

pathways – biochemical, cellular and cognitive – that mediate psychiatric and behavioural phenotypes. There seems little doubt that this is the most promising approach to developing a scientific understanding of psychiatric disorders, but it will require increasing multidisciplinary collaboration and, particularly for geneticists and psychosocial researchers, not only to talk the same language, but also to work together. Fortunately, there are signs that this is happening.

Anyone with a serious interest in understanding how genes might influence human behaviour and psychopathology should read this book.

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### Intrusive Thoughts in Clinical Disorders: Theory, Research, and Treatment

Edited by David A. Clark. New York and London: Guilford Press. 2004. 255pp. £25.00 (hb). ISBN 1593850832

Good students of psychopathology ask us whether fine distinctions really matter, especially when confronted by yet another unfeasibly long German word. In fact, interpreting thoughts of harming a baby as obsessional rather than goal-directed counts for much at a child protection conference. In this multi-authored book phenomena similar to the traditional obsessional thought are identified across a range of problems and brought together in a concept of ‘unwanted intrusive thoughts’. Obsessive–compulsive disorder is covered, but so are anxiety, psychosis and sex-offending, among other areas.

But first, imagine a big white fluffy bear. And now do your best not to think about that bear again while reading this review. You may find this is very hard to keep up, even for a few seconds. Wegner’s ‘white bear experiment’ conveys the most important message of this book – thought suppression is bad news. Efforts to control intrusive thoughts only fuel them. This is not a new finding in obsessive–compulsive disorder, but for psychosis, the case is

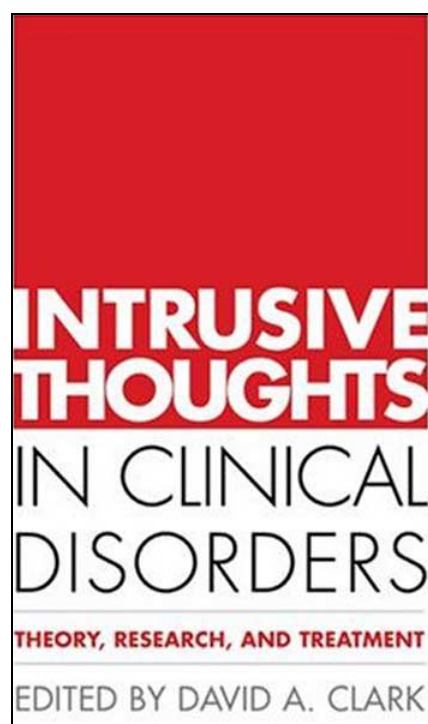
persuasively made that some psychotic symptoms have much in common with intrusive thoughts in other disorders, and that helping people to find alternatives to thought suppression should be a feature of cognitive approaches. We are reminded how we all experience the occasional intrusive thought; but it is how we appraise such thoughts that matters. In some areas these concepts work less well. The distinction between intrusive thoughts and negative automatic thoughts in depression was particularly unclear.

There are also a number of omissions. A critical appraisal of the broadened concept of intrusive thoughts from a rigorous philosopher would have been welcome. Aggression and self-harm are not addressed, and the relevance of intrusive thoughts to risk assessment was absent.

This volume is a complex literature review of theory and practice at the cutting edge of cognitive psychology approaches to mental illness. It is not a practical manual for busy generalists. However, specialist cognitive therapists will learn something new and have thoughts provoked that are better not suppressed.

So how are you getting on with that bear?

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### EMDR and the Energy Therapies: Psychoanalytic Perspectives

By Phil Mollon. London: Karnac Books. 2005. 300pp. £22.50 (pb). ISBN 1855753766

This is a fascinating book, not only because it is about the use of EMDR (eye movement desensitisation and reprocessing), which offers a very interesting and powerful approach to the treatment of post-traumatic stress disorder (PTSD) and other disorders, but also because of the way Phil Mollon compares its use to current psychoanalytic practices. I was surprised when, after a description of EMDR and the energy therapies as powerful therapeutic tools, he launched into a validation of the early Freud, who wrote the *Project for a Scientific Psychology* in 1895. Referring to Shapiro, the founder of EMDR, he writes:

‘For Freud, as for Shapiro, psychopathology (and dreams) are constructed out of networks of memories; the original troubling memories of childhood experience being subject to strategies of avoidance, yet ever ready to be triggered, with accompanying physiology, when an associative cue is encountered. This is the psychodynamic mind. Therapy consists of accessing and reassessing, with adult awareness, the desires and the memories or phantasies of pain associated with them. Both EMDR and Freudian based psychoanalysis do this.’

The difference is that resolution in EMDR is through intrapsychic processing, rather than through the interpretation of the transference. This processing is achieved by bilateral stimulation embedded within a clearly outlined protocol. The bilateral stimulation can involve eye movements, sounds or finger-tapping, depending on the client’s preference.

The energy therapies that Mollon discusses address disturbances in a person’s energy fields and use various techniques to facilitate the ‘distribution and flow of quantities of excitation’, thereby relieving the patient’s symptoms.

I know that most psychoanalysts feel obliged to use Freud to validate their belief systems or their work, but I was surprised at how Phil Mollon links EMDR to Freud’s early theoretical formulations of the unconscious. I was even more surprised at the way this well-known senior psychoanalyst uses his findings in EMDR to attack current psychoanalytic techniques, with their emphasis on the ‘here and now’ approach to treatment. He criticises this form of psychoanalysis for not having the means to process trauma and other damaging past experiences.