

Book reviews

Psychological Medicine, **32** (2002).
DOI: 10.1017/S0033291701215220

Care of the Psyche: A History of Psychological Healing. By S. W. Jackson. (Pp. 504; £35.00.) Yale University Press: New Haven, CT. 1999.

Stanley Jackson, a psychotherapist and medical historian at Yale, has written a thoughtful and ambitious book that seems likely to become the standard work of its kind. He attempts to trace, over the last two and a half thousand years, the threads of continuity in the main Western traditions of what he calls ‘psychological healing’. This term he interprets very widely to include ‘processes and practices that have served, often in unarticulated ways, to resolve or ease psychological burdens that were to be found in many forms in different eras. With the increase in cultural and individual self-consciousness about such matters, these processes and practices came to be referred to as the cure of souls, pastoral care, mental healing, mind healing, mind cure, psychotherapeia, psychotherapeutics and psychotherapy’. Jackson’s huge net draws in some very diverse fish – and occasionally the passing albatross and dolphin as well. The comprehensive and colourful catch includes bioenergetics, client-centred therapy, the ‘clinical gaze’ (Foucault), ecstatic ceremonies, the Delphic oracle, existential therapy, exorcism, incantations and spells, incubation and temple healing, magnetic therapy, Perkinism or tractoration, moral treatment, narcoanalysis, persuasion, phrenology, the placebo effect, primal therapy, reassurance, somnambulism and sympathy.

After some basic introductory chapters on psychological healing in Ancient Greece and Rome, the ‘healer-sufferer relationship’, the ‘listening healer’, and the ‘talking cures’, Jackson discusses a number of basic elements he considers important for ‘psychological healing’: catharsis and abreaction, confessing and confiding, consolation and comfort, the use of the passions and the imagination, animal magnet-

ism, mesmerism and hypnosis, suggestion, persuasion, conditioning and some cognitive themes (explanation and interpretation, self-understanding and insight, self-observation and introspection). Jackson does not tell us how he arrived at this selection of topics, but it is an interesting choice, not only for what it includes (confessing, consolation, suggestion and persuasion are rarely mentioned in psychotherapy texts), but also for what it leaves out or mentions only very briefly (e.g. rapport, therapeutic alliance, empathy).

This approach raises some complex issues, which Jackson, unfortunately, does not tackle. First, how does commonsense psychological explanation relate to more technical modes of explanation, e.g. of psychoanalytical theory, the cognitive sciences and neuroscience? (For instance: can a reason be a cause?) Secondly, does the particular type of psychotherapy or ‘psychological healing’ really matter for the success of treatment or will ‘the labels “Jungian”, “Kleinian”, “Freudian”’, as Anthony Storr (1979) has suggested ‘become less and less important as research discloses the common factors which lead to a successful outcome in psychotherapy, which, to my mind, is largely independent of the school to which the psychotherapist belongs’. The evidence amassed by Jackson points in this direction, but Storr is surely right: what we need here is more research. Thirdly, many of the themes discussed by Jackson, especially suggestion and persuasion, for instance, pose serious ethical problems which merit at least some mention, if not exploration. Fourthly and finally, the complex relationship between cognition and emotion, central to most types of psychotherapeutic theory and practice, is the subject of much recent interest in neuroscience, psychology and philosophy – but, unfortunately, not in this book.

The chapter on ‘Explanation and Interpretation’ illustrates his approach. Human beings have always seemed to have wanted to understand how or why certain things are as they are. People, facts, events need to be rendered

