



columns

these theories. Detailed clinical material is used to illustrate the approach. It is a considerable achievement to have covered so much ground and brought so many strands of thinking together, but the result is far from satisfying. To my mind, this is for three main reasons.

Firstly, rather mechanistic, impersonal, language is used to describe and explain highly personal phenomena. This follows from the way in which Ahles regards Freudian structural theory and ego psychology as offering essential descriptive and explanatory concepts. Thus in one of the numerous clinical illustrations he writes, 'Because of the tenuous affective balance within the ego and the tendency for it to be further imbalanced by superego and id forces, Roberta was quite dependent on external sources of positive affect to keep it in balance' (p. 175). Such a description of the internal world appears to conflate physical and psychological modes of explanation. In my view, the numerous diagrams that resemble illustrations of electrical circuitry exacerbate this problem.

Secondly, the linking of a large number of theoretical ideas continually begs the question of what constitutes the bottom line in his psychodynamic perspective. The clinical examples suggest that he regards modifying attachment patterns and 'affective balance' within the ego (largely through the expression of empathy and the provision of explanation) as the essence of psychodynamic work. This perspective is not presented in a critical way.

Thirdly, and to my mind most importantly, there is no discussion of the significance of understanding the 'inner world of the primary process'. Thus, there is only scant reference to psychotic modes of being and relating, and then only as a level of separation-individuation. This serious deficiency is reflected in the relative neglect of the transference and the promotion of explanation over interpretation. Relatedly, none of the clinical examples are of patients with psychotic disorders.

Despite the troubling language and diagrams, the author has usefully summarised a range of psychodynamic ideas and produced an approach to psychotherapy that reads as if it would enjoy a high degree of acceptability among relatively high-functioning patients. However, the sidelining of the transference and the absence of any psychotherapeutic approach to psychosis significantly limits its value as a general psychodynamic text for trainees in psychiatry or psychotherapy.

**Leyland C. Sheppard** Specialist Registrar in Psychotherapy, Nottingham Psychotherapy Unit, 114 Thorneywood Mount, Nottingham NG3 2PZ

## Female Genital Mutilation: Treating the Tears

Haseena Lockhat  
London: Middlesex University Press, 2004, £15.99 pb, 198 pp.  
ISBN: 1-898253-90-0

Female genital mutilation is not a subject where neutrality is an option. Twenty years ago Northern European feminists took up the abolitionist cause with fervour. Abolitionists were attacked as culturally insensitive. They, in turn, accused their attackers of inappropriate cultural relativism. Some years later, Haseena Lockhat brings the topic properly to the UK. She is primarily interested in circumcised women in the UK, and what is in store for their daughters. She brings a measured tone to a controversial topic.

She clarifies the different forms of female genital mutilation; these vary in the extent to which part or all of the female external genitalia are removed. She places the practices in a cultural context, firmly refuting the idea that these practices are synonymous with Islam. Female genital mutilation is predominantly an African custom, but is far from ubiquitous in Africa. It has many purposes but seems most strongly linked with upholding traditional practices intended to guarantee chastity at marriage and to prevent a woman sexually straying thereafter.

UK law currently outlaws any form of female genital mutilation. This creates difficulties for migrant women in the UK who are circumcised and for families who want what they consider to be best for their daughters. Lockhat's careful documentation of the physical and psychological complications of female genital mutilation in UK residents leaves little room for sympathy for families that would put their daughters through what would normally be described as torture. One-third of her sample explained that they were circumcised without anaesthetic, while being held down. Unsurprisingly many of her sample had symptoms of post-traumatic stress disorder. To compound the problems of these women, their experiences of healthcare in the UK were often poor. Neither their cultural mindset nor their bodily predicaments were well understood. They were equally unable to give voice to their unhappiness within their own community for fear of social disapproval.

This book will be valuable when clinical dilemmas arise either in relation to children or adult women and their families. It is not an easy read, nor should it be, given the difficulty and importance of the topic: 140 million women worldwide have been subjected to female genital mutilation, often as minors.

**Annie Bartlett** Senior Lecturer in Forensic Psychiatry, Department of Mental Health, St George's, University of London, Cranmer Terrace, London SW17 0RE

## The Psychiatry of AIDS: A Guide to Diagnosis and Treatment

Glenn J. Treisman & Andrew F. Angelino (eds)  
Baltimore: Johns Hopkins University Press, 2004, £14.50 pb, 240 pp. ISBN: 0-8018-8006-8

This book aims to focus on clients with HIV whose conditions are complicated by mental health problems. It begins with a detailed history of HIV/AIDS, highlighting the impact of highly active anti-retroviral treatment (HAART) on improving survival rates. It then looks at adherence, which is frequently compromised by complicated medical regimens, side-effects, risk-taking behaviours and mental health problems. Although the book is intended for HIV/AIDS professionals, it would be equally suitable for those outside the field, given the broad discussions of the main clinical issues, practical advice and recommendations.

