

are explored from adolescent, working-age and older-aged adult perspectives. To complete this 360-degree analysis, voluntary services and those bereaved by suicide are emotively discussed.

Keith Hawton has thoughtfully structured the book, allowing its themes to be developed in subsequent chapters and the authors to present differing critical appraisals. Midway through, I did become a little pessimistic about research into initiatives to prevent suicide, with the authors' repeated criticism of the lack of randomised controlled trials and the unacceptably low power of the existing trials. However, some optimism is introduced with the stance that preventive initiatives that are not based on evidence from clinical trials can contribute to our understanding of this area.

Inevitably, those familiar with the *International Handbook of Suicide and Attempted Suicide* (Hawton & Van Heeringen, 2000) will find some themes repeated, but *Prevention and Treatment of Suicidal Behaviour* is by no means a concise or rehashed version of this earlier book; it is a useful text with important ethical, societal and psychiatric messages.

Department of Health (2002) *National Suicide Prevention Strategy for England*. Department of Health.

Hawton, K. & Van Heeringen, K. (2000) *The International Handbook of Suicide and Attempted Suicide*. Wiley.

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Recovery Beyond Psychiatry

By David Whitwell.
Free Association Books. 2005. 192 pp.
£18.95 (pb). ISBN 1853439

David Whitwell and his publishers are to be congratulated for producing a book of rare and companionable honesty which, in being personal and specific, offers insight into the experience of every thoughtful clinician. To my knowledge this book is unique in being the reflections of a self-critical and highly experienced practitioner refracted through an understanding of the recovery movement and leading to a personal reevaluation of practice.

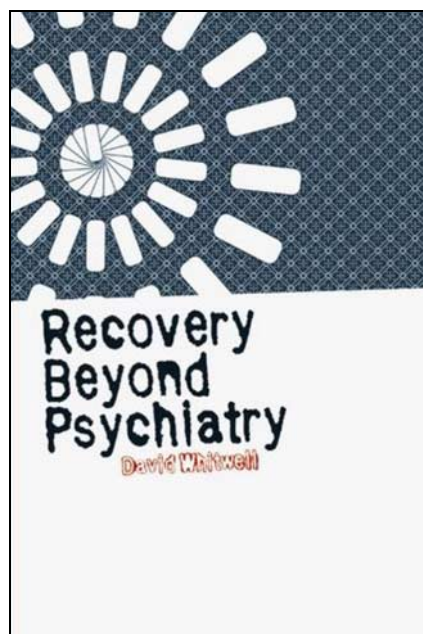
It is also a paradoxical text that resists many of our scientific conventions. It is

written simply and with restraint, lacking the dense referencing and citation that scholarly works depend upon for their credibility – as such it is radically unimpressive and befriending of the reader. The dedication to his family is a reminder that psychiatrists are people too, and more than a few have been touched deeply by the same issues as those they work with.

David has long been troubled by the gap between our apparent knowledge (what he calls 'naïve psychiatry') and our ineffectiveness in producing recovery through conventional psychiatric treatment, but found it 'easier to help people in distress once I had acknowledged my doubts'. His experience was that in learning how to be less knowledgeable he became better connected to the reality of peoples' lives and struggles. In turn he describes discovering that a recovery-based approach, focusing on people's aspirations, hopes and needs, and supporting the active role of the individual in their own recovery, on their own terms, was a better way to work.

In many ways this is a companion text to *Postpsychiatry: Mental Health in a Postmodern World* (Thomas & Bracken, 2005) which sees us as being caught up in and confined by science-based approaches that focus on the deficits of individuals and resort to technical solutions which relegate meanings, values and the social context to secondary consideration.

The Royal College of Psychiatrists has set 'recovery' as the theme for its annual meeting in 2007 and this will offer ample opportunity for both positive testimony



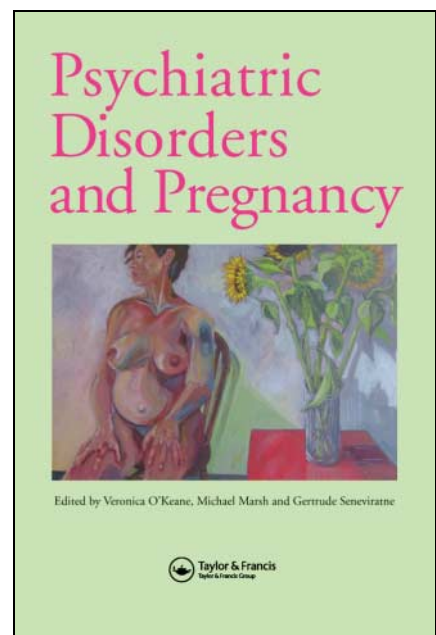
and critical evaluation. *Recovery Beyond Psychiatry* is an unusual, welcome and timely publication, which is a stimulus to this developing discourse and deserves wide readership and reaction.

Thomas, P. & Bracken, P. (2005) *Postpsychiatry: Mental Health in a Postmodern World*. Oxford University Press.

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Psychiatric Disorders and Pregnancy

Edited by V. O'Keane, M. Marsh & G. Seneviratne. Taylor & Francis.
2006. 336pp. £75.00 (hb).
ISBN 1841844624



In recent decades the relationship between childbirth and psychiatric disorders has come to greater prominence with postnatal (post-partum) depression becoming a generally recognised, if clinically imprecise, term. This has brought undoubted benefits in the fight for services and in reducing stigma for women with mood disorders at this time. A focus on postnatal depression, however, has not been without problems. First, the range of important disorders occurring in relationship to childbirth is