columns

reviews

The Confinement of the Insane. International Perspectives, 1800–1965

Porter, R., Wright, D. (eds)
Cambridge: Cambridge University Press, 2003, £50 hb, 371 pp.,
ISBN: 0-521-80206-7

When the great social historian Roy Porter died suddenly on 3 March 2002, he was, characteristically, in the midst of writing up numerous projects – many of which are now appearing in print. 2003 saw the publication of *Flesh in the Age of Reason* (Porter, 2003), his masterly account of the history of ideas about the self. This current volume is a multi-author survey of asylums throughout the world, which Porter co-edited with David Wright, a professor of the history of medicine in Ontario. Porter provides the introductory essay and outlines the intellectual debates that have raged in the history of psychiatry over previous decades.

These debates can be seen as evolving through the three classic stages of thesis, antithesis and synthesis. First, came the benign view of the asylum as a force for good in society. This was followed by the counter-view, associated with Foucault and Scull, which saw the growth of the asylum in a malign light. Far from being humane, it was cast by these 'revisionist' writers as a mechanism of social repression. Finally, there emerged the more recent view, based on empirical, archival research, which has found evidence of both care and coercion in society's response to the mentally ill.

As Porter notes, much of the research has focused on Western Europe and North America. The attraction of this book is that it ranges much more widely, taking in Africa, India, Australia and South America. In his thoughtful chapter on psychiatry in Japan, Akihito Suzuki considers the dilemma that arises when judging mental health care outwith Europe and America. There is the danger that indigenous systems are evaluated in terms of how well they have 'kept up' with the supposed 'centres of excellence'. Equally, there is the danger that local practice is romanticised and hailed as a triumphant riposte to the perceived failings of the West. As many of the authors in this volume demonstrate, psychiatric care has developed differently in response to the particular mix of outside and native influences found in individual countries. Thus, to take one example, we find that Nigeria created an innovative type of community care where patients went to stay with local people in exchange for helping with the work of the village.

This collection does have two major shortcomings, which are alluded to in the book. In the chapter on Canada, David Wright (and his colleagues) ask whether social historians have over-emphasised the importance of social and cultural factors in the evolution of psychiatric institutions and have ignored what Roth and Kroll have called 'the reality of mental illness'. In fact, the work of historically-minded clinicians on such asylums as Ticehurst, the York Retreat, the Royal Edinburgh, and the Fife and Kinross, has repeatedly shown that asylum inmates suffered from recognisable psychiatric conditions and that these could not be simply dismissed as 'social constructs'. Surprisingly, none of this work is mentioned. Secondly, as Patricia Prestwich observes in her chapter on asylums in Paris, 'it is important not to lose sight of the individual patient'. This volume almost completely ignores the voice of the inmate, which is curious, given that Porter was one of the foremost champions of seeing the history of insanity through the eyes of the patient. This omission makes the volume unbalanced. Too much of the book is given over to graphs and tables of asylum statistics, and we learn little about the experience of the men and women who passed through these grimly-fascinating institutions of the past.

PORTER, R., SCHAMA, S. (INTRODUCTION) (2003) *Flesh in the Age of Reason* (Allen Lane History Series). London: Allen Lane.

Allan Beveridge Consultant Psychiatrist, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU, Scotland

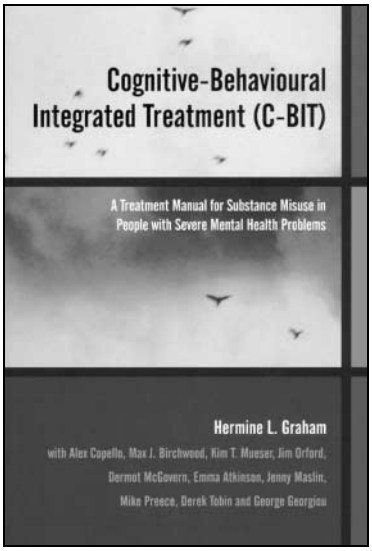
Cognitive–Behavioural Integrated Treatment (C-BIT)

Hermine L. Graham
Chichester: John Wiley, 2004, 318 pp., £24.95 pb,
ISBN: 0 470 85438 3

C-BIT sounds like an item from a DIY catalogue; appropriately so, because it is a type of multi-purpose tool, but one designed for the psychological treatment of patients suffering from both mental illness and problematic substance misuse. It has add-on attachments for every circumstance, whether the identified problems lie with anger control or personal finances. The full range of functions that C-BIT encompasses will probably only be used by specialist therapists in assertive outreach and dual diagnosis teams. However, C-BIT training has been shown (in research reported elsewhere) as helpful to ordinary members of both mental health and substance misuse teams. None of the treatment methods are original in themselves, but this is an excellent guide to how they can be tied together in a coherent system, and how they can be matched to the various phases of treatment, which are themselves determined by the patient's current levels of motivation and readiness to change.

