In this book Mike Rutter sets out to explain how genes might influence behaviour and how this might be important in understanding the causal pathways leading to various behavioural traits and psychiatric disorders. This is an ambitious and challenging project, not just because the issues themselves are so complex and our current understanding so rudimentary, but also because this area has suffered from a polarisation of views between the proponents of Nature and Nurture that has been most unhelpful. The great majority of researchers have realised for some time that the key to understanding individual differences in susceptibility to behavioural disorders will come from understanding how the effects of genetic variation and environmental exposure interact over the lifespan, but the grumbling guerrilla war between behaviour geneticists and psychosocial researchers has been sustained by the fact that the different schools have approached their subjects from different theoretical and methodological perspectives and spoken different languages in which apparently similar terms actually describe crucially different concepts. As with many intellectual disputes the differences have had a lot to do with reciprocal misunderstandings of methodology and language, but the flames have been fanned by evangelists on both sides.

What is needed, therefore, is someone with an understanding not just of genetics, but also of psychosocial and developmental research – to integrate the results from these areas, to illuminate the misunderstandings and to point out where, in their enthusiasm, the evangelists have strayed from the path of righteousness and, in some cases, common sense. As such, Mike Rutter is probably one of the few people in the world who could have written this book. Most of the readers of the Journal will be familiar with his work and will not be surprised to learn that he brings to the task his formidable analytical approach whereby the problems and issues are dissected and the bones laid bare. He has worked hard to present a clear and non-technical account of a number of different areas of research including behaviour genetics, psychiatric genetics and research into environmentally mediated risks. Crucially, the treatment of these issues includes clear descriptions of the underlying assumptions, careful consideration of the strengths and weaknesses of the methodology and cautious interpretation of the findings. This is complemented by two chapters that serve as a non-technical primer in genetics and that illustrate how genes might influence behaviour and, equally importantly, show the limits of simple genetic explanations.

Finally, having brought the reader to a level where they can understand the issues and interpret the findings, he brings together genes and environment and reaches the heart of his argument: the effects of genes and environment are inextricably interwoven. With rare exceptions, human traits and disorders, medical as well as psychiatric, are multifactorial, with good evidence of both genetic and environmental influences. On the one hand, this means that genetic influences are pervasive, though not necessarily predominant, across virtually all behaviours. This applies not just to disorders but also to psychological traits that are present to various degrees across the general population. The latter include temperamental and cognitive characteristics and even socially defined behaviours such as criminality and divorce to the extent that they are influenced by underlying temperamental and cognitive characteristics. On the other hand, it seems that in many, and perhaps most, instances the effects of genes are likely to manifest through various types of interplay with the environment. Thus, some genetically influenced behaviours will affect the extent to which individuals are exposed to environmental risk (so-called gene–environment correlation). To give one example, antisocial behaviour in a parent, which is influenced by genetics, can disrupt family function, which in turn will contribute to a child’s risk of developing antisocial traits. In other words, the parent’s genes are contributing to a child’s risk via an environmental mechanism. There are also other forms of gene–environment correlation by which an individual’s own behaviour, again partly influenced by genes, can influence exposure to environmental risks either directly or by evoking risk-imposing behaviour on other people such as family members.

The other main way in which the effects of genes and the environment collide is via so-called gene–environment interaction. This describes the situation whereby genes influence a person’s susceptibility to environmental risk. For example, there is an accumulating body of evidence that variation in the gene encoding the serotonin transporter might modulate the extent to which depression occurs as a consequence of exposure to adverse experiences such as stressful life events and childhood maltreatment. Rutter argues persuasively that gene–environment interactions of this sort are likely to be common and that we must take this into account in our research.

Thus, genes are not deterministic and they do not ‘cause’ behaviours or psychiatric disorders such as autism and schizophrenia in any direct way. Rather their effects on behaviour are indirect and mediated to a considerable extent via the environment. The challenge now is to delineate gene–environment interplay more widely and to begin to determine the causal
Intrusive Thoughts in Clinical Disorders: Theory, Research, and Treatment

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 obessional 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

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.

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Two-thirds of the book is devoted to a detailed presentation of how EMDR can be used in the brief treatment of people suffering from a wide range of fairly complex disorders. The only criticism I have to make is that he does not always use the protocol that Shapiro insists is important when carrying out EMDR. However, despite this, his results appear to be good and his enthusiasm for this new approach is contagious.

Since EMDR is now a recommended treatment for PTSD in the new National Institute for Clinical Excellence guidelines, this book could not have appeared at a better time. His detailed descriptions of his treatment sessions are very helpful for both beginners and more experienced psychotherapists. Psychoanalysts may feel inclined to reject EMDR but it is, as Mollon shows, an extraordinary way of accessing unconscious mental processes. I can only recommend this book for its rich and thoughtful contributions to the field of psychological treatments.

