



New Oxford Textbook of Psychiatry (2 Volume Set)

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The textbook has been planned with the three themes of contemporary psychiatry in mind. First, the subject has become more unified: there are no longer competing theoretical schools; the biological and psychosocial models have been largely reconciled; and the scientific and clinical points of view have been brought together in an evidence-based approach. The second theme is the importance of the social context in which psychiatry is practised, particularly as this takes place increasingly in the community. Thirdly, the practice of psychiatry is becoming increasingly similar in different countries; this book takes a worldwide approach with expert contributions from many countries. Accounts of clinical practice are linked to the underlying science, and to the evidence for the efficacy of treatments. Physical and psychological treatments, including psychodynamic approaches, are covered in depth. The history of psychiatry, ethics, public health aspects, and public attitudes to psychiatry and to patients, are all given due attention. The book opens with a subject which is central to the editors' view of the practice of psychiatry; the patient's experience of psychiatric illness.

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Editorial Review

From The New England Journal of Medicine

Two international, multivolume, multiauthored textbooks of psychiatry appeared almost simultaneously at the start of the millennium: the two volumes of the New Oxford Textbook of Psychiatry, derived mostly from Anglo-American sources, and the three volumes of Contemporary Psychiatry, derived mostly from German and Swiss psychiatric centers. Each is truly international, and the scope of each extends into the other's orbit.

The books are called "textbooks" but are actually encyclopedias. Each provides authoritative essays or chapters on most topics pertaining to clinical psychiatry as it is understood at the beginning of the 21st century, from the description of psychiatric disorders themselves to the basic and social sciences that illuminate causes and mechanisms. These are not books to be read from cover to cover but reference works providing introductions to present knowledge, useful methods of investigation and practice, and keys to the literature.

No chapter would be considered complete by an expert in the subject it covers; rather, each is suitable for generalists or subspecialists who wish to enhance their knowledge of an aspect of psychiatry. Because the chapters are drawn from an international group of experts, they avoid the narrowness of local conventions and controversies. The contemporary publication of the books emphasizes the need for an extensive overview of psychiatry, especially after the past 25 years, which have seen the rise of the empirical classification systems of mental disorders and the decline of psychoanalysis as the dominant conceptual schema. The books also demonstrate, through their quite remarkable similarities, how the empirical approach to psychiatric knowledge has successfully crossed international boundaries even though national health systems differ.

The similarities between the textbooks extend to construction. Both present two-column pages with extensive references from periodicals, mostly through 1998 (although the German textbook has some references from 1999 and 2000). Both texts use the "operational criteria" classification systems of the 10th edition of the International Classification of Diseases (ICD-10) and the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and provide the criteria of both systems for every clinical condition. The German textbook includes conversion tables for the ICD-10 and DSM-IV criteria.

The writing styles differ slightly. Some chapters in Contemporary Psychiatry have a translated, German-English flavor and are somewhat difficult to read. However, this is a minor matter, since most of the chapters are well written. The Oxford book, with its bold red covers and wider columns of print, is the more physically attractive of the two.

The editors of both textbooks have coordinated the efforts of numerous experts in psychiatry and related scientific disciplines. Some differences in emphasis and coverage distinguish the two books. For example, the Oxford book devotes more space to psychology, emphasizing the fundamental role of psychology in psychiatric reasoning. On the other hand, the German book has two excellent chapters on the important subject of philosophical anthropology, which is ignored by the authors of the Oxford book. As might be expected, for some subjects both groups of editors commissioned the same expert. A.J. Holland from Cambridge University, for example, writes coherently about mental retardation in both books, and G.E. Berrios tackles aspects of the history of psychiatry.

These textbooks are worthy and much-needed guides to contemporary psychiatry. Both are accurate, comprehensive, accessible, and internationally authoritative. Either one of them will serve the practicing psychiatrist who is seeking further education or updated information. For those preparing for recertification, they are treasure-troves of information about contemporary thought and practice -- better than many continuing-medical-education courses. An openness to clinical experience, combined with an objectivity and hopefulness about science-based progress in psychiatry, permeates both books. I believe that every active psychiatrist should have one of these textbooks at hand.

