The breadth and richness of the editors' clinical and teaching experience has been distilled into a succinct yet erudite handbook of practical psychiatry. It is a refreshing change that, despite being a handbook, it does not just contain endless lists. The narrative style is simple, yet authoritative. In fact, reading the book transported me back to when I was inducted into psychiatry and one of my favourite professors would say, 'This is the way it is done . . .', which is one of the strengths of this book.

This is a must read for trainees new to psychiatry and an interesting one for medical students during their placements in psychiatry.

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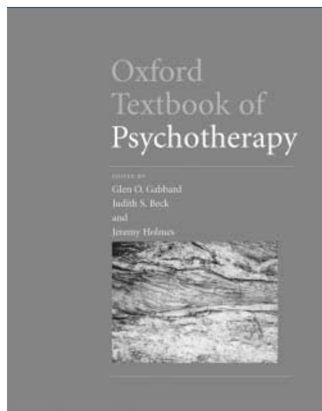

Oxford Textbook of Psychotherapy

Edited by Glen O. Gabbard, Judith S. Beck & Jeremy Holmes.
Oxford University Press. 2005.
545pp. £65.00 (hb).
ISBN 0198520646

Disenchanted with the temporary cure affected by 'mesmerism', Freud turned his focus to the patient once more. The patient was asked to relax on the couch, close his eyes, and (as Freud placed his palm on the patient's forehead) tell his story. The patient began to talk unrestrictedly; and Freud listened. Later he discovered that he needn't even touch the patient. All Freud had to do was to listen.

Psychotherapy has evolved since Freud's time and a multitude of psychotherapy schools abound. The editors of the *Oxford Textbook of Psychotherapy* have cautiously orchestrated a meeting of a hundred authorities from both sides of the Atlantic. The barriers between behaviourism and dynamism have been pole-vaulted, and a conciliatory approach is employed in explaining the major modalities of therapy. One chapter (Chapter 10) deals exlusively with the concept of integrative therapy and a 'common factors' approach.

Psychotherapeutic treatments of schizophrenia by Turkington *et al* (Chapter 14) is an example offering a splendid ten-page read. Beginning with William Tuke and the founding of the Retreat at York in 1792, the chapter follows the development of psychodynamic, cognitive–behavioural and family interventions for schizophrenia. Theoretical discussion of each model is accompanied by key practice principles, case examples and challenges. The authors evaluate the evidence base for every approach and provide comprehensive references.

Such chapters are independent, which allows the reader to select particular sections of the book. The thematic range of the textbook is exhaustive, from chapters on cross-cultural issues and sexual orientation to topics like psychotherapy supervision.

The merit of the textbook is also in what it is not. It is not a manual, or a collection of prescriptive guidelines. It is not one school of therapy against another but neither does it espouse a 'one-size fits all' mantra. Such absolutism would be pernicious to psychotherapeutic thinking. Instead the reader is invited to read about all the psychotherapies available for different conditions, and then form their own opinion. Such an attitude underlies how psychotherapy works on the therapist, as well as on the patient.

The presentation of the book could be improved. The cover is a gaudy orange with an image of a close up photograph of a tree trunk while the text is devoid of any artwork. There is disconnectedness in the text at times; however, this is inevitable given the multiple authorship.

As with psychotherapy itself, some parts of the *Oxford Textbook of Psychotherapy* resonate with one's personal persuasion. It is essential reading for all who wish to hone their own Freudian art of listening.

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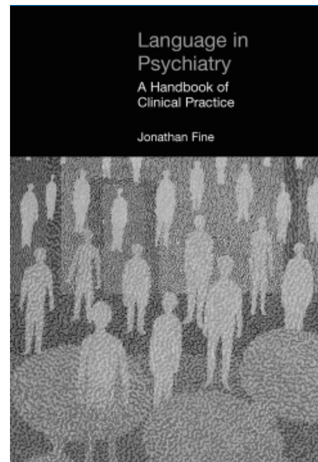

Language in Psychiatry: A Handbook of Clinical Practice

By Jonathan Fine.
Equinox Publishing. 2006.
352pp. £65.00 (hb).
ISBN 1904768121

'There is a necessary relationship between language and psychiatric disorders', and with this every psychiatrist would surely agree. *Language in Psychiatry* has some chapters explaining how linguistics can be used to clarify psychiatric symptomatology and others examining the language of individual disorders. It expresses its credentials in the first sentence by advocating 'listening in psychiatry'. The author introduces the psychiatrist to a new 'language', satisfactorily explained – clinical history strategies, lexicogrammar, the speech community, information space, theme and rheme – and states that language is disorder, not just a sign of disorder.

The psychiatrist's assessment of atypicality of speech becomes more refined when the distinction is made between 'observed' and 'expected' on linguistic principles, rather than reporting that the patient speaks oddly. The primary phenomenon in language disorder is atypicality of meaning: 'odd meanings and odd wordings of meanings'; how can we structure what is odd about language? The three major categories of meaning (experience of the external world, the relationship to the listener and fitting the language into context) may be compromised in psychiatric disorders. Genre – that is how language is organised to achieve processes in context – is important for mental illness.