I also think there were lost opportunities to contribute to progress in the field. For example, Francis Creed, Professor of Psychological Medicine at Manchester University, discusses whether the patient-centred and biopsychosocial approaches are compatible. In his chapter, he juxtaposes them, whereas, as pointed out in the discussion after his paper, Moira Stewart, Ian McWhinney and others, who have developed the patient-centred method at the University of Western Ontario, would look for integration rather than distance between the approaches.

The contributions of George Davey Smith, Professor of Clinical Epidemiology at Bristol University, redeemed the book for me. As he points out in discussion, George Engel’s work in the 1970s, which of course is seminal for the understanding of the biopsychosocial approach, became influential in the context of the acknowledgement of the limits of biomedicine by, for example, Thomas McKeown and Ivan Illich. I found this a useful insight. Davey Smith’s own chapter argues that there is, in fact, little evidence that psychosocial factors have a direct aetiological effect on physical illness and biological processes. Correlation of stress, for example, with outcome may be explained by confounding, rather than reflecting a causal explanation. Bias is also introduced into observational studies through an increased reporting tendency of stressed individuals. The number of experimental studies of psychosocial interventions for physical disease has been relatively few, and any significant effects, if found, are small and may not be specific.

Davey Smith’s critique should not be taken to imply that physical symptoms cannot be psychogenic in origin. Doctors fail to recognise the emotional and psychological nature of too many patients’ complaints. So-called medically unexplained symptoms are common. For this reason alone, more emphasis should be placed on comprehending the biopsychosocial approach. This book is a useful contribution to that aim.

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Biopsychosocial Medicine: An Integrated Approach to Understanding Illness


I did not find too much new in this book. It is composed of twelve presentations on biopsychosocial medicine given at a conference in London in 2002 to which international experts were invited. The edited transcripts of the discussions after each talk are included, together with a final discussion chapter. The editor of the book, Peter White, Professor of Psychological Medicine at Queen Mary, University of London, provides a concluding chapter. I wish he had attempted to incorporate the discussions with the rest of the book, but he preferred to try to keep them as ‘spontaneous as they were on the day’.

Unexpected Gains: Psychotherapy with People with Learning Disabilities


Unexpected Gains is a welcome addition to the literature on psychoanalytically informed work with people with learning disabilities. Many community learning disability services across the country offer counselling as part of their health provision. Very few of these
services are audited and most are managed from within a psychology department.

This book describes the theoretical background of psychodynamic psychotherapy, illustrated by case examples showing work with children, adolescents, adults and carers. It gives a clear flavour of the clinical work of the Tavistock Clinic Learning Disability Service in London, which has been built on what appears to be a niche interest within the psychotherapeutic field. It also includes an attempt at using audit to quantify the psychological gains made by clients and gives brief details of a research project that will measure outcome in a more structured way.

Service users who have been helped through psychodynamic psychotherapy are vividly portrayed, as are the dilemmas and empathy of their therapists. It is not all roses: powerful, unpleasant feelings are given expression as the therapists try to understand and the service users struggle to make sense of years of pain, loss and lack of self-worth.

It would have been interesting to be told more about the duration of treatment and why it was stopped. Several treatment contracts appear to have ended after a year, which by any standards is a short duration for this type of intervention. Occasionally I wondered what was really being said in the room, although the extracts from the sessions clarified some of the confusion about what belonged to the therapist and what to the client.

Another unaddressed issue is why clients were referred. It would have been helpful if a profile had emerged of clients who might do better with psychotherapy at the Tavistock rather than locally. In addition, data on which services tend to refer more often could help to identify service gaps within and outside of London and to indicate whether successful referral depends on a 'postcode lottery'.

Finally, information on what the Tavistock Learning Disability Service currently offers and whether funding is needed to access it are important omissions. It is of some concern that the clinic’s specialist psychoanalytical team may remain a hit-and-miss opportunity for many people with learning disabilities and, indeed, for the services caring for them.

Unexpected Gains is an interesting and well-written book that can easily be read by (and recommended to) professionals in the field as well as lay people who know or care for someone with a learning disability. However, I wonder whether it will break into the market (and therefore awareness) outside the confines of the psychotherapeutic community.

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Screening for Perinatal Depression
Edited by Carol Henshaw & Sandra Elliott.

Making the case for introducing screening for perinatal psychiatric disorders is not without problems. The case is not helped by the common use of 'postnatal depression' as a catch-all term for a variety of conditions, from mild and transient mood lability to some of the most severe psychiatric disorders seen in clinical practice. 'Screening for perinatal depression' means different things to different people and it is appropriate to begin by asking screening by whom, for what and when? To its credit, this book considers both antenatal screening for women currently well but at risk of perinatal mood disorder, and screening women for current affective symptoms.

