

to detail often shown in the writings of others, but seldom in apposition to sentences such as that which precedes them. This is the characteristic of mocking erudition. The third sentence demonstrates something which Michael Shepherd had in abundance, humour, which often had a hint of malice about it, best summed up as the German word *schadenfreude*. These three elements combined in one man and his writings may or may not be unique, but I have certainly never seen it before, and this may explain the puzzlement which many experience when reading and hearing about Michael Shepherd and why there is such a contrast in people's views of him.

The 18 papers in this revised anthology, nicely chosen by the two Davids who were his greatest admirers, illustrate all three of these characteristics in abundance. His original paper on morbid jealousy, published in 1961, includes words from nine languages, and some of the English ones, such as *hormic*, *congeries* and *gynocidal*, are worthy of Anthony Burgess at his worst excesses of etymological gymnastics. His account of the relation between Jaspers's views of psychopathology and current science also shows elements of this. Mocking erudition is shown in his interesting account of Arise Evans, a soothsayer with claims of divine knowledge at the time of Charles II, whom Shepherd concludes "had a revelatory psychosis". His painstaking review of John Ryle "originally published as an introduction to a book", his whimsical account of Otto Rank, and barbed critique "What price psychotherapy?" also demonstrate this characteristic. Michael Shepherd was never far from iconoclasm and his delicate dismemberment of Emil Kraepelin, illustrating that politically he had the same combination of German nationalism and racial purity that would have made a Nazi glow, is perhaps the best of this group.

His humour comes through repeatedly in his writings, but sometimes it is so wrapped in disguises that it takes a great deal of hard work to identify. I include several of the most readable chapters in the book under this heading, including his two chapters on Aubrey Lewis, which, while praising Lewis to the skies, sends barbs in every direction, at his Maudsley lecture on changing disciplines in psychiatry, which he starts by quoting Virginia Woolf "that lecturing is a total waste of time", and ends by suggesting that psychological medicine embraces multi-disciplinary

polygamy. However, it is best demonstrated in his linking of Sherlock Holmes and 'The case of Dr Freud', where, after bringing them together in a masterpiece of invention he leaves them "basking in mutual admiration in the no-man's land between fact and fiction".

Having identified these three elements, I still do not feel I understand the real Michael Shepherd, and this book only gives vague clues that need an expert detective. Which one of these would be his most fitting epilogue? When I worked for him as a registrar 30 years ago he wanted me to make a full assessment of a young man whom he found had had a certain amount of social contact with a neighbour, who happened to be one of his colleagues, Professor John Wing. He quickly devised a scenario whereby it was possible to obtain the diagnosis of this young man only by interviewing Professor Wing. I dutifully fell into the trap and persuaded John Wing to see me. His conclusion was "in the United States this young man would be described as having a personality disorder". When I reported this back to Michael Shepherd he was amused beyond belief. I never understood why. What was he really getting at? I wonder if in his life's work he was just taking all of us for a ride.

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### **I Can Get Through It**

By Sheila Hollins, Christiana Horrocks & Valerie Sinason. 80 pp. ISBN 1 901242 20 X

### **Going into Hospital**

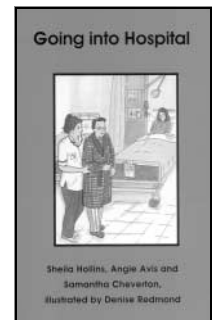
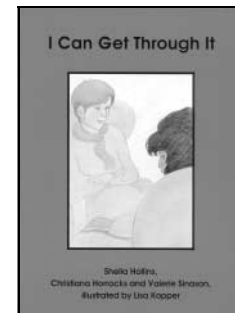
By Sheila Hollins, Angie Avis & Samantha Cheverton. 80 pp. ISBN 1 901242 19 6

### **Going to Out-Patients**

By Sheila Hollins, Jane Bernal & Matthew Gregory. 72 pp. ISBN 1 901242 18 8

All published in London by Gaskell/  
St George's Hospital Medical School. 1998.  
£10 (pb)

The three titles reviewed here form part of a wider series entitled *Books Beyond Words*, the purpose of which is to assist people with learning disabilities to understand events such as going into hospital and so lessen any associated anxieties. Other titles



in the series seek to address the emotional aspects of difficult and potentially traumatic life events such as bereavement, or less common events such as being under arrest and going to Court. I believe these books to be an essential purchase for any service where these issues are likely to be of concern. They are supported by helpful glossaries and details of organisations that can provide further resources. The illustrations that form the main content successfully avoid being 'pictures belonging to childhood' and manage to stand independently, as they surely must in such a series. I did wonder, however, what standards may have been achieved if the UK had as strong a tradition of *bande dessinée* production as say Belgium or France and their more developed tradition of picture-based narration for adults.

