

psychoanalytic kind. And perhaps that is where most mortals, and I include most psychiatrists, will be left panting, trying to keep up with the less-than-straightforward perspective that an analyst and their analyst inhabit daily. To them, the notion of expressing oneself through creating physical and emotional feelings within an observer is commonplace. To us, hard to comprehend: the immaculate client creating a sense of bodily disgust in the (equally immaculate) Orbach; the analyst dressing for her patient, aware that she needs to compete for her own sense of beauty; expressing her client's needs within her own body. Yes, words do not do it, but physical discomfort does. One of the triumphs of this book is how simple, yet moving and beautiful an account Orbach provides of body dysmorphia and the illness it breeds in the sufferer.

Running through the landscape of Orbach's clinical analytic life is her long-term interest in neuroscience. She explores intelligent (if slimly tenable on current evidence) views about brain mechanisms involved in body dysmorphia and its manifestations. For most readers who will have no psychoanalytic experience, the language may put off. But I would encourage all clinicians working in psychiatric services (especially with women) to persist. At 160 pages, this is not a great burden on one's time. And the investment is likely to bear fruit in a better understanding of some of the more baffling symptoms and disorders we encounter in psychiatric practice.

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### **Ethno-Psychopharmacology: Advances in Current Practice**

Edited by Chee H. Ng, Keh-Ming Lin, Bruce S. Singh & Edmond Chiu. Cambridge University Press. 2008. £57.00 (hb). 200pp. ISBN: 9780521873635

Clinicians have always been aware of individual differences in the clinical response to psychotropic drugs. Much of this is due to differences at the biological level, specifically to genetic polymorphisms. This variability is what pharmacogenetics, with its promise of individualised pharmacotherapy, seeks to help us understand and respond to. However, other factors such as what we eat, our habits and lifestyle, which may ultimately modify the expression of our genes, often have more immediate consequences for how our bodies react to the drugs we use. Indeed, whether we even accept to take the drugs in the first place may be determined not by our genes but by factors in our immediate cultural and ethnic environment.

A consideration of ethno-pharmacology is not simply a discussion of ethnic differences in the pharmacokinetics of drugs that may have genetic origin. This book has been compiled with

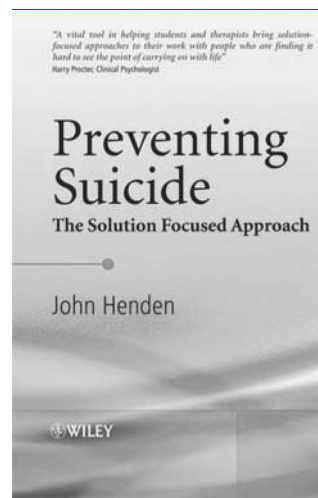
an understanding of the broad issues involved in psychotropic drug use in the context of unique ethnic experiences. It is an informed attempt to sensitise clinicians to what is currently known about ethnic differences in response to psychotropic drugs, especially in so far as those differences manifest among populations in Asia. The issues addressed include cultural influence on psychopathology, pharmacogenetics, complementary medicines and pharmaco-economics.

Ethno-pharmacology has received more research attention among Asian populations than among any other group. That is probably a historical accident rather than a proof that ethno-pharmacology is irrelevant to ethnic groups elsewhere. Indeed, this book attests to this by showing some of the evidence as it relates to Hispanic and African American populations. The chapter by William Lawson on inter-ethnic variations in psychotropic response in African Americans and that by Deborah Flores and Ricardo Mendoza on Hispanics are an eye opener, showing that the issues involved transcend one ethnic group.

The book is a good addition to the library of anyone interested in the broad topic of cultural psychiatry. It reminds us that the importance of culture and ethnicity is not only to be seen in the context of symptom expression, or even in that of prevalence of disorders, but in the equally important context of how and why we often respond or fail to respond to psychotropic drugs. We may be expectant about the tantalising prospect of individualised pharmacotherapy when pharmacogenetics delivers on its promise. However, as the chapter by Chee Ng shows, wise clinicians will always be conscious of the fact that issues other than genetics will remain important in any consideration of whether a drug intervention will do good or harm.

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### **Preventing Suicide: The Solution Focused Approach**

By John Henden. John Wiley & Sons, 2008. £26.99 (pb). 250pp. ISBN: 9780470518090

Solution-focused brief therapy (SFBT) is clearly modish. In addition to its apparent popularity, SFBT has a growing number of applications – everything from juvenile offending to orthopaedic rehabilitation and preventing suicide – a mega-trend according to the author of this book. The basic premise of SFBT is relatively straightforward – by focusing on hopes for the future, ‘solution thoughts and behaviours’ and strengths, positive change will be facilitated. Therapists in session work towards ‘problem-free talk’

eschewing the approach which is more familiar to psychiatrists centred on risk assessment and prevention of harm.

