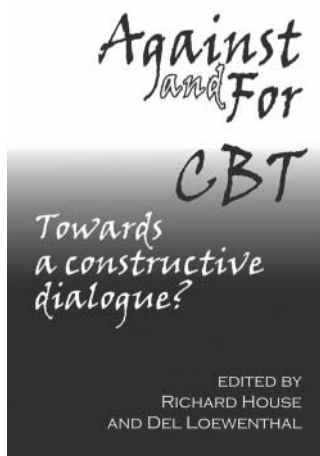


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



**Against and for CBT:
Towards a Constructive
Dialogue?**

Edited by Richard House
& Del Loewenthal
PCCS Books, 2008.
£20.00 (pb). 320 pp.
ISBN: 9781906254100

By 31 BC, Rome had completed its military conquest of Greece. Perhaps few then could have foreseen the changes to both Roman and Greek civilisations that the next 250 years would usher in. Greeks rose in power in the Roman world even to the level of senators. Romans took on Greek culture and kept Greeks as slaves and tutors to their children. Powerless but civilised, the Greeks worked a quiet revolution in Rome.

So I think it may be with cognitive-behavioural therapy (CBT) and the rest of the therapeutic world. Like the Romans, CBT is efficient and effective and it is poised to conquer all the warring city states of therapeutic Greece. Yet, even as it conquers maybe it will begin to be civilised, taking on 'Greek' ideas (third-wave CBT) and responding to Greek critiques.

Against and For CBT is a collection of essays, largely by 'therapeutic Greeks' revolted by or attempting to civilise the barbarisms of their 'CBT conquerors' but it kicks off with three powerful chapters by CBT therapists, all of whom show signs of Hellenisation. Mansell, Clarke and Hemmings all in their different ways paint a picture of CBT that is far removed from the utilitarian and ethically naive therapy that its detractors at once construct and attack. I learnt a lot from these chapters.

The following section on paradigmatic perspectives consists of attacks centred on the ethical and political stances that the authors find to be implicit in CBT. It was interesting and helpful to have CBT set within the context of the history of ideas. For me, inclined as I am to see more value in positivist and empiricist philosophical views and ethics that are said to be implicit in CBT, the appeal to the postmodern turn and the failure to examine the ethically dubious areas of this world view was not perhaps the knockout blow it might be for others. Martin Heidegger appears in two of the more philosophical chapters but his profound pro-Nazi sympathies do not.

I also enjoyed many of the chapters in the section on clinical perspectives. As an author trained in cognitive-analytic therapy, I found the section on dialogic cognitive therapy by Strong, Lysack and Sutherland particularly fruitful. However, in these chapters it is clear that proponents of alternative approaches always have to struggle with the evidence base and essentially three lines of attack can be found. The most clean-cut is Milton's view that once proper studies are done psychoanalytic therapies of sufficient duration will be shown to produce lasting change that cognitive

therapies cannot. Others, such as Winter, attack the ecological validity of the evidence base. A final line of assault lies in attacks on the very notion of evidence-based practice itself, for example in the chapter by Lees.

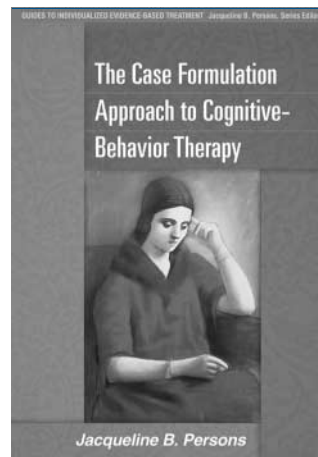
Quite large parts of this book are by no means an easy read and this is particularly true of the section on epistemological and research perspectives. There is little about research here but a great deal about epistemology. Two brutally tough chapters by Bohart and House hack away at the difficulties inherent in the methodology of the randomised controlled trial and despite some intimidating passages contain an important critique of scientific methodology as applied to human psychology. Even tougher is the chapter by Fred Newman, who covers philosophers such as Quine and Davidson, with whom he had discussions both real and imaginary. I had thought I was doing quite well to have read and admired these philosophers, but I was left bleeding and outdated by the end of the chapter.

By the time I got to the final section on political and cultural perspectives I was hoping for a little gossip. Sadly, there is none, but three important chapters add a social dimension to the critique of CBT and particularly importantly discuss power dynamics in therapy relationships. Of these I thought Moloney and Kelly's chapter 'Beck never lived in Birmingham' telling and helpful.

Overall, as a therapist with both Greek (Jungian) and Roman (CBT) sympathies I got value from this book but only after considerable struggle and I was left with a strong regret: Hellenised Rome succumbed first to the enticements of Christianity and then at the last to the barbarian hordes. The medical model and the National Health Service as institution of the state both vie for the role of barbarian in this volume. Hated by both sides of the debate, doctors, supposedly the drug-wielding dupes of the medical industrial complex, and managers, characterised as bureaucratically limited, cost-cutting servants of a malign authoritarian state, are an easy target against which to unite. It is a shame that a book set up to encourage respectful debate could support this only in the face of uncritical manufacture of a common enemy.

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**The Case Formulation
Approach to Cognitive-
Behavior Therapy**

By Jacqueline B. Persons.
Guilford Press, 2008.
US\$35.00 (hb). 270 pp.
ISBN: 9781593858759

This book is just one click away on Amazon but why should a psychiatrist buy it? You could just recommend it to the designated therapist in your team or your trainee who is struggling to get

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.

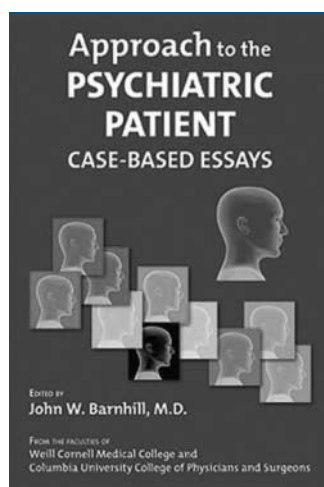
The book is structured around 10 cases, each followed by 10 to 14 relevant essays. The cases, drawn from clinical experience, are chosen to bring out the complexity and diversity of individuals seen in the clinical setting. They include a wide diagnostic spectrum, from mood instability and schizophrenia 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.

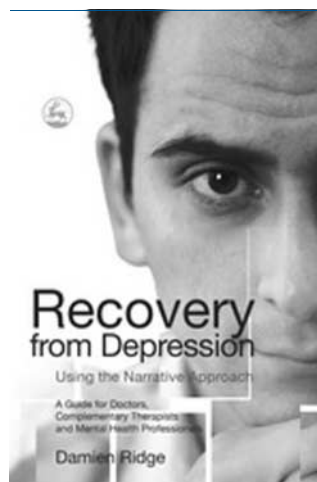
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Approach to the Psychiatric Patient. Case-Based Essays

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