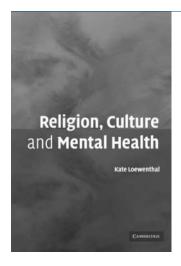
Book reviews

Edited by Allan Beveridge, Femi Oyebode and Rosalind Ramsay



Religion, Culture and Mental Health

By Kate Loewenthal. Cambridge University Press. 2007. £45.00 (hb). 180pp (hb). ISBN: 0521850231

Interest in religion, culture and mental health has flourished in the past decade. However, this topical area is characterised by psychic retreats, and splitting and projection as psychological defences that emerge when cherished beliefs, values and ways of living are contrasted across religious groups. It is difficult to find guidelines which are comprehensive, constructive or do justice to the complex influences of culture on the expression, recognition and management of mental distress within and across religious groups. All of this is made more challenging as society and public services are becoming increasingly secularised.

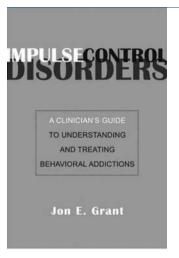
Religion, Culture and Mental Health provides a compelling, engaging and accessible account of this controversial and often mystical subject. Kate Lowenthal anticipates the controversies and sets a caring and gentle pace to take readers through different forms of mental distress and disorder, including schizophrenia, manic disorder, depression, anxiety, somatisation and dissociative states. She also addresses positive states of mental well-being. For readers who are not specialists in mental healthcare, she defines each disorder and the relationship with religious beliefs and practices. She then progresses to present case reports and in-depth accounts of religious experiences and expressions of distress with religious content, in order to bring alive for the reader the interaction between religion, spirituality and mental distress. This is not easily achieved in a territory where controversies abound, not only in religious domains but in numerous disciplines that present distinct critiques of mental healthcare in a culturally and religiously diverse society. Anthropology, sociology, transcultural nursing, psychology and psychiatry have all evolved rapidly, each with particular emphases and realms of interest. Yet, subjects such a politics, social policy, education and migration studies are also important commentators.

There are clear research and clinical practice examples on positive and negative effects religion may have on a person's mental health and well-being, although positive examples prevail. The author further develops her analyses by looking at religious-specific issues emphasising religious differences in the practice of faiths and in interpersonal processes that influence coping and resilience. She argues for religiously specific or, at least, religiously informed clinical practice.

For those interested in recovery, well-being and mental health in a culturally and religiously diverse society, *Religion, Culture and Mental Health* will provide many hours of thought, controversy and teaching material, not to mention an enjoyable scholarship.

Kamaldeep Bhui Centre for Psychiatry, Bart's & The London Queen Mary's School of Medicine & Dentistry, Charterhouse Square, London EC1M 6BQ, UK. Email: k.s.bhui@gmul.ac.uk

doi: 10.1192/bjp.bp.107.044875



Impulse Control Disorders: A Clinician's Guide to Understanding and Treating Behavioral Addictions

By Jon E Grant. W. W. Norton & Company. 2008. US\$26.95 (hb). 224pp. ISBN: 9780393705218

This is the latest Jon E. Grant 'production' on impulse control disorders; his previous titles include *Pathological Gambling – A Clinical Guide to Treatment* and *Stop Me Because I Can't Stop Myself – Taking Control of Impulsive Behaviour.* Jon E. Grant is an opinion leader, a credible academic and an experienced clinician in the field of impulse control disorders. So what does this book offer?

I ask myself three key questions when reading a book that is presented as a clinician's guide: Is it written by an expert clinician? Does it speak the language of the clinician? Does it infuse me with sufficient confidence to assess and treat a patient with that particular disorder? This book affirmatively answers all three questions. In essence, it provides a sufficiently detailed and clinically focused overview of the various impulse control disorders such as pathological gambling, kleptomania, intermittent explosive disorder, trichotillomania and pyromania. It takes the reader on a journey of knowledge-building and evidence basesharing, starting with descriptions of the clinical characteristics of impulse control disorders, through the various theoretical models and finally to their assessment and treatment.

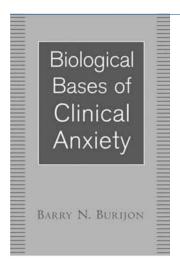
Using case vignettes to illustrate the disorders makes the book an easy read and maintains its clinical perspective. Three chapters discuss, at considerable length, the various and as yet unexplained conceptual models for understanding impulse control disorders, including the obsessive—compulsive spectrum model, behavioural addictions model and affective disorder model. Discussion of the aetiology of impulse control disorders, complicated by the heterogeneity between and within these disorders, offers preliminary insights into neurobiological markers and psychological theories. The chapters on assessment and treatment are a must-read. They provide a useful and productive blend of evidence drawn from the latest research and the author's experience borne out of a decade

of specialist clinical practice, offering clear guidance to the clinician. The exhaustive (more than 400) and up-to-date reference list is a valuable resource for the researcher.

