

of a country ill-equipped to face such devastation. An estimated 73 000 lives were lost, 4 million made homeless and an entire generation of 8- to 14-year-olds wiped out as they attended school when the earthquake struck. I witnessed the devastation ten days after the event and listened to heartrending stories of loss and grief from those whose villages and towns were completely destroyed.

Unaiza Niaz, one of the few women psychiatrists in Pakistan and a prolific writer, has contributed a timely and detailed account of this tragedy. In a comprehensive manner she has brought together experts in the field of trauma to review the early response efforts, societal effects and both known and innovative intervention methods of a population having witnessed such devastating human loss.

The book reports how the experts of the country cooperated to set up and implement a national plan of action for mental health and psychosocial relief for earthquake survivors within days of the earthquake and started operating highly effective mental health relief units, while the capacity of local professionals to work with trauma victims was enhanced by training efforts spread across the country. A chapter on the role of non-governmental organisations noted that 55 agencies from other countries rushed to set up services and coordinated themselves, perhaps by the sheer pressure of the task facing them.

The book is divided into two sections with international and Pakistani perspectives. It was refreshing to read that Niaz and her colleagues formed an 'institute in psycho-trauma' and reviewed the importance of usually marginalised women in disaster settings in the patriarchal Pakistani society. Although some chapters of the book were repetitive and difficult to read, those on the role of the media in seeking assistance and the practical approaches to treating trauma in children came across as true experiential accounts. The contributors report the remarkable spread of post-traumatic stress disorder (PTSD) in the survivors, from 29 to 94%, and major depression, to 81%, as well as the sensitive issue of sexual harassment in these settings. However, the surveys would need the scrutiny of peer-review to assess their significance. Nevertheless, it shows an ambitious team gathering data, imparting training and working directly with survivors.

The chapters based on the Turkish experience with earthquakes gives a detailed review of the subject of stress following trauma and innovative new approaches to treating PTSD, such as single-session therapy, modified behaviour therapy and effectiveness of earthquake simulators as therapeutic tools. Hembree and colleagues, from Philadelphia, have contributed a useful chapter on prolonged exposure therapy, and Klien, from Aberdeen, has tackled the challenges to effective research in disaster settings.

The book is a welcome contribution to the literature and a timely reminder of the need for preparedness to work in disaster settings. I found it a difficult read but interesting as I had directly worked in the camps after the Pakistani earthquake. It makes a good reference book, but perhaps not an essential read.

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Clinical Applications of the Adult Attachment Interview

Edited by Howard Steele & Miriam Steele.
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ISBN: 9781593856960

When, in the second half of the last century, John Bowlby was first developing his thoughts and observations on the primary human drive to form lasting attachment relationships, his intention was better to understand and help emotionally disturbed children and adults. The twin strands of theoretically driven empirical research and clinical practice have characterised attachment-related work ever since. The Adult Attachment Interview (AAI) admirably encompasses both these functions, having developed beyond its original role as the pre-eminent research tool describing and codifying adults' state of mind with regard to attachment and becoming a valued clinical tool.

This book provides a thorough introduction to the instrument, its coding and classification system. But its main contribution is the way in which it brings together leading experts in the field to present research findings and case material to show how the AAI can systematically be used in assessment and diagnosis, to design and tailor interventions, to facilitate goal setting and treatment planning, to inform and strengthen the therapeutic alliance and to monitor therapeutic progress.

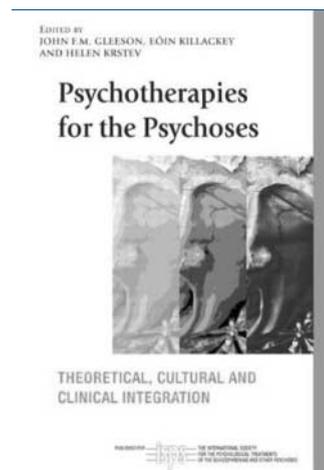
In the context of such an abundant harvest, the minor limitations identified by this reviewer are perhaps not significant. The first concerns a practical issue – the considerable time and expense involved in becoming reliable in conducting and classifying the AAI impose real restrictions on its wider use. Coding the hour-long interview necessitates painstaking verbatim transcription and mastery of a laborious rating system. Untrained or inexperienced interviewers and coders can render transcripts unreliable at best and frankly misleading at worst. Other, less costly ways of processing the interview material have been developed, such as Q-sort techniques, and it would have been helpful to have a fuller evaluation of their role.

