

## Book Reviews

### **Treating Anxiety and Stress: A Group Psycho-Educational Approach Using Brief CBT**

Jim White

West Sussex, UK: Wiley, 2000. Pp. 246. ISBN: 0-471-49306-6.

DOI: 10.1017/S1352465802213132

Jim White has written this book based on his profound experience of treating anxiety disorders in Scotland. Under the banner of cost-effectiveness, this book introduces to both clinicians and researchers an empirically tested “Stress Control” programme for treating heterogeneous anxiety disorders as well as their common comorbid problems, using a group psycho-educational approach.

The Stress Control programme is intended to be six independent sessions of evening classes catering for a group as large as 60. The central aim of these classes is to teach patients coping skills so that they can tailor their own treatment with minimal therapist contact. Notably, one of the major selling points of Stress Control is the flexibility it offers to both patients and clinicians. Depending on the needs of the group, the number of sessions can be increased or decreased as some topics can be added or removed. Since Stress Control is designed to be a rolling programme, patients can start or retake the classes whenever possible. Another special feature is that these evening classes are set up to be “didactic” in nature, re-conceptualizing the conventional therapist-patient relationship into a teacher-student relationship. According to the author, this is a deliberate move to address the subtle needs of individuals with anxiety disorders. Having considered that many anxious patients are quite self-conscious about their own problems and are likely to take a passive role in the traditional therapeutic context, the author believes that a didactic approach would be helpful through normalizing and empowering the patients, which, in turn, will encourage patients to actively take up the responsibility for change.

This book consists of four sections. Part 1 orients readers to the basics of anxiety disorders. Background information, from prevalence to current treatment models, is fully covered. Part 2 is devoted to tackling the issues that might arise in setting up and devising Stress Control. Readers are shown in great detail how to prepare and run the course. Part 3 involves eight chapters providing down-to-earth suggestions on how to run the evening classes: one chapter on Stress Control introduction, one chapter each on the six pre-set topics, and one final chapter on skill consolidation. Lastly, Part 4 presents the evidence affirming the clinical effectiveness and efficiency of Stress Control for treating individuals with anxiety disorders.

I found the last section of this book most enlightening. In particular, I was impressed by the report of the 8-year long-term follow-up results, which revealed that the majority of the Stress Control participants were able to maintain their improvement on both anxiety and depression ratings. Amazingly, 92% of the participants still continued to read the booklets and practise the technique learned on their course. However, as the author fails to offer insight as to where the active ingredients of the treatment lie, the success reported is

rendered illusory. Indeed, the author himself admits towards the end of the book that it is “still a matter of speculation” (p. 327). Readers should therefore decide themselves whether this didactic treatment programme is worth pursuing or not. Furthermore, the efficacy of the Stress Control programme might have been overestimated, since some hidden, yet important, issues were not fully accounted, e.g. that more off-time work will be demanded from clinicians in preparation for these evening classes. The possibility remains that some of the benefits of Stress Control are “more imagined than real” (Morrison, 2001, p. 329). However, given the prevailing economic climate in mental health care management, the group psycho-educational treatment approach for heterogeneous anxiety disorders introduced in this book may find favour in the eyes of many clinicians, researchers, as well as administrators.

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#### Reference

- MORRISON, N. (2001). Group cognitive therapy: Treatment of choice or sub-optimal option? *Behavioural and Cognitive Psychotherapy*, 29, 311–332.

#### 101 Healing Stories: Using Metaphors in Therapy

George W. Burns

New York: Wiley, 2001. pp. 260. £29.95 (paperback). ISBN: 0-471-39589-7.

DOI: 10.1017/S135246502223139

This is a lovely book. It is creative, original and useful. Although coming from a different theoretical perspective to many readers of this review (Ericksonian), the basic principles of story telling described apply broadly from telling stories to a friend at a party to telling “therapeutic” stories in the context of cognitive behaviour therapy. The book, as implied in the title, contains 101 stories grouped to be applicable to a range of therapeutic outcomes including changing behaviour and learning from experience. They are designed to give the client specific insights, encourage certain outcomes, or teach about particular skills. Throughout the book Burns emphasizes the importance of the therapist developing their own stories and also to develop them collaboratively with their clients. Clear guidelines are given as to how to do this. Every few pages an exercise is described for the reader to practise the skills discussed: these were helpful.