intelligible (there is of course the question of whether humans are adequately equipped to find the answers they seek, i.e. the question of the limits of human knowledge – but that is another story). After a discussion of the evolution, since early times, of various theories of disease, Jackson points out that it is only with psychoanalysis that interpretation comes into its own: it was seen as the essential technique for acquiring insight or self-understanding. James Strachey drew a distinction between ‘mutative interpretations’ (interpretations that are emotionally charged and more likely to lead to useful change) and purely informative ‘dictionary’ type interpretations, which are much less conducive to useful change. In this sense, analytical interpretations are intended not just to explain, but to cure. Jackson thinks that some therapies usually regarded as non-interpretative, such as Carl Roger’s client-centred therapy or Fritz Perls’ gestalt therapy, have covert interpretative elements. Indeed interpretation in a wider sense than the narrow analytical one may well be one of the necessary ingredients of any successful form of psychotherapy. One threat to the value of interpretation comes from hermeneutics, according to which interpretations, at least of texts, are always subjective–relative and historically situated. Jackson concludes the chapter by expressing his concern about this relativistic view: it could easily demoralize the poor therapists (who have a hard enough job as it is). Yes – but what about the well-known objections to the hermeneutic perspective? Jackson does not mention them. This is a strange omission: he apparently fails to realize that hermeneutics left unanswered can also damage the validity of the arguments which form the basis of his own book.

Similarly, with the chapter on self-observation and introspection, which have been elements in ‘psychological healing’ for centuries, e.g. in pastoral care, but came to prominence with the emergence of psychoanalysis. So far so good, but what I miss here is some indication at least of the limits of introspection. Kant wrote in *The Critique of Pure Reason* that introspection ‘represents to consciousness, even our own selves, only as we appear to ourselves, not as we are in ourselves’. Many 19th century experimental psychologists used introspection as their

main methodological tool, but much evidence of the mistakes people can make when they try to introspect has been gathered by many of their 20th century counterparts. The reader of this book is given no indication of how far we have moved from Descartes, who believed that introspection was both infallible and complete.

This book contains many good things. Particularly excellent is the long chapter on the ‘Healer–Sufferer Relationship’, which touches on various themes, such as trust, hope of a cure, friendship, love, empathy and power. Jackson raises the question of ‘what was the optimal balance for the healer between the alternative of clinical distance and emotional involvement’ and quotes Micheal Balint: ‘Every illness is also the “vehicle” of a plea for love and attention’. In ‘The Listening Healer’ Jackson points out that although listening has always been important (and difficult), it is only in the twentieth century that it has received proper attention as an essential therapeutic ingredient. Jackson writes about listening to ‘the dejection and sadness that is so often at the heart of anger, the anger so often enmeshed in dejection and despair, the fear so often at the root of hostility, the strength in weakness and the weakness in strength, the more deeply felt in the apparently more prominently felt’. But there is also a tension between listening and looking. Patients often complain that doctors are too busy to listen and doctors, for their part, are aware of the need to acquire more data, more scientific evidence (listening is usually regarded as an unscientific activity). Clearly doctors need to do both. In the chapter on ‘Consolation and Comfort’ Jackson quotes the Italian humanist, Coluccio Salutati, who defined the true nature of the consoler ‘as one who gives solace both to himself and to another’ out of ‘his own sympathetic grief’. Jackson notes that consolation is seldom mentioned in the psychotherapeutic literature but is an important part of supportive psychotherapy and bereavement work. There is a stimulating discussion of imagination, its role in spells, charms, mesmerism, Perkinism and the placebo effect, its ostracism by suggestion at the end of the nineteenth century and its recent return from exile in the form of guided imagery. Suggestion in turn was displaced by hypnosis and hypnosis by psychoanalysis. Hypnosis too has returned and has been shown on EEG analysis to be a

form of 'intense, focused alertness', rather than of sleep. The ancient technique of persuasion, Jackson thinks, plays a much greater role in modern psychotherapies than most psychotherapists would admit, e.g. in getting the patient to accept the particular therapeutic model on offer (it is a pity that Jackson does not mention ethics at this point). Patients too are often engaged in persuasion, e.g. trying to get the therapist to see them in a more favourable light. With conditioning a similar point is made: Jackson suggests that in psychoanalysis 'a subtle conditioning procedure' may take place.

