

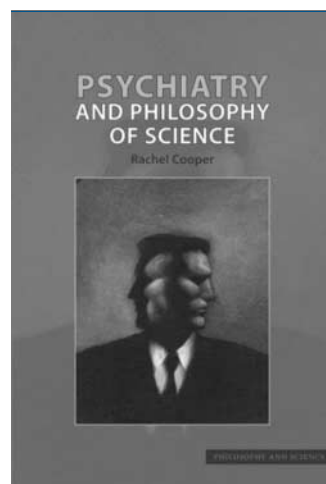
tendency to be self-centred. The theory becomes increasingly complex and the authors identify other essential cognitive processes commonly dysfunctional in personality disorder. But, importantly, they link the cognitive dysfunctions to interpersonal interactions, which instantly brings clinical relevance to the subject.

The authors have organised each chapter to ensure that relevant aspects of their theory are illustrated clinically, using sessional material for each of the personality disorders. This brings the book to life. The reader who is interested in psychotherapy discourse will find this book a veritable treasure trove. What the book does not do is tell you how to implement the treatment. But it does provide handy 'hints' – for example most individuals with personality disorder cannot easily self-reflect so techniques stimulating within-session scrutiny between patient and therapist are best left until later in treatment.

Overall, this book forms part of an ambitious attempt to create a coherent understanding of personality disorders and to offer treatment consistent with that understanding. For some it will be a little too deconstructivist as a model. It is also not for the reader who is naïve about treatment methods or who has limited understanding of personality disorder. But I would urge those who are well-versed in the literature on personality disorder to read this book.

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doi: 10.1192/bjp.bp.107.039636



### Psychiatry and Philosophy of Science

By Rachel Cooper.  
Acumen. 2007. £16.99 (pb). 197pp.  
ISBN 9781844651085

In this book psychiatry is viewed by Cooper (a philosopher of science) as an area of intellectual endeavour and academic research. However, despite the obvious appeal such an approach will have to many psychiatrists, the book is also aimed at philosophers of science, who, to their credit, are increasingly being drawn to sciences other than physics (indeed, the book appears in Acumen's series 'Philosophy and Science'). Cooper describes these twin goals thus:

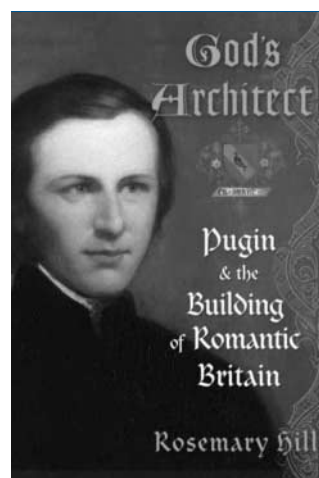
'For readers interested primarily in psychiatry I shall show that psychiatry is similar enough to other sciences for ideas from the philosophy of science to be helpful in solving conceptual problems within psychiatry. For readers interested primarily in the philosophy of science I shall show that psychiatry is different enough from other sciences for an investigation of psychiatry to enable old problems in the philosophy of science to be viewed from a new and fruitful angle' (p. 1).

The book is made up of ten chapters, with the central eight divided between four themes: the nature of mental illness; explanations in psychiatry; relations between theories; and managing values and interests. All the chapters are remarkably strong, covering topics such as randomised controlled trials and the pharmaceutical industry, reductionism, the nature of disorder and whether mental illnesses are myths. For me, the two most thought provoking were the second chapter on explanations in psychiatry (individual case histories), and the first chapter on the relations between explanations (when paradigms meet). The latter chimed with my own anxiety that psychiatry was not a unitary science at all, but rather a practice which drew on numerous sciences of varying degrees of rigour. Cooper is more optimistic and suggests that psychiatry is a multi-paradigm discipline. However, this optimism is tempered by a realistic appreciation of the problems this plurality can bring: competition between professionals and researchers, hegemony of one paradigm over others and difficulties in communication between workers in different paradigms. Here, she suggests, the DSM may serve as a 'contact language', a common reference point to orientate different research and clinical approaches. The chapter on individual case histories will resonate with clinicians used to Jasperian terminology: Cooper discusses the limits of understanding, rationality and the role of individual events in a history in enabling one to simulate the mental state of another and, in turn, empathise and make predictions.

The book is clearly written, succinct and the author wears her great learning lightly. In contrast to many philosophy of psychiatry texts, Cooper draws widely and predominantly on the psychiatric, rather than the philosophical, literature. The book is highly recommended to all psychiatrists interested in the questions that underpin their professional activities, as both clinicians and researchers. By the time I had finished the book I had noted several cited by Cooper that I rushed off to order and am now reading; I can think of no greater praise.

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doi: 10.1192/bjp.bp.108.050831



### God's Architect. Pugin and the Building of Romantic Britain

By Rosemary Hill. Allen Lane. 2007.  
602pp. £30.00 (hb).  
ISBN 9780713994995

In this biography the relationship between mental disorder and creativity in of one of Britain's most prominent architects is examined.