This book is unashamedly didactic, which is just as well as most Anglo-American psychiatrists were never formally taught English grammar. It takes what the patient says seriously, worthy of detailed analysis. One can attempt to link specific disturbance of language and the organisation of language to particular

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conditions, by 'the mapping of language onto disorders'. 'The close study of language contributes to understanding the phenomenology'.

Unfortunately, *Language in Psychiatry* is less successful when it deals with some disorders. It covers pervasive developmental disorders, attention-deficit hyperactivity disorder, psychotic disorders, mood disorders and personality disorders. One wonders why the personality disorder chapter is there – how does their language differ from normal? Schizophrenia is particularly disappointing with nothing explanatory on neologism, stock words and phrases, and so on. There is also the surprising omission of organic disorders such as dementia and delirium, with perseveration mentioned only in the context of schizophrenia. Whereas the linguistics is soundly based, psychiatry is linked to the rather sparse descriptions of DSM–IV rather than to a more general psychiatric text; this is a limitation but it offers the psychiatrist an opportunity to put clinical flesh on these nosological bones. Psychiatrists could better help their patients by adding linguistic analysis, which is well introduced here, to listening to their patients.

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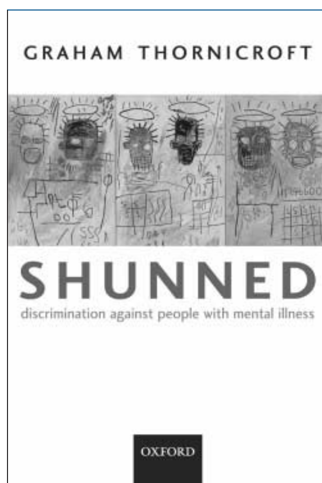

Shunned: Discrimination against People with Mental Illness

By Graham Thornicroft.
Oxford University Press. 2006.
328pp. £24.95 (pb).
ISBN 0198570988

Shunned is a book exploring discrimination against people with mental health problems. It asks a lot of questions, quotes many mental health service users, looks at a huge number of research findings and comes up with some answers. It seems to have been written with a lot of passion for finding ways to defeat the inequality faced by those with mental health difficulties.

As a source of information on what research has been done to study stigma and discrimination, it is second-to-none. I cannot imagine that there is a recent academic paper in the English language that has not been tracked down and studied. It certainly filled in a lot of the holes in my knowledge. However, for all of the quotes from service users, the language and approach does not seem to be aimed at the general public.

The book is divided into areas of the mental health service user's life such as family, neighbours and work, and asks questions about the evidence for discrimination in each of these. There are frequent passages from individuals and their families about aspects of their lives in their own words. It then widens out to cover areas of society, for example mental health services and the media. These are also explored for their attitudes. Towards the end of the book there are suggestions for action that individuals and groups might take to defeat such inequality.

Although I enjoyed reading *Shunned*, I found myself getting irritated by a couple of things. First, the use of quotes from service users/consumers seems to be more important than their cultural context. There are pages where the text discusses one part of the world while the quotes are from another. Does culture count for that little? Also, the same quotes are sometimes used more than once, in one case on two subsequent pages.

The other thing I was uncomfortable with was the assumption that seems to pervade the book that all service users want the same things and want to be integrated into society. There are a substantial number of people among mental health service users who delight in being different, wacky and non-conformist, and others who are happy to live in what others would consider to be a lonely way. We have to acknowledge and explain these people to the general public as well.

Overall, I think this book will be of value to everyone working in mental health. Indeed, it should be obligatory reading for anyone thinking of running a anti-stigma or anti-discrimination campaign so that they can avoid things that have been shown not to work. It could also be a starting point for debates among service users on how they really want to interact with their society. I do not agree with all of it, but I am very glad I have read it.

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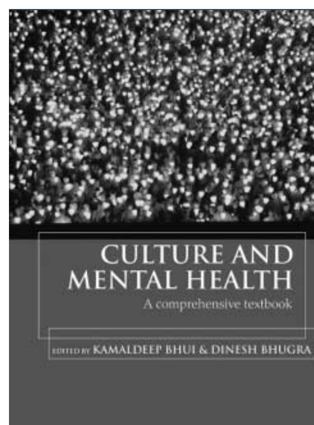

Culture and Mental Health. A Comprehensive Textbook

Edited by Kamaldeep Bhui & Dinesh Bhugra.
Hodder Arnold. 2007.
376pp. £99.00 (hb).
ISBN 9780340810460

All of medicine and medical conditions have to be considered within the context of culture: the culture in which patients and their families live; the culture that has produced the healthcare providers; and the culture in which the doctor–patient encounter is negotiated. From a consideration of lifestyles, sociocultural values and ideas of health, to acceptance of and adherence to medical interventions, both physical and mental health issues are intricately tied to the culture in which health or ill-health is experienced. However, culture has a particular salience for mental health not least because of the fact that many mental disorders are still defined relative to an implicit or explicit cultural norm.

Given its importance to mental health, it is surprising that the traditional way of considering culture often does not go beyond a discourse on 'culture-bound syndromes' or on 'masked' depression or 'somatisation'. Typically, an insufficient focus on the various contextual factors that may produce differences in the experience and expression of psychological distress leads to the hood being taken for the monk: differences that have their origin in poverty or in the ways health systems are organised are ascribed to the broader culture in which patients live.

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