

context of the psychodynamic and cognitive frameworks in which they belong.

Overall, the authors have made a brave, if doomed, attempt at achieving the irreconcilable aims of preserving the character of a book which is the product of its (now quite distant) time while also writing something of practical use for today's psychiatrists.

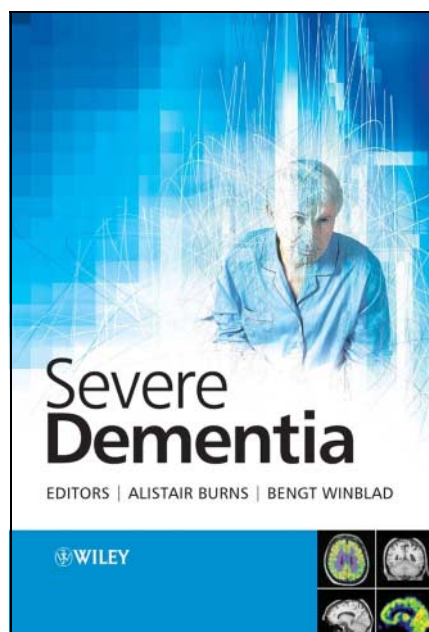
**Cornelius Katona** Kent Institute of Medicine and Health Sciences, University of Kent, Canterbury CT2 7PD, UK. Email: c.katona@kent.ac.uk  
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### Severe Dementia

Edited by Alistair Burns & Bengt Winblad.  
John Wiley & Sons. 2006. 269pp. £75.00 (hb).  
ISBN 0470010541

In their introduction, the editors point out that much research and clinical attention is being directed at early diagnosis and treatment of the mild and moderate stages of the disease and, as a consequence, severe dementia is a relatively neglected area. A motivating factor behind this book was to redress this imbalance and bring together the key issues and current knowledge of severe dementia. The contributions of experts from a variety of backgrounds have succeeded in this.

The early chapters of the book cover assessment, diagnosis, brain chemistry and molecular pathology. These chapters are not entirely specific to severe dementia, but do give an up-to-date account of



current knowledge. Similarly, the section on clinical features includes material relevant to the earlier stages of the illness, but the chapters on staging and function in severe dementia include considerable detail and are rich with information.

The final section covers the management of severe dementia and includes chapters on drug treatments, non-pharmacological interventions, palliative care and health economics. Those on drug treatments highlight the relative dearth of robust research in severe dementia, but the topics are comprehensively covered. Drug treatments for behavioural and psychological symptoms are well covered and are followed by a general overview of non-pharmacological treatments and then an interesting chapter detailing the behavioural and environmental interventions of the Seattle protocols. There follows a short chapter on 'Care by families' – research in this area is relatively scant but what there is, and the issues brought to the fore by the authors, are very pertinent. The remainder of the book is very much specific to severe dementia, with thought-provoking chapters on person-centred care, end-of-life issues and narrative ethics. The final chapter on health economics reminds the reader that the severe stages of dementia are the most costly, yet little is known about resource use and cost-effectiveness of interventions for the late-stage illness.

In summary, this is an excellent book that truly brings some focus back onto the nature of, and issues associated with, severe dementia. It will be a valuable resource for specialist clinicians and those directly providing care to people with severe dementia, such as general practitioners and staff of nursing homes.

**Peter Bowie** Sheffield CareTrust, Fulwood House, Old Fulwood Road, Sheffield S10 3TH, UK.  
Email: peter.bowie@blueyonder.co.uk  
doi: 10.1192/bjp.191.5.463

### Binge Britain: Alcohol and the National Response

By Martin Plant & Moira Plant.  
Oxford University Press. 2006. 208pp.  
£19.95 (pb). ISBN 0199299412

As the title announces, this book concerns itself largely with the pattern of drinking in Britain, past and present, and seeks to



comment on the government response to problematic alcohol use in terms of policy-making, legislation and its enforcement. Its publication is timely, in so far as it follows the 2004 National Alcohol Harm Reduction Strategy for England, which outlines interventions to prevent, minimise and manage alcohol-related harm.

In 2005 the Alcohol Needs Assessment Research Project found that 23% of the population aged 16 to 64 drink hazardously or harmfully (7.1 million in England) and a further 1.1 million are dependent. Furthermore, 21% of men and 9% of women are binge drinkers. Alcohol problems are estimated to cost the taxpayer more than £20 billion per annum, and alcohol is implicated in 30 000 hospital admissions, 70% of accident and emergency attendances and 22 000 premature deaths.

*Binge Britain* is certainly a readable book. It provides an informative historical overview that examines factors influencing alcohol use and the social consequences of alcohol consumption. It explores the role of public attitude and influence of the alcohol industry in contributing to and maintaining the current binge style of drinking in Britain. The book also highlights the growing concerns regarding the escalating use of alcohol among British women.

Overall, I found it a useful source of historical and social information. I was disappointed that the potential physical and psychological consequences of excess alcohol consumption are not explored in more detail. I also felt that with the authors'

keenness to impress the flaws of the government's illogical choices following their National Alcohol Harm Reduction Strategy (such as the significant evidence against the extension of licensing hours), an objective discussion seemed to have been sacrificed. It is, perhaps, a little hopeful to expect a group of scientific experts, even with a strong evidence base, to outweigh an industry worth billions to the government.

