

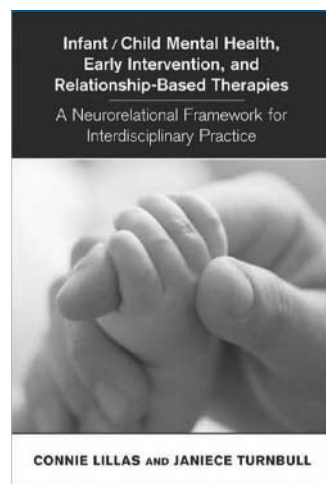
physiological changes as understood by James are synonymous with 'existential feelings'. I doubt that this is the case. Ratcliffe does not fully take on board the well-established criticisms of James' theory, many of which are derived from empirical findings.

Ratcliffe also argues that Capgras and Cotard syndromes are best understood in the light of his elucidation of existential feelings. For Ratcliffe, Capgras syndrome 'arises due to changed existential feeling, involving the diminution or absence of possibilities for interpersonal relatedness' (p. 143) and this is similarly true for Cotard syndrome as it is for depersonalisation. In his examination of these abnormal experiences, Ratcliffe concludes that both Capgras and Cotard syndromes cannot be regarded as delusions, meaning false beliefs, in an ordinary sense. In other words, individuals who exhibit these phenomena are not taking a propositional attitude when they assert that they are dead or that impostors have replaced their relatives. Although many philosophers share this view, it merely shows how complex delusions are to be reasoned about. The final word on the nature of delusions is yet to be written. But it is the neglect of the robust and consistent findings of impaired face processing and other cognitive neuropsychological abnormalities in Capgras syndrome in particular that undermines Ratcliffe's account.

Ratcliffe's approach is interesting and novel, an example of interdisciplinary scholarship. There are original insights and illuminating descriptions of what anomalous or morbid existential feeling may be like. This is really Ratcliffe's main contribution, an insistence on a phenomenology of existential feelings and a re-emphasis of the importance of this approach for clinical psychopathology.

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Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies.
A Neurorelational Framework for Interdisciplinary Practice

By Connie Lillas & Janiece Turnbull.
W. W. Norton. 2009.
£33.00 (hb). 420pp.
ISBN: 9780393704259

Lillas and Turnbull first establish that the significant advance in our knowledge of human development and psychopathology comes at a price, namely the increased fragmentation and separate languages of highly specialised professionals, each of whom works with one part of the person. The whole is lost, and the treatment of one part of the whole is less effective, unless its connection to the whole and to the multi-determined nature of the problem becomes evident.

Lillas and Turnbull's excellent new book proposes a neuro-relational framework for understanding and treating young

children and their families in a comprehensive and integrated manner. They propose that each problem is assessed from the perspectives of the four systems of brain functions (regulation, sensory, relevance and executive) as well as the developmental factors both in the individual and in the parent-child relationship. Why is the relationship and relationship-based therapies given such a primary place? As the authors note, 'Relationships are the dominant influence for the developing brain' (p. 39). Why must all four brain systems be considered? Because the brain is a highly organised organ that functions holistically. Given the complex richness of the authors' framework, the value of a multi-disciplinary practice is apparent.

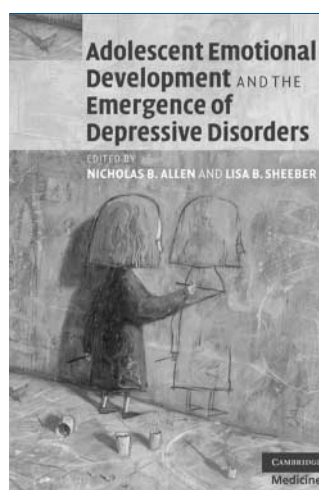
The authors go into great detail in demonstrating developmental features of each brain system along with problems that emerge within each system and their interrelatedness with problems from other systems. Most importantly, a range of interventions that address each system's problems and their overlap is provided in great detail. Lillas and Turnbull clearly value the excellent assessment and treatment strategies provided by the organisation Zero to Three. They easily give credit to individuals and programmes that provide a full range of interventions consistent with their framework.

I believe that the neurorelational framework truly does reflect both the dynamic, non-linear nature of the functioning of the brain and holistic needs of the unique child and family.

This is truly an important work for making more comprehensive what we know, how we communicate what we know, and how we best influence the unique development of each child and family in our care. Were this book to be 'perfect', it would describe the theory of infant intersubjectivity presented by Trevarthen, as well as making greater mention of attachment researchers such as Sroufe and the developmental psychopathology concepts of Cicchetti.

