

on the plasticity of neurodevelopmental disorder.

Klin and others suggest that there are cognitive deficits in assigning salience, which leave a person ill-equipped to set priorities and learn from experience. This has a significant bearing on any educational or therapeutic interventions.

The overarching cognitive theories are discussed in terms of experimental paradigms in an attempt to establish whether there may be a 'cognitive style' unique to autism. The fact of 'weak coherence' (Frith), seemingly at odds with the 'empathizing-systemizing' theory (Baron-Cohen), emphasises the need for more studies on the neurobiological hard-wiring underpinning deficits.

The importance of the five interconnected systems constituting the 'social brain', and the identification of fusiform face area as a possible 'neurofunctional marker' are exciting. They need to be balanced against the study of the amygdala which cautions that structural abnormalities may not always be reflected in physiological dysfunction. The use of non-verbal paradigms such as movement disorders and crossovers from non-autistic populations illustrate the many ways of skinning the neurobiological cat.

For me, this book has been as much an exploration of the mind of the researchers as of people with autism. It will probably age with grace in an electronic world and be of interest to clinicians and specialists in autism, given the range of disciplines represented, the international tenor and the evolving nature of the issues themselves. The glossary of acronyms at the end of each chapter was the only minor distraction in an interesting and instructive read.

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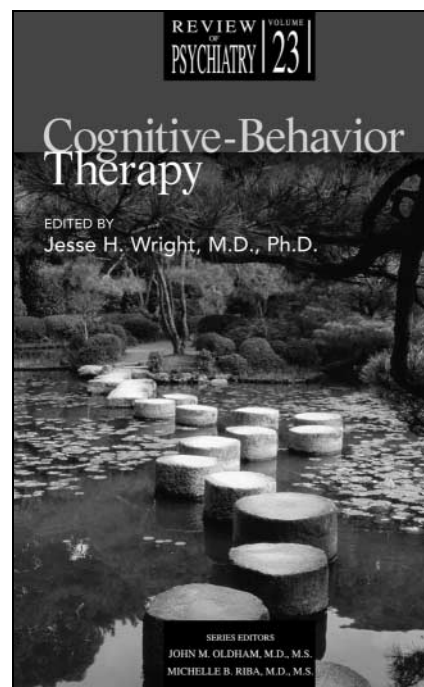
Cognitive-Behavior Therapy

Edited by Jesse H. Wright. Washington, DC: American Psychiatric Association. 2004. 168 pp. £23.50 (pb). ISBN 1 58562 178 1

This brief edited book forms part of the 'Review of Psychiatry' series edited by John M. Oldham and Michelle B. Riba. There are five chapters in total:

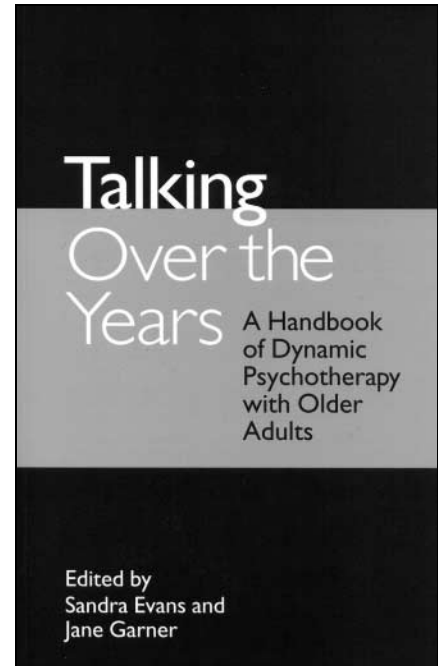
cognitive-behavioural therapy (CBT) for schizophrenia, CBT for bipolar disorder, computer-assisted CBT, CBT for patients with physical illness and CBT for children and adolescents. Each chapter is written clearly, with a range of clinical examples, tables and diagrams that bring the subject matter to life. The everyday practice of CBT is clearly in the mind of the authors, as is the importance of evaluating the evidence base. Each of the areas covered has shown an enormous rise in both research and practice over the past decade, and they hold great potential for the future. Therefore, reviews of this kind are extremely timely and relevant. Be warned, however, that the book does not stand alone as a reference because of its limited breadth. For example, at the front there is an overview of the chapters within the book but there is no introductory chapter on CBT to set the groundwork of its principles and practice across a wide range of presenting problems. The limited coverage also makes the title of the book slightly misleading and its cost slightly too high. Nevertheless, I would recommend that health practitioners involved in these emerging areas read the well-researched, accessible chapters in this book now while they still represent the cutting edge of contemporary CBT.

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Talking Over the Years: A Handbook of Dynamic Psychotherapy with Older Adults

Edited by Sandra Evans & Jane Garner. Hove and New York: Brunner Routledge. 2004. 280 pp. £17.99 (pb). ISBN 1 58391 144 8



This book presents a wide range of material on the mental health of older people from a psychodynamic perspective. It provides information about the lives and theories of major psychoanalytic and psychodynamic thinkers and considers the application of their ideas to the understanding of later life. Psychodynamics is discussed in relation to work with patients as well as in relation to staff. Many apposite case illustrations are included. The book contains chapters about a range of methods of working psychotherapeutically with people with and without dementia, including not only one-to-one, family and group talking therapies but also expressive approaches using other media for communication.