Jackson's powerful achievement in this imaginative, scholarly and yet readable book is to give us a much sharper and better informed understanding of both what is new in modern psychotherapy and what connects it to some of the eternal themes of human existence. Jackson's historical knowledge and clinical acumen are commanding. What is sometimes lacking is a critical discussion of the underlying conceptual and ethical issues.

PAUL CRICHTON

REFERENCES

- Kant, I. (1998, first published 1781 and 1787). *Kritik der reinen Vernunft*. Felix Meiner Verlag: Hamburg.
 Storr, A. (1979). *The Art of Psychotherapy*. Secker and Warburg with William Heinemann Medical Books: London.

Psychological Medicine, **32** (2002).
 DOI: 10.1017/S0033291701225227

The Depressed Child and Adolescent, 2nd Edition.
 Edited by I. M. Goodyer. (Pp. 388; £39.95.)
 Cambridge University Press: Cambridge.
 2001.

This multi-authored text provides an in-depth review of the complex and often controversial area of child and adolescent depression. While the importance of developmental factors in the manifestations of childhood depression is acknowledged throughout the book, individual chapters examine historical, developmental, physiological, pharmacology, epidemiology, family-genetic, life-events, neuroendocrine, psychopharmacology, suicide, psychotherapy and the natural history of mood disorders in children and adolescents.

Parry-Jones outlines pre- and post-nineteenth century ideas about 'melancholia' and references to affective disorders, with an emphasis on physical and moral themes of causation. In the twentieth century doubts developed about affective disorder in prepubescent children, but beginning in the 1970s there was an acceptance and interest in childhood affective disorders. Parry-Jones reports that recent studies have focused on developmental differences.

Interestingly, Schulz & Remschmidt, in their chapter on psychopharmacology, summarize a progression, consisting of five historical phases from psychoanalysts, who doubted the existence of depression syndrome in children, because of lack of a fully developed superego, to a phase of 'masked' depression or behavioural equivalents of depression. Next came the notion of a core adult-like syndrome, which included somatic complaints and a complete isomorphism with adult depression according to DSM-III and III-R criteria. Finally, the notion that complete isomorphism with adult depression is unrealistic from a developmental point of view, and the classification of childhood psychopathology should include broader notions of patterns of adaptation and competence.

Terwogt & Steggi discuss the development of a 'theory of mind' from around the age of 3 to 5 years with further understanding of states of mind by 10 years of age. They discuss the use of mental strategies to regulate emotions as stimulated by a socialization. The authors believe that the development of the fundamental principles of a theory of mind by the age of 6 years, allows for a form of cognitive behavioural therapy even at this young age.

Developmental precursors of depression, including intergenerational transmission, attachment, parental rejection and family conflict are discussed by McCauley and colleagues, as an interaction of genetic and environmental factors. A child with poorly resolved issues of attachment, poor affect regulation and negative coping styles, is vulnerable in the face of adolescent challenges, when the prevalence of depression increases significantly. Both hormonal changes and environmental factors are important. Pubertal development appears to impact differently in boys and girls – with studies indicating that adolescent girls are at greater risk of depression.

Kolvin & Sadowski discuss the important topics of clinical phenomenology and classification. The DSM-IV distinguishes major depressive disorder and dysthymic disorder. Studies comparing children and adolescents have shown greater similarities between adolescents and adults, and least similarity in the pre-school years. Thus, separation anxiety, phobias, somatic complaints and behaviour problems are seen more frequently in younger children, while adolescent girls more frequently report vegetative symptoms. The concept of 'masked depression' appears to be outdated, its basis being in a lack of systematic assessment and poor diagnostic techniques. The authors describe the use of a modified version of the Kiddie-SADS (Schedule for Affective Disorders and Schizophrenia for School-age Children), in clinically referred children 9–16 years of age. Principal components analysis (PCA) revealed an 'endogenous type' depression component, with features of dysphoria, anhedonia, increased fatigue and psychomotor retardation and a depressive cognition component accompanied by thoughts of suicide. Similar factors were found in a Pittsburgh study by Ryan and colleagues, who suggested that a number of depressive symptoms considered to be characteristic in adults are less pronounced in childhood. Co-morbidity between major depression, dysthymia, 'double depression', anxiety disorders and externalizing disorders is also discussed. Angold & Costello's Great Smoky Mountains Study provides essential epidemiological data. Such studies provide information in relation to needs for service provision and aetiological leads. Information from earlier studies, found gender differences in depression with boys said to outnumber girls prepubertally, and girls to outnumber boys in adolescence. Angold and colleagues confirmed that depression was two to three times more common in boys before the age of 13 (Tanner Stage III–IV). The timing of puberty did not appear to be a major factor in the emergence of the female excess of depression seen in adolescence. Angold & Costello also provide a thoughtful discussion of co-morbidity in depressive disorders.

