of immediate interest to readers of this *Journal*: Anne Darquier became a psychiatrist who trained at the Maudsley from 1958. Her short life ended tragically.

Callil's biography of Anne Darquier is derived from two sources. Callil underwent intensive psychotherapy with Dr Darquier, in the course of which the therapist disclosed the stories of her own parents whom she could never forgive. The second source was indirect, she identified Anne's clinical case history under the pseudonym 'Sue' in a book *Forms of Feeling*, by Dr Robert Hobson, psychotherapist at Bethlem Royal and Maudsley Hospital. Hobson gave an account of Sue to illustrate his mistakes in the failed psychotherapy of his patient. Sue went through episodes of disturbed behaviour. Later she died from an overdose of drugs and alcohol, which Hobson thought was suicidal.

Callil berates Hobson at a personal and a professional level. Her description does not accord with my own knowledge of a colleague who was a respected clinician. She is mistaken in stating: 'In *Forms of Feeling* he fictionalised his patients, never an acceptable practice then, but today there is a Code of Ethics prohibiting, and a system of investigation, for offences such as this'. Hobson wrote his book in 1985, when editors had not yet formulated guidelines for the writing of case reports. It was only in 1995 that the Editor of the *British Journal of Psychiatry*, acting on legal advice, decided that:

> 'Where the patient refuses to give consent, then the case study can only be written up if personal details and dates and other information which identifies the patient are omitted, to ensure there is no breach of confidentiality' (Wilkinson *et al*, 1995).

The Editor's decision had a powerful effect: I found only four case reports in the 2005 issues of this *Journal*, in contrast with 104 in 1994. In his account of Sue, Hobson still tried to hide Anne Darquier's identity after she had died, but Callil recognised her.

Callil's criticism of Hobson's book presents us with a double irony. When Hobson described 'Sue' only a handful of close friends recognised her. Callil, however, has let all her readers know that Anne Darquier and Sue were the same person. Moreover, Callil made use of personal material obtained from her therapist, Dr Darquier. She recognised that Dr Darquier had transgressed as a therapist by disclosing details of her own life. The clinician must, rightly, be the soul of discretion; the historian feels free to break confidences.

Current constraints on the publication of psychiatric case reports damage our subject. Callil's book will further discourage psychiatrists from describing their patients. Yet the life story of a patient as a narrative is the essence of clinical psychiatry. Its virtual elimination requires us to re-examine the balance between preserving patient confidentiality and assuring progress in psychiatry for the benefit of future patients.

Hobson, R. F. (1985) *Forms of Feeling: The Heart of Psychotherapy*. Tavistock Publications.

Wilkinson, G., Fahy, T., Russell, G., *et al* (1995) Case reports and confidentiality. *British Journal of Psychiatry*, **166**, 555–558.

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Depression and Personality: Conceptual and Clinical Challenges

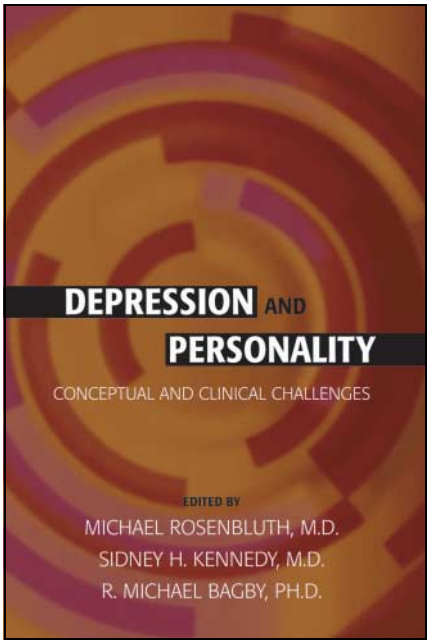
Edited by Michael Rosenbluth, Sidney H. Kennedy & R. Michael Bagby. American Psychiatric Publishing. 2005. 338pp. US$39.95 (pb). ISBN 1585621544

Although it is tempting to think that the problem of chronic depression could be solved by government initiatives, for example through increased provision of cognitive–behavioural therapy services, this helpful and highly readable collection of ideas and treatment strategies from well-respected psychiatrists and psychologists based in Canada and the USA provides a useful assessment of the likely challenges.

A highlight is the impressive consideration of the relationship between personality and bipolar disorder, which reviews research evidence carefully and draws balanced conclusions; particularly on whether borderline personality disorder can be regarded as a form of mood disorder, while acknowledging this 'may not be settled by scientific data alone'. Similarly, the thoughtful summary of sometimes conflicting findings from long-term studies of the relationships between personality dimensions and depression provides a further example of the virtues of an expert narrative review. An additional strength is the opening account of the development of concepts of personality, the effects of culture on symptom expression and diagnosis, and the interaction between temperamental bias and social experience.

I enjoyed the illustrative case studies in the well-matched chapters on the impact of personality and its disorders on the pharmacological and psychological treatment of depression, although in the latter it is hard not to feel envious of the authors' access to a splendid range of specialist services, in the lengthy but nevertheless intriguing account of a management approach that included antipsychotic augmentation of antidepressant treatment, 'psychodynamically-informed' cognitive–behavioural therapy, group interpersonal therapy and meditation. I found it helpful to read that the most carefully designed studies have found no difference in short-term outcome between groups of depressed patients with or without comorbid personality disorders; and to be reminded of the dual hazards of diagnosing personality disorder in the presence of ongoing depression, and of accepting notions that patients sometimes 'choose' to remain ill, when treatment proves ineffective.

