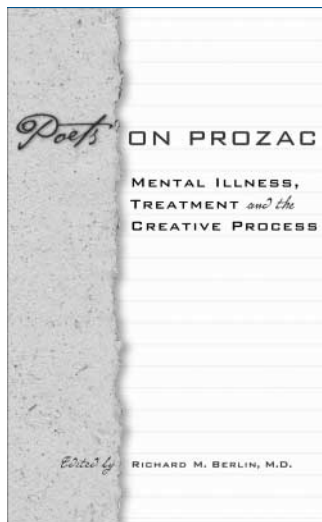


events. Susie Kilshaw, a social anthropologist, has observed and interviewed veterans at meetings, in their homes and when they attended clinics for investigation. This original research has given her a particular insight into the culture of Gulf War syndrome. She concludes that beliefs about ill health are related to narratives about the permeability of bodily boundaries, lost masculinity and ambivalence towards military culture. Medical dialogues, therefore, are rarely solely about medical matters but serve as a proxy for feelings about the self and the way that an individual relates to others. Indeed, the inclusion of transcripts of interviews and discussions is of particular value.

My only criticism of this book is that some of the arguments are repeated across chapters. Careful editing could have made the text more concise. Nevertheless, Dr Kilshaw has written a brave book that challenges popular assumptions about Gulf War syndrome; her analysis of the long-term effects of military service will serve as an important record not only for those with an interest in the armed forces, but also for researchers in the field of illness perception.

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**Poets on Prozac:
Mental Illness,
Treatment and the
Creative Process**

Edited by Richard M. Berlin.
The Johns Hopkins University Press.
2008.
US\$21.95 (hb). 200pp.
ISBN: 9780801888397

Memoirs by writers who have experienced mental illness continue to have considerable importance within wider society. One of the first books of this kind was John Perceval's *A Narrative of the Treatment Experienced by a Gentleman during a Period of Mental Derangement* that was published in 1840. It was a campaigning text describing both the nature of mental illness and the poor quality of care for the mentally ill. Since then there have been other accounts by Daniel Schreber, William Seabrook, William Styron, Kay Redfield Jamison, Tim Lott, Fiona Shaw and others. The emotional force of these accounts works by the intimate detail of the process of mental disturbance. This new edited book is a collection of essays by 16 poets of whom Gwyneth Lewis is likely to be the only poet well known to the British audience. These poets describe their experiences of mental illness, mostly depression or bipolar disorder, of treatment and psychiatrists/psychotherapists, and the effect of treatment on the creative process. It is a welcome addition to this genre of writing.

The book is worth reading if only for Ren Powell's contribution, 'My name is not Alice'. It is a thoughtful and insightful

account of the risks and risks of bipolar disorder. It deals straight on with the myth that medical treatment adversely influences creative work: 'And yet, without the clarity that medication has afforded me, I don't think I could write the poems' (p.52). It asserts the belief that illness-identity and self-identity are coterminous and indistinguishable:

'One painful truth about being bipolar is that I can't excuse my manic behaviour by saying "I wasn't myself." My true self is all over the place. I am myself when I hear voices and I am also myself when I am balanced, centred, with or without the help of medication. Medication doesn't change who I am'.

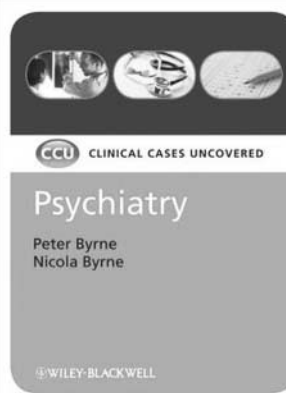
It also deals with the difficulty of working collaboratively with a psychiatrist in the world of the internet.

There is the recurring theme of poetry as a form of prayer. This aspect of the poetry emanating from the disquiet and anguish of depression is present in the work of poets as diverse as Ivor Gurney, Elizabeth Jennings and John Berryman. In this book, Jesse Milner and Thomas Krampf discuss it explicitly. There are several explorations of the nature of depression (Ashley & Twichell), the nature of poetry (Budbill, Haley & Eppolito) and its source, and of the origins of mental distress. Enquiries into the origins of mental distress, particularly in the poets who have undergone or were undergoing therapy, identified childhood experiences as the root of adult disturbance. Only a few poets felt at ease with the language of neurochemistry. This ought not to be surprising, given that literature's wholesale endeavour is to examine life for meaning in psychological and human terms.

The least interesting essays, from a psychiatrist's point of view, were those that appeared to be preoccupied with analysing their own poems. Often the critical analysis was more interesting than the poem itself. Yet, even these essays shed some light on how mood disturbance influences the choice of language and metaphor and ultimately tell us something about the interior life of our patients, revealing aspects of their mental life that we would be otherwise unaware of. This collection of essays would be particularly useful to psychiatrists who have patients from the creative world of literature but I believe also from music, fine art or theatre.

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**Psychiatry:
Clinical Cases Uncovered**

By Peter Byrne and Nicola Byrne.
Wiley-Blackwell. 2008.
£19.99 (pb). 240 pp.
ISBN: 9781405159838.

This is a book I wish I had had as a novice. Intended for medical students and junior trainees, it delivers a highly accessible guide to the art of good psychiatric practice.

