

numerous bullet points and not a great deal of running text. I could almost imagine that the book was dictated from eight separate lectures on the eight different emotional states. The book does look a little rushed and a little more discussion about the comparisons and a few more references would have been helpful.

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Cognitive Behavioural Therapy for Chronic Fatigue Syndrome

Edited by Philip Kinsella

London: Routledge, 2007, pp. 167, £24.99 (pb). ISBN: 978-0-415-43612-0.

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Cognitive Behavioural Therapy for Chronic Fatigue Syndrome aims to describe the approach and how to use it to assess and treat people with the condition. The book is aimed at cognitive behavioural therapists, physiotherapists, occupational therapists and other clinicians who work in the field. This is a timely publication; the NICE guidelines for chronic fatigue syndrome/myalgic encephalomyelitis (2007) recommend CBT for the treatment of the condition; however, to my knowledge, this is the first book written for therapists on the subject.

The book provides a clear and practical introduction to the cognitive-behavioural approach to treating CFS. Kinsella begins by introducing the CBT model and evaluating the evidence for its use before describing assessment and the central components of cognitive-behavioural treatment. The following chapters consider certain subjects in more detail, including the role of emotions and underlying beliefs in the maintenance of the condition, ways in which to address other maintaining factors such as sleep problems and helping to manage pain. Kinsella completes the book by presenting a case and considering care pathways and ways in which CBT can be integrated with other approaches.

The basics of CBT in this client group are well-covered with detailed information on assessment, formulation and beginning activity scheduling. There are also some excellent sections on areas particular to this client group, such as engagement, enhancing compliance with treatment, problems with instigating exercise programs, the impact of fatigue on clients' lives, and managing other problems that arise from CFS such as pain. People new to CBT will find the chapter on key elements of CBT and the information on treating emotional problems by modifying thoughts and beliefs helpful.

There is less here perhaps for more experienced cognitive-behavioural therapists seeking help with complex cases. The chapter on treating emotional disorders does not provide much specific to CFS that could not be found in a more basic CBT text. It is suggested that comorbid problems with anxiety or low mood can either be treated in the same therapy or a referral can be made to an appropriate service but there is little further information about how this could be incorporated into the CFS treatment. Given the relatively high rates of comorbidity in CFS, there is scope for a more detailed description of the particular beliefs that are common to CFS that may also be maintaining emotional distress and suggestions as to effective approaches to modifying these.

Overall, however, this is a good summary of the salient issues in CBT for CFS. It would provide an excellent basis for clinicians or individuals with CFS wanting to learn about the approach to the condition and is also a good basic text for experienced cognitive-behavioural clinicians beginning work in the area.

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Imagery and the Threatened Self: Perspectives on Mental Imagery and the Self in Cognitive Therapy

Edited by Lusia Stopa

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Imagery is currently a hot topic in the research and practice of cognitive behavioural therapy (CBT) and this excellent book will stimulate further interest in understanding mental imagery and how we can make use of it in therapy. The editor makes a convincing argument that our sense of self is inextricably intertwined with our memories and our imagined representations of ourselves. The book is a well-balanced mix of discussion of theoretical understandings of imagery and descriptions of practical applications of specific techniques. Although it covers many different disorders, the chapters are brought together by a consideration of how images and memories can be influential in shaping our sense of self and how therapists might be able to intervene to help patients develop more healthy views of themselves.

In the initial chapters the editor of the book, Lusia Stopa, a clinical psychologist who has researched the role of imagery in social phobia, gives an overview of current theories of imagery and the self, as well as the various uses of imagery in clinical practice. I found the idea of a “working self-concept” that might be activated in threatening situations (for example when giving a speech if socially phobic) or ever-present (for example if repeated experiences of failure create an underlying sense of worthlessness) to be particularly helpful. Chapter 3 (How to use imagery in CBT) illustrates techniques such as imaginal exposure and imagery rescripting with clear examples of therapeutic dialogue that will be of great help to the clinician. Many clinicians might have previously avoided using such techniques due to unfamiliarity with them or perhaps due to concerns about the high levels of affect that they can generate and this chapter might encourage such therapists to try using imagery in their practice. I liked Stopa’s description of imagery rescripting as a kind of “mental time travel”, during which the patient is encouraged to keep one foot in the past and one foot in the present. She explains that “the self exists at a specific time and also as a series of past selves and potential future selves”. Through the creative use of imagery in therapy these different selves can be visited and interacted with to help the patient develop more functional and helpful views of themselves that are less threatening.

The remaining seven chapters address the use of imagery for treating specific disorders, each written by an expert in their field. Some chapters give clear guidance for using imagery interventions in those disorders for which the use of imagery has a well established evidence base, such as post traumatic stress disorder and social phobia. Other chapters provide ideas