

Two-thirds of the book is devoted to a detailed presentation of how EMDR can be used in the brief treatment of people suffering from a wide range of fairly complex disorders. The only criticism I have to make is that he does not always use the protocol that Shapiro insists is important when carrying out EMDR. However, despite this, his results appear to be good and his enthusiasm for this new approach is contagious.

Since EMDR is now a recommended treatment for PTSD in the new National Institute for Clinical Excellence guidelines, this book could not have appeared at a better time. His detailed descriptions of his treatment sessions are very helpful for both beginners and more experienced psychotherapists. Psychoanalysts may feel inclined to reject EMDR but it is, as Mollon shows, an extraordinary way of accessing unconscious mental processes. I can only recommend this book for its rich and thoughtful contributions to the field of psychological treatments.

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### **Biopsychosocial Medicine: An Integrated Approach to Understanding Illness**

By Peter White. Oxford: Oxford University Press. 2005. 242pp. £29.95 (pb). ISBN 019853034X

I did not find too much new in this book. It is composed of twelve presentations on biopsychosocial medicine given at a conference in London in 2002 to which international experts were invited. The edited transcripts of the discussions after each talk are included, together with a final discussion chapter. The editor of the book, Peter White, Professor of Psychological Medicine at Queen Mary, University of London, provides a concluding chapter. I wish he had attempted to incorporate the discussions with the rest of the book, but he preferred to try to keep them as 'spontaneous as they were on the day'.



I also think there were lost opportunities to contribute to progress in the field. For example, Francis Creed, Professor of Psychological Medicine at Manchester University, discusses whether the patient-centred and biopsychosocial approaches are compatible. In his chapter, he juxtaposes them, whereas, as pointed out in the discussion after his paper, Moira Stewart, Ian McWhinney and others, who have developed the patient-centred method at the University of Western Ontario, would look for integration rather than distance between the approaches.

The contributions of George Davey Smith, Professor of Clinical Epidemiology at Bristol University, redeemed the book for me. As he points out in discussion, George Engel's work in the 1970s, which of course is seminal for the understanding of the biopsychosocial approach, became influential in the context of the acknowledgement of the limits of biomedicine by, for example, Thomas McKeown and Ivan Illich. I found this a useful insight. Davey Smith's own chapter argues that there is, in fact, little evidence that psychosocial factors have a direct aetiological effect on physical illness and biological processes. Correlation of stress, for example, with outcome may be explained by confounding, rather than reflecting a causal explanation. Bias is also introduced into observational studies through an increased reporting tendency of stressed individuals. The number of experimental studies of psychosocial interventions for physical disease has been

relatively few, and any significant effects, if found, are small and may not be specific.

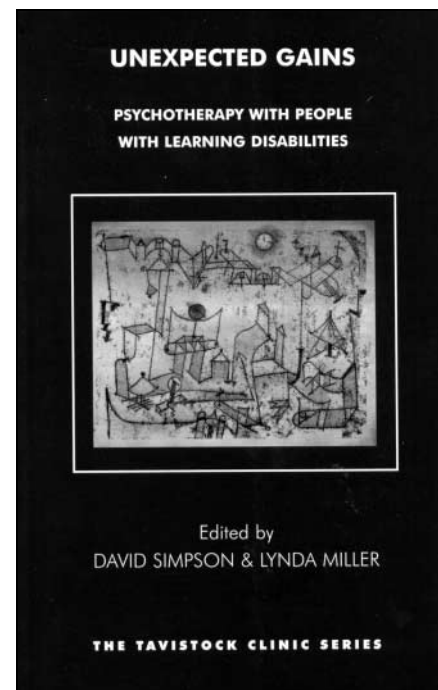
Davey Smith's critique should not be taken to imply that physical symptoms cannot be psychogenic in origin. Doctors fail to recognise the emotional and psychological nature of too many patients' complaints. So-called medically unexplained symptoms are common. For this reason alone, more emphasis should be placed on comprehending the biopsychosocial approach. This book is a useful contribution to that aim.