The question of life events and later depression is extensively explored by Goodyer. Interestingly, some studies suggest that any relationship between childhood sexual abuse and adult

depression is not direct. Parker and colleagues suggest a 'lock and key' hypothesis, where early adverse experiences are reopened by a recent matched event.

The chapters on physiology and psychopharmacology both point to the importance of serotonergic effects, with the consensus that specific serotonin re-uptake inhibitors are now the first-line drug treatment in major depressive disorder in adolescence. Evidence for early recognition and prevention requires further investigation.

Thus, this extensive multi-authored text is a 'state-of-the art' exploration of child and adolescent depression, and as such, is required reading for clinicians and researchers in the area.

FLORENCE LEVY

Psychological Medicine, **32** (2002).
DOI: 10.1017/S0033291701235223

Psychiatric and Behavioural Disorders in Developmental Disabilities and Mental Retardation. Edited by N. Bouras. (Pp. 464; £35.00.) Cambridge University Press: Cambridge. 1999.

Given the diverse health and social needs of people with learning disabilities (mental retardation/developmental disabilities), it remains important to focus on specialist subgroups, including those with mental health needs (dual diagnosis). Psychiatric and behavioural disorders in the learning disabilities population remain specialized areas that attract international clinical and academic expertise. Such focused clinical, service and research work should inform evidence-based treatment, carer and staff training and service model developments.

This book allows well-respected clinicians, academics and service researchers critically to review clinical, service and research progress over the past decade and to reflect on future directions. The title reflects the book aiming to appeal beyond the UK learning disabilities and mental health services to a broader multi-professional and international readership. This is not a textbook systematically covering all aspects of psychiatric and behavioural disorders.

Instead, the editor has tried to capture the current clinical and service knowledge-base and major international research about selected issues within the 26 review chapters.

The book is divided into five parts: concepts, classification and assessment; specific conditions, diagnosis and psychopathology; treatment and management; policy and service systems. Part I carefully reviews conceptual, classification, clinical and research assessment and formulation issues, thus illustrating the complex relationships between learning disabilities, psychiatric diagnoses and challenging behaviour. Clinical and research diagnostic reliability and validity difficulties and possible solutions are outlined.

Part 2 considers the aetiology, diagnosis and management of autism, dementia and self-injurious behaviour and the concept of behavioural phenotypes. Further comparative and collaborative evaluations of biological, aetiological, syndromal, psychiatric diagnostic and behavioural clinical assessment, management and research approaches are encouraged.

Part 3 reviews key diagnostic, psychopathological and service issues for selected subpopulations of people with learning disabilities, including children, elderly adults, offenders, those with Down's syndrome and those with psychotic and neurotic disorders.

Part 4 further considers the principles and practices of behavioural and pharmacological management approaches for challenging behaviours and mental illness. The limited database on effective interventions to date is acknowledged and more reflective evidence-based future practice and service models are encouraged.

