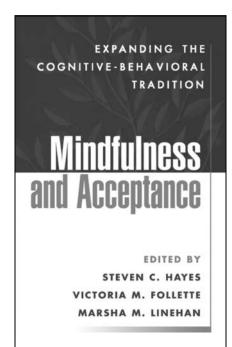
Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition

Edited by Steven C. Hayes, Victoria M. Follette & Marsha M. Linehan. New York: Guilford Press. 2004. 319pp. £30.00 (hb). ISBN 1593850662



The vogue for the past three decades or so has been to see the 'correct' treatment for depression (as well as a host of other psychiatric disorders) as being centred on a combination of medication and CBT (cognitive-behavioural therapy). Behaviour therapists criticised the amazing flights of psychoanalytic fancy that could be occasioned by the simplest phobias or other clinical disorders. As a form of instructive ridicule, behaviour therapists used to train simple actions by direct shaping in people with chronic mental illness and they watched with amusement as psychoanalytic colleagues concocted bizarre symbolic interpretations of behaviours that had known and simple histories.

Now we appear to be on the cusp of yet another revolution in therapy which could relegate CBT to the history books, rather in the way it claimed to do in turn to psychoanalysis. This new approach has not yet achieved the status of a widely accepted formal name but hinges on 'mindfulness and acceptance', which are the key buzz words that pop up again and again in this field. The new perspective on human behaviour borrows hugely from Zen Buddhism. Zen has an exasperating tendency to appear awfully meaningful from a cursory glance and yet impenetrable and impracticable to the clinician anxious to assist patients and relieve suffering that is all too real.

However, this new multi-authored tome edited by several distinguished US professors of psychology is a rigorous attempt to bring together what is known empirically about this emerging therapeutic approach, alongside a comprehensive stab at demonstrating how it is pragmatically different from conventional CBT.

Apparently, we learn that Zen teaches that each moment is complete by itself, and that the world is perfect as it is. So as a result, Zen focuses on acceptance, validation and tolerance instead of change. Finally, in contrast to the experimental evidence required in psychology, Zen emphasises experiential evidence as a means of understanding the world.

The clinicians among the many authors in this text point out for their patients how liberating it feels to be able to see that your thoughts are just thoughts and that they are not 'you' or 'reality'. The simple act of recognising your thoughts as thoughts can free you from the distorted reality they often create and allow for more clearsightedness and a greater sense of manageability in your life.

The idea that the solution to suffering is to increase acceptance of the here and now, and decrease craving and attachment that inevitably keep one clinging to a past that has changed already, is quite different from behaviour therapy's emphasis on developing skills for attaining one's goals. Yet, the notion that suffering results from things not being the way one strongly wants them to be, or insists they should be, is very compatible with cognitive-behavioural therapies; Albert Ellis is perhaps the clearest, most consistent exponent of this viewpoint.

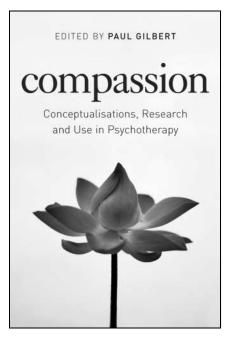
Even if this new advance overthrows or fundamentally alters CBT, as this book optimistically predicts, when are we going to get an approach in psychiatry that genuinely transforms the motivation of our patients so they engage in therapeutic work in the amazing way the examples in these books seem to revel in? Or perhaps my real issue is that such a fervent desire just isn't too Zen.

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Compassion: Conceptualisations, Research and Use in Psychotherapy

Edited by Paul Gilbert. London: Routledge. 2005. 408 pp. £19.99 (pb). ISBN 158391983X

I am suspicious of the analysis of virtues. There seems to me to be a real danger that all that is best about people will be analysed and summed up as 'just' (and the word 'just' is important here) a function of genes for this or that, or evolutionary pressures,



or social structures, or anything that diminishes individuality, agency and difference. It is as if a picture restorer were to say, 'Well, you realise that the *Mona Lisa* is really just paint'; which is true in a sense, but misses the point about looking at pictures generally.

