prison in 1993, in which at least eight prisoners were shown to have become infected with HIV while incarcerated, proved that it was not merely theoretical. This presented prison doctors, prison governors and governments with a novel and unwelcome dilemma. To minimise the spread of a lethal illness, not only within prisons but ultimately in the wider community, they had to envisage condoning the provision either of disinfectant or of clean needles and syringes to prisoners, and possibly of methadone and condoms as well. But if they were to do so they would immediately be accused of condoning and encouraging drug taking and sodomy in their prisons.

It is fascinating to see how different countries reacted to this challenge. In the aftermath of Glenochil, Scotland, England and several other jurisdictions ensured that disinfectant was readily available to prisoners and that they knew how to use it, and in some prisons doctors started prescribing methadone to known addicts. Several countries made condoms available and a few, led by Switzerland, started to provide both sterile needles and syringes and methadone, and even to allow prisoners to self-inject with heroin under supervision. Others, like Germany and the normally pragmatic Netherlands, refused to condone disinfectants, clean syringes or methadone, or played for time by setting up small pilot studies which never progressed beyond the pilot stage. Only the USA, and even there only a few states, introduced comprehensive treatment and rehabilitation programmes for heroin addicts. It is equally instructive to see what stimulated these innovations. In most countries it was not the results of research, or even the 1993 World Health Organization declaration that "prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community". It was litigation, or the threat of it, by prisoners themselves.

I learnt many interesting things from the 11 essays in this book, for example, that twelve-step programmes are forbidden in American prisons because of their religious content; that in Brazil syphilis is a greater threat than HIV, and that the prison authorities try to minimise the risk of infection by allowing *visita intima* by wives and girlfriends rather than by issuing condoms; and that in most prisons in sub-Saharan Africa conditions are so terrible that the risk to life and health from HIV and hepatitis hardly registers on the scale. There is, however, a good deal of repetition, and Gore & Bird's description of their innovative methodology for anonymous salivary HIV surveillance is spoilt by a tedious, self-justifying description of their war with the Home Office over its mandatory drugs testing policy. All in all, this is a book for prison doctors and governors, and for civil rights lawyers, rather than for psychiatrists.

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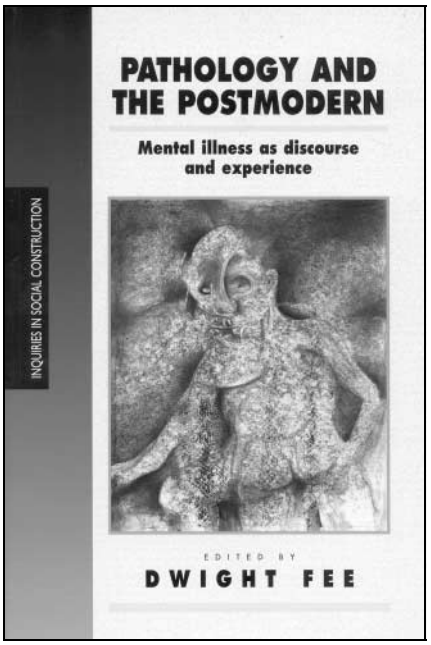
Pathology and the Postmodern: Mental Illness as Discourse and Experience

Edited by Dwight Fee. London: Sage. 2000. 271 pp. £17.99 (pb), £59.95 (hb). ISBN 0 7619 5253 5 (pb), 0 7619 5252 7 (hb).



British psychiatry, in both its organic and psychodynamic forms, tends to be empirical: what we see is what is. Evidence comes directly from our experience – and this was the founding principle of modernism in the 16th and 17th centuries. Post-modernism overturns that. What we *think* is comes from a construction by our minds, collectively, through our immersion in social and cultural attitudes. Usually, the post-modernists would say, we are unaware of those attitudes in our culture – as a fish is hardly aware of water, since, being always in it, it knows no better. Post-modernists do know better about the cultural constructions in which we all swim. Or rather, post-modernists take it as their job to try to 'see the water'.

They employ a method of deconstruction – unpacking words and language to reveal hidden implicit meanings and injunctions. Deconstruction gives weight to the role of language and therefore language's inherent narrative property.

Within the social sciences, the contribution of post-modernism is social construction theory. In psychology it is discourse theory and in psychiatry it is labelling theory. However, the influence of both social construction and labelling theory in psychiatry has, as yet, been negligible.

The plethora of new psychiatric syndromes in recent years is a possible example of the regular construction of what we perceive and our patients experience, rather than empirical discovery (Burr and Butt, Chapter 9). As Fee's introduction conveys, mental illness represents the dislocation of patients' comfortable narratives of themselves. Professional narratives are offered (or constructed) to satisfy puzzled patients with meaning from an authoritative source. Gegen (Chapter 5), in arguing that the self of the modern period of history has given way to a fragile and dissolved self in the post-modern 20th century, suggests it has been replaced by commercialised images from the market-place. And in the medical market, the DSM (American Psychiatric Association, 1994) becomes a kind of source book for certain kinds of meaningful identity (Gottshalk, Chapter 2).

