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.

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 Healing1 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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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 approach: what are we therapists doing, does it work, why? How 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?

The 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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?

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 approach: what are we therapists doing, does it work, why? How 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?
keen examination of theory, a critical disposition, and above all it is interesting and engaging.

Femi Oyebode  Professor of Psychiatry, University of Birmingham; National Centre for Mental Health, 25 Vincent Drive, Edgbaston, Birmingham B15 2FQ, UK. Email: Femi.Oyebode@bsmhft.nhs.uk
doi: 10.1192/bjp.bp.112.114652

Managing Depression, Growing Older: A Guide for Professionals and Carers
By Kerrie Eyers, Gordon Parker & Henry Brodaty
AUD $27.99 (pb), 300pp.
ISBN: 9781742378800

Old age psychiatry has experienced a change in its culture. With the ageing population predicted to rise exponentially in the coming years, we constantly strive to be ready for the dementia ‘time bomb’ and to find adequate resources for those already in the midst of the illness. To a clinician, it can at times feel as if functional illness in older age is being forgotten. This guide, edited and produced by the Australian Black Dog Institute, is a self-s purposed ‘timely’ book which aims to raise the awareness of depression in older age. It promises to challenge the common misperception that, by necessity, ageing brings with it the ‘black dog of depression’.

The book is an easy-to-digest mixture of evidence-based science and personal narrative. The range of subjects explored within is vast. The authors move deftly and coherently between topics, varying from how to diagnose depression to how to age well. A humorous quotation begins each chapter and serves to promote positivity. After establishing the topic in easy-to-understand science, the focus turns to personal reflections of depression. Each chapter concludes with a ‘noteworthy’ section, providing the reader with a few practical points about coping with and managing depression in later life.

The sheer range of topics means that some are explored superficially, making this a book to recommend to junior colleagues looking for an introduction to the subject, carers or patients (although perhaps those who are not acutely unwell) rather than senior psychiatrists wanting to expand their knowledge base. That said, the personal reflections which account for the majority of the text are the great strength of this book. Collected from essays submitted to the Black Dog Institute and contributions invited from eminent professionals, each one of these wonderfully written pieces conveys something different about what it means to have been ‘bitten by the black dog’. Although often saddening to read, they easily connect the reader to the experience of depression in older age and instil a sense of something valuable and inspirational about having lived with that experience. For this, the book is an important addition to our resources and a reminder that we should expect good mental health with ageing. The accounts are written articulately, purposefully and emotionally and offer perspectives from patients, relatives, carers and professionals, making this an insightful and accessible book for all.

Emma K. Parry ST5 in Old Age Psychiatry, and Honorary Clinical Lecturer, University of Birmingham, UK. Email: emma.parry@hacw.nhs.uk
doi: 10.1192/bjp.bp.112.115634

This edited volume takes a welcome approach to review current issues in dementia care, providing a broad-based view of the conceptualisation of dementia, policy and practice. The editors devote space to developments in national contexts as far apart as the Deep South of the USA, Malta and India, as well as Europe, giving readers a chance to compare notes and pick up tips. They have taken care to attend to the voices of people with dementia and to grassroots initiatives as well as overarching perspectives, bringing the subject matter closer to home for the average practitioner than many more erudite volumes. In today’s language this could be described as a volume concerned with knowledge transfer and impact.

The collection of chapters grew from a 21st birthday celebration for the ground-breaking Dementia Services Development Centre at the University of Stirling. As such, the material seems to have an element of serendipity rather than a priori intention. This leads to some odd bedfellows: a useful scholarly chapter reviewing evidence for population-level influences on dementia (chapter 3), for example, is close neighbours with another that reviews development and implementation of dementia policies in France (chapter 6) from a much more narrative and personal perspective.

Reading about implementation of policy and theory in practice leads to the exposure of a number of thought-provoking ‘gaps’. These include the ‘dementia gap’, a term given by the Alzheimer’s Society to the difference between the number of people estimated to have dementia and the number who have received a diagnosis (see chapter 4), and policy practice gaps revealed in the chapters on strategy, which include a fluent and honest account of the situation in England (chapter 5). We also
learn about the research gap between technologically developed and developing societies, reflected in the name of the 10/66 Dementia Research Group (a name chosen to reflect that only 10% of dementia research is directed towards the 66% of people with dementia living in low- and middle-income countries); and on another level, chapter 11 shows us the gulf between the levels of physical activity that those in dementia care deserve to have and those they actually do have.

Overall, it is refreshing to read a book in which the focus is on the real world, in which we struggle to implement policy and provide the best possible services. If you like to take a reasonably easy-reading but work-related volume on holiday, this would be a good one to put in your suitcase.

Jan R. Oyebode  Consultant Clinical Psychologist, University of Birmingham, and Birmingham and Solihull Mental Health Foundation Trust, UK. Email: j.r.oyebode@bham.ac.uk
doi: 10.1192/bjp.bp.112.114728
Hearing Voices: The Histories, Causes and Meanings of Auditory Verbal Hallucinations
Femi Oyebode
Access the most recent version at DOI: 10.1192/bjp.bp.112.114652