

their psychotherapy Assessment of Clinical Expertise. The trainee particularly would find it useful because it has excellent, up-to-date, succinct and clear summaries of theories of cognition, learning and emotion – not what I had expected from the title but relevant to understanding formulation models. What I had expected was a comparison of different ways of formulating cases but instead, more usefully, a straightforward approach is described to developing a problem list, mechanisms and precipitants, and a paragraph summarising the case. Then a series of examples are provided illustrating this, as well as advice on how to use formulation to guide treatment goals and decision-making.

In the process, strategies and techniques are indicated that have since sent me off looking for more detail to use in practice, for example ‘caring days’ in couple therapy whereby the couple acts ‘as if’ they cared for each other (it could be usefully adapted for some fraught manager–clinician partnerships). This example appears in a chapter on the therapeutic relationship – again not quite what I had expected in a book on formulation but apposite and reinforcing the importance and ways of developing a working alliance, especially when obstacles get in the way. Any psychological intervention and certainly cognitive–behavioural therapy (CBT) depends on such a firm foundation on which more specific techniques can be built.

The acronym EST gets regular mention but it is not referring to Erhard Seminars Training that strove infamously in the 1970s to allow participants to achieve, in a very brief time (60 hours in two weekends), a sense of personal transformation and enhanced power, but to empirically supported therapies. Its detractors might say that CBT tries to achieve the same but with fewer hours spread thinly over a few months. However, this text claims less – more about coping more effectively – and cites the existing empirical support (evidence).

The case formulation approach seems particularly useful for those patients who do not fit into single DSM or ICD boxes but straddle them – with mental or physical problems – or get lost somewhere inside the vast expanses of ‘depressive illness’ or ‘schizophrenia’. These are those patients we see, as psychiatrists, every day and for that reason one click might just be worth making.

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The more we find out, the more we are aware of our limitations and the promises that each discipline holds. This book emphasises the recognition of the usefulness of multiple approaches, presents recent advances to our knowledge base and highlights controversies. It explicitly addresses the multidisciplinary approach and emphasises the importance of coordination and integration between different disciplines.

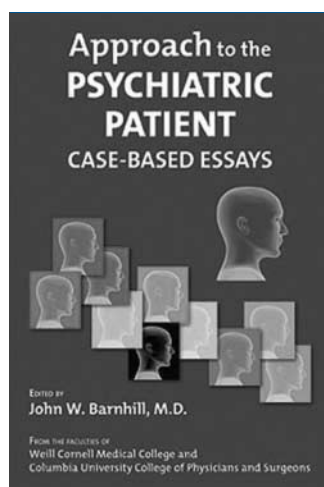
The book is structured around 10 cases, each followed by 10 to 14 relevant essays. The cases, drawn from clinical experience, are chosen to bring out the complexity and diversity of individuals seen in the clinical setting. They include a wide diagnostic spectrum, from mood instability and schizophrenia to hypomania and geriatric depression. Each essay focuses on one aspect of the case, with authors from various disciplines such as basic science, psychopharmacology, psychiatry, psychology, anthropology, etc. Despite over a hundred contributors, the essays are of consistently excellent quality. An expert provides an overview for each chapter, at the end of which the main points are summarised.

The essays discuss approaches to diagnosis and treatment from the perspective of various disciplines. For instance, the case of double depression is followed by a discussion on biological and cultural factors in the aetiology of depression, suicide, psychodynamic formulation, interviewing depressed patients, the neurobiology of stress, in-patient psychiatry and treatment aspects with regard to psychopharmacology, pharmacogenomics, neuromodulation, supportive psychotherapy and couple therapy. This closely resembles the multidisciplinary working – and the issues that this brings up – in day-to-day clinical practice.

The book mirrors clinical practice also in the way in which the clinician approaches patients, asks questions and finds answers, as well as sometimes accepting uncertainty. All essays may not be relevant to every reader and one may start with those that one finds interesting. This book complements the standard textbook and is not intended to replace it. It is likely to appeal to a wide range of professionals such as experienced psychiatrists, trainees, psychologists and colleagues from nursing and social care backgrounds.

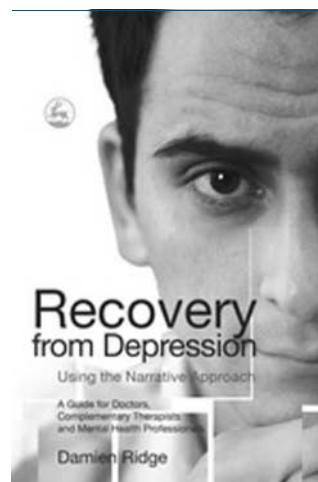
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Approach to the Psychiatric Patient. Case-Based Essays

Edited by John W. Barnhill
American Psychiatric Publishing.
2009. US\$62.00 (pb). 565pp.
ISBN: 9781585623006



Recovery from Depression using the Narrative Approach: A Guide for Doctors, Complementary Therapists and Mental Health Professionals

By Damien Ridge.
Jessica Kingsley Publishers. 2008.
£18.99 (pb). 208pp.
ISBN: 9781843105756

Although our knowledge of psychiatry has advanced to a large extent, we still know too little and a lot remains to be discovered.