The author describes this as 'a how-to-do book', which is practical and emphasises 'how-to-be' with the suicidal person. It is written by an enthusiastic and experienced practitioner. This is both its strength and its downfall. The author's evident passion works much better where he discusses his own clinical cases and practical SFBT-based approaches such as the 'miracle question' and the 'worst case scenario'. Both of these are imagery exercises. In the former the client is asked to imagine in detail how life would be different if suicidal thoughts miraculously stopped, and in the latter they are asked to imagine viewing their own funeral. Elsewhere the book lacks focus (e.g. a section on political suicide and suicide terrorism) and contains personal opinion that at times borders on propaganda and is coupled with a selective review of the literature (e.g. no mention of the National Confidential Inquiry).

Psychiatrists interested in reading this book should bear in mind that SFBT is complementary in nature, located outside conventional 'scientific knowledge'. 'Most studies rely on client or referrer report and have little objective validity.'<sup>1</sup> The clinical material presented here relates to office-based practice. For example, 'acutely' suicidal clients can be seen in 2 or 3 days' time having been set a pre-session task.

A word of caution. When discussing the literature the author is by turns partial and poorly-focused. At worst he is out of date and occasionally just plain wrong. He presents a number of his opinions which are both strongly-held and controversial. On the one hand is his faith in the efficacy of the worst case scenario approach that has 'saved many lives'. On the other is his belief that by utilising strategies such as removing means of self-harm 'a few lives are saved' in the short term but 'many more' are lost in the longer term 'due to the disempowering and devaluing effect produced by such actions'.

1 Iveson C. Solution-focused brief therapy. *Adv Psychiatr Treat* 2002; **8**: 149–56.

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### Community Mental Health Care: A Practical Guide to Outdoor Psychiatry

By Mark Salter & Trevor Turner.  
Churchill Livingstone. 2008.  
£31.99 (pb). 308pp.  
ISBN: 9780443102547

The title of this guidebook gives little hint of the treasure trove of information within its covers. The authors state it is written for a 'generic mental health worker', a breed that does not yet exist but is likely to be needed if true community mental healthcare is to be successful. Until that elusive individual arrives, anyone working as a care coordinator is likely to find this book hugely helpful.

Trainees who have grappled with understanding the care programme approach and the role of their team colleagues would do well to read some of the chapters in detail.

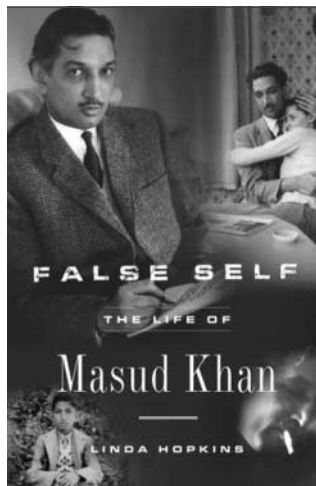
The book covers the need for community care, accessing care and making diagnoses, and touches upon the pharmacological and psychological treatment of common disorders. It makes clear from the outset that it is not a textbook and the topics are presented in general terms, within a historical context. When discussing community care, a range of suggestions on how to offer support to patients in the community is offered and the importance of keeping healthy as a care worker is stressed. These chapters have a great amount to offer, combining common sense and wisdom with a sense of humour that I did not expect to find, including suggested abbreviations that might be enjoyed by a fitness to practice committee, such as FLK (funny looking kid) and FITH (fucked in the head).

I liked the fact that the term patient is used in preference to user or client and that the chapter on risk cautions against losing sight of the patient at the centre of the assessment at the expense of form-filling. The authors manage to put risk assessment in the context of service provision and current practice without detracting from its importance.

Unfortunately, the chapter on the Mental Health Act is slightly outdated and focuses only on the English and Welsh law excluding the northern perspective. Overall, this book is both an enjoyable read and a helpful resource for clinicians at the coal face of community mental healthcare.

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### False Self: The Life of Masud Khan

By Linda Hopkins.  
Karnac Books. 2008.  
£19.99 (pb). 552pp.  
ISBN: 9781855756285

This work of far more than biography should be obligatory reading for psychiatrists under 50 and psychoanalysts of any age, whether psychiatrists too or not. This is not just the story of one man but a work of scholarship concerning the psychoanalytic community in post-1945 Britain and France, and dominating North American psychiatry until the century ended, yet now outside the experience of most psychiatrists under 50. They are not only deprived of a fascinating epoch recently in their field but more limited in vision by that than they may realise.

Unintentionally, Linda Hopkins, a psychologist and psychoanalyst, has given us the most detailed study from cradle to grave,