theoretical conceptualisation of mental disorder. I doubt this, but in any case the main implication is that diagnosis of genuine depressive pathology would have to establish whether the individual with symptoms was reacting to a loss in a proportionate way and for about the right length of time. This, as Robert L. Spitzer notes in his foreword, would present serious challenges to the reliability of diagnosis.

However, there are other problems with the authors' approach. The DSM's conceptualisation of mental disorder assigns primary importance to distress, disability or risk thereof; these in turn are connected, of course, to perceived need to treat (or to wait watching). In this context of (unmanageable) distress, downturn in functioning or risk, it is questionable whether the normality of mood – in the sense of understandable in relation to context – plays a critical role. We may well be able to understand, somewhat or well enough, why a single parent with little social support and a history of significant losses should become depressed, with distress and disability. Why should they, nevertheless, not be offered treatment? So far as I can see, clinicians have little use for the distinction between normal and abnormal depression except in the sense that normal may be used to mean: self-limiting, unlikely to carry risk, and no need to treat. Contextualising is less the issue: harm, risk and need to treat are.

The issue identified by the authors – increase of pathologising and prescribing – is serious and current; and they make clear one key possible diagnosis, that the limits of pathology are being illegitimately stretched. The authors are expert in this position and their book is essential reading for anyone concerned with these problems. This remains so even if there are differentials, for example that methods of detection have improved, and/or that there is no lower limit on the extent of distress and disability that we will take to the clinic in hope of help, especially if encouraged, for instance by direct-to-consumer advertising.

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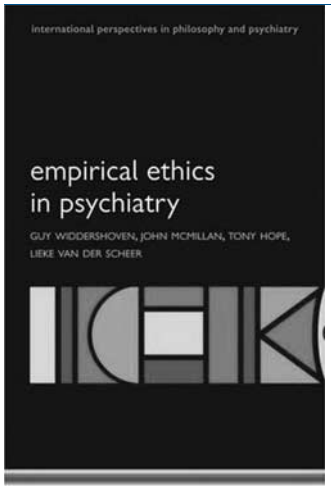

Empirical Ethics in Psychiatry

Edited by Guy Widdershoven, John McMillan, Tony Hope & Lieke van der Scheer. Oxford University Press. 2008. £29.95 (pb). 264pp. ISBN: 9780199297368

'Empirical bioethics' aims to combine philosophical analysis with empirical data to produce ethical analyses that are sensitive to and informed by practice, practitioners and patients. There is, however, disagreement about how this can be achieved. *Empirical Ethics* explores this tension in psychiatry. Section one describes a range of practical and theoretical approaches (what empirical ethics is, the problem of the is/ought dichotomy and the naturalistic fallacy) and offers some reflections on possible methodologies, explanations and justifications for the emergence of empirical (bio)ethics as a discernable subfield of medical ethics. The second, longer section is devoted to specific examples of empirical ethics in practice that focus on ethical problems in psychiatry and mental health.

This book is both a comprehensive introduction to empirical bioethics and an exploration of familiar problems in psychiatric ethics. However, despite the common goal shared by all contributors, there is a wide variety of views on how the ethical and the empirical should be combined. Widdershoven and van der Scheer, for example, describe a pragmatic hermeneutic approach in which the practitioner, by virtue of his or her experience, is considered to have special moral knowledge that the empirical ethics researcher can access. In contrast, Verkerk, Polstra and de Jonge use case studies and Gidden's sociological theory of structuration to shed light on how healthcare structures influence our normative understandings of pressure and coercion. The editors have not shied away from including examples from both ends of the empirical ethics spectrum and many shades of grey in between. The excellent introduction and brilliantly clear first chapter by Hope and Macmillan gives even the novice reader the conceptual tools to begin to critically examine the chapters that follow.

This thoughtful and varied collection should appeal to practitioners primarily interested in psychiatric ethics, as well as those who are interested in the theory and practice of empirical ethics. Having just been tasked with developing a course on empirical bioethics, it comes as a great relief to find a book to which I can refer students; one that captures so well the possibilities, and problems, of the empirical ethics endeavour.

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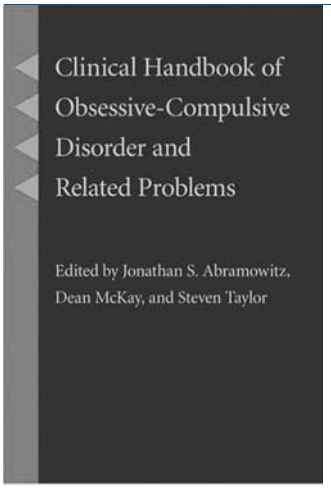

Clinical Handbook of Obsessive–Compulsive Disorder and Related Problems

Edited by Jonathan S. Abramowitz, Dean McKay & Steven Taylor. The Johns Hopkins University Press. 2008. US$60.00 (hb). 304pp. ISBN: 9780801886973

This book sets out to give a detailed account of the subtypes of obsessive–compulsive disorder and to consider whether there exists a spectrum of such disorders. The subtypes presented in Part I include those that will be familiar to most, such as fears of contamination, checking and unacceptable obsessive thoughts, and others like scrupulosity that may be less known. Each chapter

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details the symptoms and the empirical support of the inclusion as well as available treatments. Part II seeks to include a number of disorders in the obsessive–compulsive spectrum that are currently classified elsewhere in DSM–IV. The chapter layout is similar to Part I and the disorders range from the impulse-control disorders to tics and the autism spectrum.