The final part reflects on UK and USA service policy, planning, delivery and evaluation issues, especially for people with learning disabilities and mental health needs (dual diagnosis). The emerging data remains patchy, again emphasizing the need for larger scale comparative studies of clinical effectiveness and service outcomes. A refreshing theme of the book is the need to integrate parallel clinical, service and research data, especially from behavioural, biological and psychiatric diagnostic models and perspectives.

Most chapters are written by internationally known UK and USA psychiatrists, psychologists

and service researchers. However, as with other multi-authored books, the chapters do vary considerably in their style, depth and balance of clinical, service and research issues. Outstanding chapters include: Sturmey – classification, Gilberg – autistic spectrum disorders and Jacobson – dual diagnosis services.

We recommend this book to clinical professionals, postgraduate students, service managers and researchers involved in meeting the mental health needs of people with learning disabilities. This book is probably too specialized for medical students, direct care and generic service staff seeking more general information about the needs of people with learning disabilities. The book should be a necessary purchase for libraries accessible to postgraduate students in the learning disabilities and mental health fields.

JOSU ASIAIN AND
SHAUN GRAVESTOCK

Psychological Medicine, 32 (2002).
DOI: 10.1017/S003329170124522X

The Brain. Edited by G. M. Edelman and J.-P. Changeux. (Pp. 301; \$29.95.) Transaction Books: Somerset, NJ. 2001.

The field of neuroscience has undergone a remarkable expansion in the past half century, at the level of both knowledge and interest. Several major disciplines have contributed to current understanding, and the convergence of different approaches is one of the more emphasized themes in this 11 chapter edited volume. By giving the book such a sweeping title, one of the main points of interest for anyone working in the field will be what has been included, and what has been omitted. Consciousness crops up in virtually every chapter and is the most unifying theme here – to the extent that it should really be mentioned in a subtitle. There is valuable discussion of what a theory of consciousness should look like (Edelman, Bear & Cooper), how the unity of consciousness is challenged by brain insult (Kinsbourne), and the interaction of brain, body, and environment in awareness (Andy Clark). The contexts of these chapters are computational, neurological and (neuro)philosophical, respectively. There are chapters de-

voted to much more restricted areas of research including art and the brain (Semir Zeki), and the putative functions of sleep (Borbely & Tononi), which also pertain to the understanding of conscious awareness. However, the book also covers neuroscientific methodology in some depth. There is lengthy introductory chapter by Vernon Mountcastle describing many of the guiding principles of modern neuroscience, such as synaptic plasticity and localisation of function, and many of the methodologies currently in use, such as ERPs and PET. It is no surprise to see a chapter devoted largely to functional neuroimaging (Frackowiak), and the computational modelling is broached in several places, most notably by Bear & Cooper. I found the chapter by Jean-Pierre Changeux on drug use and abuse most interesting, combining a discussion of the history of receptor studies on drugs of abuse with a treatise on how current understanding of drug action should inform drug policy, all into a mere 20 pages. Sections by George Gabor Miklos and Andy Clark are crammed full of fascinating neuroscience examples and anecdotes, and tantalizing problems still to be solved; while the chapter by Marcel Kinsbourne provides one of the most eloquent introductions into cognitive neuropsychology that I have read.

The volume has arisen from a special issue of the journal *Daedalus – the Journal of the American Academy of Arts and Sciences* – from early 1998, and claims to be directed to the non-specialist reader wishing to find out more of the ‘history, theoretical underpinnings, clinical promise, and human implications of neuroscientific research’. Yet the individual chapters seem unsure of their target audience. Chapters by Clark, Changeux, Kinsbourne and Gabor Miklos would be suitable for the pre-undergraduate considering psychology or neuroscience at University. Yet the drab cover and staid black and white figures hidden at the back of the book suggest this is not the publisher’s target audience at least, and several other chapters are either sufficiently wordy or dense with research findings to demand an academic reader. Readers within the field of neuroscience, wishing to sidestep slightly perhaps, may be frustrated by the fact that the articles are now about 4 years old. Nowhere is this more noticeable than in the chapter on neuroimaging,

