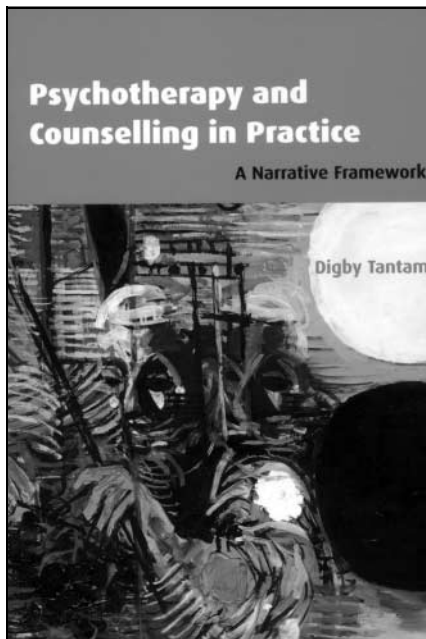


Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Psychotherapy and Counselling in Practice. A Narrative Framework

By Digby Tantam. Cambridge: Cambridge University Press. 2002. 317 pp. £21.95 (pb). ISBN 0 521 47963 0



For Professor Tantam, clients seeking psychotherapy are demoralised and in existential crisis, vulnerable but with an opportunity to achieve a healthier adjustment. The therapist should facilitate her client's self-healing by involving him in collaborative conversations relevant to his values, his preoccupying concerns and his life's narrative. As factors promoting remoralisation are common to therapies of a widely differing theoretical basis, Tantam argues that our modality-specific theoretical explanations of a technique's efficacy may well be spurious. Hence, practical considerations of what works should outweigh theory; therapists should select from an armamentarium of evidence-based techniques those most relevant, changing the selection as a client's needs alter.

The model combines Tantam's learning from a crisis in his personal and intellectual life with his clinical and academic knowledge of the psychotherapies (particularly

existentialism) and his extensive reading in the arts and sciences. Tantam's audience is the trainee psychiatrist or psychologist providing brief psychotherapy alongside other mental health work. He feels that qualified long-term therapists should also benefit.

Tantam helpfully categorises clinical aims and deals with each in turn: symptom relief; resolving predicaments; dealing with addictions (eating disorders, deliberate self-harm, sexual perversions); and helping to develop a coherent narrative (to integrate previously excluded elements of the history and the self and to increase the client's capacity for intimacy).

Many informative 'clinical' examples from practice, life and literature illustrate the model. The chapters describing the contract and addressing crises in therapy are especially clear. Tantam has much of interest to say about how social emotions of shame and disgust threaten the individual with social extinction and provoke incoherence of the self (including in therapy with an insensitive therapist). Addictions are seen as managing shame-proneness.

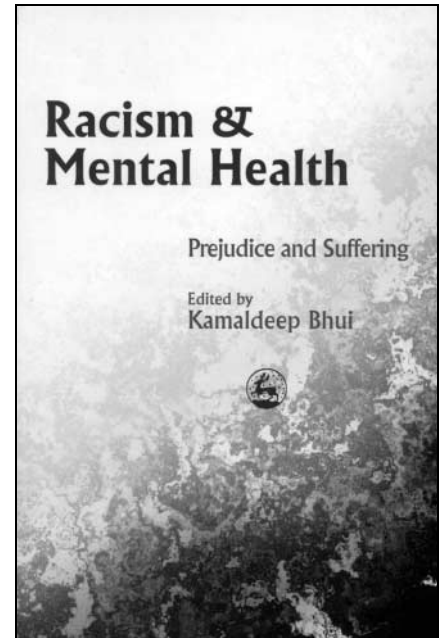
Far from simply describing what works, Tantam theorises throughout about each component of his model. He acknowledges the contribution of psychoanalysis but is often in argument with a caricature of psychoanalytic practice. The discussions are fascinating but cut across the book's proclaimed function as a practical guide. Combined with a poor index, I found that this made it hard to retrieve particular pieces of practical advice and to remember the development of a theoretical argument. I think this is, and should have been two books, both of them valuable: one a practical guide for trainees and the other a sophisticated theoretical discussion.

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Racism & Mental Health. Prejudice and Suffering

Edited by Kamaldeep Bhui. 2002.

