

benzodiazepine–GABA (γ -aminobutyric acid) receptor may be central to an understanding of the neurobiology of panic disorder, but credence is also given to information from investigations of noradrenergic and serotonergic systems. In an outlining of investigations of respiratory control in panic disorder an interesting argument is developed; that the noradrenergic locus coeruleus represents part of a ‘suffocation detector’ which might be inappropriately activated in the course of a panic attack. Four chapters cover drug treatments for panic, including as widely different agents as imipramine, moclobemide, alprazolam, paroxetine and lithium. These occupy more than a third of the text – this exposition of neurobiological theorising and the results of drug treatment is comprehensive and up to date.

By contrast the chapters addressing psychological perspectives are poorly focused. A single chapter covers psychoanalytic, psychodynamic, behavioural and cognitive theories, and another outlines treatments derived from them, concluding that all have their merits. This aspect of the book lacks depth and detail, and conveys the impression that psychological research and practice are ‘also rans’. Although cognitive–behavioural therapy is referred to it is barely given more coverage than other forms of treatment, despite the fact that many authorities regard it as the treatment of choice. Furthermore, the central role of behavioural experimentation and its theoretical foundations are not emphasised.

Four chapters concern nosology, epidemiology, comorbidity, clinical course and economic aspects. These remind the reader that panic disorder occurs in many cultures although details of presentation vary, that it is associated with identifiable and partly inheritable premorbid vulnerability factors, that it is poorly recognised and thus frequently left untreated, and that it is responsible for considerable economic and social disruption.

Although the editors aspire to psychological integration, the book favours a psychopharmacological approach. Intriguingly the range of neurobiological models and treatments offered proves to be no more focal or conclusive than the proffered range of psychological models and treatments.

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Obsessive–Compulsive Disorder: Practical Management (3rd edn)

By Michael A. Jenike, Lee Baer & William E. Minichiello. London: Mosby, Boston & Harcourt Brace. 1998. 885 pp. £50.00 (hb). ISBN 0-8151-3840-7

Research into obsessive–compulsive disorder (OCD) is advancing on many fronts: from genetics to phenomenology, to neuroimaging, to treatment by medication and psychological approaches including some guided by computer. Much of the recent progress made is detailed in this encyclopaedic volume. It is edited by three of the leading workers in the field. All but two of the 43 contributors to its 30 chapters are from the USA. The majority of those authors are from the east coast with far the greatest cluster from the Massachusetts General Hospital, Boston. Contributions are of a high order, often with detailed references to 100–200 or more articles.

Various chapters in this massive tome cover the clinical picture – epidemiology, clinical aspects, features in juveniles, personality disorders and OCD, pregnancy and OCD, so-called OCD spectrum disorders (Tourette’s syndrome, trichotillomania), pathophysiology and assessment. Half the text reviews treatment by medication, behavioural and cognitive methods (including group and family issues, when using those methods), neurosurgery, and points to be taken into account with religious patients. There are detailed guides to practical clinical management with case examples. Two appendices are guides for consumers in readable style, one for patients and another for parents of children and adolescents with OCD. A contact list of support groups in the USA runs to 50 pages and in other countries to seven pages. Commonly-used rating scales are reprinted.

Being really several books in one, the volume’s next edition could ease navigation so that each kind of reader could quickly look up what interests them in particular. Adding an author index would enable researchers to get to descriptions of particular studies. Editorial summaries of various parts of the volume would be helpful. Patients and their relatives would benefit from having more front-end highlighters to what might interest them within the mass of material; perhaps the main consumer-relevant parts could be pulled together into one section. It is surprising that the index does not include self-help, given that one of

the editors, Lee Baer, has written an excellent popular guide on the subject.

This compendium is a notable feat and is an essential reference work for all libraries and serious researchers. It brings into one volume a huge amount of information relevant to OCD, especially that from an American perspective, for researchers, clinicians, patients and their families.

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Management of Drug Users in the Community: A Practical Handbook

Edited by R. Robertson. London: Arnold. 1998. 420 pp. £19.99 (pb). ISBN 0-340-70013-0

From the mid-1980s there has been a progressive movement in the management of drug misuse from specialist treatment alone towards therapy in the community by a variety of care-givers. The latter centres on the general medical practitioner, albeit often in conjunction with the specialist. The transfer stemmed from two disparate factors: HIV infection and financial constraints. The present volume meets a need to update primary care practitioners about techniques within their reach that develop their comprehension, accessibility, assessment and treatment of drug misusers.

The text also contains information to broaden the perspective of psychiatrists. The chapters on psychiatric and other medical disorders as well as the descriptions of the social difficulties that underlie, accentuate or result from drug misuse are especially to be commended.

Bad luck attended the timing of the publication. Guidelines for the management of drug misuse have since been provided by the Department of Health, together with proposals for tighter restrictions in the UK on the prescribing of substitute methadone by general practitioners. The book would benefit from pruning of frequent repetitions between the authors of separate chapters and by abridgement of outdated and unrealistic attacks on drug laws.

