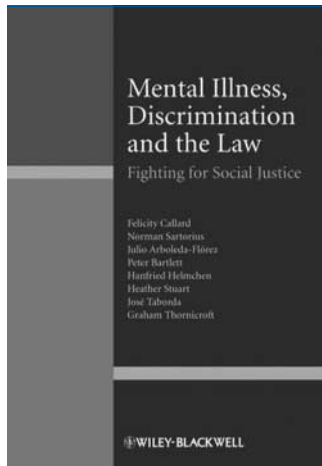


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Mental Illness, Discrimination and the Law: Fighting for Social Justice

By Felicity Callard,
Norman Sartorius,
Julio Arboleda-Flórez, et al.
Wiley-Blackwell. 2012.
£69.99 (hb). 348 pp.
ISBN: 9781119953548

This is a potentially important publication by an expert group who have transformed a large-scale international review into a book. A powerful impetus for the review came from the United Nations Convention on the Rights of Persons with Disabilities. The stated focus of the book is on how legislation can be used to advance the rights and entitlements that people with mental health problems have as citizens.

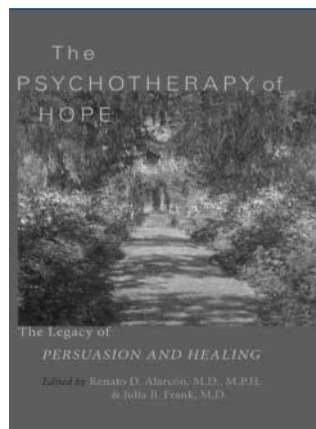
The chapters are relatively short – apart from two key chapters: ‘Principles and concepts’ and ‘Implementation and enforcement’ – and are written in a fluent and readable style. The way the book is designed means that the reader only needs to read the first half of the book, as the last three chapters comprise an exhaustive review of worldwide legal instruments and legislation, and internet resources. Throughout, examples of international policies and legislation are provided, from large and small, and high-income and low- and middle-income countries alike. Topics covered include work and the workplace, education, housing, social security, and legal capacity. Personally, I felt that the most important chapter was ‘Implementation and enforcement’ regarding legal reforms. Here, the authors discuss rising to the challenge of converting well-meaning rhetoric or legislation into concerted action and reality – the book notes that some countries have very good legislation which is inadequately implemented and is, in a sense, somewhat toothless in its everyday effect.

The authors note that although there are ‘formidable’ obstacles to social justice for people with mental health problems, the book was not intended to be a ‘sombre’ one. Indeed, it is written with optimism, passion and zeal, and is clearly serious about being a catalyst for change at high organisational levels. The book is important for anyone or any organisation looking for an in-depth and critical review of this subject matter. It provides a myriad suggestions on how to address and improve these deeply ingrained societal issues of stigma, discrimination and social injustice for people with mental health problems. Is this a book for everyday practising clinicians? Probably not, as it feels more like a book destined for academic libraries (as the price would suggest). Understandably though, given that it was deliberately written to be a practical and policy-oriented tool

(which I think was achieved), it appears aimed at and more suited for national and governmental organisations, senior managers and policy makers. Because of its international remit, it has obvious potential for a worldwide readership but could well be a very useful text for postgraduates researching this area.

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The Psychotherapy of Hope: The Legacy of Persuasion and Healing

Edited by Renato D. Alarcón
& Julia B. Frank
Johns Hopkins University Press.
2011. £28.50 (hb). 368 pp.
ISBN: 9780520269453

The cover illustration of this book is a beautiful and dreamy Monet: *The Garden Path at Giverny*. A path, banked by flowers, leads to an impression of a white house. The painting’s effect is a clue to the message of this book – that instilling hope and expectations of a good outcome are essential for patients to improve with psychotherapy.

The title requires some explanation. *Persuasion and Healing*¹ is a book published in 1961 by the American psychiatrist and academic Jerome Frank. Its main contentions were: different psychotherapies have similar (good) outcomes; factors common to all therapies are responsible for their main effect; and instilling hope in ‘demoralised’ patients is crucially important. The text under review is a collection of stand-alone essays by multiple authors that update and reassess Frank’s ideas.

The Psychotherapy of Hope is a diverse book that samples the whole spectrum of psychiatry, with essays ranging from ‘Neural substrates of psychotherapy’ to ‘Psychotherapy, religion and spirituality’. Refreshingly, the editors have gathered essays that sometimes express opposing views, for example, on the question of the importance of the unconscious or conscious mind in patients’ difficulties.

The heart of the book is psychiatry and therapy – assessing the evidence, educating about the nature of psychiatric illness and examining effective approaches for practitioners. One excellent essay argues that standard classifications of depression do not help guide what approach to take, as people who “‘meet criteria” may differ from one another to an extraordinary degree.’ It then proposes a clinically helpful reclassification of depression in medical patients, derived from factor analysis, which has three syndromes (grief, anhedonic depression, and demoralisation) and outlines their treatment.

Other essayists advance subtle arguments that psychotherapy is a culture-bound activity that can be looked at scientifically at a meta-level and common factors abstracted. It follows, some of the essayists argue, that therapists should focus on maximally delivering these common factors.