Part 1 provides comprehensive instruction on the basics in an easy-to-read style, although some of the dense factual tables

were a strain to read and might be off-putting to an ambivalent undergraduate passing through their psychiatry placement. My advice to any such student would be to skip to Part 2 where the text comes alive, drawing readers into the narratives of its 22 case studies that range from schizophrenia and mania to the more exotic dissociative fugue. Most cases take about 20 minutes to work through, with the authors guiding you through vignettes with a blend of teaching, Socratic questioning and sage counsel that feels like a tutorial from an encouraging and compassionate senior consultant. Difficult relatives, ethical dilemmas and psychosocial mess intrude, at times unexpectedly, as each narrative unfolds and the small details, such as the religious woman compulsively washing her hands 12 times – once for each apostle – make for engaging and realistic stories.

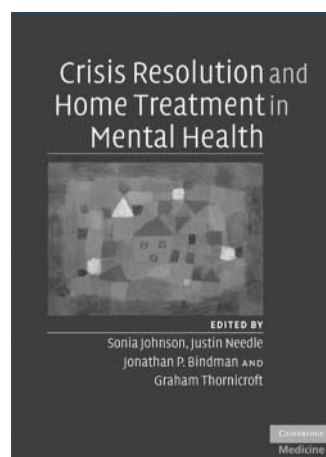
Cultural, emotional and social issues are highlighted throughout. However, the backbone of this book is unapologetically medical. The first case – a man with panic disorder – sets the tone, with consideration within a few sentences of whether hypertrophic obstructive cardiomyopathy might not actually be causing his symptoms. As a consequence this book, which boldly claims in the introduction's opening gambit that 'psychiatry is the ultimate clinical specialty', has the potential to seize the attention of even the most ardent would-be physician.

Part 3 concludes with ten pages of multiple choice questions, extended matching questions and self-assessment questions for eager students and trainees to test themselves, with the authors continuing their supportive tone in the guidance provided in the accompanying answers.

This book is unlikely to replace the need for a comprehensive psychiatric textbook. Nor will you find yourself taking it on holiday to read by the pool. But if you are in the mood for something educational, engaging and at times even entertaining, and have half an hour to spare, then I would thoroughly recommend putting your feet up and dipping into one of the cases in this excellent text.

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Crisis Resolution and Home Treatment in Mental Health

Edited by Sonia Johnson, Justin Needle, Jonathan P. Bindman & Graham Thornicroft. Cambridge Medicine. 2008. £29.99 (pb). 336pp. ISBN: 9780521678759

The outcome data for crisis resolution and home treatment have always been disappointing in that although outcomes are as good as for hospital admission, they are no better. There are now repeat users of crisis intervention services who may never have had a hospital admission and studying the social outcome of this group may reveal differences. However, there are difficulties in

conducting randomised controlled trials of people in crisis and these are discussed.

There is a dilemma about providing treatment at home with a choice between a designated crisis resolution team (CRT), where clients are visited by many unfamiliar faces, and an integrated crisis and community mental health team (CMHT), where continuity of care is ensured but there is no primary focus on gate-keeping and bed occupancy. Future research comparing the outcomes of these two models may yield some useful answers.

Bindman and Flowers in chapter 11 bemoan the fact that CRTs are 'strongly influenced by the medical model and may therefore see their principal role as mainly the delivery of medication'. This is a reductionist view of the original ethos of the home treatment service that I established in 1987 as part of the CMHT and a day care service providing financial, housing and occupational advice as well as a drop-in service. The psychosocial interventions that are necessary to resolve a crisis, in addition to medication, and a very clear guide about how to set up a social systems meeting in the client's home are outlined here.

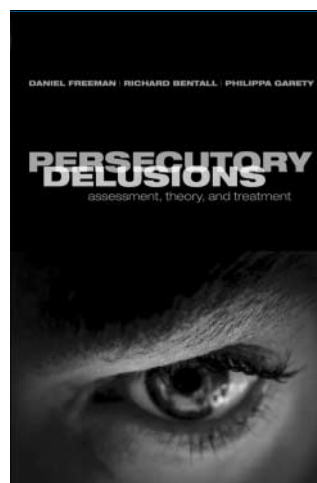
The experience of two service users treated by the CRTs is informative. They both endorse the availability of a crisis house for short-term respite in addition to CRTs. However, this facility is not available in most places. The proposal chimes with the successful service in Trieste, with its 'hospitality beds', which has been maintained successfully for three decades and is described in detail.

I found section 4 the most interesting one as it examines a number of different models for the management of people in crisis: integration of the team with the CMHT, with day care and various residential services, and also a number of options for the management of older people in crisis. This will encourage readers to consider variations of the CRT model to meet the needs of their specific population.

This is an excellent book and I found it very stimulating. It covers the development of, and evidence for, crisis resolution services, the different models of service provision and the research questions still unanswered. It also has practical information for practitioners and managers who are setting up new services.

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Persecutory Delusions: Assessment, Theory and Treatment

Edited by Daniel Freeman, Richard Bentall and Philippa Garety. Oxford University Press. 2008. £32.95 (pb). 328pp. ISBN: 9780199206315

Psychopathology has acquired a greater degree of certainty with the application of psychological, biological, sociological, and