All in all, if you are looking for a summary of Britain's obsession with alcohol over the ages, including more recent trends and political policies, *Binge Britain* is a worthwhile read.

**Elizabeth Furlong** Mary Street Community Drug Team, Balsall Heath, Birmingham B12 9RN, UK. Email: elongfur@yahoo.co.uk

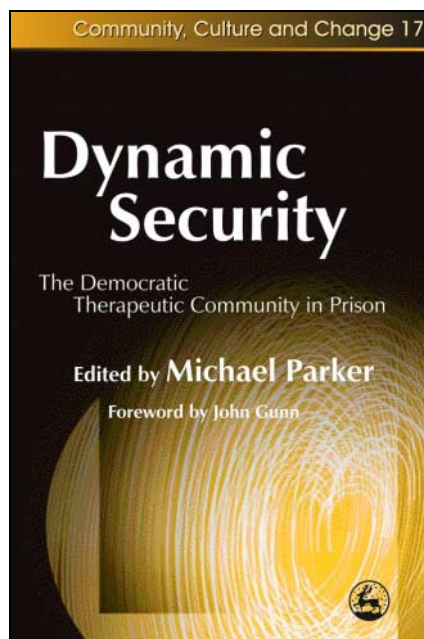
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### **Dynamic Security: The Democratic Therapeutic Community in Prison**

Edited by Michael Parker. Jessica Kingsley Publishers. 2007. 288pp. £25.00 (pb). ISBN 1843103850

If, as various sages have asserted, the state of a nation's prison system is a reflection of that society's socio-political health, where does that leave the UK? Well, frankly, in the doldrums, in need of little short of a revolution. Current penal policy persists in a largely hostile and non-rehabilitative attitude to the offender, who is invariably (ware)housed in one of the increasing number of our increasingly overcrowded, prisons. But, as in the larger matter, there are (quantitatively) small beacons of light within this rotten system, which seek to understand and address the many factors which play their part in the personal and societal failures and tragedies which result in criminality. The subject matter of this volume is such an illumination: specifically, the combination of activities needed to run a democratic therapeutic community within the prison system.

This well-edited book is written by psychologists, prison governors, therapists, psychiatrists and researchers. It contains different sections: three chapters on theories of criminality; three on the history of the therapeutic community in prisons – especially well done by Newell & Healey – which trace the pervasive influence of Maxwell Jones and the Henderson Hospital



experience, and three in a section covering methods and practice. In one of these, Alan Miller reviews recent initiatives for resettlement and support of prisoners after prison discharge. It is a sobering and depressing fact that 95% of inmates move on from prison therapeutic communities back to the general prison, with all its pressures towards reaffirmation of the criminal identity. So, post-therapy after-care needs to include initial support in surviving (again) the depredations of prison, and only thereafter, support in the outside community.

In my view this return to prison – quite unnecessary other than for bureaucratic reasons – is but one example of the common phenomenon of sabotage of good work undertaken in the prison. The internal saboteur of creative work by offender and staff is a crucial dynamic in understanding the stagnation of the individual and the institution, and to help overcome it. Neither this, nor any psychodynamic theory, receives attention by Day in an otherwise competent overview chapter on psychological theories of criminality; nor is it addressed in an otherwise vivid section on psychodynamic aspects.

There is a helpful section on managing the therapeutic community – a difficult task in a frequently uninterested and sometimes antagonistic institutional structure. The old canard that the application of the therapeutic community model of treatment, of its essence democratic and free, is therefore unsuitable to the coercive situation of the prison, is ably dealt with by several authors

in this section. There follows a chapter on audit and accreditation, now required for all treatment programmes within prisons, and an account of a body created jointly by the Association of Therapeutic Communities and the Royal College of Psychiatrists Research unit, called the 'Community of Communities' – a voluntary network of peer review and quality assurance for therapeutic communities of whatever hue, in whatever setting, in the UK or abroad.

The penultimate chapter contains four rather brief accounts by individuals who have experienced therapy within a prison therapeutic community. They are, clearly, selected and merely illustrative but they make their points well, and are not uncritical. One contains the comment 'I think the massive overreaction in Grendon by Security in the last few years has damaged therapy'. This is a constant danger, common to all mental health provision and not just the forensic.

Why, then, does our dominant penal policy continue to be reparatively bankrupt as well as economically and humanly expensive, and further, why does our society and electorate continue to tolerate it? Almost the last words in the book from a Grendon prisoner may give us a clue:

'We all do it, we all keep up a hard man front, we have to because if we don't we'll get crushed. We don't want to, though, not always. There's hundreds of us out there (in the prison system) who are dying to find some peace and security for once in their lives but we're never going to be the first to say so, its too dangerous . . .'

This is familiar to those who work in the system. The contributors to this excellent volume know it well, and in different ways express their versions of trying to change this mind set. It is surely up to us to help change the reciprocal 'macho' attitude of politicians and the penal system itself.

Certainly, the paranoid attitude to offenders and their demonisation has the comfort of simplicity and retributive appeal. It may make us feel better but it is the cause of a continuing sink system. More disturbingly, perhaps, for our own psychological purposes, we need to have this already marginalised group (over half of all prisoners are graduates of our equally awful care system) to further punish, neglect and vilify. All the more praise for the contributors to this volume.

**Christopher Cordess** University of Sheffield, Regent Court, 30 Regent Street, Sheffield S1 4DA, UK. Email: c.c.cordess@sheffield.ac.uk

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