The book could possibly also have benefited from fuller discussion of some of the uncertainties that continue to abound in attachment research. For example, there is still only limited evidence that persons classified in adulthood as secure or as one of the insecure categories were classified similarly in childhood. The AAI seeks to capture the person's current mental representations of attachment relationships, but the processes whereby infant attachment patterns are transformed into representational systems are still insufficiently understood. Most studies of association between adult attachment patterns and psychopathology are correlational so that conclusions as to direction of effect cannot be drawn. More importantly, the great majority of people with insecure attachment do not develop psychological disorders, so insecure classifications can only be considered as general risk factors rather than specific aetiological factors.

Such omissions are perhaps legitimately beyond the scope of this timely, well-presented and valuable book, every chapter of which provides illuminating insights and evidence of the range and depth of the AAI's multiple uses. It should be of considerable interest to clinicians and practitioners from all disciplines, as well as to researchers and students.

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Psychotherapies for the Psychoses. Theoretical, Cultural and Clinical Integration

Edited by John F. M. Gleeson, Eoin Killackey & Helen Krstev. Routledge. 2008. 288pp. £19.99 (pb). ISBN: 9780415411929

This book is the latest in a series published by the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses under the overall editorship of Brian Martindale. It arose from their 14th conference held in Melbourne, Australia, where the debate had been on whether biological and psychological interventions could be integrated in the treatment of psychoses.

The editors explain how in the 1990s psychosocial interventions had become afterthoughts to antipsychotic medication as indicated by a survey in Australia in 2000 revealing that less than 40% of individuals with psychotic disorders had received any form of counselling or psychotherapy within the past year. An aim of the book was to redress this imbalance.

The intentions of the chapters is not only to provide evidence of the effectiveness of psychological interventions, but also to promulgate their application in routine care. A wide range of topics is covered and the authorship is truly international with contributors from Australia, New Zealand, Canada, USA, Germany, UK, Norway and India.

The book represents a broad church with contributions from the cognitive-behavioural perspective, a more narrative approach and a psychodynamic approach. Topics covered include integration models between biological and psychological approaches, rehabilitation, family therapy, group therapy, psychosocial interventions in clinical practice, the treatment alliance in bipolar disorder, an integrated programme for first-episode schizophrenia and developing psychotherapy in the pre-psychotic phase. There is also a chapter devoted to the contentious question of whether the individual's personal experience at a spiritual level should replace diagnosis as the primary issue.

Particularly interesting were two chapters considering the importance of the cultural element when evaluating psychosis. These related to India and the Maoris in New Zealand, where

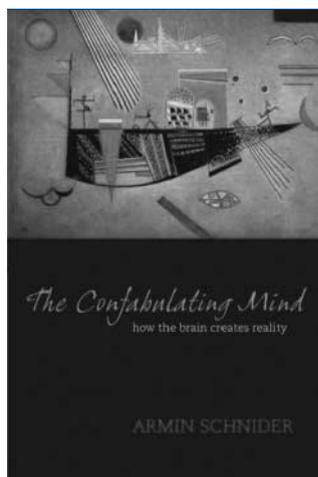
we were treated to a detailed description of their cultural beliefs, their language and, with the latter, the need to incorporate Maori-speakers in evaluating presenting psychotic states.

While the book covers research data from many countries, it does not lose contact with its applications for clinical practice. This is particularly well illustrated in the area of family interactions, where relatively brief interventions may have telling effects in the prevention of further relapses.

In summary, this book advocates the integration of psychological approaches into the treatment of psychoses. It is an important book to be strongly recommended both for trainees, to familiarise themselves with the literature, and for consultants in considering how to effect their integration within their current approach to psychosis.

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The Confabulating Mind: How The Brain Creates Reality

By Armin Schneider. Oxford University Press. 2008. 344pp. £29.95 (hb). ISBN: 9780199206759

How do we know our memories are real? Which brain mechanisms allow us to distinguish between dreams, thoughts and the recollection of past experiences? These are the kind of questions addressed by Armin Schneider in *The Confabulating Mind*. To answer them he draws upon his unique expertise on the striking neuropsychological phenomenon of confabulation, the tendency of some individuals with a brain damage to unintentionally produce false or distorted memories. The result is an authoritative and comprehensive book on confabulation that will no doubt make experts wonder how the field has progressed thus far without it. For psychologists, psychiatrists, neurologists and neuroscientists interested in memory, *The Confabulating Mind* provides an in-depth analysis of all facets of the phenomenon, including engaging clinical descriptions of patients, excellent neuroanatomical specification, rich behavioural varieties, theoretical considerations and findings from functional imaging. For scholars working on confabulation, this book not only contextualises and sets out in unprecedented detail the views of one of their most successful colleagues, but provides the first contemporary, in-depth review of the relevant early German and French literature.

What impresses most about this book is how each aspect of the complex syndrome of confabulation is dealt with in separate, clearly delineated chapters that end up bringing to life the full