not an omnibus clinical handbook.

Disquietingly, the style is reductionist, North American-centric and psychiatric. From the outset, the reader is lead on an uncritical journey through the DSM. Possibly the less well acquainted could feel more confused rather than clearer for the experience, and there is no reference to other authors or alternative approaches. The medical model dominates, including frequent content on medication issues. In particular, in the two-sentence section *What causes depression?* all the authors offer is *'Depression is an illness and it runs in families. There are changes in brain circuitry and brain chemistry associated with depression that affect the depressed person's ability to regulate his or her mood and to experience positive emotion'.*

That's it! Sounding like a Beyondblue tip-sheet rather than an authoritative text, I am rather stunned at the insufficiency and complete biological bias that flies in the face of decades of research with an emphasis on psycho-social aetiologies in depression. Further, the response does not actually answer the question, but rather describes what depression is and what it is associated with. I had similar feelings when I read *What is a reasonable dose of CBT?* Answer: 12...or more to prevent relapse. Medication in combination with CBT is seen as a standard treatment regime — something most practitioners (including medical ones) would be very cautious about in Australia.

There are some notable omissions such as no explanation of suicides without depression, or the interconnections between suicidal cognitive processes and depressive symptomatology. Nonetheless, the section on assessment provides clear, practical steps on assessing depressed mental states, and sensibly includes information about assessing sleep and broader problems, and differential diagnosis. However, the section on differential diagnoses is so intricate and laced with exceptions to the rule that the reader could be excused for becoming more confused and less clear than when they began! Inclusion of the section on psychosis adds too much layering of complexity. There are some silly and obvious statements such as *'One cannot just look at a patient and tell whether or not he or she is having psychotic symptoms…'* and *'Skilled clinicians continuously monitor nonverbal behaviour…'*

The section on basic psycho-pharmacology's role in treatment of adolescent depression is useful and informative. A good, but rather pedestrian, overview of assessing suicide risk lacks conceptual frameworks, opting instead to simply list risk factors. As a clinician, therapist and past researcher in the field, I was left pondering the statistic they quote frequently, but don't reference, that 60% of adolescents respond to CBT and/or medication as if this is an impressive treatment rate. I kept thinking it indicated more that only about half of adolescents who get treatment get better, so what is there for the other half? Perhaps I am depressed, but a 40% failure rate in a screened, research sample is rather depressing. Much to ponder!

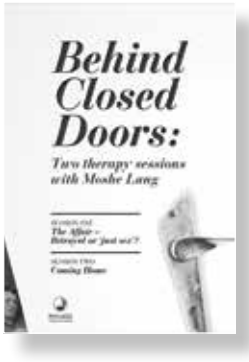
In conclusion, at times this book feels like a treatment manual, but there is much to be gleaned nonetheless. It is more than that, but the format subtly compels you to conform and so reinforces this idea. Unless you worked in a similar agency setting and could set-up similar procedures, you may feel like your practice is wanting. Let's also not forget the book assumes you are treating 'pure' cases, as they do in their specialist program. Irritatingly there is no discussion of co-morbid clients who are the norm, not the exception, with adolescents in general clinical practice.

What is also a significant oversight is that there is only a passing note about the input of families and enlisting the parents to ensure compliance and generalisation of individual sessions with the adolescent. Finally, the book would benefit from occasional extrapolation to settings other than the authors', such as schools and private practice.

Review by *Dr Simon Crisp, clinical psychologist, who has specialised in adolescents and families in public mental health and private practice settings for over two decades.*

Behind Closed Doors: Two therapy sessions with Moshe Lang

PsychOz Publications, 2012. 2 DVD set. RRP $99.95.



The problem with trying to describe an aesthetic experience, be it love, art, a sunset, deducing a mathematical formula, psychotherapy, or taking an overhead mark, is that the act of description dissolves the aesthetics, leaving only the residue of technique. How to create an aesthetic experience can be taught as a technical process, governed by constitutive rules, strategies, rationales, algorithms and principles, as long as the experience itself is beheld in silence and with respect. This is not a disguise for elitism, but a plea for humility. As Freud famously said, *'before the artist, psychoanalysis must lay down its arms'*; in other words, the theories of psychology cannot describe lived experience with the same aesthetic power of the artist, novelist or poet.

Many years ago I watched a TV series of master classes by the renowned violinist, Isaac Stern. A succession of students performed excerpts from well-known compositions; invariably after a few bars, Stern would interrupt the student courteously, and in a respectful, gentle but firm manner offer corrections and suggestions. Sometimes Stern demonstrated by playing the excerpt, sometimes he described the emotions the passage was meant to convey, its internal architecture, its sense of movement and force, the temporal relationships of its constituent parts to one another and to what the rest of the orchestra was playing. He sometimes mentioned the composer's intentions or frame of mind when he wrote the piece, or made technical suggestions about the student's posture or grip. During an interview, Stern was asked about the relevance of the scales and basic techniques he had learned as a novice to the sublime skill he now possessed.

