It is not exactly obvious whom the target audience might be for this small book. Those most likely to be interested in it are people who have survived a brush with death, or know someone who has. It seems that the author, having survived what is usually a fatal illness, felt there must be a book in the experience and set out to write it. The mixture of personal history and general comments on death and dying is enhanced because Peter Houghton was a palliative-care counselor. The book begins by telling the story of his near-fatal cardiomyopathy and the experimental implantation of a mechanical heart that saved his life. This is interesting as the personal history of a person who has considered life-and-death issues more than many others, yet it remains just that, one man’s story, including the poetry written before and after the successful operation.

The main part of the book is a discussion of death and dying with a description of the physical aspects and care needs of dying people and what the dying feel about dying. All of these chapters are predominantly descriptions of signs and symptoms such as might be found in a basic clinical text expanded by Houghton’s own experiences of the symptoms and the feelings as he neared death. These personal experiences are supplemented with examples from patients counseled in his palliative-care work. He found that his thoughts and feelings when he neared death validated his previous counseling of patients in palliative-care units, except that he found being encouraged to be active was useless when it was such a struggle with no obvious benefit. His thoughts on the reactions of both the patient and the relatives when the patient who is expected to die doesn’t die are of value, particularly perhaps to those who care for AIDS patients, in whom new treatments have changed the prognosis markedly. He is also very perceptive on sympathy and its inevitable waning.

In the last two chapters there is a sensible discussion about participating in a clinical trial from the perspective of a very ill patient, followed by a discussion on those living in permanent clinical experiments. This is a new area for medicine and is perhaps the most interesting part of the book to the general medical reader who may not have encountered such patients or considered their particular issues.

Statements about Houghton and his illness by his cardiologist and the surgeon who performed the operation complete the book. These obviously were made after the successful operation and may well have been different if they were part of the eulogies for the author.
The book is an interesting oddity but not easily pigeonholed. It might be a useful resource as background reading for palliative-care and cardiology students in any clinical discipline.

**Empirically Supported Cognitive Therapies: Current and Future Applications**


Psychotherapy has not been immune to the increasing demand for evidence-based treatments. Earlier attempts to evaluate psychotherapy tended to ask rather global questions about its effectiveness, and it is only in the last 10 to 15 years that research has asked more refined questions about whether some forms of psychotherapy are more effective for certain conditions than others. There have also been attempts to identify the key components of particular treatments and to consider aspects of the therapeutic relationship that have a bearing on outcome.

This book confines itself to a consideration of cognitive therapies, although the treatments described clearly contain the behavioral elements that form a part of what is commonly termed "cognitive behavioral therapy." There is a rather pedestrian introductory chapter written by the editors, followed by nine chapters by invited authors in three sections—Mood Disorders, Anxiety Disorders, and New Directions and Developments. Each chapter examines the application of empirically supported treatments to particular disorders—these include many of the common psychiatric disorders, such as depression, phobias, obsessive-compulsive disorder, and posttraumatic stress disorder. It should be noted that the emphasis on empirical support is not unique to this volume; cognitive therapy from the outset has been subjected to empirical scrutiny and this is reflected in all the major texts.

With one exception, the chapters on specific conditions all conform to a similar pattern—a description of the disorder, a review of the cognitive treatment literature, a case study, and some brief discussion or conclusions. The balance between these various components varies from author to author. For example, after reading Blackburn’s chapter on depression, you would be well updated on current cognitive theories about the nature of depression, but have very little information about how to do cognitive therapy with depressed people. In contrast, the chapter on panic disorder gives a very clear and useful description of a number of elements that have received empirical support in treating this disorder.

The exception to the shared format is the chapter on eating disorders. This rather idiosyncratic chapter develops a feminist critique of standard treatments and suggests that patients learn to analyze weight- and shape-related

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advertising as a central part of a culturally directed treatment approach. The authors give no empirical evidence for what they describe as the "proposed" intervention, nor a detailed case description. It thus sits rather uncomfortably alongside the other contributions in this volume.

The section of the book concerning new directions and developments is perhaps the least satisfactory. It contains the previously mentioned chapter on eating disorders, a chapter on anger management (essentially a new spin on Novaco's work from the mid-1970s), and a chapter on antisocial behaviors in children and adolescents. Readers of this journal will probably wonder, as I did, why psychotherapy with older people does not get a mention!

This is disappointing but not surprising; despite encouraging evidence that older people can benefit from cognitive therapy, it is almost entirely neglected in the cognitive therapy literature. The well-known handbooks on cognitive therapy that clinical psychologists encounter in their training contain few, if any, references to working with older people. In their wide-ranging review of psychotherapy research, Roth and Fonagy (1996) include a chapter on the effectiveness of a variety of psychological interventions with older people, but descriptions of treatment are beyond its scope. Nathan and Gorman (1998) also have a brief chapter reviewing the evidence for treatments for anxiety and depression in the aged, but clinical details are lacking.

On the whole, this volume presents little information that is not available elsewhere in other books on cognitive behavioral therapy. Those seeking an update on its application to older people will be disappointed to find that this growing and exciting field is not deemed to be a new direction worthy of inclusion in a tome that claims to have an emphasis on new applications. We still await the publication of a chapter or book that integrates the evidence for cognitive therapy with older people and clinical expertise.

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REFERENCES