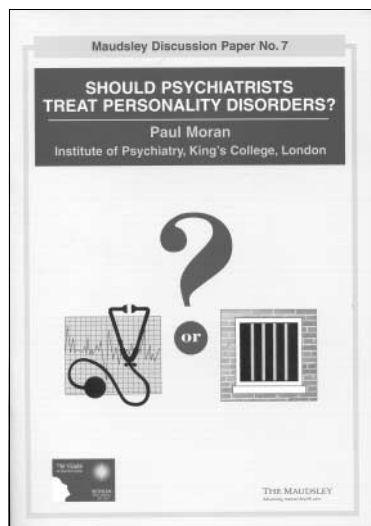




## Should Psychiatrists Treat Personality Disorders?

By Paul Moran.  
Maudsley Discussion Paper No. 7.  
1999. 22 pp. £2.95 (pb).



Imagine a book entitled *Should Surgeons Treat Cancer?* Surely our surgical colleagues would find such a title risible and would, at the very least, demand to know the type of cancer, how far it had spread, which organs it had affected, etc. before discussing the matter further. The fact that psychiatrists are unable to conduct a similar debate on the treatment of personality disorder except at such an elementary level as highlighted in this title does not show our sub-speciality in a favourable light. And here lies a conundrum; personality, by definition, ought to be evident, as it is both pervasive and inflexible (unlike mental illness) and hence ought to commend itself as an object of proper study. Further, psychiatrists ought to be concerned with and interested in the personality of their patients, and be curious about the mask (and what might lie underneath) that we all require to survive. Yet this has not happened and one needs to ask why.

In this sober discussion paper Paul Moran concentrates our minds on the perennial issue of what, if anything, psychiatrists have to offer those with a personality disorder. He follows the genre set out in similar publications, by providing background, then presenting the case for and against the intervention and finally summing up. The subtext of much of the discussion concerns the issue of dangerousness and responsibility – the patient's own and our duty of care to both the patient and/or the public. Tellingly, he begins his discussion with a quote from Herbert Cleckley and throughout the monograph there are occasional elisions

between the broad group that personality disorders encompass and the very small subdivision occupied by psychopathic personality. I would be more radical here and treat the issue of offending and mental disorder (and that includes mental illness) as independent, so that their co-occurrence is most often coincidental and only sometimes causal.

In the manner of a judge summing up for the jury, Moran is even-handed in his approach, although he does not refrain from taking a swipe at our lamentable attempts at training and education, a point that the College is now addressing. It is simply not good enough for psychiatrists to make a diagnosis of personality disorder by exclusion; as Moran states, there are operational criteria for personality disorder and it is only when these are satisfied that the diagnosis should be made. But the essential issue is surely this: even if psychiatrists never wished to concern themselves with personality disorder *per se*, the fact that those with mental illness present their disorders within the context of a personality – disordered or not – ought to be of interest to them.

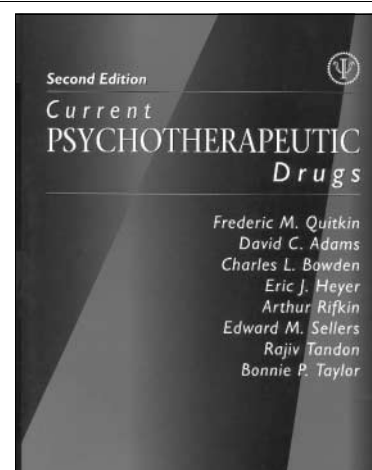
This is a very well-balanced review of a difficult issue and should be mandatory reading not only for all trainees but perhaps also for those of us further on in the process of maturation.

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## Current Psychotherapeutic Drugs

By F. M. Quitkin, D. C. Adams,  
C. L. Bowden, *et al.*  
Washington, DC: APA. 1998.  
188 pp. £33.95 (pb).  
ISBN 0-98048-994-4

There is, it seems, an endless supply of texts covering the science and practicalities of psychopharmacology. Largely they fall into two groups: standard reference texts dryly providing numerous data, but without pragmatic direction; and more considered texts which collate and synthesise data to provide more practical, clinically relevant guidance. *Current Psychotherapeutic Drugs*, however, falls somewhere between these extremes. Much of the information provided consists of pithy dosage recommendations similar to those found in any practical reference, such as the *British National Formulary*. But each chapter also includes a less prosaic, referenced



introduction written, in the main, by a world-renowned expert. These two approaches combine fairly well to give a clinically relevant overview of psychopharmacological approaches to most areas of psychiatry.

The main shortcoming of this book is its parochialism: it is clearly intended for an American audience. Only drugs available in the USA are mentioned and only USA trade names are given. Only Food and Drug Administration dosage advice is provided. As a result, the book's usefulness to non-American readers is rather limited. This is perhaps exemplified by the absence of any mention of dothiepin, lofepramine, zuclopenthixol or amisulpride.

*Current Psychotherapeutic Drugs* contains a great deal of information, but ultimately fails as a reference text for use outside the USA. It is perhaps a worthwhile library text but I would not recommend it as a book to add to one's personal collection.

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## Shell-Shock: The Psychological Impact of War

By Wendy Holden.  
London: Channel Four Books.  
1998. 192 pp. £14.99.  
ISBN 0-7522-2199-X

What are shell-shocked soldiers like to dance with? If this seems an odd question, then reflect for a moment on the very limited sample of behaviour available to us in the consulting room, as we interview the seated patient about their experiences, inviting them to describe the most terrible tragedies of war and to explain for our edification the disturbed state of their nervous systems. Listen we may, but observe



them at parties, or let alone dance with them, never.

