

Other essayists advance subtle arguments that psychotherapy is a culture-bound activity that can be looked at scientifically at a meta-level and common factors abstracted. It follows, some of the essayists argue, that therapists should focus on maximally delivering these common factors.

These approaches place importance on the therapist remaining optimistic to inspire hope, being empathic and impressing on patients expectations of good outcomes. Personally, I expect the therapy they outline might be quite hard work to sustain over a significant period of time. Rather than a therapist primarily following an internally consistent and rich system of formulating patients' difficulties and how to address them, therapy based explicitly on common factors falls back on the need to remain hopeful, empathic, etc. Frank originally argued that these properties emerge from interactions between therapist, therapeutic rationale and the patient. If, indeed, therapeutic change is largely effected via therapists' hope and expectation of success, would not belief in a plausible and rich psychology be a greater source of hope for therapists to draw on than having to hope in hope itself?

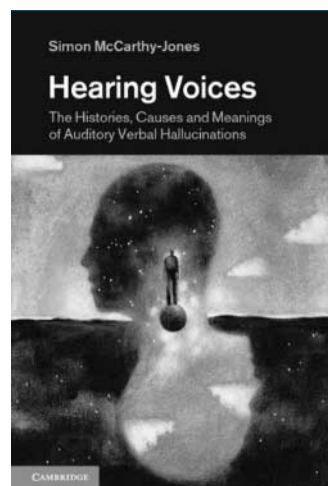
A section on 'Cultural dynamic in psychotherapy' makes the case that differing kinds of 'therapists' (including religious or shamanic leaders) and therapeutic approaches suit different patients. I expect the common factors therapeutic approach would appeal to some practitioners, perhaps those with a naturally 'agnostic' approach to psychological theories or those who do not have an existing theoretical grounding.

The various chapters engendered in me a questioning approach: what are we therapists doing, does it work, why? How culture-bound are our mental illnesses and therapies? From what the authors say, this atmosphere of curiosity is what it was like working with Jerome Frank and, as such, this book is a fitting inheritor of his legacy.

- 1 Frank JD. *Persuasion and Healing: A Comparative Study of Psychotherapy*. Johns Hopkins University Press, 1961.

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**Hearing Voices:
The Histories, Causes
and Meanings of Auditory
Verbal Hallucinations**

By Simon McCarthy-Jones
Cambridge University Press. 2012.
£65.00 (hb), 472pp.
ISBN: 9781107007222

Hearing voices or having auditory verbal hallucinations and delusions is emblematic of psychosis. There is a sense in which both concepts are part of the infrastructure for modern psychiatry.

Given the importance of hearing voices as a canonical concept in psychiatry, it is surprising that it has received little focused attention in its own right. In this book McCarthy-Jones has changed that. He has written a comprehensive, indeed encyclopedic text. His aim is to focus on four key areas: the varying history of hearing voices, its phenomenology, causes, and meaning.

The history draws on material from ancient Mesopotamia through to our own times. This exercise is not a perfunctory gesture but a reasoned and well-argued case for examining the diachronics of the experience and meaning of hearing voices over time, as a means of exploring and investigating the continuities and discontinuities of the phenomenon, of the tentative causal explanations, and of the attributed symbolic understandings. For example, McCarthy-Jones explores Julian Jaynes' theory that all humans automatically heard voices in the period 9000–1000 BC as a result of possessing a bicameral mind. This broke down in around 1400 BC, and humans developed self-consciousness and inner speech. The author concludes that there is little evidence in support of this theory and in any case the detailed evidence that Jaynes put forward, drawing on the *Illiad* and on Mesopotamian poetry, on careful analysis does not provide proof for his contention.

McCarthy-Jones is at his best when he critically reviews the scientific evidence for the frequency of auditory verbal hallucinations in psychosis, in post-traumatic stress disorder, in borderline personality disorder and in other conditions such as Parkinson's disease. In his interrogation of the various causal hypotheses, he deals with inner speech theories and concludes that evidence from a number of sources, including studies of amplified whisperings, functional and structural neuroimaging, all suggest a role for inner speech in verbal hallucinations. There is an obvious mastery of the subject matter and he is sure-footed in guiding the reader through a complex and often contradictory literature.

He is less focused and incisive when he deals with the social and symbolic meanings of verbal hallucinations. There is a tendency to want to normalise the experience of hearing voices. The fact that normal people (that is, people who are not seeking psychiatric attention and who are not distressed by their experience) 'hear voices' is not evidence that 'hearing voices' is not a sign of psychopathology. It is helpful, perhaps, to remember that normal people have tachycardia but tachycardia is also a sign of cardiac pathology. Normal people can be very tall but being very tall can itself be a sign of pituitary pathology. This simple fact that a phenomenon can be both a sign of pathology as well as innocuous is often misunderstood.