London: Jessica Kingsley. 256 pp. £18.95 (pb). ISBN 1 84310 076 2



This book deals with some of the most difficult and important issues facing us today. How should we work and live together in a multicultural society? The malevolent influence that racism, individual or institutional, has on all our lives means that science and medicine can no longer be seen as neutral or disinterested. Science adopts a position of neutrality on matters that are fundamentally ethical, such as the nature of the relationships between different groups in society, men and women, young and old, Black and White. Bhui argues that we may grasp the difficult and painful nature of these relationships if we engage with our subjective responses to them, rather than denying them in the interests of 'objectivity'. This is an area where values and ethics are of prime importance. His analysis of the role of racism in society is powerful and compelling. He shows how the tribal and defensive responses to the Macpherson report originate in crude distinctions between 'us' and 'them'. He points out that the confusion underlying definitions of race and ethnicity often hides the political forces that underlie these terms. He refuses to privilege either the 'inner' or 'outer' view of racism. He also develops a powerful and compassionate argument about the value of different

belief systems without lapsing into cultural relativism, by considering the different moral and ethical principles that underlie cultural practices, and how our Western perspective usually overshadows these.

My main reservation about the book is that I am not convinced that Bhui has thought through the implications of his analysis. How exactly are the interests of the biomedical model in conflict with the interests of the communities we serve? What ethical approach should we adopt in working with different communities? What sorts of values should guide our work? His critical thought sometimes lacks structure. He makes no attempt to analyse scientific racism in terms of critical philosophical theory. He upholds the value of considering contemporary dilemmas in terms of our colonial history, yet misses an opportunity to extend the colonial metaphor to the contested land of madness. This is important, because without a full exegesis of the historical, political and philosophical underpinnings of colonialism, Western thought and psychiatry, he is limited to a restricted analysis of the problems of service delivery for ethnic minorities.

Despite these shortcomings, Kam Bhui makes a valuable and important contribution to our understanding of culture and ethnicity. I strongly advise all psychiatrists, both consultants and trainees, to read this book and to respond honestly to the challenges it presents. It demonstrates the value of political and social analyses of our work in the training of psychiatrists. But for me, its greatest value is in the way it shows how we must acknowledge the influence of our own histories and cultural backgrounds on the way we approach our work and those we struggle to help. The Other will

cease to be an Other only when we accept the Other in ourselves.

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Vascular Disease and Affective Disorders

Edited by Edmond Chiu, David Ames & Cornelius Katona. London: Martin Dunitz. 2002. 276 pp. £29.95 (pb). ISBN 1 84184 152 8

Every so often, our understanding of the way things are in psychiatry needs a bit of a shake up. Take for instance the refutation of the mind/body dichotomy or the categorisation of disorders as functional or organic. It is these shifts in perspective, after all, that free up our thinking and allow our knowledge and skills to progress. This book very clearly lays down such a challenge.

With the help of many of the world's leading researchers in their fields, the editors bring together a summary of the current state of knowledge of the aetiology of affective disorders, cerebrovascular disease and cardiovascular disease. They draw on detailed research findings from epidemiology, the neurosciences and psychiatry to help explain the high levels of comorbidity of these disorders.

How useful is this conflation? I suspect that researchers in these related fields will

welcome the opportunity to set their work in a broad context and will appreciate the many tips on methodology and useful recommendations on future directions for research. For clinicians contemplating reading this book, the potential return may not be so immediately obvious, as it is dense and repetitious at times. However, it deserves to be read by psychiatrists and physicians working with older adults, who are interested in the shifting understanding of these disorders and emerging therapeutic directions.

Many things in this book caught my attention – clues to the causes of treatment resistance in late-life depression, the emergence of apathy as a distinct psychiatric phenomenon with multiple causes, and a need to follow progress in cardio- and cerebrovascular medicine, to name but a few. As yet, there are no evidence-based treatment guidelines, but there are some early suggestions of favourable responses to antidepressant medication and even to dietary interventions. Not surprisingly, less is said of the role of psychological interventions, but there are exciting hints from the neurosciences that psychological treatments may actually bring about changes at the level of neuronal functioning.

Although there is much still to do in bringing together the fields of vascular diseases and affective disorders, this book achieves the editors' aim of marking out the ground as it currently stands.

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