The book, at least in part, can be seen as a response to the controversial decision of the UK National Screening Committee not to recommend the introduction of routine screening for postnatal depression using the Edinburgh Postnatal Depression Scale. A number of different perspectives are brought to the table – a large number of professional groups are represented from both academic and clinical backgrounds. The individual chapters range widely from those describing clinical services, outlining individual research projects or providing personal experiences of accessing services, to those taking a more philosophical overview of the issues involved. In particular the book benefits from a final chapter, written by the editors, responding to many of the issues raised in the previous chapters and summarising the areas of agreement and those that remain in dispute. There is much of interest here to those from a wide variety of professional backgrounds, and the book should have wider appeal than merely perinatal 'anoraks' like me.

One recurring theme is a lack of research evidence – reflected by the fact that a number of chapters rely on a description of local services. It also becomes clear that the title is a misnomer – the important perinatal psychiatric conditions are wider than major depression and, particularly when screening for women at risk, include bipolar and schizoaffective disorders.

A philosophical divide is clear – between those who see postnatal depression as an underdiagnosed illness that, without recognition and treatment, can result in long-term negative consequences for a woman and her family, and those who believe that a diagnosis of postnatal depression is the imposition of an inappropriate medical model on the suffering of women at this time of difficult role transition. In his forward, John Cox expresses the hope that the book will be a ‘constructive dialogue’ between the different perspectives. Judged on this criterion, I think it can be considered a success.

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Psychosis in older people receives perplexingly little attention compared with dementia and depression. I have never understood why this should be so, as these patients constitute some of the most memorable that old age psychiatrists encounter and often show remarkable responses to antipsychotic treatment. Opaque and unhelpful terminology, combined with uncertainty about how such patients should be viewed in relation to schizophrenia in young people and psychoses that arise secondary to organic brain conditions, have played important parts in reducing interest. Psychosis in the Elderly is a welcome and accessible multi-author book and an important step in the right direction towards rehabilitation of this area. The title reflects the broadness of scope of the Melbourne-based editors’ project, which is really a series of excellent mini-reviews on psychosis in association with a wide range of neuropsychiatric disorders as well as schizophrenia in older people. In recent years, some of us have advocated conceptualisation of ‘late-onset schizophrenia’ as a term to describe cases of schizophrenia with onset delayed beyond the age of 40 and ‘very late-onset schizophrenia-like psychosis’ for those cases with onset after 60 which seem to have a different set of risk factors and clinical features. Chapter contributors expand on this distinction and update the reader on recent research findings on aetiology, pathophysiology and treatment response. But the most novel aspect of the book is the final section which extends into the territory of psychoses associated with delirium, dementia, affective disorders, stress and alcohol and substance misuse in older people. I would like to see this book sell well and am confident that it will gain deserved recognition as required reading for old age psychiatrists in training.

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The Origins and Course of Common Mental Disorders

This book had its first incarnation 12 years ago when Peter Huxley was David Goldberg’s co-author. It’s just as important a book now as it ever was because of the emphasis on what the community is really suffering from, rather than what the psychiatrist ends up seeing on the wards or in the clinic. The contrast between the two is much wider than most psychiatrists appreciate – much to the frustration of many general practitioners.

But Goldberg and Goodyer marshall current thinking on what really are common mental disorders in a manner that is useful to psychiatrists precisely because they range across viewpoints unfamiliar to many in the profession to bring us a fresh and often surprising perspective on mainstream disorders.

For example, it remains a puzzle why women are more prone to depression than men but one clue many are focusing on is the fact that this profound gender difference seems to emerge after puberty and not before. While it is therefore tempting to locate this corresponding marked and profound contrast in mental health which continues throughout adult life as ‘down to hormones’, Goldberg and Goodyer suggest here an intriguing theory that will be genuinely novel to most psychiatrists.

The theory locates the centre of the action in terms of mental health in an area of human life which has so far been neglected by psychiatrists – friendship. The first point the authors make is that marked differences begin to emerge in adolescence in the same-sex friendship patterns of boys and girls. First, girls’ conversation with friends tends to be more emotional, while that of boys is markedly more reserved. The very emotionality of the language girls use might put more strain on their friendships – in other words they may demand more of their friends than boys do. It may come as no surprise then to learn that girls have a higher turnover of close one-to-one friendships than do boys. Goldberg and Goodyer make the point that as a result girls are exposed in the longer term to more disappointing experiences than boys within their friendship framework. Perhaps such acute disappointments are potent risks for depression? Perhaps boys are protected from the disappointments of a more intimate and intense social life by their preference for more solitary interests like computing, model-building, collecting stamps or the
numbers on trains? The authors note that, to the extent that these behaviours provide a degree of satisfaction, a friendless boy could have a theoretical mental health resilience advantage compared with a friendless girl.

There are many other examples where this fascinating book will provoke and intrigue but the key focus on what the community really suffers from – as opposed to what psychiatrists end up treating – is a sobering and ominous warning about how detached many in the profession can get from the real world out there.

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