where recent advances such as event-related fMRI, have made the methodological discussion rather unhelpful. One can only speculate whether the basic chapters of the book would remain the same if re-planned today, but I should probably mention that affective neuroscience and neuropsychiatric disorders (with the exception of drug abuse) gain no more than cursory references. As a final criticism, there is considerable repetition of basic principles across chapters, such as organization of the visual system and synaptic neurotransmission, and with the exception of Kinsbourne’s chapter, cross-referencing is wholly absent. In conclusion, the book is primarily most suited for the academic reader from another discipline, wishing to find out something about modern neuroscience and with a particular interest in consciousness. But if these rare individuals exist, perhaps they caught the special issue of *Daedalus* the first time around.

LUKE CLARK

Psychological Medicine, **32** (2002).
DOI: 10.1017/S0033291701255226

Brain Story: Unlocking Our Inner World of Emotions, Memories, Ideas and Desires. By S. Greenfield. (Pp. 208; £17.99.) BBC Publications: London. 2001.

Over the course of the last few decades a strange myth has gradually invaded the minds of many of the intelligentsia – scientists and philosophers alike. This is the notion that advances in neuroscience and neurophilosophy have finally solved the age-old mind–brain problem. Nearly every one now agrees that Hobbes, whose doctrines nowadays pass under the name of the Identity Theory, was right after all. Many have claimed that this ‘discovery’ is on a par with the discovery that genetics is nothing but DNA chemistry.

During this time several distinguished scientists have supported this position. Notable among them are people like J. Z. Young, Francis Crick and most recently Susan Greenfield in this book. As she pithily puts it ‘... we are but sludgy brains, and that, somehow, a character and a mind are generated in this soupy mess ...’. She found herself during attendance at a neurosurgical operation ‘... faced with the ultimate banality of all we hold dear, our very

individuality – and it was nothing but a creamy, quivering mass of some sort of *stuff*.’ (p. 12).

Although, she later admits (p. 105) ‘... we are at pains even to understand what consciousness is, let alone model it’, this does not deter her from claiming that she knows pretty well how minds and brains are related – in a word, they are identical. What could be simpler than that? In the Preface she makes the claim that her book falls ‘... midway between a simple lay guide to neuroscience and a more philosophical text’. During the course of her exposition, however, it becomes clear that she has failed to understand the real nature of the problem.

First and foremost it is a simple logical error to suppose that, in order to solve the mind–brain problem, all we have to do is to find out more and more about how the brain works. As A. J. Ayer put it many years ago, if we are trying to build a bridge across a river it does not do simply to heighten one of its banks. Even if we knew in every detail exactly how the brain works in every circumstance, this would not throw any light at all on the quite separate problem of how all this brain activity is related to the events we experience in consciousness. To do this we need a specific hypothesis directed at *this* problem. Secondly it is not all that difficult to ‘understand what consciousness is’. In consciousness we are aware of our own sensations, images and thoughts, which constitute the contents of consciousness and which are currently subject to intense study by introspectionist psychologists such as Gregory and Ramachandran.

The Identity Theory, which Professor Greenfield is supporting, is actually not a scientific theory at all (although its supporters like to pretend it is) – it is a metaphysical one. Moreover, it is untenable. To understand this one needs to study the works of clinical neurologists such as Sir Francis Walshe, Lord Brain and Paul Schilder, and of philosophers such as Bertrand Russell, C. D. Broad and H. H. Price (see Smythies, 1994*a, b* for details). The conclusion one reaches after this exercise is that Locke, not Hobbes, was right after all.

J. SMYTHIES

REFERENCES

- Smythies, J. (1994*a*). Requiem for the Identity Theory. *Inquiry* 37, 311–329.
 Smythies, J. (1994*b*). *The Walls of Plato's Cave*. Avebury: Aldershot.

Psychological Medicine, 32 (2002).
 DOI: 10.1017/S0033291701265222

The Neuropathology of Schizophrenia: Progress and Interpretation. Edited by P. J. Harrison and G. W. Roberts. (Pp. 374.) Oxford University Press: Oxford. 2000.

