In 1837 John Clare was admitted to High Beach Asylum, Epping Forest, where he remained until July 1841 when he escaped and walked 80 miles back home to Northborough, surviving by ‘eating grass by the roadside’. This experience was described in his prose piece Journey out of Essex. It is as vivid an account of absconding from an asylum as any. In A Knowable World, a new volume of poetry by Sarah Wardle, the author also describes in four vivid lines how she ‘fled the clinic/escaping through a narrow bathroom window/shoeless . . . ’ (p. 18). Sarah Wardle’s poetry is an act of courage, for she examines her own incarceration, madness, abnormal experiences and treatment with brutal yet endearing honesty. In ‘Unnatural justice’ she writes about her contact with the police:

They arrest you . . .

and six of them push you down on a mat
and twist your arms behind your back,
and that, Ladies and Gentlemen, is justice,
as delivered by the Police so-called service (p. 23)

This poem recalls Robert Lowell’s poem ‘Visitors’ in which he too describes his contact with the police, remarking ‘They are fat beyond the call of duty’, an indirect comment on the excesses that he experienced. Aside from Clare and Lowell, naturally, Wardle’s poetry calls to mind other poets who like her have suffered psychiatric illnesses, including Elizabeth Jennings and Ivor Gurney.

There are a number of love poems here, addressed to her psychiatrist. In ‘Trust Core Values’ she writes

The consultant psychiatrist is on the ward.
in his proximity, all is hope with the world . . .
even when love is not returned,
since his Scottish blue eyes are a beacon,
which simultaneously dispel and beckon (p. 38)

And in another poem ‘Psychiatrists Ask Questions’ she wrote

just as Hume questioned if the sun won’t rise,
just in case you, though you cannot reply
due to your strict professionalism,
what if there’d been light this side of heaven
and I had been given another life?
Might I have borne your bairns and been your wife (p. 42)

These poems remind us of the human dimension of mental illness, if we should need reminding. Wardle’s gift is to have retained her observant eye and poetic sensibility when her reason and humours were assailed by illness. Her poems are worthy additions to the body of literature by writers speaking out of the experience of disquiet.

I have the privilege of working in a research-friendly service. As a result, my patients have benefited from a wide range of innovative therapies in their earliest stages of development. Some have flattered to deceive – compliance therapy comes to mind; some have prospered mightily – cognitive therapy for psychosis being an obvious example (though if Tyrer is to believed, this too may be due a re-evaluation); and some have had a hard grind to achieve recognition (cognitive rehabilitation is a good example).

I have yet to have any direct experience of nidotherapy, a coinage from the Latin that we are told means ‘nest’ therapy – though my Latin dictionary has the more evocative and perhaps appropriate word ‘haunt’ as the preferred translation. The ‘i’ is, by the way, long – as in ice-cream as opposed to nit. The question this short book begs is whether nidotherapy will move from its current niche (a cognate word, we are told), as a project based on particular enthusiasm, to more general application.

There is a deep humanity in this book, which begins with a rather moving prologue describing the interaction between Robert Cawley, a psychiatrist who was in my early years a slightly scary but very supportive professor, and Janet Frame, an author who had come very close to having a prefrontal leucotomy. Nidotherapy is, according to Tyrer, ‘a treatment born of despair and desperation’. Perhaps treatment is not quite the correct word, because the essence of nidotherapy, captured in the book’s subtitle, is working with the patient to change their environment to make a better fit between them and their world.

Predictably, the book is clearly written, well-structured and gives a good account of what the aspiring nidotherapist might actually do, using clinical vignettes and exercises (the answers are provided in an appendix) to get the message home. Readers are taken through the four stages of nidotherapy: environmental analysis; making the nidotherapy pathway; initiating change; and long-term planning. Whether the intellectual argument for nidotherapy as a specifically new intervention is made is a moot point – the skilled mental health practitioner has always been
working towards the aims Tyrer sets out and many have been more creative than the examples we are provided with.

Will nidootherapy move from niche to mainstream? My verdict is 'possibly' and I will be giving my copy to the newly appointed manager of a local service devoted to improving the 'community opportunities' of people currently stuck within our service.

