

lack of respect, over ready dismissal of patients' own views about their problems, and the powerlessness and fear that many patients feel when in contact with mental health professionals. Williams finishes his chapter by suggesting that there are many latent issues that are not currently being addressed by evaluators of community services, and that the "first stage in such a process is to give users a voice and not just a questionnaire". It is a pity his own voice did not carry as far as the Health Services Research Unit in Bangor.

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Psychosocial Processes in Health: a Reader.

Edited by Andrew Steptoe & Jane Wardle. 1994. Pp 525. Cambridge: Cambridge University Press. Hb (ISBN 0521416108) £60.00. Pb (ISBN 0521426189) £24.95

There has been increasing emphasis on the relationship between psychosocial processes and health in recent years and many mental health professionals have been asked to participate in undergraduate medical (and other) courses to elucidate these. While the topic is fascinating, a common difficulty encountered by teachers and students is how to identify papers in the field published in a diverse range of journals. The editors of this text have identified and responded admirably to this problem. This book comprises an edited volume of 31 of the most important papers published on the links between social environment, emotion, behaviour and illness.

To orientate the reader, the authors have divided the book into six sections covering topics ranging from life stress, social support and health; aspects of personality, behaviour and health; to behavioural interventions in medicine. Each theme is set in its clinical or scientific context by an up-to-date review of the literature followed by a set of papers (usually five) covering aspects of the topic. The publications that have been reprinted span the last thirty years and many are classics. For mental health professionals, the sections on psychosocial processes in health, on personality and on behavioural medicine are the most relevant. However, papers in the section on coping with illness include the work

of Steven Greer on psychological aspects of coping with breast cancer, and each section has at least one paper worthy of attention.

Are there any obvious omissions? It is easy to identify other themes that could have been explored. Topics that mental health professionals and particularly psychiatrists may have wished to see included such as the doctor-patient relationship or social inequalities in health would have made lively reading. However, the editors are honest enough to identify other topics that might benefit from exploration, and it is hard to argue that any of the themes chosen should have been dropped to accommodate another subject.

This text comes into its own as a resource book for course organisers and teachers and as a recommended text for students studying medicine, psychology or the health sciences. As access to the relevant research and review papers was previously limited, I anticipate that teachers and students will happily pay the cost of the paperback text and libraries should have one or two hardback copies in the reference section. I found this a valuable text for my own academic work and enjoyed browsing through many of the other pages simply out of interest. It is a valuable addition to a limited field and the editors are to be congratulated for filling this gap.

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Alcohol Policy and the Public Good. Griffith Edwards *et al.* Oxford Medical Publications, Oxford University Press. 1995. Pp 226. £14.95.

Professor Griffith Edwards was given the opportunity of leading an international team of social scientists to revisit the terrain covered in an influential earlier work *Alcohol Control Policies in a Public Health Perspective* (Bruun *et al.*, 1975). Various bodies generously supported the endeavour including the Addiction Research Foundation (Toronto), the Finnish Foundation of Alcohol Studies, and the World Health Organization regional office in Europe. The result is an invaluable compendium of evidence that will inform policy makers about effective strategies in preventing alcohol-related harm throughout the world. Given the evidence contained in this

book it would be irresponsible of any national government to believe that it can adopt a *laissez-faire* policy concerning alcohol. This book is published to coincide with WHO's Alcohol Action Plan in Europe.

Despite the presence of 17 authors the work flows interestingly and readably under skilled editorship. The first section sets the scene with reviews of global trends in alcohol consumption, followed by a chapter on drinking and individual risk. This topic is of crucial interest in the UK where guidelines for sensible drinking are being reconsidered. The book acknowledges that for adults "we now have evidence for the potential health benefits from drinking in small amounts". This, however, is balanced by the evidence that "entirely risk free drinking exists only as fantasy". The drinker's dilemma persists but he or she is now better informed.

The evidence remains strong that aggregate consumption is related to the level of overall alcohol-related harm experienced by the community. This is particularly true of chronic physical harm, whereas in predicting social consequences, the pattern and context of drinking needs to be carefully specified.

The efficacy of various prevention strategies is ably reviewed in a series of chapters addressing: pricing and taxation policy; access and availability; public safety and drinking in particular contexts; and the merits of various education endeavours. Finally, in one of the briefest chapters, the authors examine individually directed interventions as an element of the public health response. This emphasises the benefits of focused brief advice given within primary health care.

The final chapter focuses on the policy options presented by the existing evidence. It is reassuring to read that the majority of the policies that were recommended by the College in *Alcohol: our favourite drug* (1986) remain valid. The book has not addressed the growing and important fields of genetics or the neurophysiology of alcohol. Neither does it consider the mythic qualities of alcohol and the anthropologist's perspective. It is unfortunate that Mediterranean, Eastern European and Third World countries have produced no contributors to this work.

This is an excellent book and needs to be read by all who advise on public policy. I suspect that few policy makers themselves will have the time or experience to read this work

and the responsibility will rest with their advisers to ensure that its elements are suitably distilled.

References

- BRUUN, K. *et al* (1975) *Alcohol Control Policies in Public Health Perspective*. Helsinki: Finnish Foundation for Alcohol Studies.
ROYAL COLLEGE OF PSYCHIATRISTS (1986) *Alcohol: our favourite drug*. London: Tavistock Publications.

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Muse in Torment. By Alex Mezey. Lewes: The Book Guild. 1994. Pp 328+xiii. £12.95

The genius-madness hypothesis is one that has reappeared regularly since the time of Aristotle, on the anecdotal basis of unstable or melancholic individuals who were artists or writers. In the last few years, though, information has begun to be collected more systematically, perhaps provoked more by the suicide of the writer Sylvia Plath than by any other single case. Certainly, the output of Plathiana shows no sign of easing off, and this story figures prominently in Dr Mezey's work, which he subtitled 'The psychopathology of creative writing'. Having lived in several European countries, he has the advantage of multilingual fluency, and many passages here are translated by himself; our word-power though, is tested at times with terms like 'divagation' and 'ephebe'. He sites this work strategically, "at the intersection of biography, abnormal psychology, and literary history."

Making diagnostic assessments of those, however famous, who lived centuries ago is usually hazardous. It has to try and make allowance, as Mezey says, for "changes in the cultural and moral climate, such as the changed importance of religion, attitudes to children, expectation of life, etc." However, to say that "Religious dogma regarded sexual love as a necessary, if regrettable part of destiny" is to generalise unjustifiably from Christianity to other major faiths. Historical eyebrows, also, are likely to be raised by the finding of an "increase in the rate of suicide during periods which emphasize individualism, detachment from or conflict with society". How on earth can one say which these were, and how much agreement would there be about the choice? There is believed to have been an epidemic of