

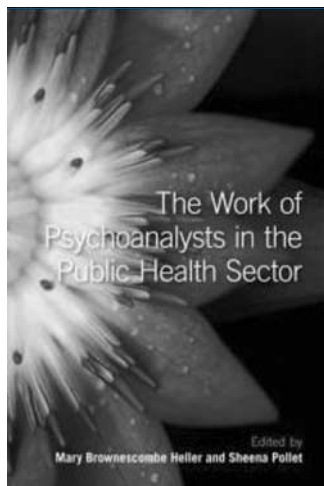
I was right to be nervous; this is a tough read. Professor Brakel seeks to present psychoanalysis as a theory of mind, using arguments from the general philosophy of mind. Specifically, she seeks to argue that there are two types of thinking described in psychoanalytic theory: what one might think of as 'everyday' secondary process thinking and primary process thinking that is found in dreams, 'slips of the tongue' and other 'a-rational' forms of thought. What Brakel wants to emphasise is that unconscious mentation is not irrational but a-rational, by which she means that it operates, as it were, on a different epistemological footing.

I need to be honest here; I did not understand the book fully. Not that Brakel is not a readable writer; she has a warm and engaging style, which is welcome in such an intellectually challenging work. She is clearly an expert in her field, and her enthusiasm for her subject comes clearly across. Yet I could not help feeling stymied, brought up short against a level of discourse that was inaccessible to me. In the context of the argument, I was surprised not to see some discussion of Matte Bianco's work on different forms of mentation but then I realised that I would probably not understand where his work fits in. The book also requires the reader to engage with basic psychoanalytic tenets *a priori*, which to my mind gave a hint of something tautological.

I suspect that this is a book by a philosopher of psychoanalysis, written for other philosophers of psychoanalysis; and I am in awe at the level of discussion there must be at their dinner parties. But my mind is not shaped for such 'sportive tricks' (as it were), so I came away feeling frustrated. Perhaps Professor Brakel could write an introductory text that would let non-analysts join the discussion.

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The Work of Psychoanalysts in the Public Health Sector

Edited by
Mary Brownsecombe Heller
& Sheena Pollet.
Routledge. 2009.
£22.99 (pb). 232 pp.
ISBN: 9780415484299

In the manner of great music compilation albums, the authors of this volume have managed to squeeze in virtually 'all killer and (almost) no filler'. The book opens with a brief overture that gives the reader a chance to hear the themes that will be developed throughout – that analytic thinking adds depth and complexity to general psychiatric practice more generally and remains relevant even within the confines of a market-based health economy. The latter perhaps leading to the aptly named title of the first chapter, 'Making a little go a long way'.

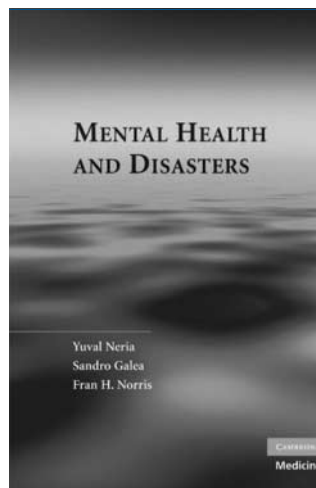
The choice of chapters and the order in which they are set gives the book a clear structure, taking the reader from working

with people in the early phases of their development through to adulthood. The book then moves beyond individuals into how analytic ideas can be extended to have value and meaning within mental health work more generally, including the poignant chapter on helping 'doctors in trouble' wherein clinical material from analytic sessions with two different struggling doctors is given. Analytic theory can be atonal on the page but the descriptions of clinical work that illuminate this book provide a richness that keeps one hooked. They also serve to show how working in the National Health Service is a matter of engaging in applied rather than pure psychoanalysis.

The leitmotif in the work appeared to be the idea of containment, which was elegantly explained, albeit in a number of chapters. As somebody embedded within an analytic training, this duplication of content was one of the minor drawbacks of the book but to those coming afresh, repetition of these ideas may be the mother of study. The few other disharmonious moments were as a result of what might be regarded as a slightly self-satisfied view of psychoanalysis, although these were tempered by a willingness on the part of most authors to engage with the rest of psychiatry instead of feeling embattled by that contact. With this in mind, in the chapter 'Psychoanalysis and general psychiatry' by the late Richard Lucas, there is a quote from Freud that would best be kept in mind by practitioners who are on either side of, or indeed straddle, this imaginary divide: 'What is opposed to psychoanalysis is not psychiatry but psychiatrists'.

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Mental Health and Disasters

Edited by Yuval Neria,
Sandro Galea & Fran H. Norris.
Cambridge University Press. 2009.
£80 (hb). 640pp.
ISBN: 9780521883870

Bold are the publishers and authors who assert that any text is 'the definitive' one, as has been stated here, but most certainly this book does represent a very comprehensive coverage of the relationship between mental health and disaster. By 'disasters' the authors mean so-called natural incidents, technological incidents and those events associated with mass violence.