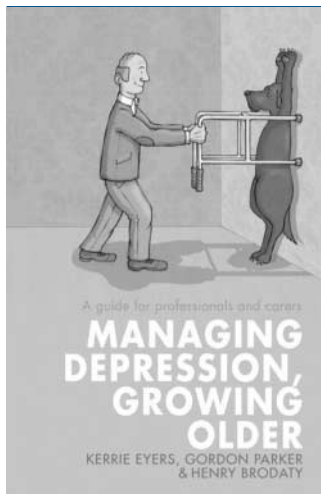
There is a risk that McCarthy-Jones' approach may suggest that auditory verbal hallucinations are somehow discrete entities. It is, of course, reasonable to deal with verbal hallucinations for academic purposes as a distinct class of experience. However, unlike delusions where patients can present with discrete delusional disorders in the absence of any other psychopathology, as in persistent delusional disorder, discrete verbal hallucinatory disorders in the absence of other psychopathology are rare. Furthermore, verbal hallucinations are on a continuum from thoughts heard aloud/thought echo to thought broadcasting (where the patient believes everyone can hear his thought because he can hear it himself), through to one-word elementary verbal hallucinations, to whole-sentence complex verbal hallucinations. And there are commonalities between all auditory hallucinations whether elementary noises or music and across all modalities of hallucinations that ought to be drawn out.

This book will bear re-reading. It is equally accessible to the specialist as to the generalist. There is a wealth of information, a

keen examination of theory, a critical disposition, and above all it is interesting and engaging.

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Managing Depression, Growing Older: A Guide for Professionals and Carers

By Kerrie Eyers, Gordon Parker & Henry Brodaty
Allen & Unwin. 2012.
AUD \$27.99 (pb), 300pp.
ISBN: 9781742378800

Old age psychiatry has experienced a change in its culture. With the ageing population predicted to rise exponentially in the coming years, we constantly strive to be ready for the dementia 'time bomb' and to find adequate resources for those already in the midst of the illness. To a clinician, it can at times feel as if functional illness in older age is being forgotten. This guide, edited and produced by the Australian Black Dog Institute, is a self-purported 'timely' book which aims to raise the awareness of depression in older age. It promises to challenge the common misperception that, by necessity, ageing brings with it the 'black dog of depression'.

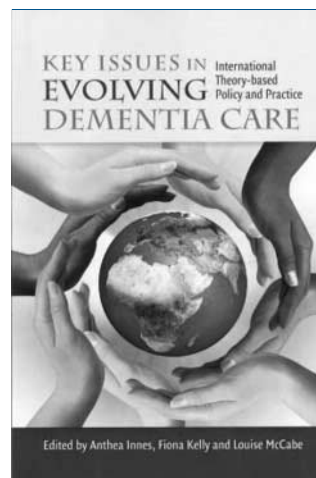
The book is an easy-to-digest mixture of evidence-based science and personal narrative. The range of subjects explored within is vast. The authors move deftly and coherently between topics, varying from how to diagnose depression to how to age well. A humorous quotation begins each chapter and serves to promote positivity. After establishing the topic in easy-to-understand science, the focus turns to personal reflections of depression. Each chapter concludes with a 'noteworthy' section, providing the reader with a few practical points about coping with and managing depression in later life.

The sheer range of topics means that some are explored superficially, making this a book to recommend to junior colleagues looking for an introduction to the subject, carers or patients (although perhaps those who are not acutely unwell) rather than senior psychiatrists wanting to expand their knowledge base. That said, the personal reflections which account for the majority of the text are the great strength of this book. Collected from essays submitted to the Black Dog Institute and contributions invited from eminent professionals, each one of these wonderfully written pieces conveys something different about what it means to have been 'bitten by the black dog'. Although often saddening to read, they easily connect the reader

to the experience of depression in older age and instil a sense of something valuable and inspirational about having lived with that experience. For this, the book is an important addition to our resources and a reminder that we should expect good mental health with ageing. The accounts are written articulately, purposefully and emotionally and offer perspectives from patients, relatives, carers and professionals, making this an insightful and accessible book for all.

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Key Issues in Evolving Dementia Care: International Theory-based Policy and Practice

Edited by Anthea Innes, Fiona Kelly & Louise McCabe
Jessica Kingsley Publishers. 2012.
£24.99 (pb). 256 pp.
ISBN: 9781849052429

This edited volume takes a welcome approach to review current issues in dementia care, providing a broad-based view of the conceptualisation of dementia, policy and practice. The editors devote space to developments in national contexts as far apart as the Deep South of the USA, Malta and India, as well as Europe, giving readers a chance to compare notes and pick up tips. They have taken care to attend to the voices of people with dementia and to grassroots initiatives as well as overarching perspectives, bringing the subject matter closer to home for the average practitioner than many more erudite volumes. In today's language this could be described as a volume concerned with knowledge transfer and impact.

The collection of chapters grew from a 21st birthday celebration for the ground-breaking Dementia Services Development Centre at the University of Stirling. As such, the material seems to have an element of serendipity rather than *a priori* intention. This leads to some odd bedfellows: a useful scholarly chapter reviewing evidence for population-level influences on dementia (chapter 3), for example, is close neighbours with another that reviews development and implementation of dementia policies in France (chapter 6) from a much more narrative and personal perspective.

Reading about implementation of policy and theory in practice leads to the exposure of a number of thought-provoking 'gaps'. These include the 'dementia gap', a term given by the Alzheimer's Society to the difference between the number of people estimated to have dementia and the number who have received a diagnosis (see chapter 4), and policy practice gaps revealed in the chapters on strategy, which include a fluent and honest account of the situation in England (chapter 5). We also