The amazing breadth of this book may be seen as both its strength and its weakness. On the one hand it provides a stimulating cocktail, but on the other this detracts from a clear focus. Those who might buy the book for its subtitle could be disappointed to find that this is not a guide on 'how to do' psychotherapy: although the excellent chapter on brief therapy does provide some nitty-gritty advice and those

on bereavement and sexuality give interesting clinical accounts and reflections. Neither is the book narrowly psychodynamically centred. Many chapters take this perspective but others take a more general psychotherapeutic approach. While providing a personal slant, the biographical information given about many of the key figures is not analysed for its impact on their theoretical position, and its relevance to the text is therefore questionable.

Rather than being a manual or guide, this is a pot-pourri of writings that will stimulate the reader to reconsider issues they encounter in their everyday work. It provides useful summaries of the thinking of eminent psychodynamic psychotherapists. Among many riches, the chapter on loneliness from a Kleinian perspective is a good example, and later in the book there is fascinating material about Kohut's thinking on narcissism. The information given about creative therapies may be novel to many working in psychiatry and could inform service development. The description of art therapy includes a moving case example and is a good illustration of the power of non-verbal media. Above all, this book will provoke readers to think with curiosity about their patients, themselves and their teams. We are challenged to consider our own position and resistances to developing better psychotherapeutic work with older people.

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Late-Life Depression

Edited by S. P. Roose & H. A. Sackeim. Oxford: Oxford University Press. 2004. 388 pp. £49.50 (hb). ISBN 0 19 515274 3

My daughter and I have a running joke, which goes something like this:

'What are you writing about, Dad?'

'Late-life depression.'

'That sounds interesting Dad. I bet they'll be queuing up for it at the airport bookstalls.'

My daughter may be a relatively late convert, but after nearly 20 years in old age psychiatry I think the message does at last seem to be getting through that depression in old age is common and

disabling, can be life-threatening and is eminently treatable. The appearance of this large (A4) and handsomely bound volume is a good sign. The editors are among the USA's most eminent 'melanchologists', although neither specialises in old age psychiatry. The remaining 41 contributors all also work in the USA and represent a comfortable majority of the most eminent US academics in the area. The 29 chapters are organised into five broad themes: epidemiology, symptoms and diagnosis, psychobiology, treatment and comorbidity.

The editors state that the book should be useful 'to the clinician who strives to understand the multiple dimensions of aging and the complexity of late-life depression and who aspires to practice evidence-based interventions'. It is therefore unsurprising that each chapter is extensively referenced, and that the emphasis throughout is on summarising the available scientific literature. Also unsurprising but perhaps more disappointing is the overwhelmingly biological orientation, with only a single eight-page chapter on psychotherapy. This is written by Chip Reynolds and his colleagues from the Pittsburgh group and consists mainly of a very lucid summary of their own (albeit pivotal) trials.

I decided to 'road-test' the book on what I thought would be one of its strengths. I was reviewing the (unpublished) clinical trial data on a new antidepressant against placebo in older people and needed to compare it with the placebo-controlled data on currently marketed antidepressants. The relevant chapter (written by the editors themselves) made

the excellent point that there was a dearth of evidence relating to the 'old old'. Better still, it had an easily found table entitled 'placebo-controlled trials' that seemed just what I wanted. Disappointingly, however, both the table and the text mentioned only four of the 18 studies collated in a recent meta-analysis (Taylor & Doraiswamy, 2004).

My more general concern about the book's claimed orientation to the clinician is that most of the chapters fail to make the crucial move from literature summary to clinically relevant synthesis. There are plenty of statistics but no clinical vignettes and not even any clear 'best practice' recommendations. I hope there will be a new edition, and that the excellent authorial team that Roose and Sackeim have brought together will extend their collaboration to address the needs of clinical decision makers. Meanwhile, I welcome the present edition as a useful source of review material for the budding or established academic.

Taylor, W. D. & Doraiswamy, P. M. (2004) A systematic review of antidepressant placebo-controlled trials for geriatric depression: limitations of current data and directions for the future. *Neuropsychopharmacology*, **29**, 2285–2299.

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Disembodied Spirits and Deanimated Bodies: The Psychopathology of Common Sense

By Giovanni Stanghellini.
Oxford: Oxford University Press. 2004.
225 pp. £29.95 (pb); £65.00 (hb).
ISBN 0 19 852089 1; 0 19 852088 3

This is the most recent of the successful and influential Oxford University Press series 'International Perspectives in Philosophy and Psychiatry' and, in common with the others, it is well-written and a joy to read. In this marvellous book, Stanghellini considers both schizophrenia and bipolar affective disorder and in doing so reinvigorates and resurrects psychopathology as more than just the listing of symptoms: he proposes it as the 'science of the meanings of abnormal human phenomena' (p. 33).

