

Reviews

Patients and Agents: Mental Illness, Modernity and Islam in Sylhet, Bangladesh

Alyson Callan

Berghahn Books, 2012, £53.00, hb, 252 pp.

ISBN: 9780857454881

This fascinating book does exactly what it says in the subtitle: it provides an anthropological insight into how people in Sylhet, a city and district in Bangladesh, perceive mental illness and how they can adapt it 'to save face' by falling back on cultural views of sorcery, witchcraft and possession states.

Pathways of entry into psychiatric care are described. In the government-run hospital patients are still kept in chains; individuals willingly accept interventions simultaneously from traditional healers and psychiatrists, seeing no contradiction in this. You will not, however, learn much about psychiatry in Sylhet as this was not the aim of the author, herself a psychiatrist. What she does focus on are the various facets of mental illness in the light of social changes occurring in Bangladesh on a large scale.

The wealth generated by British Bangladeshis sending money back home has accelerated the pace of modernity in Sylhet and also changed the role of wives of the émigré. To remain in their parental homes while their husbands work in the UK they may sometimes resort to 'madness'. The new wealth can produce tensions within families between brothers staying in Bangladesh and those working in Britain. This leads to uncertainties and massive changes which increase the utilisation of sorcery and witchcraft just as it has done elsewhere in the world in similar circumstances.

The majority of Bangladeshi people follow Islam and so spirits – both good and bad – are seen within this religious context. The role of Hindu healers, perceived to be more powerful, is also explored. Interestingly, their interventions are also unquestionably accepted as they are seen as the medium through which Allah works, just as is the case for hakims or Western-trained doctors. Yet the inherent conflict between personal and cultural autonomy is non-existent in Sylhet as the individual accepts personal autonomy by attributing it to 'Allah's command'. This unquestioning acceptance is rarely seen in Western-influenced psychiatry. The inappropriateness of viewing 'local concepts entirely through the prism of [Western] epistemological frameworks' is emphasised.

This is one of the most interesting books I have read in some time. It brings together many themes that anthropological researchers will be familiar with. It forces us to look again at our own beliefs and prejudices in the light of what is happening in Sylhet, where the majority of UK Bangladeshis come from. This book will be of particular interest to professionals whose casework consists of people from abroad, anthropologists and psychiatrists working with UK Bangladeshis seeking a greater understanding of the interplay of the complex issues affecting mental illness.

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The Complete CBT Guide for Anxiety: A Self-Help Guide for Anxiety, Panic, Social Anxiety, Phobias, Health Anxiety and Obsessive Compulsive Disorder

Edited by Roz Shafran, Lee Brosan & Peter Cooper

Constable & Robinson, 2013, £14.99, pb, 464 pp.

ISBN: 9781849018968

'There are lots of books on overcoming anxiety . . . many of them based on cognitive behavioural therapy. So why write another?' The book's opening sentence sets the scene for its unique aim: to cross the divide between a traditional teaching aid for the clinician, a self-help guide for the patient, and a supportive manual for the carer. The subtitle's length suggests ambition (or lack of boundaries) in its scope. Little wonder that the 'complete' text of 16 international authors extends to almost 500 pages – ironically, inducing anxiety in its deadline-conscious reviewer!

Fortunately, this is neither a jack-of-all-trades amalgam nor an exhausting read. It is coherently divided three-ways: Part 1 is a primer on the diversity of anxiety disorders, the nature of cognitive errors and the principles of cognitive-behavioural therapy (CBT); Part 2 a series of chapters on each condition, including disorder-specific techniques; Part 3 a section focused on relapse prevention.

The importance of a clinician-led diagnosis is emphasised from the outset, although the reader is invited in Part 1 to self-diagnose their anxiety subtype (using an IAPT flow scheme), then direct themselves to relevant later chapters. Useful case studies provide narrative context to symptom clusters and visually appealing flowcharts make complex ideas approachable. Also helpful are the 'key messages' and practical 'tips for supporters' which punctuate each section. There are thoughtful asides covering practical challenges, such as how one might monitor anxious thoughts in real time, or keep contemporaneous notes if one has dyslexia. Carers are helpfully advised on assisting with thought experiments. Most useful for this reviewer was the comprehensive 40-page appendix of blank worksheets, ranging from social phobia rating scales to panic diaries and behaviour record sheets. Such invaluable reference tools might be easily handed to a patient seen in a busy clinic or ward round.

Because of its broad target audience, the book employs a conversational tone, which will not universally appeal. Its style does, however, allow engagement with the subject matter and convey a sense of optimism which might not become a more formal manual. The book is perhaps most suitable for a core trainee gaining basic skills in CBT, or as a recommendation to patient and family, keen to tackle an anxiety disorder with a unified front. As most books of its type concentrate on only one disorder, the text might particularly benefit the patient with multiple comorbid anxiety disorders.

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