
Book reviews

Enduring Love. IAN MCEWAN. London: Vintage. 1998. 246pp. £6.99 (pb). ISBN 0-09-9-27658-5

Based on a published case report, Ian McEwan's novel *Enduring Love* focuses on the destructive power of erotomania, a well-recognised syndrome described by the French psychiatrist Gaetan de Clérambault in 1921.

After a freak ballooning accident, Joe Rose, failed scientist but successful science writer, meets Jed Parry, a wealthy loner and religious zealot. From the time Parry suddenly believes that Joe has fallen in love with him, each of their worlds spiral into an arbitrary nightmare which exposes the pathology of their love. Through stalking, letters and phoning, Parry declares his delusional attraction. Joe's reaction challenges his own world of cool scientific rationalism and threatens his relationship with partner Clarissa.

The link between love and madness has, not surprisingly, a long history. Hippocrates and Galen noted the association. Physicians of the 17th and 18th centuries described several variants of love such as *furor uterinus* (nymphomania), *amor insanus* (erotomania) and erotic melancholy. However, it was Emil Kraepelin who first delineated the characteristics of erotomania concisely. He saw it as a subtype of paranoia, in a classification almost identical to that used in DSM-IV today (delusional disorder-297.1). Despite this, it is de Clérambault's name that has become inextricably linked to the syndrome. He described erotomania as part of his *psychoses passionelles*, a delusional disorder in which the patient, usually a woman, is convinced she is loved by a high ranking man, who allegedly uses surreptitious and covert means to signal his devotion. The more recent literature is littered with cases of homo-erotomania, where both patient and object are male, although all gender combinations have been described. McEwan's Parry clearly fits into the 'pure' form of erotomania, and not the slower onset and disorganised course of the secondary form.

McEwan is not the first to explore the depths of pathological love in literature. Indeed it was a French writer Georges Simenon, creator of the French sleuth *Maigret*, who wrote a short story in 1942 which paralleled de Clérambault's description of erotomania published in the same year. More recently, the concept has gained greater public notoriety through increased reporting of stalking, which lies on a continuum from non-delusional to delusional behaviour. As in *Endur-*

ing Love, many cases end in violence, and those most at risk may be acquaintances perceived as coming between patient and fantasy lover. When John Hinckley tried to assassinate Ronald Reagan, he did so in the hope of winning the love of actress Jodie Foster. It was an "unprecedented demonstration of love". Parry would have agreed.

McEwan's writing, as always, is superb. The terse first chapter describes the accident and aftermath with visceral reality, reminding me of the traumatised patient retelling his story in therapy. Not everything is plausible: Clarissa's reaction to Joe's behaviour is to inexplicably think him mad, while Joe's belief that he can return to academia is unrealistic. That said, through masterful and methodical prose, McEwan expertly explores the anatomy of obsession and the vagaries of romantic and deranged love.

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Keys to Engagement: Review of Care for People with Severe Mental Illness who are Hard to Engage with Services. London: Sainsbury Centre for Mental Health. 1998. 104 pp. £14.00. ISBN 1-870480-36-8

These are difficult times for mental health professionals and their patients alike, with contemporary community care policies being widely seen to have failed. This report, commissioned by Lord Sainsbury, identifies a client group of perhaps 15 000 people nationally with severe mental illness who are "difficult to engage" and as a result receive an "inadequate and uncoordinated response to their needs". *Keys to Engagement* is an undoubted success. Copies are hard to get hold of (I gave mine to our purchaser) but it is already influencing policy development through the ambitious King's Fund/Sainsbury Centre initiative Working Together in London Mental Health Programme. The report is an excellently presented, clearly written, persuasive and well thought-out document which proceeds from a definition of the client group (problematical, since there are multiple overlapping potential definitions, but including, in addition to psychosis and failure to engage, problems such as homelessness, substance

misuse and offending behaviour), to a sensitive review of the problems facing service users (avoiding the language of handicap and disability) and an enjoyable romp through the current policy and service context to its heart.

This is a clarion call for the development of dedicated assertive outreach teams, which would follow the Assertive Community Treatment (ACT) model that now sweeps all before it in the United States. A helpful appendix sets out key elements of the ACT model, which includes in addition to the assertive outreach philosophy low case loads (10–15 clients per worker), multi-disciplinary working (including psychiatric input) and 24-hour cover. The authors quote extensively but selectively from the research literature, correctly concluding that intensive case management services can increase client satisfaction and engagement with treatment but failing to acknowledge the rather negative findings to date in the United Kingdom literature about client outcomes and service utilisation.

My own view, rejected by the authors of the report and most opinion-formers within mental health services, is that better use could be made

of scarce resources by expanding and adequately training generic community mental health teams so that they can be effectively targeted on the severely mentally ill rather than adding another tier of provision to an already fragmented and confused service system. I do, however, fully endorse the concept of including within community teams non-professional workers who provide practical support and social work as well as health staff. The report rightly emphasises that teams (generic or assertive) can only be effective if they are working within a well developed service infrastructure. As a member of the Review Steering Group I had the pleasure of engaging in debate over the important issues that are seriously addressed by *Keys to Engagement*. Read it, judge for yourself and go and talk to your purchasers about improving your local service.

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Camberwell Assessment of Need

Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes



The Camberwell Assessment of Need (CAN) is a tried and tested approach to assessing the needs of the severely mentally ill which is suitable both for research studies and routine clinical use. Rigorously developed by staff at the Section of Community Psychiatry (PRiSM), Institute of Psychiatry, the CAN is suitable for use in primary care settings, specialist mental health teams, and social services. It will be of particular interest to care managers and mental health staff who wish to meet the legal requirement that the severely mentally ill receive a comprehensive needs assessment.

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