This book should be read in the context of the patchy systematic research evidence available on impulse control disorders and so the following criticisms merely highlight knowledge gaps in the field and are, on a more ambitious note, perhaps a call for further research. Considerable conceptual and nosological ambiguity shroud these disorders; aetiological mechanisms are far from clear; reliable and valid assessment tools are lacking; and as yet, no pharmacological agent is licensed to treat any of these disorders. That said, this book provides an excellent overview of a topic that is still in its infancy and is a user-friendly guide for the clinician. In an era of ever-increasing sub-specialisation within psychiatry, this book is one for the specialist.

Sanju George The Bridge Substance Misuse Team, Larch Croft, Chelmsley Wood, Birmingham B37 7UR, UK. Email: sanju.george@bsmhft.nhs.uk

doi: 10.1192/bjp.bp.108.054569



Biological Bases of Clinical Anxiety

By Barry N. Burijon. W.W. Norton. 2007. US\$47.50 (hb). 351pp. ISBN: 9780393704693

Psychiatry textbooks from North America, such as Kaplan and Sadock's series and the work of Stephen Stahl, often exhibit a certain drive and enthusiasm in their energetic writing style. *Biological Bases of Clinical Anxiety* follows this tradition in the area of anxiety disorders.

In current psychiatric practice schizophrenia, depression and bipolar affective disorder are given much prominence. Yet taken together, the anxiety disorders are more common and can be highly disabling, but are often treatable with medication, psychotherapy or a combination of both. Burijon's book, therefore, provides a useful and readable summary of our current knowledge of these disorders. The work is organised into three areas, opening with three general chapters, five focusing on each of the main anxiety disorders (generalised anxiety disorder, obsessive—compulsive disorder, panic disorder, phobias and post-traumatic stress disorder) and, finally, a reference section consisting of tables relating to psychotropic drugs and an extensive bibliography.

The reader seeking an introduction to the field will, therefore, find easily accessible information on the aetiology, management and treatment of anxiety disorders as a whole and then more specific information on the individual disorders.

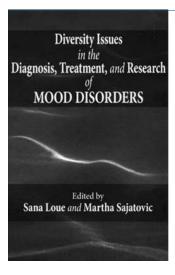
The book is well-written with a flowing and consistent approach, certainly benefiting from having one sole author rather than numerous invited contributors who may lack a unified style, although diagrams and figures are a little rudimentary.

The first three chapters provide a well-constructed resource embracing all the anxiety disorder diagnoses. As suggested in the book's title, there is a chapter aiming to reconcile neuro-anatomical, genetic and biochemical evidence relating to anxiety disorders to clinical presentations. Sections on behavioural neuroanatomy, describing the role and importance of specific brain areas and neurotransmitters in anxiety disorders, are perhaps the strongest and most illuminating features of the book. The psychopharmacology chapter is comprehensive but, in truth, can play only a supporting role with so many existing texts already available describing these psychotropic drugs in greater detail, albeit without the emphasis found here on their role in anxiety disorders.

The chapters on the individual disorders are robust and well-organised. Again, Burijon concentrates on descriptions of aetiological processes thought to underlie the disorders, both biological and psychological, while still succeeding in providing thorough coverage of clinical aspects. All in all, Burijon's work is a good introduction to the anxiety disorders. The excellence of the behavioural neuroanatomy chapter, and the pervasive theme of examining biological substrates for all of the anxiety disorders, make the book an attractive prospect for the more experienced clinician.

Simon J. C. Davies Psychopharmacology Unit, University of Bristol, Dorothy Hodgkin Building, Whitson Street, Bristol BS1 3NY, UK. Email: simon.davies@bristol.ac.uk

doi: 10.1192/bjp.bp.108.050112



Diversity Issues in the Diagnosis, Treatment, and Research of Mood Disorders

Edited by Sana Loue and Martha Sajatovic. Oxford University Press. 2007. £37.99 (hb). 320pp. ISBN: 9780195308181

In the post-globalisation world, the movement of goods and people has created a more complex environment within which cultural influences are becoming more pertinent, not only in diagnosis but in management as well. This multi-authored volume aims to provide some of the context related to diversity, starting with the role of culture. There is no doubt that an understanding of cultures is imperative to make sense of individual experiences related to emotional distress, how distress is expressed, how help is sought and how cultures decide where and how much resources are to be targeted. Cultural competence in mental healthcare