

studied in depression. Again, this involves the subcutaneous implantation of a pulse generator in the chest wall, linked to electrodes attached to the left vagus nerve in the neck. In both DST and VNS the frequency and amplitude of the current pulses can be varied externally by a magnetic wand.

The five reviews in this book cover the scientific background and rationale for each treatment and their clinical effectiveness in a variety of neuropsychiatric conditions. Adverse effects are discussed with admirable frankness. For TMS and MST, these include headache and the possible induction of spontaneous seizures. For the more invasive procedures, adverse effects are certainly more serious and more common: for DBS there is a reported infection rate of 25% and brain haemorrhage rate of 5%; for VNS, voice alteration, automatic coughing and neck pain are relatively common problems.

Some might view this area of clinical research as 'blue skies' and, as is made clear by the editor, each technology is in its infancy. None is currently approved by the US Food and Drug Administration for the treatment of mental illness. However, as ECT and psychosurgery are becoming more difficult to use in some parts of the world, these new methods may eventually offer practical alternatives for treating the most resistant disorders.

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Autism and Blindness. Research and Reflections

Edited by Linda Pring, London: Whurr, 2005. 210 pp. £19.50 (pb). ISBN 1861564449

To what extent does autism reflect a perceptual (central) barrage to sensory (peripheral) experiences during receptive phases of development? This intriguing issue can be explored by means of a fourfold table of people with/without blindness (or other sensory-perceptual damage) and with/without autism. Linda Pring, Professor of Psychology at Goldsmith College, London, precisely obtains this from a well-composed range of experts on autism and/or visually disadvantaged children.

The book brings together theories and findings in a field that maintains a vigorous level of controversy. It challenges some collaterals of the 'mindblindness' construct that has been used to describe the qualitatively different development of social cognition in autism (Baron-Cohen, 1995). If autism and blindness were 'phenocopies', not much would be left for the genotype of idiopathic autism. The last chapter, by Helen Tager-Flushberg, Neuroanatomy Professor in Boston, may expediently be read first. She sums up the volume parts, spanning from Peter Hobson's clinico-theoretical essay (her preferred) to Rita Jordan's psychoeducational approach.

Susan Leekam and Shirley Wyver critically review how some people manage to grow up without attributing mental functions to others. They point out that sighted and blind children do not differ in prenatal exposures. Having reviewed Piaget's and Gibson's conflicting theories on specific modal representations in cognitive development, they elegantly deviate from the theory-of-mind doctrine in favour of the role of social interaction with caregivers as a basis for strengthening the capacity for intersensory coordination and mentalisation. Neuroscience is addressed in Naomi Dale's chapter on a case-control study of blind *v.* typical infant. There are similarities between the neurodevelopmental regression (setback) experienced by blind and often multi-functionally impaired infants and those who are going to be retrospectively diagnosed with autism. The other chapters, by G. Collis, G. Conti-Ramsden, R. Gibbons,

V. Lewis, M. Pérez-Pereira and V. Tadic, are also remarkably interesting. They add complexity to the blindness-autism fourfold table taking into account different levels of vision and social impairments.

In spite of the 'blindisms' – echolalia, pronoun-reversal, stereotypical behaviours, poor symbolic play, etc. – by and large the association of autism with congenital blindness remains weak in grown-up individuals. When they coexist, it is an opportunity to look at the development of what Leo Kanner called 'affective contact' two generations ago in a way similar to the studies on auditory impairment or socially deprived children (Rutter *et al*, 1999). How can visually impaired infants acquire the gestures of non-verbal communication and eventually picture the same world as others' in their minds? As sighted people do, many elements have to be connected.

Baron-Cohen, S. (1995) *Mindblindness: An Essay on Autism and Theory of Mind*. Cambridge, MA: MIT Press.

Rutter, M., Andersen-Wood, L., Beckett, C., et al (1999) Quasi-autistic patterns following severe early global deprivation. English and Romanian Adoptees (ERA) study team. *Journal of Child Psychology and Psychiatry*, **40**, 537–549.

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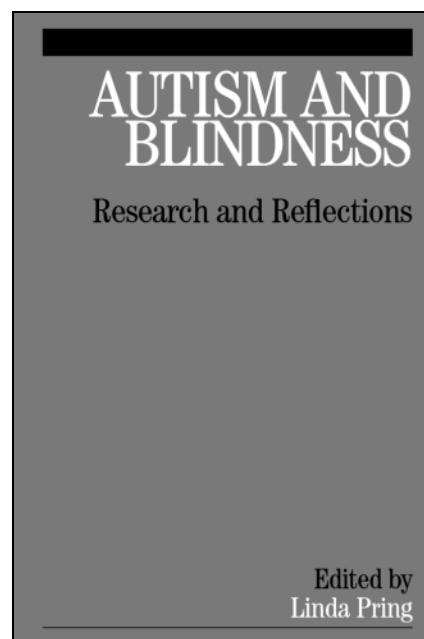
The Therapeutic Frame in the Clinical Context: Integrative Perspectives

Edited by Maria Luca.

Hove: Brunner-Routledge, 2004. 215 pp. £16.99 (pb). ISBN 1583919775

The therapeutic frame occupies the minds of all therapists, particularly those in training and anxious to know whether they have 'got the technique right'. A book on this subject, designed for trainee psychotherapists, thus deserves serious consideration.

Writing on this subject is scattered, and there is little on which to base any evidence-based approach. What then may the therapeutic frame comprise? Basic elements include a setting, both physical and psychic, that allows therapy to occur. The aim of the particular kind of therapy will determine the contours of this frame.



The broad sweep of perspectives and work environments that this book embraces is both its strength and potential weakness. First, the strengths: we are exposed to psychoanalytic, existential, humanistic and Jungian thinkers in a wide range of settings, with illuminating clinical vignettes. There are two personal and moving chapters – one describing the frame as experienced by a patient, and a second revealing how a clinician managed the frame during a life-threatening illness. The chapters on work in general practice and acute general hospitals provide useful guidelines on maintaining some form of therapeutic frame in the hurly-burly of these medical settings – thus maintaining a frame within a frame. The objective of maintaining a psychic frame in the face of assaults on the physical frame is usefully discussed. These chapters also

challenge the idea of a universal therapeutic frame.

Now the weakness. The book's broad sweep offers many different perspectives and a reader trained in a particular school of thought may find these difficult to assimilate. It would have been useful to have drawn together the various themes or to have emphasised in each chapter the therapeutic aims of the writers, so that their use of the therapeutic frame could be better appreciated.

Overall, this is a useful contribution to an essential subject. There is enough material for the reader to gain from generic issues, for example seeing patients in an unplanned way. Issues associated with particular settings are usefully addressed in specific chapters – for example, the chapter by Nick Zinovieff on therapy in general practice has valuable pointers for

therapists based in doctors' surgeries. What comes through repeatedly in the writing is the need for a thinking, rather than rigid, approach to the frame, an appreciation of the dialectic between the need for a disciplined, informed approach to it and the inevitable flexibility required in practice. This spirit is in keeping with Freud's opposition to any mechanisation of technique (Freud, 1911) and is in itself a useful mindset in which trainees might approach the therapeutic frame.

Freud, S. (1913) *On Beginning the Treatment*. Reprinted (1953–1974) in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (trans. and ed. J. Strachey), vol. 12, pp. 123–144. London: Hogarth Press.

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