So I was not minded to like this book on first sight. But Professor Paul Gilbert is a serious player in the field of the study of affective experience and regulation, both as a clinician and a researcher; and if he says that compassion is worth empirical study, in terms of understanding behaviour and developing effective treatments, then it probably is. By the end of the book, I found myself in agreement: compassion is a human experience that is of immense relevance to psychiatrists and psychological therapists, especially at a time when psychiatry is under pressure to prevent patients from being violent. My work with patients has taught me that most violence begins with the capacity for cruelty, both to the self and others; and I was fascinated to find comprehensive theoretical accounts of the concept of both compassion and cruelty in this book.

The conceptual part of the book draws on a wide variety of paradigms: evolutionary psychology, attachment theory, social learning and Buddhism. The second half of the book describes compassion as 'caregiving mentality', and as an essential for therapy and therapists. Again, to begin with, I was sceptical: surely compassion is something that is essential for everyone, not just for therapists. Further, I think that there is a danger of conflating compassion, empathy and sympathy, and of presenting the therapeutic encounter as being a warm and pleasurable experience. As with any form of psychological development, one hopes that overall the therapy experience will ultimately be seen as being positive and rich, but often the process will involve real pain, anger, hatred and cruelty in the therapeutic space between the participants. It is the negative aspects of the patient that the therapist must have compassion for, which in turn means compassion for his or her own anger, cruelty and pain.

Professor Gilbert and his co-authors describe this issue well, and by the end of the book I was convinced that a lack of compassion for the self is an important aspect of conditions such as chronic depression and post-traumatic stress disorder, and of destructive behaviours such as repeated self-harm. A nice chapter by Lee describes the effectiveness of identifying a cruel aspect of the self, and, interestingly, the lack of effectiveness of standard cognitive therapy for people who lack compassion for themselves. I also enjoyed a chapter by Bates about compassion in group therapy, not least because it rang so true for me and my experience of working with forensic patients in groups.

I came away from the book wanting to recommend it to colleagues, especially those working with violent patients or with patients who self-harm or are cruel to their bodies in some way. It is a compassionate book, written in a warm and accessible style, and I am more convinced now that understanding the good parts of our nature is essential for managing the less good parts. I hope Professor Gilbert and his colleagues will write more about the virtues in future.

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CANE: Camber well Assessment of Need for the Elderly

Edited by Martin Orrell & Geraldine Hancock.Gaskell:London. 2004. 208pp. £80.00 (pb).ISBN 1904671063

Needs assessment has become an imperative for commissioning authorities in healthcare systems as a way of ensuring that informed judgements are made on providing appropriate healthcare for local populations. The Camberwell Assement of Need for the Elderly (the CANE) was developed as a tool to assess the needs of older people, especially those with mental health problems.

This is a multi-author volume describing the development and use of the CANE in different settings. Surprisingly, parts of the book are highly readable, I suspect because of the choice of authors. It begins with a pithy foreword in which Professor Grimley Evans gives some of the background to the development of needs assessment tools and aims some barbed comments at the politicians who run the National Health Service.

As I read the book I realised that needs assessment has become part of common medical terminology but previously I had not fully understood the concept. The editors provide a helpful introduction in which they describe the principles of needs assessment and how definitions have changed. There are chapters on the validation of the CANE in different settings and interesting asides, for instance explaining the funding of the German healthcare system.

The CANE itself is available in long and short forms and needs are determined in a variety of domains by patients, carers and professional. It is aimed at multidisciplinary assessment. When I gave the staff in my day hospital a copy they were not over-impressed by it, although they did only use it on a few patients and the concept of needs assessment is a new one for them as well. What did strike me was that the CANE is an ideal way to determine needs in order either to develop services or to defend already existing services.

So should you buy this book? Well, it depends on who you are. I would suggest that it's a book that all departments of old age psychiatry should have and that clinical directors and managers of old age services should have access to. Although most clinicians who pick it up are unlikely to read it all the way through, the discussion of needs assessment in itself make purchase justifiable and once one gets beyond the bland (although necessary) statistics there is enough stimulating material to make it a worthwhile read.

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