

press for fuzzy thinking and soft-hearted values. However, this carefully reasoned, cogently argued and well-written book – the fruit of decades of clinical experience and research by the Dutch psychologists Onno van der Hart and Ellert Nijenhuis, and their long-time American collaborator Kathy Steele – should go a long way toward dispelling that view.

The theory of structural dissociation, solidly grounded in both evolutionary psychology and learning theory, places dissociation – narrowly defined as a schism in the personality (i.e. excluding transient disturbances in consciousness) – at the centre of trauma disorders, including not only post-traumatic stress disorder (PTSD) and dissociative disorders but also borderline personality and somatoform disorders. Van der Hart *et al's* basic premise, consistent with recent neurobiological and psychological research, is that severe acute traumatising bifurcates the personality into one part that attempts to avoid all reminders of the traumatic event and another that is immersed (and cannot escape from) the trauma. As avoidance/numbing and intrusive symptoms are both considered central to the diagnosis of PTSD, this is not surprising. However, the authors go beyond this and suggest that rudimentary forms of identity can coalesce around these experiences, and that these symptoms map on to behaviour patterns or action systems that are evolutionarily primed and centred around either defence against threat or

daily life activities. After C. S. Myers, they have called the 'daily life' part the 'apparently normal' part of the personality, and the 'threat-oriented' part the 'emotional' part of the personality. Basic tenets of learning theory, particularly classical, operant and evaluative conditioning, provide the bricks and mortar for this theory, helping to explain how more complex forms of dissociation (termed secondary and tertiary structural dissociation to distinguish from the simple schism seen in acute PTSD) can develop from the more chronic and extreme forms of traumatising associated with dissociative disorders and borderline personality disorder.

Along the way they resurrect much of Pierre Janet's psychology. The second part of the book comprises a detailed exposition of his important psychology of action, along with a much-needed modernisation of some of Janet's important concepts, such as psychological force and psychological tension (as mental energy and mental efficiency, respectively). This part will be of particular interest to trauma researchers and historians. The end of the book is a step-by-step, practical guide to working with chronically traumatised individuals, which should be of enormous interest to all trauma clinicians. As the authors have almost two-thirds of a century of therapeutic experience between them, this section includes very valuable and sensible clinical advice. They emphasise a careful and thorough assessment process, and, like many others in the field, consider extended Phase 1 preparation (skills building, stabilisation) to be crucial prior to any exploration of traumatic experiences. While others in the trauma field have proposed a similar phase approach (beginning with Janet, the authors' note), theirs includes innovations such as utilising Janet's notions of a mental economy and conceptualising various intrapsychic and real world difficulties as phobias.

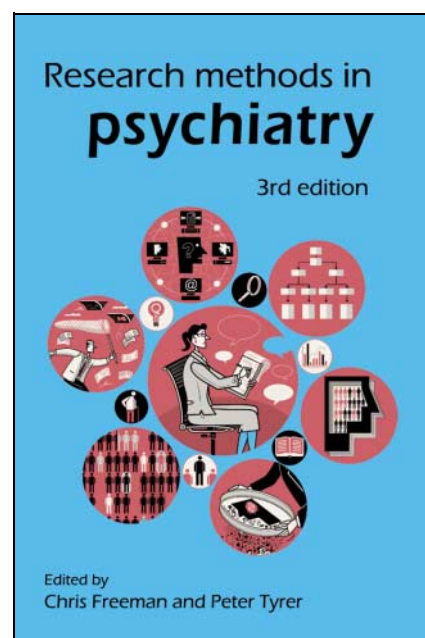
The Haunted Self is, without a doubt, one of the most important books to come out of the trauma field in many decades and should serve to revitalise and transform the field. It should be read not only by clinicians working in the trauma field and interested researchers, but also by trauma sceptics as the theory (the authors are at pains to point out) is eminently testable and can be empirically judged by those who doubt its implications. Last, but certainly not least, *The Haunted Self* provides a welcome opportunity to reconsider the

relevance of Pierre Janet's theories, which continue to provide rich clinical and theoretical insights.

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Research Methods in Psychiatry (3rd edn)

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Gaskell, 2006. 344pp. £25.00 (pb).
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Doctors in higher specialist training are expected to have knowledge of research methodology and are encouraged to undertake research as part of their training. However, recent surveys have identified that trainees in psychiatry find that the time allocated for research is being used less effectively than expected (Petrie *et al*, 2004). Many of my colleagues who are pursuing their higher specialist training are of the opinion that undertaking research is an onerous task, with little guidance available. *Research Methods in Psychiatry* is set out as a comprehensive guide to psychiatric research methods and will be of much help to trainees as it demystifies the process of research.