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### **Unexpected Gains: Psychotherapy with People with Learning Disabilities**

Edited by David Simpson & Lynda Miller. London & New York: Karnac Books. 2004. 236pp. £18.99 (pb). ISBN 1855759640

*Unexpected Gains* is a welcome addition to the literature on psychoanalytically informed work with people with learning disabilities. Many community learning disability services across the country offer counselling as part of their health provision. Very few of these



services are audited and most are managed from within a psychology department.

This book describes the theoretical background of psychodynamic psychotherapy, illustrated by case examples showing work with children, adolescents, adults and carers. It gives a clear flavour of the clinical work of the Tavistock Clinic Learning Disability Service in London, which has been built on what appears to be a niche interest within the psychotherapeutic field. It also includes an attempt at using audit to quantify the psychological gains made by clients and gives brief details of a research project that will measure outcome in a more structured way.

Service users who have been helped through psychodynamic psychotherapy are vividly portrayed, as are the dilemmas and empathy of their therapists. It is not all roses: powerful, unpleasant feelings are given expression as the therapists try to understand and the service users struggle to make sense of years of pain, loss and lack of self-worth.

It would have been interesting to be told more about the duration of treatment and why it was stopped. Several treatment contracts appear to have ended after a year, which by any standards is a short duration for this type of intervention. Occasionally I wondered what was really being said in the room, although the extracts from the sessions clarified some of the confusion about what belonged to the therapist and what to the client.

Another unaddressed issue is why clients were referred. It would have been helpful if a profile had emerged of clients who might do better with psychotherapy at the Tavistock rather than locally. In addition, data on which services tend to refer more often could help to identify service gaps within and outside of London and to indicate whether successful referral depends on a 'postcode lottery'.

Finally, information on what the Tavistock Learning Disability Service currently offers and whether funding is needed to access it are important omissions. It is of some concern that the clinic's specialist psychoanalytical team may remain a hit-and-miss opportunity for many people with learning disabilities and, indeed, for the services caring for them.

*Unexpected Gains* is an interesting and well-written book that can easily be read by (and recommended to) professionals in the field as well as lay people who know or care for someone with a learning disability.

However, I wonder whether it will break into the market (and therefore awareness) outside the confines of the psychotherapeutic community.

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### Screening for Perinatal Depression

Edited by Carol Henshaw & Sandra Elliott.  
London: Jessica Kingsley, 2005. 240pp.  
£27.95 (pb). ISBN 1843102196

Making the case for introducing screening for perinatal psychiatric disorders is not without problems. The case is not helped by the common use of 'postnatal depression' as a catch-all term for a variety of conditions, from mild and transient mood lability to some of the most severe psychiatric disorders seen in clinical practice. 'Screening for perinatal depression' means different things to different people and it is appropriate to begin by asking screening by whom, for what and when? To its credit,

this book considers both antenatal screening for women currently well but at risk of perinatal mood disorder, and screening women for current affective symptoms.

The book, at least in part, can be seen as a response to the controversial decision of the UK National Screening Committee not to recommend the introduction of routine screening for postnatal depression using the Edinburgh Postnatal Depression Scale. A number of different perspectives are brought to the table – a large number of professional groups are represented from both academic and clinical backgrounds. The individual chapters range widely from those describing clinical services, outlining individual research projects or providing personal experiences of accessing services, to those taking a more philosophical overview of the issues involved. In particular the book benefits from a final chapter, written by the editors, responding to many of the issues raised in the previous chapters and summarising the areas of agreement and those that remain in dispute. There is much of interest here to those from a wide variety of professional backgrounds, and the book should have wider appeal than merely perinatal 'anoraks' like me.

One recurring theme is a lack of research evidence – reflected by the fact that a number of chapters rely on a description of local services. It also becomes clear that the title is a misnomer – the important perinatal psychiatric conditions are wider than major depression and, particularly when screening for women at risk, include bipolar and schizoaffective disorders.

A philosophical divide is clear – between those who see postnatal depression as an underdiagnosed illness that, without recognition and treatment, can result in long-term negative consequences for a woman and her family, and those who believe that a diagnosis of postnatal depression is the imposition of an inappropriate medical model on the suffering of women at this time of difficult role transition. In his forward, John Cox expresses the hope that the book will be a 'constructive dialogue' between the different perspectives. Judged on this criterion, I think it can be considered a success.

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