

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.

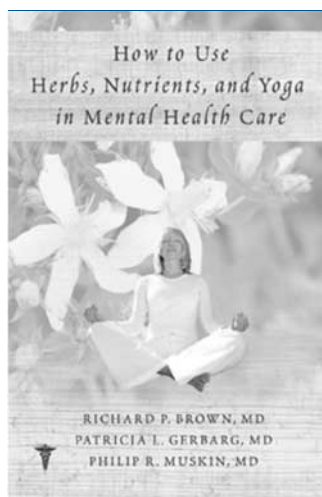
It was interesting to see how patients perceive psychiatrists, though it did not always make for comfortable reading. For example, '[Doctors] go there for six months on rotation and it's like bloody crop rotation'.

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.

Adam Polnay Royal Edinburgh Hospital, Morningside Place, Edinburgh EH10 5HF, UK. Email: Adam.Polnay@nhsllothian.scot.nhs.uk

doi: 10.1192/bjp.bp.109.068437



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

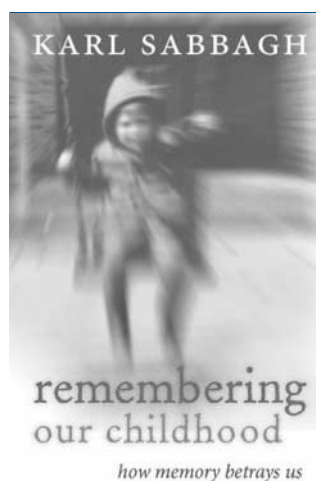
research is needed' unhelpful. They want help here and now and may turn to alternative sources when disillusioned with conventional practice. In these days it is straightforward, just log on to the internet and a world of therapeutic promise, justified or unjustified, unfolds.

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'.

Ursula Werneke Sunderby Hospital, Department of Psychiatry, 97180 Lulea, Sweden. Email: uwerneke@gmail.com

doi: 10.1192/bjp.bp.109.064105



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

the report was published in the *British Journal of Psychiatry* in 1998.¹ The authors emphasised the lack of good research in the area, challenged the notion of the existence of 'robust repression' and alerted clinicians to the dangers of employing memory recovery techniques in their practice. The authors were particularly concerned about the memory of abuse after many years of apparent amnesia, pointing out that there is considerable evidence that such memories cannot be relied upon.

Sabbagh's remarkable book confirms the brave conclusions of the working group from more than 10 years ago, but it shows that we have come a long way in furthering the understanding of the fallibility of childhood memories since Brandon *et al's* publication. What makes this book so remarkable is that it takes the reader on a thought-provoking scientific journey through the development of memory from infancy to adulthood and illustrates the range of developmental, contextual and individual factors that may interfere with and contaminate the memory process. Not only does the author draw on the relevant published research, he also uses his skills as a documentary producer to complement this by providing fascinating accounts from interviews with many of

the leading memory researchers in the field. One of those interviewed is Elizabeth Loftus, whose work in the area of recovered memories resulted in a civil lawsuit being made against her by a disgruntled recovered memory 'victim' for alleged invasion of privacy and defamation after her university had cleared her of misconduct. Such are the controversies and emotional intensities inherent in this line of research that Loftus found herself defending her work, career and integrity in the California Supreme Court.

The book demonstrates well the bitter 'memory wars' among 'experts' and how the fallibility in belief systems is the key to understanding the development of recovered memories and its potential for miscarriage of justice.

- 1 Brandon S, Boakes J, Glaser D, Green R. Recovered memories of childhood sexual abuse. Implications for clinical practice. *Br J Psychiatry* 1998; **172**: 296–307.

Gisli Gudjonsson Institute of Psychiatry, King's College, Denmark Hill, London SE5 8AF. Email: g.gudjonsson@iop.kcl.ac.uk

doi: 10.1192/bjp.bp.109.064097