These approaches place importance on the therapist remaining optimistic to inspire hope, being empathic and impressing on patients expectations of good outcomes. Personally, I expect the therapy they outline might be quite hard work to sustain over a significant period of time. Rather than a therapist primarily following an internally consistent and rich system of formulating patients' difficulties and how to address them, therapy based explicitly on common factors falls back on the need to remain hopeful, empathic, etc. Frank originally argued that these properties emerge from interactions between therapist, therapeutic rationale and the patient. If, indeed, therapeutic change is largely effected via therapists' hope and expectation of success, would not belief in a plausible and rich psychology be a greater source of hope for therapists to draw on than having to hope in hope itself?

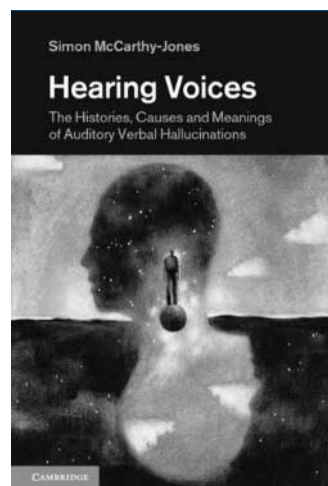
A section on 'Cultural dynamic in psychotherapy' makes the case that differing kinds of 'therapists' (including religious or shamanic leaders) and therapeutic approaches suit different patients. I expect the common factors therapeutic approach would appeal to some practitioners, perhaps those with a naturally 'agnostic' approach to psychological theories or those who do not have an existing theoretical grounding.

The various chapters engendered in me a questioning approach: what are we therapists doing, does it work, why? How culture-bound are our mental illnesses and therapies? From what the authors say, this atmosphere of curiosity is what it was like working with Jerome Frank and, as such, this book is a fitting inheritor of his legacy.

- 1 Frank JD. *Persuasion and Healing: A Comparative Study of Psychotherapy*. Johns Hopkins University Press, 1961.

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**Hearing Voices:
The Histories, Causes
and Meanings of Auditory
Verbal Hallucinations**

By Simon McCarthy-Jones
Cambridge University Press. 2012.
£65.00 (hb), 472pp.
ISBN: 9781107007222

Hearing voices or having auditory verbal hallucinations and delusions is emblematic of psychosis. There is a sense in which both concepts are part of the infrastructure for modern psychiatry.

Given the importance of hearing voices as a canonical concept in psychiatry, it is surprising that it has received little focused attention in its own right. In this book McCarthy-Jones has changed that. He has written a comprehensive, indeed encyclopedic text. His aim is to focus on four key areas: the varying history of hearing voices, its phenomenology, causes, and meaning.

The history draws on material from ancient Mesopotamia through to our own times. This exercise is not a perfunctory gesture but a reasoned and well-argued case for examining the diachronics of the experience and meaning of hearing voices over time, as a means of exploring and investigating the continuities and discontinuities of the phenomenon, of the tentative causal explanations, and of the attributed symbolic understandings. For example, McCarthy-Jones explores Julian Jaynes' theory that all humans automatically heard voices in the period 9000–1000 BC as a result of possessing a bicameral mind. This broke down in around 1400 BC, and humans developed self-consciousness and inner speech. The author concludes that there is little evidence in support of this theory and in any case the detailed evidence that Jaynes put forward, drawing on the *Illiad* and on Mesopotamian poetry, on careful analysis does not provide proof for his contention.

McCarthy-Jones is at his best when he critically reviews the scientific evidence for the frequency of auditory verbal hallucinations in psychosis, in post-traumatic stress disorder, in borderline personality disorder and in other conditions such as Parkinson's disease. In his interrogation of the various causal hypotheses, he deals with inner speech theories and concludes that evidence from a number of sources, including studies of amplified whisperings, functional and structural neuroimaging, all suggest a role for inner speech in verbal hallucinations. There is an obvious mastery of the subject matter and he is sure-footed in guiding the reader through a complex and often contradictory literature.

He is less focused and incisive when he deals with the social and symbolic meanings of verbal hallucinations. There is a tendency to want to normalise the experience of hearing voices. The fact that normal people (that is, people who are not seeking psychiatric attention and who are not distressed by their experience) 'hear voices' is not evidence that 'hearing voices' is not a sign of psychopathology. It is helpful, perhaps, to remember that normal people have tachycardia but tachycardia is also a sign of cardiac pathology. Normal people can be very tall but being very tall can itself be a sign of pituitary pathology. This simple fact that a phenomenon can be both a sign of pathology as well as innocuous is often misunderstood.

There is a risk that McCarthy-Jones' approach may suggest that auditory verbal hallucinations are somehow discrete entities. It is, of course, reasonable to deal with verbal hallucinations for academic purposes as a distinct class of experience. However, unlike delusions where patients can present with discrete delusional disorders in the absence of any other psychopathology, as in persistent delusional disorder, discrete verbal hallucinatory disorders in the absence of other psychopathology are rare. Furthermore, verbal hallucinations are on a continuum from thoughts heard aloud/thought echo to thought broadcasting (where the patient believes everyone can hear his thought because he can hear it himself), through to one-word elementary verbal hallucinations, to whole-sentence complex verbal hallucinations. And there are commonalities between all auditory hallucinations whether elementary noises or music and across all modalities of hallucinations that ought to be drawn out.

This book will bear re-reading. It is equally accessible to the specialist as to the generalist. There is a wealth of information, a