

are essential if the divisiveness that these cases engender is to be minimised.

The book is packed with clinical case vignettes, illustrating the heterogeneous presentations of the group of behaviours that go under the name of Munchausen syndrome by proxy abuse. Most pleasing of all is the cross-referencing of case examples, so that, for example, the authors of Chapter 4 comment from their own viewpoint on case vignettes contained in a number of other chapters. The coherence of the differently authored chapters and sense of editorial authority enhance the reader's confidence in the maturity of thinking and the balance of the viewpoints that the volume presents.

In my opinion this book will establish itself as the essential text for the wide range of professionals working with children, families and adults who are concerned to recognise, prevent, manage and try to understand and 'treat' these conditions. I would like to believe, also, that it will spur medical and other health care professions to a wider consideration of what basic assumptions underlie health care 'contracts' – so that the 'normal' patient–therapist contract (whatever that is) can be informed by the 'incongruous' and 'abnormal' consultation and illness behaviour so eloquently described in this volume.

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Meadow, R. (1995) What is, and what is not, Munchausen syndrome by proxy. *Archives of Disease in Childhood*, **6**, 534–538.

Schreier, H. & Libow, J. (1993) *Hurting for Love. Munchausen by Proxy Syndrome*. New York: Guilford Press.

Christopher Cordess Professor of Forensic Psychiatry, University of Sheffield and Honorary Consultant and Director of Research, Rampton Hospital, Retford, Nottinghamshire DN22 0PD

Anthropological Approaches to Psychological Medicine: Crossing Bridges

Edited by Vieda Skultans & John Cox. London: Jessica Kingsley. 2000. 303 pp. £14.95 (pb). ISBN 1 85302 708 1

There are a number of fundamental differences between anthropology and psychiatry, some of which stem from the varying responsibilities of the two disciplines, others

from their current ideological bases. June Jackson, one of the contributors to this multi-author volume, pithily defines the different responsibilities: "Anthropologists can, if they wish, pick up their bags and steal away from the community they have studied. This action is denied to public health doctors". And of course to psychiatrists. This poses a dilemma to psychiatrists trained as anthropologists who will "experience the inherent difficulties of being not just a participant observer but also a participant healer".

Ideological differences grow out of the wholesale adoption of post-modern deconstruction by anthropology and the blind eye turned to this movement by medicine. The rejection of the privileged status of the observer of 'the truth' by anthropologists has left the discipline floundering. An attempt to gain a firm footing in the morass of deconstruction is represented by a focus on narrative, with the assumption that allowing the subject to speak in her or his own voice minimises the subjective role of the observer. Vieda Skultans contributes an outstanding and succinct chapter on remembering and forgetting, building on her experience of analysing the narratives of Latvians who lived through the Soviet repression of their history and culture. Surely she had in mind Milan Kundera's novel *The Book of Laughter and Forgetting*, in which a character states that "the struggle of man against power is the struggle of memory against forgetting".

However, just as the reader sighs with relief at the establishment of a bridgehead, the ground begins to quake as John Campbell raises the problem of the interpretation of narrative. He questions "what is being intersubjectively interpreted, by whom, and what the role of the anthropologist in this process is". Els van Dongen shares his scepticism, pointing out that anthropologists and psychiatrists do not simply record the informants' interpretations, but in fact actively construct them. Those rare birds who are qualified in both anthropology and psychiatry flutter between the opposing shores, vulnerable to snipers. Poor Arthur Kleinman is winged by both Skultans and Campbell, while Roland Littlewood suffers potshots from Campbell only.

The quality of the contributions is reminiscent of the three bears' breakfast. In some, the writing is so thick that it takes an effort to dig in the spoon, while others have the consistency of thin gruel. The

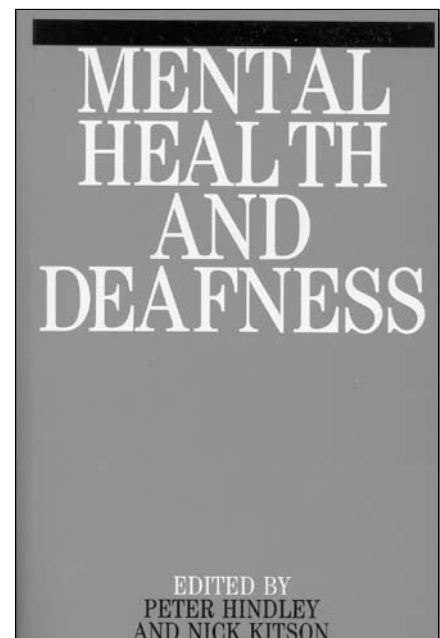
book ends anticlimactically with a chapter by Maurice Lipsedge, in which the author's voice is submerged by a series of extensive quotations from psychiatric texts which present sociological and anthropological material, including a detailed interpretation by one sociologist (Kathleen Jones) of the work of another (Goffman).

The fact that the book does not cohere is indicative of the schisms existing between and within the two disciplines represented. In itself this is not a criticism, but one longs for the clarity and economy of language that characterise Skultans' contribution. Hopefully, she will try again to harmonise the dissonant voices when some of the ideological skirmishes have died down. But for now, I doubt that this compilation will tempt the wary traveller to cross the bridge in either direction.

Julian Leff Professor of Social and Cultural Psychiatry, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF

Mental Health and Deafness

Edited by Peter Hindley & Nick Kitson. London: Whurr Publishers. 2000. 350 pp. £37.50 (pb). ISBN 1 897635 39 7



The editors' preface to this interesting and informative book states that it "is intended to be an introductory text to mental health and deaf people for two main groups of people: those familiar with deaf people but

not with mental health and those familiar with mental health but not with deaf people". They have succeeded in the second of these aims, but deaf or hearing people completely new to the mental health field would probably benefit from reading a mainstream introductory text in the first instance.

