Don’t be put off by this tome’s title and length. The authors’ refreshingly lucid writing is a good guide to ways in which computers and other ‘psychotechnologies’ are starting to influence the mental health field. Most readers will look just at sections relating to them. The authors first clarify terms such as e-health, telepsychiatry, telehealth, online clinical practice, cyber-counselling, virtual, avatar, chat rooms, whiteboards, bits, bytes, transmission channels v. devices, internet v. worldwide web, modem and a host of further concepts. Acronyms are sensibly spelt out when first used.

The book discusses barriers to using psychotechnologies, how that use is affecting clinical practice, the growth of coaching to help users and relevant new professions, economic issues, the fluidity of boundaries across mental health services, and the flux of e-counselling companies. Numerous case and other vignettes illuminate the pros and cons of various technologies. Unexpected mishaps occur – articles appear online that are attributed to professionals who never saw them and whose reputations can be damaged by them, yet they are hard to remove from a site. Bullying by SMSs (short message services) has been reported. ‘Flaming’ e-mails highlight the pitfalls of unleashing angry messages into cyberspace and the need for ‘netiquette’. The prospect arises of ‘cyber-dildonics … devices that a physically remote partner can operate over a communication network to directly simulate a sexual episode’, but, the authors dryly continue, ‘safe, affordable, appealing, and FDA-approved equipment has yet to be marketed (p. 384)’. Remote sex therapy and experience will stretch the minds and tax the moral sensitivities of many sections of society. Cyberdildonic theatres loom, with mass participation. Watch this space. On cooler issues, the book has a chapter for professional website authors, discusses trade-offs of telephone, videophone and videoconferencing and how to run these, deals with electronic practice management and electronic record-keeping, and speculates about future challenges from psychotechnologies.

All five authors have worked in the USA with experience in, among other specialties, psychology, psychiatry, nursing, international law, and research management. Discussions on legal, regulatory and reimbursement issues focus on US work, limiting their value for readers in the rest of the world. Another limitation is that although the book appeared in 2005, it has little coverage of the burgeoning world-wide work since 1998 on computer-aided assessment and self-help psychotherapy. The relevant work by the National Institute for Clinical Excellence is not noted. The lacunae highlight the explosive speed with which the field is expanding and how hard it is to keep abreast of developments. Computer-aided vicarious exposure is mistakenly grouped with immersive virtual reality.

Such problems notwithstanding, the book is a fine introduction to many psychotechnologies of growing importance. It deserves space in the reference section of every library used by mental health professionals.

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Autism: Mind and Brain

Given the plethora of publications on autism, any addition needs to state a very specific intent. This books looks at recent research linking behaviours (mind) in autism to brain abnormalities. Several key themes are examined through cutting-edge research from three continents. Their seemingly logical progression probably owes as to much to editorial art as to nature.

One of the themes explored is the drawback of characterising autism in behavioural terms, starting with the intriguing possibility that the disorder bearing Hans Asperger’s name might not be the one he described. Tager-Flusberg and Joseph echo the importance of characterising the ‘endophenotype’ of autism in terms of neuro-cognitive deficits linked to neuropathology. Another study of congenitally blind children elegantly cleaves the social effects of visual impairment from the deficits in reciprocal engagement that characterise both visually normal and impaired people with autism.

This decanting of ‘core deficits’ from the various trajectories that may lead to autism remains the Holy Grail of autism research, which will enable a more informed study of the aetiology, natural history and treatments for autism.

The neurophysiological basis of one of these core deficits, ‘shared communicative reference’, is explored in the articles on joint attention, reflexive visual orienting and eye tracking. The idea that brain development itself may be influenced by aberrant brain process deriving from a primary deficit is a fascinating perspective
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–Behaviour Therapy


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


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-pouri 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.  
£49.50 (hb). ISBN 0 19 8515274 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 summaising 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 & Doraitsiwany, 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.


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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).
This process, through the particular analy-
sis of these disorders as disorders of
common sense, returns psychopathology
to its rightful place as the science concerned
with understanding our patients and their
symptoms, rather than eliciting and chart-
ing them. He argues that phenomenology is
the method clinicians and researchers can
use to provide an in-depth understanding of
the experiences of those with paranoid and
affective psychoses. Therapeutic and theo-
retical advances are likely to depend on
more structured and detailed approaches to
mental states. Certainly, in psychiatry, there is a growing concern that the validity
of our diagnostic categories has been at
least partially sacrificed to improving the
reliability of clinicians in detecting mental
disorders. This improvement has been
facilitated by operationalised diagnostic
criteria and standardised interviews. This
has occasionally led to the unintended but
nevertheless unfortunate consequence that
the symptoms that make up a given
disorder can be viewed as discrete and
atomistic, rather than as interrelated holi-
stically within the patient and their social
and physical environment. Phenomenology
may help psychiatry to look beyond this
current conception of symptoms as non-
specific and isolated to more subtle and
specific disorders of subjective experience.
A delusion, for example, is not an abstract
proposition but a world the patient
inhabits.

Clinicians and biological psychiatrists
should not be put off by the mention of
philosophy or phenomenology. The book is
not an esoteric, arcane or otherwise
impractical read: rather, through the vign-
ettes and the insights Stanghellini provides,
it serves as a guide and a way for psychiatry
to remember itself through a return to
listening, and trying to understand, what
our patients tell us. The data provided
from such in-depth analysis of subjective
experience, Stanghellini argues, can be of
enormous benefit for both diagnosis and
classification, as well as scientific psycho-
pathology where neuroscientists need to
clarify the object under investigation.

It is hard to think of any psychiatrist
who would not gain from reading this
book, and it has much in it to be
recommended to carers and patients
confronting the sometimes frightening and
disorienting reality of psychosis. As Jaspers
reminds us, ‘It is impossible to explain
something without previously under-
standing it’.

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