These books raise interesting issues regarding the use of narrative with this client group. While there is an implicit picture-based narrative, there is also a descriptive text, as well as suggestions on to how to use single images as a basis for the (co-) construction of more individualised, personal narratives. Originating from a therapeutic position, the books encourage narratives of resolution. In some senses, these are stories of hope and 'wonder' as defined by the Russian formalist Vladimir Propp as "any narrative... that develops from an act of injury or state of lack, through certain mediating functions to an eventual wedding or other concluding

function". They have, therefore, a tendency to a reductive trajectory, although based on a strong claim of believability. How strongly the narratives can be maintained in the real world is of some importance, as is the issue of how far these tools can help address the emotional content of these experiences. I have some concern that there may be a certain encouragement given to an inappropriate didacticism at the expense of the more engaged, shared emotional meanings that are ultimately more personally costly.

There is the real issue here that the provision of helpful aids can only be one part of any endeavour to support people at times of crisis and difficulty, and what people are often seeking are not so much 'interventions' as relationships with meaning to frame experiences. Given this, the narratives should equally be seen as structuring and creating meaning for supporters, many of whom may have little personal experience to draw upon for these purposes.

The hospital and out-patient titles are particularly useful in addressing the issue of consent or, rather, lack of it. For specialist learning disability services this remains an issue to be vigilant about, and many services will have examples of relatives being contacted after 15 or more years of infrequent or non-contact with an individual for the purposes of 'obtaining' consent. Regular contact between specialist services and key other secondary care specialities about this issue is of benefit, and I would strongly encourage joint discussion and use of these books in that context.

**Propp, V. (1968)** *The Morphology of the Folk Tale*. Austin, TX: University of Texas Press.

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### Psychiatric Genetics

By John I. Nurnberger Jr & Wade Berrettini. London: Chapman & Hall Medical. 1998. 164 pp. £45.00 (hb). ISBN 0 412 53580 7

Nurnberger and Berrettini are well-respected authors with a strong track record in psychiatric genetic research, particularly in mood disorders. In general, the book is well presented, although there

are a few surprising typographical errors. In addition to short chapters on methods and genetic counselling there is succinct coverage of most of the psychiatric disorders that have received psychiatric genetic attention to date. The coverage of attention-deficit hyperactivity disorder and autism is, however, excessively brief. The conciseness of this volume is both a strength and a weakness. The lack of detail is frustrating in places and some controversial statements are made that would benefit from more detailed treatment and discussion.

This title is undoubtedly superior to the recently published but disappointing *Handbook of Psychiatric Genetics* (Blum & Noble, 1996) (reviewed in *American Journal of Human Genetics*, 1998, 62, 999). However, at present the best user-friendly and balanced introduction to the field is provided by *Seminars in Psychiatric Genetics* (McGuffin *et al*, 1994; 2nd edn in preparation).

Psychiatric genetics (particularly molecular genetic investigation) is a rapidly moving field. All textbooks dealing with rapidly moving fields suffer from the problem of quickly becoming out of date. It is therefore important that the interested reader supplements perusal of a textbook with computer searches to access recent publications. Of particular interest in this case will be the Chromosome Workshop reports published annually following the World Congress of Psychiatric Genetics.

**Blum, K. & Noble, E.P. (eds) (1996)** *Handbook of Psychiatric Genetics*. Boca Raton, FL: CRC Press.

**McGuffin, P., Owen, M. J., O'Donovan, M. C., et al (1994)** *Seminars in Psychiatric Genetics*. London: Gaskell.

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### International Handbook of Cognitive and Behavioural Treatments for Psychological Disorders

Edited by V. E. Caballo. Oxford: Pergamon. 1998. 698 pp. US\$60.00 (hb). ISBN 0 08 043433 9

This book introduces techniques of cognitive and behavioural treatment for specific categories of mental disorder. Over one-

third of it is given to anxiety disorders, while depression and schizophrenia each have several chapters. Single chapters consider circumscribed problems such as hypochondriasis and sexual dysfunction, and people with special needs ('mental retardation' and behaviours associated with dementia). Although the book claims to follow the DSM-IV classification of mental disorders, major gaps exist. Body dysmorphic disorder receives detailed consideration, but all the eating disorders are ignored. Problem gambling and impulse control disorders (those "not elsewhere classified") each have chapters, but substance misuse is mentioned only in a chapter on schizophrenia. Forensic issues are raised in an excellent chapter on the paraphilias, but there is no attempt to discuss cognitive treatments of any of the personality disorders recognised by DSM-IV. Psychological disorders do not include somatisation disorder or chronic pain. Apart from brief consideration of adolescent depression, the use of behavioural and cognitive treatments with children does not feature.

All chapters provide information about treatment techniques. This tends to be much more detailed and practical when the focus is relatively narrow (agoraphobia, gambling, hypochondriasis). Behavioural treatments are well represented, with a particularly good review of behavioural treatments for depression from Lewinsohn *et al*. While there are no detailed descriptions of behaviour modification techniques, the importance of milieu to psychoeducation is recognised, and group and family treatments are included. The extent to which chapters succeed in providing a critical evaluation of the relative merits of different treatment techniques is variable: despite its practical merits, the book is not a consistent guide to evidence on efficacy. 'International' here indicates that the contributors are from North America, Spain, the UK and Germany, and references are rarely obscure or inappropriate. The book is substantially bound, with many helpful diagrams and examples of tools used in treatment.

Reservations aside, the chapters give trainees an idea of what most cognitive and behavioural treatments involve, and the volume should find a place alongside its competitors in larger departmental libraries.

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