The contributors, experienced deaf and hearing professionals from Britain and the USA, describe the epidemiology and assessment of deafness, the deaf cultural community and the assessment and management of mental health problems in this population. This is a difficult task, as many complex factors operate. Deafness is technically a disability measured by doctors and audiologists. For those with acquired loss it is a deficit and all too often a social stigma. However, for those people who are profoundly deaf from early life the issues are different. Although about 90% of them are born into hearing families and many have little or no access to sign language in childhood, many grow up to identify themselves as members of the deaf community, with its pride in deaf culture and language. Unfortunately, the limitations in age-appropriate language development and in educational and social opportunities that so often occur during a deaf person's childhood may leave a legacy of frustration, underachievement, dependency and low self-esteem that can lead to mental health problems in adult life. Deaf children are also more likely to be victims of abuse, emotional, physical or sexual. They may have additional difficulties, such as sight, neurological or learning problems, possibly associated with the cause of the deafness (e.g. meningitis and rubella).

Psychiatric illnesses such as affective disorder and schizophrenia occur with equal frequency in deaf and hearing people. However, delays and difficulties in diagnosis and lack of access to appropriate services have too often meant that deaf people have not received proper help, or that they have remained in institutional settings, sometimes without adequate communication, for long periods. This book addresses all of these issues from different professional perspectives.

There are several recurring themes, such as the importance of appropriate knowledge, attitudes and communication skills in the assessment and treatment of deaf people and how all of these are greatly enhanced by the involvement of deaf people themselves in service provision: Peter Hindley's chapter

shows how risk factors in the childhood of deaf people can be tackled. Other excellent chapters include those on psychological therapies, the role of interpreters and rehabilitation.

As society develops a more positive attitude to minority groups, it is to be hoped that there will be a raised awareness of deaf people's rights to services as outlined by the Disability Discrimination Act, the National Service Framework (Department of Health, 1999) and the Health Advisory Service (1998) report *Forging New Channels. Mental Health and Deafness* is to be commended as a valuable contribution to this process.

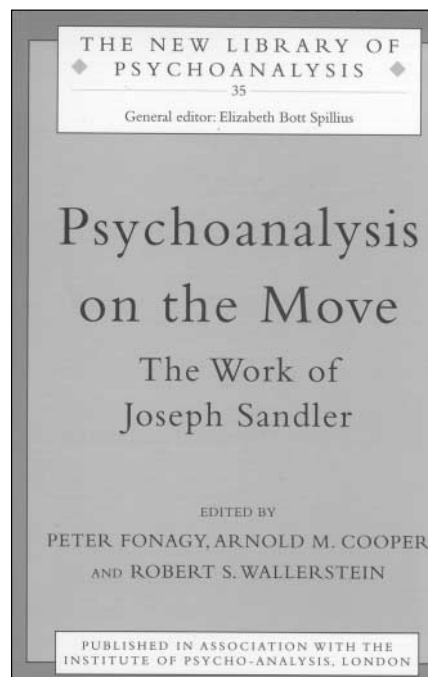
Department of Health (1999) *The National Service Framework for Mental Health. Modern Standards and Service Models*. London: Department of Health.

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Margaret du Feu Consultant Psychiatrist, Denmark House, Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham B15 2QZ

Psychoanalysis on the Move: The Work of Joseph Sandler

Edited by Peter Fonagy, Arnold M. Cooper & Robert S. Wallerstein. London: Routledge. 1999. 237 pp. £18.99 (pb). ISBN 0 415 20549 2



I did wonder why the publishers had not included this book in their excellent series, 'The Makers of Modern Psychotherapy',

but I presume it is because Sandler was still alive (sadly, he died during the preparation of the book). In fact, it has been included (as no.35) in another series, 'The New Library of Psychoanalysis', the object of which is ". . . to provide a forum of increasing mutual understanding between psychoanalysts and those working in other disciplines" (p. ii). In this, I believe it has failed. It is written by psychoanalysts for psychoanalysts, and makes no concessions to the non-psychoanalytic reader. Few references are made to work outside of psychoanalysis (though Segal does draw parallels with Chomsky's view of language), and little interest is shown in establishing connections between psychoanalysis and other disciplines. Implicit in much of what is written is that psychoanalysis is so much a unique approach, that it would be seriously compromised if it made concessions to alternative approaches. I am sure this is not true.

The book assumes the form of a festschrift. Consequently, only in the first chapter do we get a (very necessary) overview of Joseph Sandler's major contributions. We are told that he helped to close the gap between the American ego psychologists and the British Kleinian and object relations theorists. The remaining 14 chapters comprise a series of essays by eminent psychoanalysts on issues that are linked to Sandler's preoccupations, but say very little about him. In their review of these essays, Fonagy & Cooper use such phrases as breathtaking, masterfully brilliant, exceptionally lucid, wonderfully erudite and scholarly. I found them to be dense, convoluted and packed with undefined, psychoanalytic jargon. I consider psychoanalysis to be one of the few disciplines to take account of the true complexity of human thinking, but I also consider the task of the theorist to be to clarify and simplify.

We are told that Sandler aimed to divest psychoanalysis of conceptual confusion, that he was preoccupied with the multiple and frequently incompatible meanings attached to terms and concepts, and that his writing is a tribute to the tolerance of ambiguity required of theoreticians such as himself. That its practitioners attach different meanings to its terms and concepts is no great advertisement for psychoanalysis. Most of the contributors here are concerned with the definition of terms. Terms such as enactment, internal object, narcissistic cathexis, unconscious fantasies and the patient's representational world are