Interestingly, the use of stories in therapy has been found to facilitate therapeutic outcome (Martin, Cummings, & Hallberg, 1992). This book is an accessible source for those wishing to begin the process of developing the skill of storytelling. It is easy and enjoyable reading and is a source of wonderful ideas for creative therapeutic practice.

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*Reference*

- MARTIN, J., CUMMINGS, A. L., & HALLBERG, E. T. (1992). Therapists' intentional use of metaphor: Memorability, clinical impact, and possible epistemic/motivational functions. *Journal of Consulting and Clinical Psychology, 1*, 143–145.

**Early Intervention in Psychosis. A Guide to Concepts, Evidence and Intervention**

Max Birchwood, David Fowler and Chris Jackson (Eds.)

Chichester, England: John Wiley & Sons Ltd, 2000. pp. 376. ISBN: 0-471-97865-5.

DOI: 10.1017/S1352465802233135

This is an excellent book. The editors have drawn together an extremely well researched and insightful account of early intervention in psychosis, from a number of distinguished contributors. The book is well structured and divided into three separate sections: the concept itself is considered, followed by strategies for early intervention and finally implementation of strategies.

The first section provides the background knowledge required to introduce the concept. The development of the approach is traced through a series of logical steps. This is followed by a review of psychosis, as we know it today and what factors affect that pattern. The reader is gently lead towards a summary of the concept and an evaluation of its premises. There is also a focus on the individual's needs beyond those demanded by psychosis. Individual adjustment to psychosis is considered as well as expressed emotion in families. This first section provided a rounded picture of psychosis and a carefully considered introduction into early intervention.

The second section covers strategies for intervention. It emphasizes the importance of reducing the duration of untreated psychosis in improving the outcome of psychosis. A CBT intervention is presented as the best method of intervention and an outline for therapeutic sessions is presented. Strategies for managing a secondary morbidity are considered using the COPE (cognitively orientated psychotherapy for first episode psychosis) model. The model currently in its early stages of use is explained and evaluated. This was followed by a focus on relapse prevention in terms of identifying early warning signs, planning the management of the relapse, and the development of a relapse drill. The section is littered with clinical examples, it is robust, clinically applicable and, in a word, excellent.

The third section deals with the implementation of early intervention across the world and gives a brief, but more than adequate overview of current services available through out the world as well as important contact details. There is also a very interesting discussion of the ISIS program, which promotes early intervention and an improved partnership between primary and secondary care. The last chapter looks at the economic issues associated with providing an early intervention service and provides convincing arguments in its favour. The evidence for early intervention provided in this chapter is very useful if any clinicians are hoping to set up a program, and need to convince funding bodies.

This really is a great book. It is well written, well edited, and well co-ordinated. It covers a wealth of different issues. It acts as a good clinical guide as well as providing a thorough

evaluation of the evidence for early intervention. It is impressive and informative. Any psychologist working in mental health or has an interest in early intervention should avail themselves of a copy.

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**Voices of Reason, Voices of Insanity**

Ivan Leudar & Philip Thomas

London: Routledge, 2000. pp 228. £15.99 (paperback). ISBN: 0-415-14787-5.

DOI: 10.1017/S1352465802243131

This is an interesting book, which takes as its focus an experience that is now primarily viewed as a psychotic symptom. Rather than taking an illness perspective, the authors rely on detailed accounts of the experience of voice hearers. The experience of voice hearing is elevated from being one item on a diagnostic checklist to being a phenomenon of psychological interest to be studied for its own sake. This book begins by reviewing, over several chapters, various historical reports of the experiences of voice hearers. They start with Socrates and his daemon, then go on to consider the extent to which Achilles and other characters from Homer's *Illiad* might be considered voice hearers. The issue of insight is relevant in these cases, as from the individual's perspective it is viewed as not possible that they could have interpreted their voices as being "an experience in the absence of appropriate stimulation" given the explanatory framework within which they understood their experiences. Hence, in spite of being a figure from ancient history who is representative of wisdom and, by implication, sanity, Socrates seemed to both experience, and lack insight into, an experience that would currently be identified as a psychotic symptom. As the authors suggest, however, there is ample evidence to indicate that this experience was not associated with "lack of reason" in how Socrates lived his life.