Stern replied he had spent many hundreds of hours, every day over decades, learning, repeating and practising the scales and the basic rules and techniques until he knew them *"completely and totally in myself"*. *"Then"*, he said, *"I throw away all rules, I forget all the techniques, and I play my own way"*.

I was reminded of Stern's comments while watching the video of two family sessions by the Israeli born master family therapist, Moshe Lang. Moshe is a pioneer of family therapy in Australia, widely respected as a therapist, clinical teacher, supervisor, mentor, and founder of the Williams Road Family Therapy Centre in Melbourne. To the wider public, he is probably better known for the several books he has written about family therapy, often co-authored with or sagaciously advised by his late wife, Tess. This two DVD set shows Moshe at 'work'; one session is with a couple where the husband has been unfaithful, the other session concerns the difficulties of a teenage son who returns to live at home with his divorced mother. Each tape concludes with a brief commentary by the actors about their experience, and by Moshe speculating about some of the possible individual and interpersonal dynamics and motives.

The four 'clients' or 'patients' are professional actors, who not only give believable and convincing performances, but also wrote the scripts for the sessions. Despite it being simulated therapy, Moshe's style of interviewing is authentic, and replicates how I have seen him work in actual therapy — thoughtful, respectful, empathic, perceptive, creative with an occasional spark of humour. The quality of the camera work and audio are excellent, allowing the viewer to see and track the protagonists' facial expressions, covert glances, and gestures, and to hear their emotion-laden expressions, half-articulated cries, undertones, allusions and silences which provide the crucial subtexts to the meaning of what they actually say.

If these tapes are intended to provide a window for the general public into one way of practising couple or family therapy, they have achieved their goal. Moshe does not promise happiness, even less does he promise cure, and he most certainly is not interested in offering salvation or redemption, or attracting disciples. The curious citizen will be reassured that with Moshe he/she may have their pain, confusion, vulnerabilities and resentments, listened to and understood in a way that might help them to understand themselves and those whom they love and hate in a new way. Again, as Freud famously put it, *"the aim..(of therapy)… is to replace neurotic misery with everyday unhappiness"*.

If the tapes are intended to teach the aspiring or fledgling couple or family therapist, Isaac Stern's comment about his many hours of practice before he threw away the rule book is pertinent. Moshe demonstrates the principles of 'joining' the family as individuals and as a collective. He asks why they have come, takes a history of their relationship, empathises with the individual, but returns quickly to the interpersonal context. He asks about and acknowledges an individual's feelings, before asking the other person about those feelings, and so on. In other words, he follows the rule book, but like Isaac Stern, he does so in his own way.

Moshe is as skilled at individual therapy as he is at couples or family therapy. No clinician should be allowed to practice couples or family therapy unless he/she is competent at making a clinically sound assessment of the state of mind of an individual, and of competently conducting individual therapy. I thought of this when viewing the tape of the unfaithful husband; my psychiatrist's radar returned several times to the 'wife', trying to assess her level of depression. Couples and family therapy have long struggled with how to theorise, recognise and assess the severity of an individual's psychopathology, or psychological distress in the context of couples or family therapy, and the failure to do so is a legitimate criticism of the field.

In the tape about the teenage boy and his mother, Moshe astutely flags the possibility that some individual sessions with each of them may be useful. In the commentary, he wonders if this might have been the mother's intention all along, to get her troubled son into therapy.

Again, in the tape about the unfaithful husband, there is a brief exchange of joking around the husband's boyhood euphemism for masturbation. In the commentary, Moshe says that he could never do therapy unless he could introduce some humour. A novice would be ill-advised to take Moshe literally, any more than a violin student, claiming Stern as a role model would stop practising the scales.

Experienced therapists will enjoy the tapes as a reminder of how a skilled therapist can navigate the intersubjective, emotionally-charged maelstrom which threatens the illusion that we can evade the legacies of our family and personal histories without learning how they have shaped us. Of course, there are many ways of doing this in therapy, and Moshe's is one of them.

In an era of the quick-fix and celebrity 'experts', where psychologists trumpet self-aggrandising claims about CBT and related therapies (currently it has entered its 'third wave', whatever oceanic experience that refers to), and where psychiatrists become clinically impotent if the patient does not respond to several combinations of psychotropic medications, Moshe reminds us that we have forgotten something. In addition to brain chemistry and schemata of cognitions and behaviours, our identities are shaped by family and intimate relationships with the living and the dead, with attendant feelings and stories of suffering, endurance, betrayal, aspirations, love, hate, sacrifice, and hope which we imbibed with our mothers' milk and repeat or seek to avoid throughout life. That's as good as any overhead mark!

Review by *Edwin Harari, Clinical Associate Professor, Department of Psychiatry, University of Melbourne, Senior Consultant Psychiatrist, St Vincents Hospital Mental Health Service, Fitzroy, Victoria.*