The book offers a detailed description of behavioural observations during psychometric assessments, particularly those associated with AIDS-related dementia, together with suggestions for assessment questions and recommendations for cognitive tests, specific treatment plans and relapse prevention strategies. These discussions are supported by case studies, which reflect the multidimensional treatment approach often necessary for those with HIV whose conditions may be associated with depression, anxiety disorders, sexual difficulties, psychosis, personality disorder, addictions or neuropathology, and the professional and medical dilemmas involved with this group.

The authors emphasise the importance of developing a systemic understanding of cognitive functioning, social and recreational activities and environmental influences, which might affect a patient's condition. However, they fail to consider the benefits of multidisciplinary working in this regard. For example, most if not all UK-based HIV services employ nurse specialists and health advisors who provide expertise and advice about adherence; clinical psychologists also frequently treat clients presenting with mental health problems and non-adherence. It is noteworthy that the book focuses on the American healthcare system, so one wonders whether the omission with regards to multidisciplinary teamwork reflects a difference in service provision between the USA and the UK. Nevertheless, this book is useful as an overview of the issues that challenge clinicians working in HIV and is written in a thoughtful and readable style, which would appeal to a wide readership.

**Sharon Kalsy** Clinical Psychologist, Tudor Wing HIV and Sexual Health Service, The Hillingdon Hospital, Uxbridge, Middlesex

## Adverse Syndromes and Psychiatric Drugs: A Clinical Guide

Peter Haddad, Serdar Dursan & Bill Deakin (eds)  
Oxford: Oxford University Press, 2004, £29.95 pb, 330 pp.  
ISBN: 0-19-852748-9

There are books to suit different purposes. For example, one may read a book for pleasure, use another for a particular reference and another still as an academic text. Then there is a book such as this one that fulfils all of these criteria.

This book covers a number of adverse syndromes associated with drugs used in psychiatry, including relatively common scenarios such as extrapyramidal side-effects and extending to less well-understood phenomena such as diabetes mellitus and neuroleptic malignant syndrome. All the chapters follow the same format including sections on clinical features of the syndrome, differential diagnosis, management, risk factors and prevention, with a summary at the end.

There are few surprises in the recommendations, which on the whole appear to be in line with current practice guidelines, although less so with practice. One of the great strengths of the book is that it can be used as a guide to aid clinical practice rather than solely as an academic text.

This book is a welcome addition to a slowly growing collection of practical guides on drugs used in psychiatry. It is a stimulating read and will appeal to

academics and clinicians alike. I recommend it to psychiatrists, pharmacists, general practitioners, nurses and any other healthcare professionals involved with or interested in drug treatment in psychiatry.

**Shubhra Mace** Principal Clinical Pharmacist, South London and Maudsley NHS Trust

## Practical Management of Dementia – A Multi-Professional Approach

Stephen Curran & John Wattis  
Oxford: Radcliffe Medical Press, 2004, £27.95 pb, 248 pp.  
ISBN: 185 77 59 31 1

This book brings together current scientific knowledge of dementia with the ways in which different professionals are involved in the process of care. It discusses models of service delivery such as memory clinics and gives guidance as to how one might ascertain local service needs and establish appropriate services. There are also chapters on specific aspects of dementia care. The spirituality chapter is illuminating and thought-provoking. Person-centred care is a theme which runs through the book and there is a good summary of its principles within the role of the nurse in dementia care. The occupational therapy chapter is well organised and informative with thoughtful case examples. The chapter on early-onset dementia is a useful reference for those not expert in the field. Legal aspects of dementia are clearly set out, although this area is equally well covered in the recent BMA publication on capacity (BMA & Law Society, 2004). As the legal framework for decision-making for those with

incapacity will undoubtedly soon change with impending legislation, this space could have perhaps been used more profitably. Supporting carers of people with dementia would have justified a chapter in its own right. Similarly greater emphasis could have been made of ways in which services can reach out to minority ethnic populations.

One criticism of the book is the amount of repetition which makes it difficult to read at one sitting. The chapters on epidemiology, diagnosis, early detection and memory clinics could have been rationalised. This would have allowed space to expand on topics such as neuropsychological assessment and psychological management techniques. The inclusion of the different perspectives of the old age psychiatrist, physician for the elderly and general practitioner provides valuable insights into the expertise and viewpoints of each. However, it also leads to some idiosyncrasies. It might have been helpful to have a clearly stated consensus opinion or a current summary of the debate in controversial areas, for example the place of neuroimaging in the routine assessment of dementia.

Overall the book successfully brings together the elements of good practice in delivering multidisciplinary care to dementia sufferers and their families. However, as the editors state, provision of such care is reliant on underpinning by sound political and financial support.

BMA & LAW SOCIETY (2004) *Assessment of Mental Capacity: Guidance for Doctors and Lawyers*, 2nd edn. London: BMJ Books.

**Rowena Jones** Specialist Registrar in Old Age Psychiatry, Services for Older Adults, Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham B15 2QZ



columns