The book is divided into four parts, with the first part dedicated to general guidelines on getting started in research and a chapter on writing up research for publication. The second part focuses on different types of research design including systematic review and meta-analysis, epidemiology, qualitative research and research with single or few patients. The third part of the book explains the tools required for psychiatric research including rating scales, statistics, use of computers and principles of psychological assessment. The final part covers research in special groups, including children and adolescents, learning disability, psychotherapy and historical research.

The chapter on 'Getting started in research', written by the editors themselves, is very motivating and will encourage trainees at any stage to consider taking up research. The essential information on the practicalities of conducting research, such as organising supervision, maintaining a research diary and applying for a research ethics committee approval, is provided in a concise manner. The fact that one of the editors of the book is also the current editor of the *British Journal of Psychiatry* makes 'Writing up research' all the more valid and interesting. 'Psychiatric research from the trainee's perspective' details the problems faced by trainees and provides solutions to most of them.

The information on different research designs is clear and succinct. Research methodology in the sub-specialties is covered in adequate detail and I found the chapter on research in psychotherapy to be particularly impressive. Although mentioned in the preface, a chapter on research in old age psychiatry is not included but would have made this section complete.

The chapters on 'Using computers in research' and 'Statistical aspects of clinical trials in psychiatry' are the only disappointments in this book for me. The former is too brief to make the point clearly, and the latter is too broad and lacking in focus. Some parts of the statistics chapter are a repetition of what is already covered. The chapter on rating scales is a compilation of the most relevant rating scales used in psychiatry, which will be of great value to any researcher, whether old or new.

There are many problems that trainees cite as reasons for not getting involved in research. This book seems to provide solutions to many of those problems and supplies further reasons for trainees to become involved in research. It will be of

immense help to any trainee about to embark on research in psychiatry.

Petrie, R., Anderson, K., Hare, E., et al (2004)
Research activity of specialist registrars. *Psychiatric Bulletin*, **28**, 180–182.

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Textbook of Men's Mental Health

Edited by Jon E. Grant & Marc N. Potenza.
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Q. Why does it take 45 million sperm to fertilise one egg?

A. Because none of them will ask the way.

Males have a problem in asking for help. This is a serious disadvantage given that, on almost all measures, we are more vulnerable than females to biological or psychological challenges. Men tend to rely on women to get them to doctors, and indeed to keep them socialised and in contact with their own children, even if they are not fully aware of this.

This is a psychiatric and psychological textbook, not a medical one, though pharmacological and neurodevelopmental issues are well covered. The missing link is the evolutionary theme, which is not explored at all. Men die before women (Barford *et al*, 2006), boys more than girls, and male before female foetuses. A more cohesive society reduces some of these differences (Westering, 2003). Apart from neural tube defects and chromosomal abnormalities, everything that can go wrong from conception to delivery is more likely to affect the male. While many more males than females are conceived, the gap has diminished by the time of birth. Under severe stress (such as war or natural disaster) the male:female ratio at birth falls further (Catalano *et al*, 2006). Death, damage and disease are more common (or more severe) in males throughout their lifespan (Kraemer, 2000; Rutter *et al*, 2003).

The Y chromosome is a poor thing but with two Xs, females are endowed with what is in effect a spare battery (Christensen *et al*, 2001). In nature, the majority of males are redundant. Successful mating in most mammalian species is the

preserve of only the most successful high-ranking individuals. In contrast, there are far more opportunities for human males to procreate but being a man is more complicated. In modern societies masculinity is fragile, when for so many men, except in sport and furniture removal, non-violent, physical superiority is of little value (Kraemer, 1995).

None of these evolutionary data are acknowledged in the text, a significant omission. Apart from that, the scientific and psychological material is up to date and thorough though the clinical advice is rather pedestrian. The suggestion (p. 57) that older men would be more likely to accept psychiatric care if it were integrated with medical services makes good sense, however. There are lively case vignettes in each chapter but, oddly, these are not taken up in the subsequent text. They are worth reading on their own.

A thicker corpus callosum in women (p. 285) may aid richer left–right communication in their brains. Whatever the reason, women tend to make more social connections too:

'...in response to a depressed mood, men would be more likely to avoid thinking about why they were depressed, to take drugs, or to do something physical, whereas women would try to determine why they were depressed, talk to others about how they were feeling, or cry' (p. 99).

Throughout life stressed males tend to be irritable and restless. The reason why more men than women kill themselves is not