The inclusion of 23 contributors leads to some repetition of text, for example in theoretical considerations of the relationships of personality traits, dimensions and disorders with depressive symptoms, syndromes and mood disorders. Paradoxically, important conceptual challenges such as efforts to distinguish dysthymia from 'depressive personality disorder' receive less attention. There is much variation between



contributors in use of references to support their arguments, and accompanying tables sometimes merely reiterate what is stated within the text. By contrast, some chapters could benefit from inclusion of tables that summarise research findings in a more easily assimilated manner. Two disappointments are the uninspiring account of the contribution of personality factors to depressed mood in adolescents, and the rather stilted nature of the assessment of impact of personality disorders on patients with late-life depression, which ends the book. Given the widespread experience and considerable expertise of the editors, it is therefore a little frustrating that they should write a lengthy introduction to the content of subsequent chapters, rather than a concluding synthesis that uses these strengths to summarise the principal clinical implications and outline likely future research endeavours.

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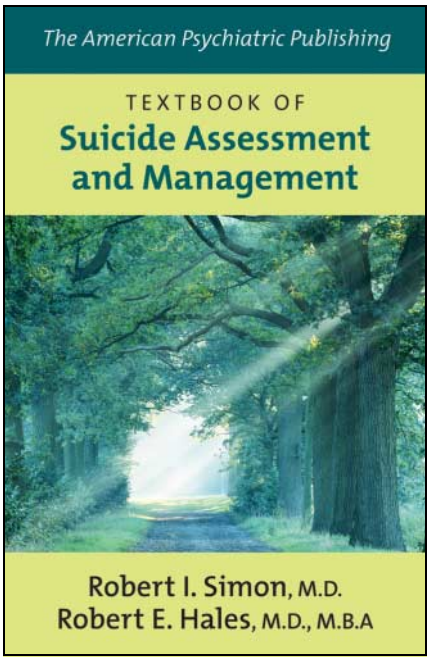
Texbook of Suicide Assessment and Management

Edited by Robert Simon & Robert Hales
American Psychiatric Publishing. 2006.
688pp. US$89.00 (hb). ISBN 1585622133



'There is but one truly serious philosophical problem and that is suicide.' So begins Camus' treatise (1942) on resolving this problem. Over six decades later, and despite a rapidly increasing research base, suicide remains one of the fundamental problems in psychiatry and results in disquiet and uncertainty in even the most experienced of clinicians. Although the base rate is low, Robert Simon's axiom (2002) that 'there are two kinds of psychiatrists: those who have had patients commit suicide and those who will' holds true and means that this comprehensive, highly readable text will be invaluable for both trainees and more experienced clinicians alike.

The introductory chapter by Robert Simon is an insightful review of suicide risk assessment, incorporating practical guidelines on assessment with its limitations. This is complemented by the inclusion of American Psychiatric Association guidelines in the appendix.

Subsequent sections focus on suicide risk in special populations, diagnostic groups and issues of assessment, treatment modalities and setting. A welcome inclusion is a section on the aftermath of a suicide covering not only the clinician's role but, importantly (and often ignored), the impact of the suicide on the clinician. Finally, special topics such as an interesting chapter on murder–suicide and medico-legal aspects of suicide are addressed.

Yeates Conwell's chapter stands out as a comprehensive account of characteristics of suicide and risk factors in the elderly, written with clarity and sensitivity. The authors highlight potential future strategies for reducing risk in this high-risk group. Oquendo *et al*'s chapter on personality disorder is equally notable, concisely summarising suicidal behaviour in this group, incorporating stress diathesis and self-regulation models to aid understanding of such behaviour and subsequently reviewing evidence for available treatments. Insightful discussions follow, not only of difficulties in decisions regarding admission, but also of the importance of recognising the function of self-harm, and that attempts to understand this can facilitate greater awareness of suicide risk.

Further chapters worthy of mention include Jan Fawcett's excellent review of depressive disorders and Metzner & Hayes's discussion of suicide within the criminal justice system. Case studies throughout illustrate relevant points.

There are, however, problems common to multi-author texts: variations in style and overlap between chapters. The authors attempt to counter the latter by outlining key findings throughout, rendering it easily accessible to a busy reader and useful as a reference. Further editing, however, may also have made it appropriate for those who wish to read it as a review of the subject. The opportunity to explore wider suicide prevention strategies, such as those regarding firearms, was also unfortunately missed.

Emphasis throughout on malpractice litigation and a managed care system where treatment is dictated by insurance companies and admission determined, not on the basis of clinical need, but insurance coverage clearly reflects different challenges facing clinicians in the USA. Even if admitted, Simon points out that average duration of stay is three to four days and 'hospital administration may push for early discharge to keep patient length of stay statistics within predetermined goals'. Bearing in mind the current political climate and the predilection for target-driven healthcare, this is perhaps of greater relevance to British psychiatry than might be imagined, not least as a cautionary note.

Camus, A. (1942; edition 2006) *The Myth of Sisyphus.* Penguin Books.

Simon, R. I. Suicide risk assessment: what is the standard of care? *Journal of the American Academy of Psychiatry and the Law*, **30**, 340–342.

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