**Philosophy of Psychopharmacology**


This discussion of the philosophical issues around psychiatric drugs is inspired by rising rates of their use and by claims that they may be able to enhance intelligence, social performance and general well-being. The author seeks to explore when the use of psychiatric drugs is justified and when it might not be. He provides a sweeping overview of philosophy and psychiatry, raising many fundamental questions about the nature of psychiatric disorders and how we should study them.

Stein sets out two contrasting positions. One is the classical approach, which regards psychiatric disorders as unproblematic categories that can be understood and studied in the same way as physical phenomena, like medical diseases. The opposing 'critical' position holds that psychiatric disorders are social constructions that reflect the values of the societies that create them. Stein then attempts to outline a middle way which he calls the 'integrative' position, one that reflects the findings of 'cognitive–affective' science. However, this middle position is never clearly differentiated from the classical position and the term cognitive–affective is used in many different and confusing ways.

Stein also makes a number of assumptions about the nature of psychiatric drug treatment that need to be questioned. He accepts at face value the idea that psychiatric drugs are 'effective', without ever interrogating what that statement might mean. He suggests that modern psychiatric drugs work in a specific way, by acting on the 'neuronal circuitry' that gives rise to particular symptoms. However, he never seriously considers alternative explanations, such as the view that psychiatric drugs create altered mental states that may suppress the symptoms of mental disorders in a non-specific way. It is therefore difficult to agree with his premise that drug treatment of disorders like depression and social anxiety disorder is generally desirable.

The fictional cases presented throughout the book reproduce and reinforce the notion that psychiatric drugs can reverse pathological processes. There is no consideration of the harmful effects associated with psychiatric drugs, the trade-off between benefits and harms and the social impact of drug use. The analysis of the moral principles that might guide the use of psychiatric drugs veers off into a discussion about the neuronal basis of moral judgement.

A deeper analysis of the nature of psychiatric drugs might have challenged the assumption of benefit that is embedded in current views on psychiatric treatment, and provided a more thought-provoking discussion of the moral implications of drug treatment.

**Eating Disorders. Cognitive Behaviour Therapy with Children and Young People**


This book offers a great deal of useful advice for any child and adolescent mental health professional working with children and adolescents who have eating disorders. The chapters progress logically through assessment, engagement, and the principles of treatment including relapse prevention and discharge planning; there is a good review of literature.

Gowers and Green give clear and straightforward clinical advice, with a healthy balance between specific interventions and more general recommendations, as well as useful clinical vignettes. Although the book is written from a cognitive behaviour point of view, it will be very useful to therapists with a wide range of experience and theoretical clinical orientations.

My criticisms are very minor. I had some difficulty at times in sorting out which interventions were aimed at anorexia, which at bulimia and which at eating disorders in general. Additionally, there is relatively little reference to other treatment approaches, particularly the systemic family approaches which, as the authors acknowledge, have the greater, albeit limited, evidence base. Last, the final two chapters on applications and challenges seem to lack cohesion with the other chapters.

I would strongly recommend this book to all child and adolescent mental health professionals working with young people with eating disorders. It provides a wealth of ideas as to how one can work with what is often a very difficult clinical population.
I approached this book with trepidation, as the authors are known and respected in ways that I can only aspire to, and I found it by turns inspiring, irritating and inward-looking. It could easily become a reference book for the ethos and motivation of user/survivor research and the user movement, and could be referred to by service users to help them question and assert the value of their work. Other professionals who may need help to understand the motivations and ideologies of people carrying out this sort of research will also find it of value.

I remember a late-night conversation with a psychiatrist who talked of the atmosphere at lunch in the 1960s and 1970s when his colleagues seemed to almost forget eating such was the passion of the debate about mental illness, society and psychiatry’s identity. I see this less and less nowadays. Maybe the debates have moved to the user/survivor movement, as in this book where one can detect the atmosphere of the excitement of the search for meaning and a set of concepts and ideals that underpin the users’ and survivors’ work.

Among other things, this is a comprehensive attempt to show that all research is inevitably subjective and that as long as we acknowledge this it can enhance the work we do. Our identity as service users gives us access to a set of experiences denied to other people. Thus, in our research, we seek to promote such values as empowerment, participation, equality and anti-discrimination, and aim towards action, participatory and emancipatory disability research.

This book may become your research bible, your dinner conversation topic or something you would prefer to throw across the room. Either way, reading it should be an enriching and enlivening experience.

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