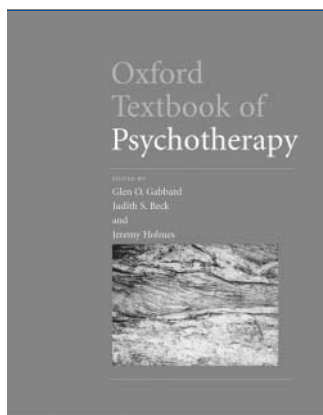


The breadth and richness of the editors' clinical and teaching experience has been distilled into a succinct yet erudite handbook of practical psychiatry. It is a refreshing change that, despite being a handbook, it does not just contain endless lists. The narrative style is simple, yet authoritative. In fact, reading the book transported me back to when I was inducted into psychiatry and one of my favourite professors would say, 'This is the way it is done . . .', which is one of the strengths of this book.

This is a must read for trainees new to psychiatry and an interesting one for medical students during their placements in psychiatry.

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### Oxford Textbook of Psychotherapy

Edited by Glen O. Gabbard, Judith S. Beck & Jeremy Holmes. Oxford University Press. 2005. 545pp. £65.00 (hb). ISBN 0198520646

Disenchanted with the temporary cure affected by 'mesmerism', Freud turned his focus to the patient once more. The patient was asked to relax on the couch, close his eyes, and (as Freud placed his palm on the patient's forehead) tell his story. The patient began to talk unrestrictedly; and Freud listened. Later he discovered that he needn't even touch the patient. All Freud had to do was to listen.

Psychotherapy has evolved since Freud's time and a multitude of psychotherapy schools abound. The editors of the *Oxford Textbook of Psychotherapy* have cautiously orchestrated a meeting of a hundred authorities from both sides of the Atlantic. The barriers between behaviourism and dynamism have been pole-vaulted, and a conciliatory approach is employed in explaining the major modalities of therapy. One chapter (Chapter 10) deals exclusively with the concept of integrative therapy and a 'common factors' approach.

Psychotherapeutic treatments of schizophrenia by Turkington *et al* (Chapter 14) is an example offering a splendid ten-page read. Beginning with William Tuke and the founding of the Retreat at York in 1792, the chapter follows the development of psychodynamic, cognitive-behavioural and family interventions for schizophrenia. Theoretical discussion of each model is accompanied by key practice principles, case examples and challenges. The authors evaluate the evidence base for every approach and provide comprehensive references.

Such chapters are independent, which allows the reader to select particular sections of the book. The thematic range of the textbook is exhaustive, from chapters on cross-cultural issues and sexual orientation to topics like psychotherapy supervision.

The merit of the textbook is also in what it is not. It is not a manual, or a collection of prescriptive guidelines. It is not one

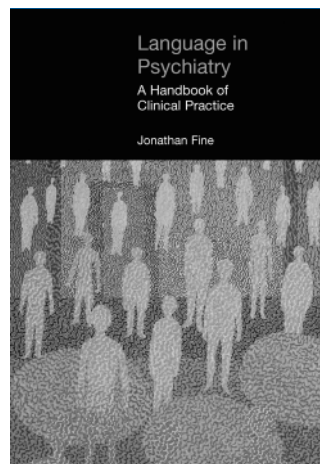
school of therapy against another but neither does it espouse a 'one-size fits all' mantra. Such absolutism would be pernicious to psychotherapeutic thinking. Instead the reader is invited to read about all the psychotherapies available for different conditions, and then form their own opinion. Such an attitude underlies how psychotherapy works on the therapist, as well as on the patient.

The presentation of the book could be improved. The cover is a gaudy orange with an image of a close up photograph of a tree trunk while the text is devoid of any artwork. There is disconnect- edness in the text at times; however, this is inevitable given the multiple authorship.

As with psychotherapy itself, some parts of the *Oxford Textbook of Psychotherapy* resonate with one's personal persuasion. It is essential reading for all who wish to hone their own Freudian art of listening.

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### Language in Psychiatry: A Handbook of Clinical Practice

By Jonathan Fine. Equinox Publishing. 2006. 352pp. £65.00 (hb). ISBN 1904768121

'There is a necessary relationship between language and psychiatric disorders', and with this every psychiatrist would surely agree. *Language in Psychiatry* has some chapters explaining how linguistics can be used to clarify psychiatric symptomatology and others examining the language of individual disorders. It expresses its credentials in the first sentence by advocating 'listening in psychiatry'. The author introduces the psychiatrist to a new 'language', satisfactorily explained – clinical history strategies, lexicogrammar, the speech community, information space, theme and rheme – and states that language is disorder, not just a sign of disorder.

The psychiatrist's assessment of atypicality of speech becomes more refined when the distinction is made between 'observed' and 'expected' on linguistic principles, rather than reporting that the patient speaks oddly. The primary phenomenon in language disorder is atypicality of meaning: 'odd meanings and odd wordings of meanings'; how can we structure what is odd about language? The three major categories of meaning (experience of the external world, the relationship to the listener and fitting the language into context) may be compromised in psychiatric disorders. Genre – that is how language is organised to achieve processes in context – is important for mental illness.

This book is unashamedly didactic, which is just as well as most Anglo-American psychiatrists were never formally taught English grammar. It takes what the patient says seriously, worthy of detailed analysis. One can attempt to link specific disturbance of language and the organisation of language to particular