Despite some shortcomings the editor and his international contributors provide a balanced narrative for those working in

general psychiatry as well as for the main readership in primary care. There are useful accounts of interactive services between general practitioners and specialists, but the text repeatedly warns that some treatments (for example, relapse prevention and injectable drugs) are beyond its scope. The volume offers a convenient introduction for the novice trainee in substance misuse. Further information is required to gain sufficient knowledge for unsupervised practice in the speciality. This is a book for the general psychiatric library, rather than more specialised bookcases.

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Therapeutic Communities. Past, Present and Future

Edited by Penelope Campling & Roy Haigh.
London: Jessica Kingsley, 1999.
350 pp. £42.50 (hb), £15.95 (pb).
ISBN 1-85302-614 (hb), 1-85302-626-3 (pb)

The therapeutic community movement has been in decline since its heyday after the Second World War. The timing of this book may well be prescient: is a revival of the therapeutic movement taking place? There are a number of books on various aspects of therapeutic communities. This book does not set out to emulate these, but to paint a picture of the diversity and colour within the movement. It is a multi-author book, several of the contributors having written their own authoritative works. It embraces the roots of the therapeutic community movement and goes on to span present practice and possible future development. It is easy to read and there is considerable factual content, not only of the historical development of the therapeutic community movement but the basic concepts of therapeutic communities, their psychoanalytic roots and their application – including the application of group analytic approaches and understanding. Contributors from current therapeutic communities address various clinical issues that arise in the management of their patients who, by and large, have severe personality disorders. These issues include containment, the significance of management of boundaries, the process of attachment and separation, and the management of the conflict between

encouraging personal responsibility and the inherent paternalism in the Care Programme Approach.

Chapters describe the application of therapeutic community approaches to various settings, including that of the prison service. The final section of the book responds to contemporary challenges of survival in the market, research and evidence, and issues regarding training in an approach that is fundamentally multi-disciplinary. The book is written with passion and conviction and conveys the creative experimentation and radicalism that has characterised the movement. It is salutary to note how few therapeutic communities now exist within the National Health Service.

The content of this book, its tone, the energy that is conveyed and the commitment of the multi-disciplinary teams contrast vividly with what, by many, is seen as the creeping increase in social control and bureaucratisation of the present time. The style and presentation, with an emphasis on the art of therapeutic practice, is a challenge to the current dominance of the scientific clinical approach with the apparent idealisation of a logic, which would appear to be applied even in such complex and challenging cases as the management of severe personality disorders. I recommend this book to all aspiring and practising colleagues, if only to remind themselves of times when the practice of psychiatry could more comfortably embrace notions such as creativity and play, and to consider whether the time has come for their renaissance.

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Psychoanalysis and Mental Handicap

Edited by Johan De Groef &
Evelyn Heinmann. London: Free Association
Books. 1999. 214 pp. £16.95 (pb)
ISBN 1-85343-431-0

This book arises from European conferences held in Belgium in 1996 and France in 1997 to exchange ideas on the relations between psychoanalysis and learning disability. The editors and translators for this book have provided a supporting structure

for diverse chapters from European psychoanalysts, psychologists, educationalists and an anthropologist to reflect on their psychoanalytical work with people with learning disabilities and the similar work of others.

As such, the book benefits from having chapters written by authors from a wide range of European cultural, professional, theoretical and service system backgrounds. Several authors pay tribute to the pioneering clinical, theoretical and political work of the French psychoanalyst Maud Mannoni who died in March 1998. Chapter authors also draw on the work of Bettelheim, Bion, Freud, Gaedt, Goethe, Klein, Lacan, Öe, Sinason, Tustin and Winnicott.

Given the authors' diverse backgrounds, languages and psychoanalytical perspectives, chapters vary in their organisation, accessibility and overall quality. Though the book covers individual psychoanalytical therapy and family issues extensively, and to some extent systemic and institutional psychodynamic issues, I was disappointed by the relatively limited consideration of group psychoanalytical work with people with learning disabilities (apart from in the final chapter by the only UK contributor, Valerie Sinason).

Key themes include needing to acknowledge and tolerate the anxieties associated with difference, disability-associated thinking and communication difficulties; appreciating transference and countertransference issues; and defence mechanisms for all people encountering disability, handicap and debility. Several chapters use rich clinical material to illustrate the key psychoanalytical issues in the lives of people with disabilities namely identity, dependency, sexuality, trauma and bereavement.

Several authors also provide theoretical and clinical evidence that people with learning disabilities have the capacity for insight and can make good use of psychoanalytical therapies, despite their primary organic disabilities and particularly given their frequent secondary psychosocial handicaps and psychic-numbing and stupefying traumatic experiences.

Some chapters explore family issues including mother-child dynamics, the effects of trauma and guilt on the siblings who are not disabled, the relationship between a sole-caring father and his disabled son, and intra-familial abuse. Other chapters draw on the fields of anthropology, politics, literature, mythology and art, particularly when considering monstrosity, sexuality,