Empirical research, and its discoveries of aetiologies, is one – and only one – kind of narrative of distressed experience. It is no better, or worse than, say, the narratives discovered by psychoanalysts. So, the medical 'stories' of symptoms, diagnosis and cure are important as narratives in themselves, for insecure and fragmented persons. And because of their very concrete and bodily focus, those narratives gain a special credibility (Hewitt *et al*, Chapter 8). The message is that psychopathology has appropriated narrative in a medical way, and needs to be deconstructed to reveal its true purpose – a kind of power play of psy-professionals (Burr and Butt, Chapter 9 again).

There is much here to dismay orthodox psychiatry. However, this book does

present a clarity (varying a bit from chapter to chapter) that is vivid. Because post-modernism has swept quickly from France across the USA, we would be better armed with some knowledge, rather than ignorance, when it washes up on our shores. This book would be a good place for psychiatrists to start.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edn) (DSM–IV). Washington, DC: APA.

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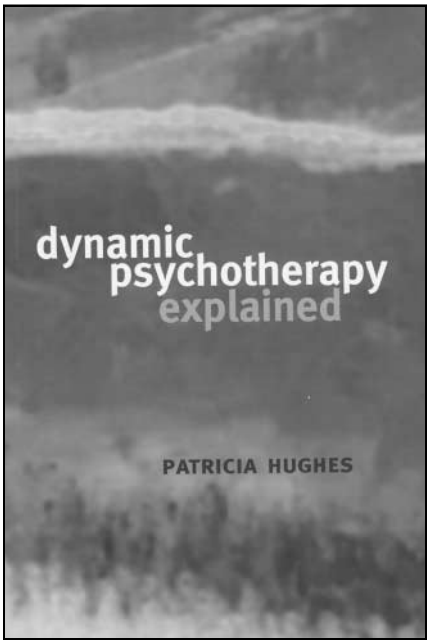
Dynamic Psychotherapy Explained

By Patricia Hughes. Oxford: Radcliffe Medical Press. 1999. 162 pp. £16.95 (pb). ISBN 1 85775 336 4

This small and user-friendly book does exactly what it says on the cover. The author acknowledges that she herself felt the need for a straightforward introductory text when learning about psychotherapy. Anyone setting out to explore the jungle of theory and jargon that is the basis of psychoanalytic theory and practice will welcome this book. Dr Hughes has written the book that she needed, and as a consequence will doubtless meet the needs of many others.

At the heart of the book are two large chapters. One on the theory and one on the practice of psychodynamic psychotherapy. These could be a sufficient introduction in themselves, but they are set firmly in context by chapters underlining the essential links between psychodynamic, biological and social models of the mind. Psychodynamic thinking is thus placed centrally among other ways of understanding mental disorder. This clearly demonstrates the relevance of psychodynamic understanding to any psychiatrist, and indeed to all professionals who work with disturbances of thought, feeling or behaviour.

The book is clearly written and accessible, and includes additional help in the form of summary points clearly set out in boxes within the text. To say that this is an easy read would not be a criticism. It takes considerable knowledge



and understanding, as well as the ability to communicate, to distil such a complex and off-putting subject into a brief, but informative book. I wish that this book had been available when I was a trainee, and I have already found it useful in my teaching. A valuable addition to the library of anyone who may have a use for the theory and practice of psychodynamic psychotherapy in their working life.

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Common Mental Disorders in Primary Care

Edited by Michele Tansella & Graham Thornicroft. London: Routledge. 1999. 244 pp. £55.00 (hb). ISBN 0 415 20572 7

This book was published to mark the retirement of Professor Sir David Goldberg. It brings together distinguished clinicians and researchers from a range of professions involved in primary care, with the aim of helping those working in a variety of primary care and mental health settings. The value and good timing of this publication can be seen in the enhanced position of primary mental health care in Government policy in England. According to the *National Service Framework for Mental Health* (Department of Health, 1999), primary care and access to specialist services is one of seven standards that health authorities and primary care groups will be responsible for implementing.

Here the reader will find valuable background reading from a broad range of contributors on models of care, training, clinical practice guidelines, epidemiology, computerised assessments and the social and health problems that are common in practice. Important groups such as the elderly and those in developing countries also receive attention. Many chapters represent work in progress by the contributor. Exceptionally, and all the more valuable therefore, are forewords by Rachel Jenkins, on the role of policy development, and by Scott Henderson, reminding readers of the obstacles that have yet to be overcome, for example, in the development of clinically validated assessment tools.

The reader should be encouraged to go further. Since the completion of this volume the long-awaited results of randomised trials have shown how difficult it is to train primary care physicians to become more effective in the management of depression. Indeed, recent US trials indicate the need for specialist practitioner teams using assertive methods, including telephone follow-up of patients who may otherwise default. The importance of providing specific psychological treatments such as cognitive–behavioural therapy in primary care is not a prominent feature of this volume, which is surprising at a time when primary care physicians are beginning to realise the need for more alternatives to psychotropic agents and counselling.

These caveats apart, it would be difficult to find a better start for those determined to venture onwards in search of the latest findings in the field in the leading medical and psychiatric journals. There is no doubt that this volume marks a substantial and lasting body of achievement, without which so much progress could not have followed.

Department of Health (1999) *National Service Framework for Mental Health. Modern Standards and Service Models*. London: Department of Health.

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