Addiction therapy has become in general alarmingly depsychologised. This has been due to such factors as the slow death of treatment for alcohol dependence in the UK, the predilection of commissioners for ultra-brief interventions and the rise of methadone substitution as a general answer to drug addiction. Psychologists who remain active in this field are rare, to be cherished, and for some reason predominantly based in Birmingham, where this publication originates.

The manual demonstrates how approaches towards mental illness and addictions have begun to converge recently after drifting apart. In both fields now staff are geared up for the long haul. Schizophrenia is not cured in six sessions, but then neither is serious opiate, alcohol nor cocaine addition. Relapse management and motivational interviewing are the bread and butter of addiction treatment, but are also well suited to helping people avoid psychotic episodes. Addiction workers are learning to use cognitive techniques to tackle the depression and anxiety that so often underlie excessive consumption. Both services are coming to understand that responsibility for motivation lies as much with themselves as with their patients. Ending with a brief review of the literature, the authors claim that



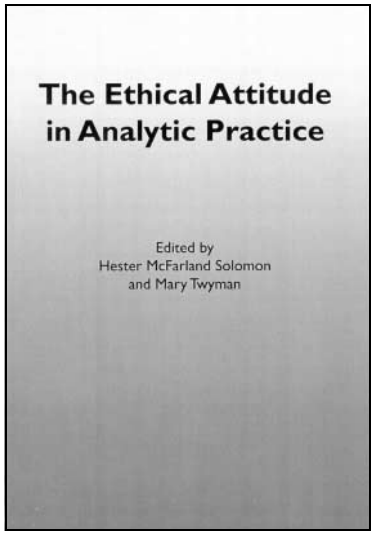
there is 'a solid basis for optimism' concerning the effectiveness of integrated treatment. This book will have achieved much if it can help reduce the pessimism that is too frequently expressed in the context of 'dual diagnosis'. Even when treating people who appear at first completely wayward, a patient and collaborative approach can in the end be immensely rewarding.

Tom Carnwath Clinical Director, Pierremont Unit, Darlington Memorial Hospital, Hollyhurst Road, Darlington DL3 6HX

The Ethical Attitude in Analytic Practice

Hester McFarland Solomon & Mary Twyman (eds)
London: Free Association Books, 2003, 184 pp., £18.99 pb,
ISBN: 1 85343 558 9

Ethics is the discourse of 'ought' and 'should'. The values of medicine have swung away from an attitude of uncritical paternalism to a more considered position which acknowledges the complexity of all therapeutic relationships; a complexity that is a function of factors such as time, depth and mutuality (Cox, 1976). Psychoanalysis, which started as a branch of medicine, therefore needs to consider and review its ethical identity, and this book is



a collection of papers by therapists who offer a largely (although not exclusively) Jungian view of ethical issues in psychoanalytic practice.

One of the complications of this subject is that ethical thinking (by which I mean the process of reasoning about dilemmas of 'ought' and 'should' in clinical practice) overlaps with clinical thinking in psychotherapy. There is often no distinction between the clinical and the ethical; the fact and the value, as it were. It can therefore be hard for analysts not to impose their own value systems onto patients in the name of health, and this is why it is hard to argue that psychoanalysis is a purely therapeutic activity.

Some of the contributors to this book offer valuable reflections on this complicated theme. I particularly liked the chapters on confidentiality, and McKenna's chapter for its clear and compassionate voice. Sher's chapter about ethics and organisations is one that I will definitely be sharing with trainees and colleagues. Overall, I would recommend the book, especially to trainers of therapists and to trainees in psychiatry who want to know more about being a psychotherapist.

The only thing I disliked was the occasionally pompous and patronising tone taken about patients' resistance to therapy, since it seems to me that the perception of 'resistance' itself represents a type of ethical judgement by the therapist. Reading this book also made me sad that it seems impossible for the different schools of psychoanalysis and psythotherapy to talk to each other and integrate their ethical visions, or at least to set out their similarities and differences in a comprehensive way.

COX, M. (1976) *Structuring the Therapeutic Encounter: Compromise with Chaos*. London: Jessica Kingsley.

Gwen Adshead Consultant Psychotherapist, Broadmoor Hospital, Crowthorne RG45 7EG

miscellany

Royal Medical Benevolent Fund

The Royal Medical Benevolent Fund (RMBF) is a registered charity that provides support to doctors and their dependants who have fallen on hard times. Tragedy can strike unexpectedly and all too often does – not least to younger members of the profession and their families. For well over 100 years, the RMBF has been there to help in times of need, and never is that need more evident than at Christmas time. A seasonal gift can transform a rather cheerless Christmas into a very happy one. The 2003 Christmas appeal raised £90 000 and it is very much hoped that this sum will be exceeded in 2004. Please consider making a donation and brighten Christmas 2004 for many less fortunate colleagues and their dependants. Contributions may be sent to the Royal Medical Benevolent Fund, 24 King's Road, Wimbledon, London SW19 8QN, or to the Treasurer of your local guild of this Fund. For further information please visit http://www.rmbf.org.