What is missing from both books (and, one must admit, from contemporary psychiatry itself) is a structure according to which one can comprehend mental disorders as expressions of human life. The topical chapters do not emerge in a sequence based on some systematic understanding of nature; rather, both books retain vestiges of the old organic-versus-functional classification of mental disorders, even as they assert a commitment to the "atheoretical" stance proclaimed by ICD-10 and DSM-IV. Given that no deeper understanding links the clinical disorders with human mental life, the chapters on these disorders could just as well have been arranged alphabetically. Because of this, both books have some of the "bits-and-pieces" quality that can be sensed in the contemporary discourse at many psychiatric centers today.

Recognition of this fundamental problem occurs occasionally in both books. Berrios, in his historical chapter in *Contemporary Psychiatry*, discusses the recurring debate about "scaffolding," or structure, in psychiatric reasoning over the centuries and notes how changing concepts of the underpinnings of psychiatric explanations have promoted periods of progress and regression in the discipline. Van den Hout, Arntz, and Merckelbach from Maastricht University Hospital, in a thorough and coherent chapter in the Oxford book on the contributions of psychology to the understanding of psychiatric disorders, propose three distinct but hierarchically interrelated methods (or, as they say, psychological "perspectives") to assess and explain psychiatric conditions: biologic psychology, information processing, and cognitive psychology. They provide examples of the relevance and usefulness of information from each perspective for clinical practice. They pertinently argue against an unthinking devotion to reductionist reasoning, such as "every twisted thought has a twisted neuron and twisted molecule," because they hold that much disorder in mental life comes directly from psychological factors such as learning and belief, the neural underpinnings of which are pragmatically unimportant to clinicians. This kind of reasoning -- for pragmatism, for pluralism, for perspective -- is found nowhere else in these books, even though it can transform our presumptions and our discourse.

With these few exceptions, the books do not mention that the empirical era that began in the 1970s by promoting descriptive diagnostic criteria for case identification has run into trouble -- for example, in the multiplication of psychiatric disorders without limit (ontologic incontinence) and in the invention of disorders without foundation (fabulism). These are big problems for the field that have developed from the practice of defining disorders according to the categorical method since the publication of DSM-III in 1980.

One can predict that later editions of these books will be different, just as we psychiatrists will be different -- not just because we will acquire more knowledge about genetics, brain imaging, neurochemistry, and the like (as we certainly will) or because we will cease using diagnostic criteria to identify validated disorders. Rather, we will develop a systematic understanding of the hierarchically separate but interactive levels of human mental life from which specific disorders emerge and derive their essential nature.

Thus, we will be able to distinguish the ways in which emotional responses to conflicts between hope and the circumstances of life (grief, hostility, demoralization, and so forth) differ from the emotional states that are symptomatic of the breakdown of cerebral faculties (manic depression and panic anxiety, for instance). Then, we will organize scientific information about mental and behavioral disorders into practical explanatory formulations that promote the effective use of our knowledge. Most important, we will once again see our

patients as people living under altered circumstances rather than as members of some alien species. The implications of this reasoning for psychiatric teaching, service, and research are enormous.

Paul R. McHugh, M.D.

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Review

"...worthy and much needed guide to contemporary psychiatry...accurate, comprehensive, accessible, and internationally authoritative...will serve the practicing psychiatrist who is seeking further education or updated information...treasure-troves of information about contemporary thought and practice- better than many continuing-medical-education courses."--*N Engl J Med* Vol. 345, No. 4, July 2001

"This text is a serious heavyweight contender for all medical and departmental library short-lists of essential items...there is something here for everybody...this may be the foremost international textbook of psychiatry."--*British Journal of Psychiatry*

"This comprehensive reference text is a must have."--*Hospital Doctor*

About the Author

Professor Gelder was formerly Professor of Psychiatry at the University of Oxford and is the co-author of *Psychiatry: An Oxford Core Text* and the *Shorter Oxford Textbook of Psychiatry*. Nancy C Andreasen is Andrew H Woods Chair of Psychiatry at the University of Iowa College of Medicine. She is actively involved in neuroimaging research. She is Past-President of the American Psychopathological Association and the Psychiatric Research Society. She is Editor-in-Chief of the *American Journal of Psychiatry* and is the author of several books and hundreds of articles. Professor Juan Lopez-Ibor is past-President of the World Psychiatric Association

Users Review

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Rodney Schmitt:

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