This is a gem of a book. It is up to date, well written and literally brims with carefully thought out discussions and summaries of the current ‘facts’ concerning the neuropathology of schizophrenia. The term neuropathology is used in the broadest sense, and hence the chapters cover a range of topics from structural and functional neuroimaging to classical microscopic neuro-anatomical quantitation. The chapters generally have well crafted summaries of the normal situation and then progress to the pathological situation. This makes the book particularly accessible to non-specialists. A good example of this approach includes the reviews of normal synaptic function, cerebral asymmetry and cortical circuitry. Another useful feature of the book is the emphasis on methodological issues and two chapters are devoted to this. They cover not only the usual warnings concerning adequate sample size, matching of controls and the use of appropriate methods of quantitation, but also review what we know of effects of psychotropic agents on neuronal and glial cell populations (remarkably little, as it turns out). There are excellent contributions summarizing the genetic regulation of cortical development, animal models of schizophrenia, and an update on how recent findings sit in relation to the neuro-developmental model of schizophrenia. The only element that could be considered to be missing from the book is a discussion of the disease-specificity of the changes. This will be important in the future as we become increasingly aware that some of the changes present in schizophrenia, such as reductions in hippocampal volume, dendritic spine density and neuronal size, are also present in major depression.

In sum, I do not hesitate to recommend this book to anyone even remotely interested in the neuropathology of schizophrenia. The book contains excellent reviews of the topic and a wealth of ideas for future work.