The well documented experiences of another, more recent, voice hearer, are discussed in a subsequent chapter. Daniel Schrerber (a German judge) experienced a nervous breakdown in 1884 aged 42 years. At the request of his wife he was made the subject of a legal order which placed him "under tutelage". This placed his affairs in the hands of others to prevent him acting against his best interests. His written account of his experiences was part of the defence he mounted against this order in an attempt to demonstrate that, in spite of his voices, he could act in relation to his own interests. He eventually won his appeal, in spite of an appeal court verdict of insanity, as it was agreed that the influence of this "insanity" was limited and that there was no evidence of generalized and persistent compulsive effects of either his beliefs or voices that would reliably impede day to day decision making. This verdict ran counter to the prevailing psychiatric advice, provided by his psychiatrist Dr Weber. The psychiatric view was apparently that his voice hearing experiences and his "lack of insight" meant that he could not conduct his affairs in a reasonable manner *per se*, because these experiences meant he was insane and to be insane was to be unreasonable.

The authors then go on to discuss Pierre Janet's views, particularly in relation to a patient Marcelle, who he uses to illustrate the presence of verbal hallucinations. He considered hallucinations within the context of symptoms of hysteria and reported on Marcelle's case

to highlight his view of hallucinations as incomplete actions that contain therefore an inherent element of compulsion towards the completion of the act. The authors, however, highlight the risks, that they have tried to avoid, in selective use of clinical data to illustrate theory, as they feel it led Janet to discount the validity of other experiences that Marcelle reported, which did not fit in with his view of how hallucinations operate.

One of the strongest sections is their discussion of voices in psychiatry. They make a distinction between “psychological pathology” and “pathological psychology”. The former assumes that the important phenomena within mental disease are qualitatively different from experiences in “normal” psychology, whereas the latter invokes a continuum model of psychological experience. It is this former model that was endorsed by Henry Maudsley as the founding father of British psychiatry and remains predominant today. An essential consequence of this view is that whilst the form of hallucinatory experience is important in diagnostic terms, the content, for psychiatry, is of little interest beyond indicating fluctuations in “symptom severity”.

The authors review evidence that suggests that in fact hallucinatory experiences, even when restricted to those defined as Schneiderian first rank symptoms, are relatively common in normal people. This fits within the pathological psychology perspectives in which “abnormal” experiences are seen as being on a continuum with normality, and hence having similar characteristics (such as meaning, understandability, relation to context) to “normal” experiences.

Chapter 7 considers in detail the description of one person’s voice hearing experiences, who came to the second author with a diagnosis of schizophrenia. The authors “analogical approach” was used to allow her to explore the relationship between her voices. This had a significant impact on reported levels of distress with voices becoming more benign and less frequent. The authors deny that this is a therapeutic approach, but this seems debatable. The individual is meeting with a therapist/psychiatrist over an extended period. The therapist makes clear their doubts about a medical view of schizophrenia and about powerlessness in the face of voices. The individual undertakes a historical and current analysis of voice development and experience and reviews these findings in a context in which the experiences are viewed from an essentially pragmatic rather than pathological perspective. The elements of this approach seem to have much in common with focusing and normalizing approaches used within cognitive therapy for psychosis.

Chapter 8 reviews the manner in which voices and voice hearers are represented within the British media. A detailed analysis of the language used to describe high profile cases clearly shows how voice hearing and schizophrenia are repeatedly linked with violence and that medication is seen as the only reasonable and effective means for avoiding outbreaks of unpredictable aggression. Clear links are then made between this intemperate language and its use within parliament where it has been quoted as fact to justify efforts to make legislation for people with diagnoses of psychosis increasingly draconian.

There then follows a detailed analysis of the various properties of voice talk, based on excerpts from interviews the authors had conducted with voice hearers. They suggest, on the basis of their analysis of voice talk, that voices are mundane, and provide no special insights but primarily provide moral injunctions to the individual, often in a manner relevant to the current environment rather than being “without reason”. The unique aspect of voices is that they are only heard by the voice hearer, who is usually perfectly well aware that this is the case. Indeed, contrary to a traditional psychiatric concept of lack of insight, the vast

majority of voice hearers know that they are hallucinating, even if they interpret this knowledge in idiosyncratic ways.

Overall, this book provides clear evidence from a range of sources to indicate the comprehensibility of voice hearing. The author's use of the voice hearer's explanatory perspective serves to illustrate clearly that the psychiatric view of the incomprehensible and essentially meaningless nature of voices is only apparent if the experience is explained within a traditional medical framework that sets out with those assumptions in the first place. I would warmly recommend this book to all academics and clinicians with an interest in psychosis in general and voice hearing in particular.

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