Each chapter uses a case vignette to illustrate the disorder or subtype in question and its treatment. These are helpful in clarifying some of the more unusual presentations and are generally succinct. Some of the treatment examples are long and I found it difficult to stay interested, although those practising psychological therapies regularly may find these more useful. The treatment sections are predominantly related to psychological approaches and focus largely on cognitive and behavioural approaches. There are a few chapters where no medical intervention is mentioned in the treatment, despite giving differential diagnosis of mental illness, but for the most part medication is included, if only to point out the lack of evidence for its efficacy. The book is generally easy to read and chapters can be read in isolation if a particular subject is of interest, as much of the general information on classification and treatment is repeated regularly.

The preface suggests that this book is aimed at students, researchers and practitioners. Given the significant slant towards psychology, it is more likely to appeal to practitioners in this area, although doctors in training may find some of the vignettes useful. I was not convinced that all the disorders could be included within the obsessive–compulsive spectrum, but the authors gave balanced arguments throughout and acknowledge the lack of clinical evidence available to them.

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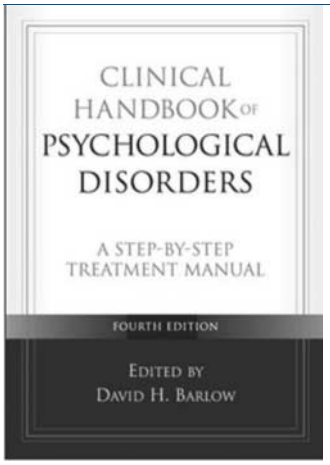

Clinical Handbook of Psychological Disorders: a Step-By-Step Treatment Manual (4th edn)

Edited by David H. Barlow. Guilford Press. 2007. US$75.00 (hb). 689pp. ISBN: 9781593855727

'Books', says Wessely, 'are not very important for us' ('And now the book reviews', *British Journal of Psychiatry* 2000; 177, 388–89). For once he is wrong. This is the fourth edition of what has become a standard American text, well nearly so – the chapters by Tarrier and by Fairburn, Cooper and Shafran keep the UK on the map. Barlow begins by extolling the virtues of evidence-based practice but for once he is only partly right. He discusses psychological therapies (cognitive–behavioural therapy plus variants) for the common mental disorders – anxiety, mood and substance use disorders, psychosis, eating, sex and borderline personality disorders, couple distress – but a chapter on generalised anxiety disorder is missing. Most chapters do review the available evidence and define the evidence base but the strength of this very good book is the depth of clinical advice. The authors have considerable clinical experience and publish therapy plans and transcripts of 'who says what to whom' to prove it.

I direct a service that provides cognitive–behavioural therapy for people with anxiety and depressive disorders. We treat 1000 new patients a year, face-to-face or via the internet, and so should be blasé about the first half of the book that deals with these disorders. I'm not. I am about to photocopy chapters to give to my staff who work with the relevant patient groups. It is that good. The opening chapter on panic/agoraphobia is a masterpiece and the chapter that describes a unified protocol for the treatment of emotional disorders is exploring what we all know to be true – the anxiety and depressive disorders are frequently comorbid and we need therapy models for such individuals. There are three chapters on the psychological treatment of depression, which is appropriate given that the burden is large and current initiatives do not seem to be reducing it.

The second half of the book deals with psychotherapy for the functional psychoses, borderline personality disorder and substance use disorders. All chapters are useful but for me the chapters on borderline disorder and alcohol use disorders suddenly made explicit how one might actually treat a patient with these disorders in a way that endless research reports have not done. For eating disorders the author attempts a trans-diagnostic approach with a unified programme for anorexia, bulimia and eating disorders not otherwise specified, which seems eminently sensible to this ignorant reviewer.

In short, it is a great resource for psychotherapists. All staff should have a copy.

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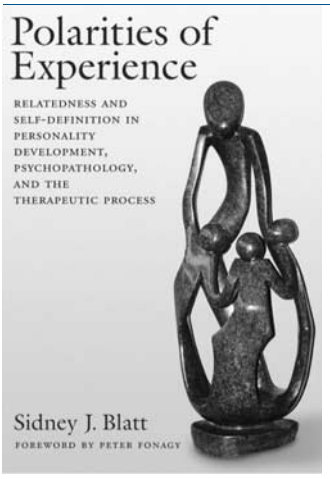

Polarities of Experience: Relatedness and Self-Definition in Personality Development, Psychopathology and the Therapeutic Process

By Sidney J. Blatt. American Psychological Association. 2008. US$69.95 (hb). 404pp. ISBN: 9781433803147

It is a daunting task to be set to review a book that marks the culmination of over 50 years of study, research and writing in the field of personality development and psychopathology. Professor Blatt has written extensively in this field and has moved with the times, incorporating the latest thinking and research from