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Adolescent Emotional Development and the Emergence of Depressive Disorders

Edited by Nicholas B. Allen & Lisa B. Sheeber
Cambridge Medicine. 2008.
£55.00 (hb). 378pp.
ISBN: 9780521869393

What is 'normal' moodiness in teenagers and why is adolescence such a high-risk period for depressive disorders? This book both explores normal teenage emotional development and suggests why some adolescents may be more vulnerable to depression than others, and also more vulnerable than children and adults. Placing the emergence of depressive disorders within a developmental

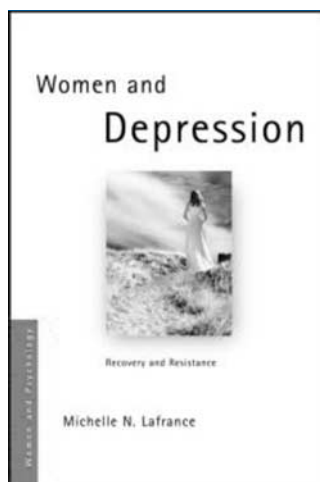
context puts an important and under-researched perspective on the understanding of depression.

The editors have structured this book by selecting a number of vulnerability factors and presenting a chapter on normal development in this area, followed by a chapter on the development of affective pathology. Areas covered include brain development, puberty, cognition, moral emotions, shame, temperament, familial processes, and peers and romantic relationships. The complex interplay between risk and protective factors within a developmental biopsychosocial perspective is highlighted throughout this book, for example in relation to the increased risk for depression in teenage girls. Differences in brain maturation between boys and girls are explored and early pubertal maturation in girls appears to be a particular vulnerability factor. This is discussed in relation to hormonal influences and the 'affiliative need' of girls, whereby girls are more likely to experience disappointment and 'co-ruminate' with their peers.

The developmental framework used by the authors has not been previously adequately explored and therefore this book is essential reading for anyone interested in understanding depression and the potential mechanisms involved across the lifespan, as well as gaining an insight into normal emotional development. The presentation of the evidence base is thorough but left me wondering about other potential vulnerability factors that were not covered. For example, although the effects of culture are mentioned, a chapter with a fuller exploration of developmental cultural issues in depression would have been fascinating. Similarly, I wondered about a developmental perspective on socioeconomic status and how this may differentially influence depression. This is not a criticism of the book but a reflection on how this impressive volume of work provokes further thought and questions. The authors have succeeded in their aim to produce a text that synthesises diverse research areas generating new perspectives on depression for future investigation.

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Women and Depression: Recovery and Resistance

By Michelle N. Lafrance (author) & Jane Ussher (series editor)
Routledge. 2009.
£16.95 (pb). 248pp.
ISBN: 9780415404310

According to Michelle Lafrance, psychology, psychiatry and psychotherapy are 'notorious for holding a myopic view of people's distress', as they only look to neurochemical and cognitive models to explain depression. She challenges this approach in her

book, one of a series entitled 'Women and Psychology'. The book is based on in-depth interviews with women who have experienced depression and recovered. Lafrance interviewed 19 women from an eastern Canadian city, focusing on their recovery from depression, and undertook similar interviews with 14 women from a semi-rural area who attended a 'Nurturing Ourselves' workshop which focused on the ways in which they attended to their health and well-being in everyday life.

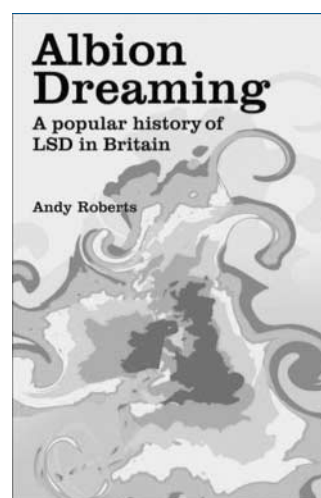
In the first chapter, Lafrance reviews the lives and experiences of women which, she argues, are the main drivers for depression: violence and abuse, poverty, care-giving and difficult relationships. I would argue that most mental health professionals are aware of the realities of the lives of many women with depression in relation to the issues she discusses.

The second chapter explores the analysis of her data in relation to recovery and in the third she addresses the self-care women undertook in order to remain well, which is often a struggle in the face of competing demands and societal views. In addition to discussing the themes emerging from these interviews, Lafrance also reviews and interweaves the background literature and main feminist and sociological theories relating to depression in women. The book draws to a close with a concluding chapter and there are appendices outlining Lafrance's methods.

As much of the recovery agenda in psychiatry focuses on severe mental illness, this book is a welcome gathering together of the detailed experiences of women who have suffered from depression, and the current theories and literature. Trainees will find it a good introduction to feminist and sociological theory in relation to women and depression and a welcome complementary text to all those biomedical ones. In addition to thinking about recovery, it will also provide an example of a qualitative research method, namely discourse analysis.

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Albion Dreaming: A popular history of LSD in Britain

By Andy Roberts.
Marshall Cavendish. 2008.
£18.99 (hb). 288pp.
ISBN: 9781905736270

As a trainee psychiatrist 20 years ago, I recall hearing a senior colleague recount being given lysergic acid diethylamide (LSD) in the 1950s as an experiment at work and being taken to the old Glasgow Airport to watch the planes taking off and landing. Although everything was vivid and meaningful at the time for him I did not get the impression that he gained anything of lasting