Interest in religion, culture and mental health has flourished in the past decade. However, this topical area is characterised by psychic retreats, and splitting and projection as psychological defences that emerge when cherished beliefs, values and ways of living are contrasted across religious groups. It is difficult to find guidelines which are comprehensive, constructive or do justice to the complex influences of culture on the expression, recognition and management of mental distress within and across religious groups. All of this is made more challenging as society and public services are becoming increasingly secularised.

Religion, Culture and Mental Health provides a compelling, engaging and accessible account of this controversial and often mystical subject. Kate Loewenthal anticipates the controversies and sets a caring and gentle pace to take readers through different forms of mental distress and disorder, including schizophrenia, manic disorder, depression, anxiety, somatisation and dissociative states. She also addresses positive states of mental well-being. For readers who are not specialists in mental healthcare, she defines each disorder and the relationship with religious beliefs and practices. She then progresses to present case reports and in-depth accounts of religious experiences and expressions of distress with religious content, in order to bring alive for the reader the interaction between religion, spirituality and mental distress. This is not easily achieved in a territory where controversies abound, not only in religious domains but in numerous disciplines that present distinct critiques of mental healthcare in a culturally and religiously diverse society. Anthropology, sociology, transcultural nursing, psychology and psychiatry have all evolved rapidly, each with particular emphases and realms of interest. Yet, subjects such as politics, social policy, education and migration studies are also important commentators.

There are clear research and clinical practice examples on positive and negative effects religion may have on a person’s mental health and well-being, although positive examples prevail. The author further develops her analyses by looking at religious-specific issues emphasising religious differences in the practice of faiths and in interpersonal processes that influence coping and resilience. She argues for religiously specific or, at least, religiously informed clinical practice.

For those interested in recovery, well-being and mental health in a culturally and religiously diverse society, Religion, Culture and Mental Health will provide many hours of thought, controversy and teaching material, not to mention an enjoyable scholarship.
Psychiatry textbooks from North America, such as Kaplan and Sadock's series and the work of Stephen Stahl, often exhibit a certain drive and enthusiasm in their energetic writing style. Biological Bases of Clinical Anxiety follows this tradition in the area of anxiety disorders.

In current psychiatric practice schizophrenia, depression and bipolar affective disorder are given much prominence. Yet taken together, the anxiety disorders are more common and can be highly disabling, but are often treatable with medication, psychotherapy or a combination of both. Burijon's book, therefore, provides a useful and readable summary of our current knowledge of these disorders. The work is organised into three areas, opening with three general chapters, five focusing on each of the main anxiety disorders (generalised anxiety disorder, obsessive–compulsive disorder, panic disorder, phobias and post-traumatic stress disorder) and, finally, a reference section consisting of tables relating to psychotropic drugs and an extensive bibliography.

The reader seeking an introduction to the field will, therefore, find easily accessible information on the aetiology, management and treatment of anxiety disorders as a whole and then more specific information on the individual disorders.

The book is well-written with a flowing and consistent approach, certainly benefiting from having one sole author rather than numerous invited contributors who may lack a unified style, although diagrams and figures are a little rudimentary.

The first three chapters provide a well-constructed resource embracing all the anxiety disorder diagnoses. As suggested in the book's title, there is a chapter aiming to reconcile neuroanatomical, genetic and biochemical evidence relating to anxiety disorders to clinical presentations. Sections on behavioural neuroanatomy, describing the role and importance of specific brain areas and neurotransmitters in anxiety disorders, are perhaps the strongest and most illuminating features of the book. The psychopharmacology chapter is comprehensive but, in truth, can play only a supporting role with so many existing texts already available describing these psychotropic drugs in greater detail, albeit without the emphasis found here on their role in anxiety disorders.

The chapters on the individual disorders are robust and well-organised. Again, Burijon concentrates on descriptions of aetiological processes thought to underlie the disorders, both biological and psychological, while still succeeding in providing thorough coverage of clinical aspects. All in all, Burijon's work is a good introduction to the anxiety disorders. The excellence of the behavioural neuroanatomy chapter, and the pervasive theme of examining biological substrates for all of the anxiety disorders, make the book an attractive prospect for the more experienced clinician.

In the post-globalisation world, the movement of goods and people has created a more complex environment within which cultural influences are becoming more pertinent, not only in diagnosis but in management as well. This multi-authored volume aims to provide some of the context related to diversity, starting with the role of culture. There is no doubt that an understanding of cultures is imperative to make sense of individual experiences related to emotional distress, how distress is expressed, how help is sought and how cultures decide where and how much resources are to be targeted. Cultural competence in mental healthcare