What Wendy Holden has managed to do in this very readable and highly informative book is to broaden the scope of our understanding, and this is no mean achievement for a book written for a popular audience. She has adopted the procedure of using scientific texts as the point of departure into wider enquiry. The broader range of a journalist has allowed her to provide a wider historical context, and to bring in the accounts of the nurses at Northfield who danced with the strange shell-shocked men.

Holden achieves, by careful description, a sobering critique of the many therapies employed and strongly defended by their inventors. In a pattern which is familiar to this day, many novices found a particular method which appeared to work, and then made a dogma and an industry out of it, relying on their own advocacy and the lack of meaningful comparative trials. More disturbing is the catalogue of severe punishments meted out by some experts to soldiers who returned from the front unable to continue because of some psychological incapacity. Electric shocks were applied with vigour to the afflicted part, and many sufferers chose to regain the use of their limbs when subjected to these tortures. These accounts cast a baleful light on the role conflicts involved in being an Army psychiatrist, caught between treating patients and recycling worn out soldiers.

Seen with the comforting detachment of historical hindsight, shell-shock was a solution to an impossible problem. The force of social duty, patriotism and misplaced enthusiasm about a just and short war led men to the Front. There they were confronted not with a romantic victory, but with the certainty of death and injury. Incapacity was both an understandable reaction and a wise strategem. Millions died because they obeyed foolish orders. Some survived because they were incapable of continuing to function. A few were shot by their own side for cowardice. The survival strategy was therefore complicated: getting away from the front was desirable but not admissible, a 'Blighty' wound was a ticket home, but a psychological wound could lead to stigma, to being treated roughly, to being 'cured' and sent back to fight or to being shot as a coward.

Holden gives a good account of the history of shell-shock, from the first incomprehension and total lack of preparation for psychological casualties to the coining of the phrase 'shell-shock' by Myers in 1915 and the reluctant acceptance by the military authorities that they had to embrace some of the questionable ideas of the 'mad' doctors in order to prevent an epidemic. Holden traces the development of treatments up to the

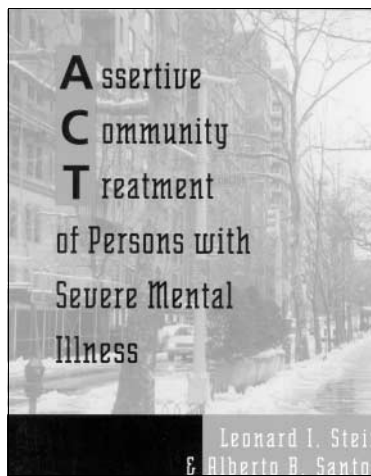
present day, showing clearly that the dangers of war are run a close second by the perils of therapy by unsupervised drug and electroconvulsive therapy evangelists. Against this picture of dangerous medical egotists there are many sympathetic portraits of trauma therapists such as W. H. R. Rivers, dealing with a wide variety of disturbed officers and using psychotherapy wisely in a humane treatment milieu.

In all, this is a good book in terms of its broad coverage, and in its willingness to tell the story from the participants' point of view. So what are the shell-shocked like to dance with? Pretty normal on the dance floor, but even more terrified than other men beforehand.

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### Assertive Community Treatment of Persons with Severe Mental Illness

By Leonard I. Stein & Alberto B. Santos.  
New York & London: W. W. Norton & Co. 1998. 274 pp. £19.95 (pb). ISBN 0-393-70258-8



This book is published at an opportune time in the UK. Colleagues in the USA may be surprised to hear that few in this country had heard of assertive community treatment or its acronym, ACT, before 1990. It has been used in Wisconsin, where it was developed, since 1974, and it was the impressive results of randomised controlled trials in Wisconsin and later, in Australia, by Hoult *et al*, that made both research workers and clinicians in the UK interested, and later, quite excited. Now, a quarter of a century after its introduction, its originators, who include Leonard Stein himself, would feel proud that the world has finally approved ACT as "a service delivery vehicle or system designed to

furnish the latest, most effective and efficient treatments, rehabilitation and support services conveniently as an integrated package". What better at this stage than to play Wisconsin's *Pomp and Circumstance* to a world audience, complete with the 119 pages of ACT assessment and treatment plans from Dane County in Wisconsin, the home of the original recipe?

This is all valuable, but not entirely for the reasons that the authors intend. They are writing for either acolytes of ACT or those wishing to be converted and in the process of setting up programmes of their own. In enthusiastic and sometimes adulatory tones they describe the essentials of ACT and the patient-based philosophy underlying it – to help patients with severe mental illness live successfully in the community with a good quality of life.

By far the best section is the account of the functions of the work in a good ACT team – where the essential elements of sharing skills and genuine team working are graphically described from practical experience – and emphasising the need for all such teams to be flexible and opportunistic in their management of the combatants under their care. 'Combatant' may seem a strange word, but perpetually challenging the system of care for the most disabled of psychiatric patients is still much more common than the harmonious care plans that sit at the heart of government policies for those with mental illness. The need for lateral thinking and creativity in teams on the ground contrasts greatly with the uncritical promulgation of the core features that are presented as a prerequisite for success, including case-loads of between 8 and 12 (no more, no less), 24-hour cover, and (only) part-time psychiatric input using a parallel hierarchy, without which no team can say it practises true ACT. These are clearly not essential, as the authors present examples of the success of ACT in settings outside the UK, including our own service in Paddington and North Kensington, in which none of these features were present.

Much is made of the results of controlled trials that show superiority of ACT over conventional treatment in the UK settings in particular. There is no comment about the apparent lesser efficacy of ACT (and its counterpart, intensive case management) in the UK and elsewhere. However, the authors indicate why ACT is so effective in the USA in the early pages of this book. They note that there is a "fragmented non-system of public mental health care in the United States" in which services are "uncoordinated and non-collaborative, where service users are denied services, excluded from services, or never apply for them in the first place". When this is