DAVID COTTER

Psychological Medicine, 32 (2002).
DOI: 10.1017/S0033291701275229

BOOKS RECEIVED

- The Golden Cage: The Enigma of Anorexia Nervosa.* By H. Bruch (Pp. 150; £9.50.) Harvard University Press: Cambridge, MA. 2001.
- Treatment-resistant Mood Disorders.* Edited by J. D. Amsterdam, M. Hornig and A. A. Nierenberg. (Pp. 535; £65.00.) Cambridge University Press: Cambridge. 2001.
- Attention, Genes and ADHD.* By F. Levy and D. Hay. (Pp. 272; £30.00.) Brunner/Routledge: London. 2001.
- The Child's Conception of Physical Causality.* By J. Piaget. (Pp. 309; \$29.95.) Transaction Books: Somerset, NJ. 2001.
- Community-based Psychotherapy with Young People: Evidence and Innovation in Practice.* Edited by G. Baruch. (Pp. 190; £15.99.) Brunner/Routledge: London. 2001.
- At the Side of Torture Survivors: Treating a Terrible Assault on Human Dignity.* Edited by S. Graessner, N. Gurriss and C. Pross (translated by J. M. Riemer). (Pp. 241.) Johns Hopkins University Press: Baltimore, MD. 2001.
- In Commemoration of the Centenary of the Death of Carl Lange: The Lange Theory of 'Periodical Depressions'. A Landmark in the History of Lithium Therapy.* By J. A. Schioldann. (Pp. 200; A\$35.00.) Adelaide University Press: Adelaide. 2001.
- A Special Scar: The Experiences of People Bereaved by Suicide, 2nd edn.* By A. Wertheimer. (Pp. 270; £15.99.) Taylor & Francis (Routledge): London. 2001.
- Disorders of Voluntary Muscle, 7th edn.* Edited by G. Karpati, D. Hilton-Jones and R. C. Griggs. (Pp. 777; £140.) Cambridge University Press: Cambridge. 2001.
- Mental Illness: A Handbook for Carers.* Edited by R. Ramsay, C. Gerada, S. Mars and G. Szmukler. (Pp. 304; £14.95.) Jessica Kingsley Publishers: London. 2001.
- Emotional Disorders and Metacognition: Innovative Cognitive Therapy.* By A. Wells. (Pp. 236; £34.95.) John Wiley & Sons: Chichester. 2001.
- The New Phrenology: The Limits of Localising Cognitive Processes in the Brain.* By W. R. Uttal. (Pp. 255; £27.50.) MIT Press: London. 2001.
- Addictions: A Community Reinforcement Approach to Addiction Treatment.* Edited by R. J. Meyers and W. R. Miller. (Pp. 188; £49.95.) Cambridge University Press: Cambridge. 2001.
- Psychotherapy with Children and Adolescents.* Edited by H. Remschmidt. (Pp. 588; £44.95.) Cambridge University Press: Cambridge. 2001.
- Eating Disorders and Cultures in Transition.* Edited by M. Nasser, M. A. Katzman and R. A. Gordon. (Pp. 201; £30.00.) Taylor & Francis: Andover. 2001.
- George Gets Smart.* By S. Hollins, M. Flynn and P. Russell. (£10.00.) Gaskell/Royal College of Psychiatrists: London. 2001.
- Susan's Growing Up.* By S. Hollins and V. Sinason. (£10.00.) Gaskell/Royal College of Psychiatrists: London. 2001.
- Disordered Mind and Brain: The Neural Basis of Mental Symptoms.* By P. F. Liddle. (Pp. 320; £40.00.) Gaskell/Royal College of Psychiatrists: London. 2001.
- Public Health Profiteering.* By J. T. Bennet and T. J. diLorenzo. (Pp. 202; \$29.95.) Transaction Books: Somerset, NJ. 2001.
- The Dream Drugstore: Chemically Altered States of Consciousness.* By J. A. Hobson. (Pp. 333; £19.50.) MIT Press: London. 2001.
- Textbook of Clinical Neuropsychiatry.* By D. P. Moore. (Pp. 747; £69.50.) Edward Arnold: London. 2001.
- Handbook of Pain Assessment, 2nd edn.* By D. C. Turk and R. Melzack. (Pp. 760; £57.50.) Taylor & Francis: Andover. 2001.
- Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing.* By L. Zenderland. (Pp. 466; £17.95.) Cambridge University Press: Cambridge. 2001.
- Cerebrovascular Ultrasound: Theory, Practice and Future Developments.* Edited by M. Hennerici and S. Meairs. (Pp. 427; £140.00.) Cambridge University Press: Cambridge. 2001.
- Sleep Disturbance in Children and Adolescents with Disorders of Development: Its Significance and Management.* Edited by G. Stores and L. Wiggs. (Pp. 221; £40.00.) Cambridge University Press: Cambridge. 2001.
- Quality of Life in Child and Adolescent Illness: Concepts, Methods and Findings.* Edited by H. M. Koot and J. L. Wallander. (Pp. 467; £24.95.) Taylor & Francis: Andover. 2001.
- Geriatric Consultation Liaison Psychiatry.* Edited by P. Melding and B. Draper. (Pp. 396; £32.50.) Oxford University Press: Oxford. 2001.
- Sex Differences in Antisocial Behaviour: Conduct Disorder, Delinquency and Violence in the Dunedin Longitudinal Study.* By T. Moffitt, A. Caspi, M. Rutter and P. Silva. (Pp. 278; £14.95.) Cambridge University Press: Cambridge. 2001.
- Neuropsychiatry: An Introductory Approach.* By D. B. Arciniegas and T. P. Beresford. (Pp. 438; £34.95 pb, £90.00 hb.) Cambridge University Press: Cambridge. 2001.
- Tarsoff and Beyond: Legal and Clinical Considerations in the Treatment of Life-endangering Patients, 3rd edition.* By L. Van de Creek and S. Knapp. (Pp. 63; \$13.95.) Professional Resource Press: Sarasota, FL. 2001.
- MacCAT-CR: MacArthur Competence Assessment Tool for Clinical Research.* By P. S. Appelbaum and T. Grisso. (Pp. 84; \$22.00.) Professional Resource Press: Sarasota, FL. 2001.