This book presents a piece of narrative research into patients' experiences of depression, recovery and treatments. Ridge carried out in-depth, open-ended interviews on 38 people with a history

of depression; he argues that a qualitative approach is the best way to capture the 'real world' complexity of people's experiences. He draws out a number of themes, which are abundantly illustrated with extended quotes from patients. He hopes that insight into their 'interior experience' will help health professionals support patients in their recovery.

At its best, this book vividly shows off what qualitative research can capture. The most illuminating theme was the portrayal of the experience of depression. Because the aim of the interviews was to elicit patients' viewpoints without interruption from any therapeutic intervention, Ridge accesses material that psychiatrists are perhaps unlikely to hear. He argues that allowing patients to tell their 'recovery narratives' is somehow helpful in itself, although he does not present any quantitative evidence for this.

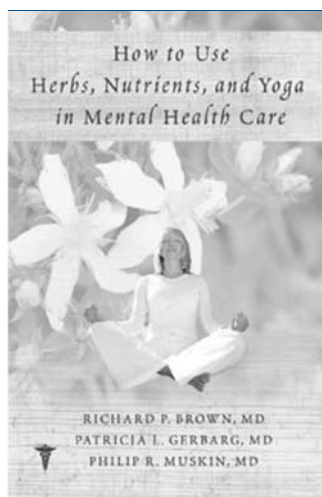
It was interesting to see how patients perceive psychiatrists, though it did not always make for comfortable reading. For example, '[Doctors] go there for six months on rotation and it's like bloody crop rotation'.

It took me a while to get into the recovery perspective that this book takes, and I related to 'Belinda' who captured something of my difficulties: 'But I hadn't actually realised I'd been in recovery. I had to go to a recovery conference to kind of realise I was in recovery [laughs]'. For example, Ridge presents the recognition of relapse signatures and the importance of relapse prevention as novel recovery approaches, whereas psychiatrists might regard this as everyday practice.

There is little reference to where patient views are concordant with the psychiatry literature – this might infuriate some psychiatrist readers. Despite this reservation, the book did improve my insight into the patient perspective. I imagine it would appeal to psychiatrists already interested in recovery, but some readers may find its context too specific to draw them in.

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How to Use Herbs, Nutrients, and Yoga in Mental Health Care

By Richard P. Brown, Patricia L. Garbarg & Philip R. Muskin
W.W. Norton & Company. 2009.
£21.00 (hb). 352pp.
ISBN: 9780393705256

What to do when conventional treatment options fail, either because they do not work or because adverse effects are unacceptable, remains a hot topic in psychiatry. The answer is not simple, but contrary to their patients, very few clinicians would venture into the field of complementary alternative medicine. Admittedly, the evidence, with a few notable exceptions, is either non-existent or inconclusive. Patients, possibly less concerned with evidence, may find the conclusion that 'more

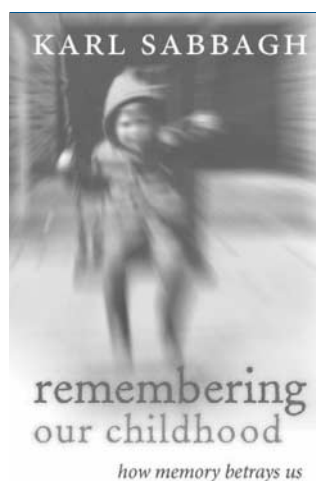
research is needed' unhelpful. They want help here and now and may turn to alternative sources when disillusioned with conventional practice. In these days it is straightforward, just log on to the internet and a world of therapeutic promise, justified or unjustified, unfolds.

To keep up with the plethora of complementary alternative treatments is by no means an easy task for the busy clinician. This is where the book *How to Use Herbs, Nutrients and Yoga in Mental Health Care* comes in. Thoughtfully written, with an introductory chapter on medico-legal issues, the book systematically outlines step-by-step complementary alternative treatment approaches to common mental health problems ranging from depression and anxiety to substance misuse and side-effect management. Very helpfully, each chapter starts with an outline and ends with a tabulated summary of treatment options.

For me, the great strength of this book resides in the combination of underlying psychopharmacological principles with epidemiological evidence. For instance, it makes sense to understand somatic aspects of anxiety not only as hyperactivation of the sympathetic nervous system but also as a lack of para-sympathetic compensation; this is where relaxation strategies and yoga come into play. Nowadays, it is obviously impossible for any book to keep pace with the emerging evidence both on effectiveness and safety. Thus, clinicians wanting to practise in this area are advised always to check the latest evidence. This inevitable disadvantage is offset by the commitment to practical relevance and the thought-provoking case presentations. Some examples may be controversial, though. For instance, many clinicians would not feel comfortable recommending pheromones, chemical signalling substances, to increase sexual attraction. But it is relevant to the problems patients may wish to address even if clinicians do not. As William Osler famously said, 'It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has'.

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Remembering Our Childhood. How Memory Betrays Us

By Karl Sabbagh.
Oxford University Press. 2009.
£16.99 (hb). 240pp.
ISBN: 9780199218400

In 1995, the Royal College of Psychiatrists set up a working group for reviewing the validity of 'recovered memories' of childhood sexual abuse by adults within therapeutic contexts, and to provide guidance to British psychiatrists. The College decided not to publish the report, presumably owing to the controversy about the subject matter and findings. Fortunately, a revised version of