Born in 1812, Augustus Welby Northmore Pugin was the son of a French émigré artist, who ran a drawing school in London,

and an attorney's daughter from Lincolnshire. Even as a child Pugin showed precocious talent – as a 9-year-old he designed a gothic church and at 15 a sideboard for Windsor Castle. He became expert in medieval work and collaborated successfully with Charles Barry on rebuilding the Houses of Parliament after the 1834 fire.

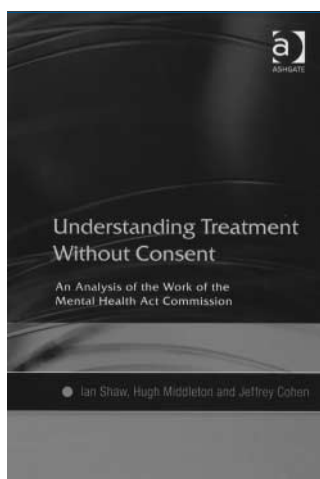
Pugin came to believe that medieval gothic architecture was the true architecture of the Catholic faith. In 1835 he published *Contrasts*, a book comparing his ideal of medieval gothic culture with that developing in industrial towns. The book was simplistic, immoderately expressed and ignored the influence of the Renaissance on church building but brought Pugin into the public eye and led to many commissions. In *The True Principles of Pointed or Christian Architecture* he outlined his own requirements for churches. He designed a great part of the Medieval Court at the Great Exhibition of 1851 and was a judge for other exhibits. In spite of his national prominence, his contributions to major projects and the publication of influential books, he was never accepted by the architectural profession.

Pugin married three times, had several painful infatuations and fathered at least eight children. His life was both driven and blighted by recurring episodes of mental illness. His exceptional energy, quickness in the execution of drawings, remarkable creativity, reckless behaviour and episodes of depression suggest he had an affective disorder. He was admitted to Bethlem with delirium shortly before he died in 1852 at 40 years of age. Diagnoses of thyrotoxicosis and syphilis have also been suggested.

This scholarly work, which places Pugin's work as an artist alongside his changing religious beliefs and his medical condition, makes fascinating reading. One can only be astonished by the architect's extraordinary life and grateful to the author for putting it before us so fully.

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doi: 10.1192/bjp.bp.108.052662



**Understanding Treatment Without Consent:  
An Analysis of the Work of the Mental Health Act Commission**

By Ian Shaw, Hugh Middleton & Jeffrey Cohen.  
Ashgate. 2007. £50.00 (hb). 138pp.  
ISBN 9780754618867

There are eleven biennial reports from the Mental Health Act Commission (MHAC), each longer than the previous one, running to many thousands of pages. Is there any more to say about treatment without consent and the work of the MHAC?

All responsible medical officers and many other psychiatrists whose practice involves treating detained patients, will have come

across the MHAC. Some view Commission visits to hospitals as an essential safeguard for patients and a means to improve patient care. Others think that the Commission is an irrelevance whose sole purpose appears, at times, to be complaining that a particular form isn't completed to the Commission's satisfaction. This book describes how the Commission carries out its tasks and the sort of information it collects. But it also goes further. As one reads about the history of the Commission and its predecessor organisations and ponders the type of information collected (both on hospital visits and in relation to requests for second opinion appointed doctors) and, more interestingly, the way it is interpreted in this book, one may gain some insight into how the Commission perceives mental health services and patient detention. The review, by a previous MHAC policy officer, of reform of the Mental Health Act (now rather dated) and of the MHAC itself (through the Health and Social Care Bill), furthers the impression of a Commission with a particular way of seeing the world.

The book also includes a paper on 'treatability' of individuals with psychopathic disorder. Although it doesn't really fit in with the rest of the book, some readers may consider it the most thought-provoking chapter.

However careful one is to think about the impact of detention and use of the Mental Health Act, one of the rewards of working as a Mental Health Act commissioner is gaining a greater understanding of how others, particularly patients, view detention under the Act. This is reflected in the tone of much of what is written. For those who wish to understand better what the MHAC does this book is worth reading.

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doi: 10.1192/bjp.bp.108.052597



**Drugs in Society:  
European Perspectives**

Edited by Jane Fountain & Dirk J Korf.  
Radcliffe. 2007. £19.95 (pb). 160pp.  
ISBN 9781846190933

Made up of a collection of papers based on qualitative research in several European countries, this book seeks to illustrate and comment on drug use as a dynamic social behaviour influenced by personal, cultural and political factors. The contributors and editors are all members of the European Society for Social Research on Drugs, a group whose aim is to promote social science approaches to drug research.

The ten papers included tackle a range of subjects and present research in a different way to that which clinicians are accustomed to. Many of the chapters elaborate on the variation in social perceptions and meaning of drug use depending upon the societal