surprising that in Szasz's eyes (and in the eyes of many users of mental health services) the whole sectioning process resembles something out of Kafka's *The Trial*.

As ever, Szasz blames psychiatry for forms of thinking that the rest of society is equally guilty of. All of us – psychiatrists or not – probably could not conduct daily affairs without an overly optimistic sense of a fairly predictable future. Also, Szasz is guilty of some surprisingly weak arguments – one that he marshals in favour of his thesis that psychiatrists cannot predict dangerousness is that if they could, they would not so frequently be the victims of assaults by their own patients.

But what saves this book from being just another mugging of psychiatry is that Szasz does raise a fundamental question at the core of our discipline. If we restricted our attention only to those clients who wanted to see a psychiatrist, and disengaged from all those who really didn't, how different might our professional practice and experience be? Is it not possible that it could be a lot more positive for both clinician and patient? What is useful about this approach is that it would force the rest of society to acknowledge that it is *they* who desperately want psychiatrists to assist in the management of those who appear unpredictable, suffering and insightless. This is the key point at which Szasz is found wanting. If psychiatry were less eager to take over too many of other people's problems, it might find that it was wooed more. Ironically, then, the great anti-psychiatrist could end up saving the profession after all.

Szasz, T. (1962) *The Myth of Mental Illness. Foundations of a Theory of Personal Conduct*. London: Secker & Warburg.

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The Psychoimmunology of Cancer (2nd edn)

Edited by C. E. Lewis, R. M. O'Brien
& J. Barraclough.
Oxford: Oxford University Press. 2002.
274 pp. £45.00 (hb). ISBN 0 19 263060 1

When the first edition of this book was published in 1994 the psychoimmunology of cancer was very much in its infancy. A second edition is timely, as there has been a vast literature published in this area over the past decade and I had hoped (unrealistically, of course) that, nearly 10 years on, many of the questions posed in the first edition could be answered.

Three main pathways are investigated in the psychoimmunology of cancer. The first is the effect of health behaviours (e.g. smoking, delay in presentation and compliance with drug therapy) on the initiation and spread of cancer. Next, there are the effects of cancer on the mental state (e.g. depression and anxiety disorders). The third, and perhaps more intellectually stimulating, although speculative, pathway is the effect of cognitions and emotions on

cancer: is a 'fighting spirit' coping style associated with longer survival times, or social support associated with lower mortality? However, these types of pathways are now considered too simple and misleading. Immune surveillance seems to be less important in the development of most types of solid tumours than previously thought, although the immune system is still thought to be very important in limiting tumour development and late-stage metastatic spread. The authors suggest that future researchers will need to develop new hypotheses for specific types of cancer. Therefore, despite an increase in our understanding of the bidirectional communications between the mind, the nervous system, the endocrine system, the immune system and the cancer, there seems to be more caution in linking psychological interventions to reductions in cancer mortality.

The important message of this book is that the mind is clearly important for cancer patients (as for all patients) and in the past few years psycho-oncology as a clinical discipline has grown and is increasingly seen as very relevant to clinical care. There is clear evidence that psychological interventions improve the quality of life for cancer patients, but the jury is still out on whether a better quality of life can lead to living longer. The book would have benefited from much more editing – the few psychological intervention studies testing the latter hypothesis were repeated too often and in too much detail. The critical reviews in each chapter provide useful summaries and this book would be much thumbed in a specialist library.

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Principles and Practice of Geriatric Psychiatry (2nd edn)

Edited by John R. M. Copeland, Mohammed T. Abou-Saleh & Dan G. Blazer. Chichester: John Wiley & Sons. 2002. 809 pp. £275 (hb). ISBN 0 471 98197 4

Why should anyone buy an extremely large textbook in these days of electronic publications, evidence-based reviews and so on? Well, many of us still take pleasure in

owning and reading books, rather than extracting information from computer screens. However, we really have to be able to justify spending money on a large volume. In my view there is added value in reading this book. It is a scholarly volume of joint British and North American editorship containing chapters by most major international figures in old age psychiatry (although American and British authors predominate). An entire section is devoted to the development and organisation of old age psychiatry services in the UK and USA that could not be easily gleaned from reading a few papers. Despite what many of us perceive as the underfunding of UK services, it was reassuring to read that our services have not evolved from a private-practice model or Medicare-style funding, neither of which appears to be geared to the complex community assessment and treatment needs of the majority of our patients.

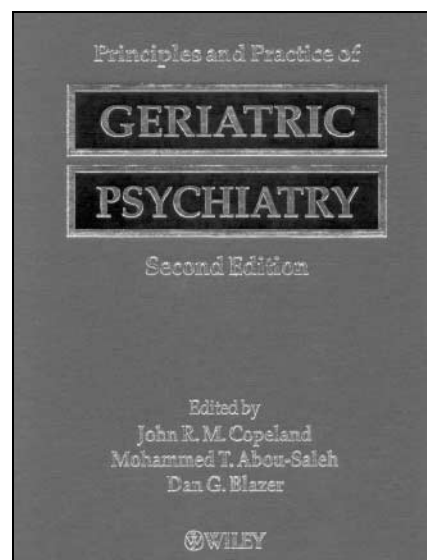
It is impossible to do justice to the content of this volume in a few hundred words. In addition to the expected sections on psychiatric disorders, there are comprehensive collections of chapters on normal and abnormal ageing, diagnosis and assessment, and cross-cultural presentations. The final part of the book describes patterns of service and then moves to sections on rehabilitation, prevention and education. Individual chapters vary in their scope, but most are detailed and well referenced. For academics, there is a wealth of information from which lectures can be constructed.

Highlights are a very personal issue, reflecting perhaps my own interests and, more tellingly, areas of relative ignorance in which I felt I had learned something. There

are many chapters covering clinically complex areas of practice. However, I particularly enjoyed reading two rather unusual ones. The first is a chapter by Seymour on the effect of anaesthetics on mental state. This includes a description of the mechanisms by which cognitive change occurs, details of an international study of post-operative cognitive dysfunction and a table summarising the findings of comparisons of general anaesthesia and regional anaesthesia on mental function. This wealth of information is not generally easily accessible to old age psychiatrists. The second is a damning analysis of UK law and the rights of elderly people by Edwards. He argues that UK law allows extensive abuse of elderly people's rights, with those working with the elderly often unaware of what the law does and does not permit. Statute law takes precedence over common law, but the latter is often used instead of a guardianship order to detain someone in a residential or nursing home. Practices such as these could well be challenged under the Human Rights Act 1998.

The editors have chosen their authors well, and most chapters are eclectically written. There is inevitably overlap of information, and a few of the brief contributions could have been incorporated into larger core chapters. This is a minor point and it does not detract from the overall high quality of a book that I thoroughly recommend to individuals and departments.

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Stress and the Heart. Psychosocial Pathways to Coronary Heart Disease

Edited by Stephen A. Stansfeld & Michael G. Marmot. London: BMJ Books. 2002. 315 pp. £30.00 (pb). ISBN 0 7279 1277 1

I recall a moment in 1984 when my MD supervisor, the late Professor Robert Cawley, questioned my interest in type A behaviour, which was considered at the time to be a key psychosocial risk factor for coronary heart disease. 'I do not think that will lead anywhere, my boy', he opined, and his prescient remarks were borne out