The book is divided into seven thematic sections, incorporating 35 chapters. A wide range of key topics are addressed, including specialist mental health interventions, vulnerable groups, traumatic grief, resilience and psychopathology in all its guises. In addition, there is valuable coverage of cross-cultural issues, physical health problems, and journalism and the media.

Different types of case study are incorporated. These cover, for example, Chernobyl, the tsunamis, Turkish earthquakes, and the Enschede fireworks explosion in The Netherlands. Terrorist incidents in the USA, Israel and London are also well covered. One other disaster I thought might have received some attention was the massive earthquake of 2005 in Pakistan. I also thought that a little more could have been said of the period known as The Troubles in Northern Ireland (1960s–1998) and their impact on the mental health of the Irish nation. On the other hand, I do accept that no one book can cover all major incidents.

Although the reviews of the different topics are very good, I liked the fact that the book has a forward-looking perspective. This is achieved by a critical commentary on the strengths and shortcomings of the studies which the authors have covered. Moreover, they identify important gaps in our knowledge and the challenges facing us if we are to address these. Perhaps some more guidance on ethical issues might also have been useful to prospective researchers.

In summary, however, I commend this book without reservation. It is well written and the editors have achieved a good balance among the chapters. The authors are rigorous in their critical analysis of the research from which the data are derived, and they identify fruitful opportunities for researchers, practitioners and policy makers.

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Primary Care Mental Health

Edited by Linda Gask, Helen Lester, Tony Kendrick & Robert Peveler. RCPsych Publications. 2009. £35 (hb). 512pp. ISBN: 9781904671 770

We have here a book of 32 chapters, plus a final epilogue, which is divided into four parts. The first part, containing some of the best chapters in the book, covers the concepts and themes of primary care mental health from an international perspective and the standpoints of policy, sociology, epidemiology and the service user. The second part is the longest, with 16 chapters on the broad diagnoses of particular patient groups. Part 3 revisits policy and practice, looking at the delivery of care and treatment and covering mental health promotion. The final part, 'Reflexive practice', provides a welcome approach to clinical practice, teaching, learning and research and, importantly, addresses the mental health of the practitioner.

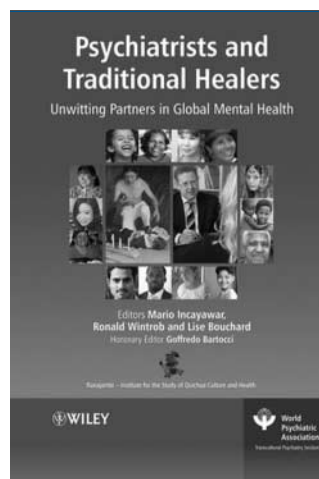
There are several excellent chapters in this book which overall makes a first-class attempt to explore the many facets of primary

care and its relationship to mental disorder and mental health. Professor Sartorius' contribution to the first section sets the scene by providing an interesting look at the background to the formal definition of primary healthcare, as well as debunking some of the myths of primary care while illuminating its complexities, limitations and ultimate value.

The book is ambitious in its breadth and inevitably focuses much on practice relating to the UK context. It could be seen as two books in one, the second part being the second book. If I have a gripe it is that I would have liked to have seen some of the chapters in the first part developed more to illuminate the exciting conceptual issues raised (for example, the nature of mental health problems and their relation to diagnosis and to population statistics). But that is my preoccupation and I would not let that put the reader off, considering this to be essential reading for trainees and others within the fields of psychiatry, general practice and beyond.

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Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health

Edited by Mario Incayawar, Ronald Wintrob, Lise Bouchard & Goffredo Bartocci. Wiley. 2009. £49.99 (hb). 294pp. ISBN: 9780470516836

Traditional healing is not confined to mental health problems but is offered for virtually all known human ailments. However, it is probably more in psychiatry than in any other branch of medicine that a strong advocacy exists for the integration of traditional healing with Western medicine. It is not unlikely that this reflects, to some extent, the common scepticism about the scientific basis of mental disorders in general.

In examining partnerships between psychiatrists and traditional healers, this excellent book offers the reader a diversity of views to help them form their own opinion about the feasibility of such partnerships. It highlights the challenges of integrating traditional healing with biomedicine, especially given that the nature of the former is so diffuse and its practice often shrouded in secrecy. As the book shows, traditional healers are a diverse group of practitioners ranging from folk herbalists, to diviners and magic witch doctors. The unmet need for mental health services in most low- and middle-income countries, as described by Incayawar, provides the context in which some form of traditional healing sometimes becomes the only available source of help for patients and their families. But the process of integration of traditional healing with modern medicine has to