

on bereavement and sexuality give interesting clinical accounts and reflections. Neither is the book narrowly psychodynamically centred. Many chapters take this perspective but others take a more general psychotherapeutic approach. While providing a personal slant, the biographical information given about many of the key figures is not analysed for its impact on their theoretical position, and its relevance to the text is therefore questionable.

Rather than being a manual or guide, this is a pot-pourri of writings that will stimulate the reader to reconsider issues they encounter in their everyday work. It provides useful summaries of the thinking of eminent psychodynamic psychotherapists. Among many riches, the chapter on loneliness from a Kleinian perspective is a good example, and later in the book there is fascinating material about Kohut's thinking on narcissism. The information given about creative therapies may be novel to many working in psychiatry and could inform service development. The description of art therapy includes a moving case example and is a good illustration of the power of non-verbal media. Above all, this book will provoke readers to think with curiosity about their patients, themselves and their teams. We are challenged to consider our own position and resistances to developing better psychotherapeutic work with older people.

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Late-Life Depression

Edited by S. P. Roose & H. A. Sackeim. Oxford: Oxford University Press. 2004. 388 pp. £49.50 (hb). ISBN 0 19 515274 3

My daughter and I have a running joke, which goes something like this:

'What are you writing about, Dad?'

'Late-life depression.'

'That sounds interesting Dad. I bet they'll be queuing up for it at the airport bookstalls.'

My daughter may be a relatively late convert, but after nearly 20 years in old age psychiatry I think the message does at last seem to be getting through that depression in old age is common and

disabling, can be life-threatening and is eminently treatable. The appearance of this large (A4) and handsomely bound volume is a good sign. The editors are among the USA's most eminent 'melanchologists', although neither specialises in old age psychiatry. The remaining 41 contributors all also work in the USA and represent a comfortable majority of the most eminent US academics in the area. The 29 chapters are organised into five broad themes: epidemiology, symptoms and diagnosis, psychobiology, treatment and comorbidity.

The editors state that the book should be useful 'to the clinician who strives to understand the multiple dimensions of aging and the complexity of late-life depression and who aspires to practice evidence-based interventions'. It is therefore unsurprising that each chapter is extensively referenced, and that the emphasis throughout is on summarising the available scientific literature. Also unsurprising but perhaps more disappointing is the overwhelmingly biological orientation, with only a single eight-page chapter on psychotherapy. This is written by Chip Reynolds and his colleagues from the Pittsburgh group and consists mainly of a very lucid summary of their own (albeit pivotal) trials.

I decided to 'road-test' the book on what I thought would be one of its strengths. I was reviewing the (unpublished) clinical trial data on a new antidepressant against placebo in older people and needed to compare it with the placebo-controlled data on currently marketed antidepressants. The relevant chapter (written by the editors themselves) made

the excellent point that there was a dearth of evidence relating to the 'old old'. Better still, it had an easily found table entitled 'placebo-controlled trials' that seemed just what I wanted. Disappointingly, however, both the table and the text mentioned only four of the 18 studies collated in a recent meta-analysis (Taylor & Doraiswamy, 2004).

My more general concern about the book's claimed orientation to the clinician is that most of the chapters fail to make the crucial move from literature summary to clinically relevant synthesis. There are plenty of statistics but no clinical vignettes and not even any clear 'best practice' recommendations. I hope there will be a new edition, and that the excellent authorial team that Roose and Sackeim have brought together will extend their collaboration to address the needs of clinical decision makers. Meanwhile, I welcome the present edition as a useful source of review material for the budding or established academic.

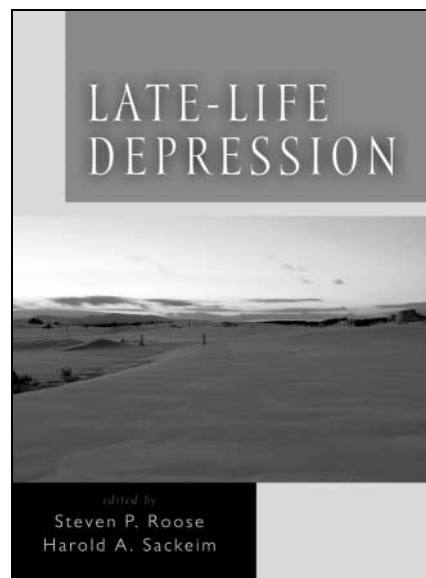
Taylor, W. D. & Doraiswamy, P. M. (2004) A systematic review of antidepressant placebo-controlled trials for geriatric depression: limitations of current data and directions for the future. *Neuropsychopharmacology*, **29**, 2285–2299.

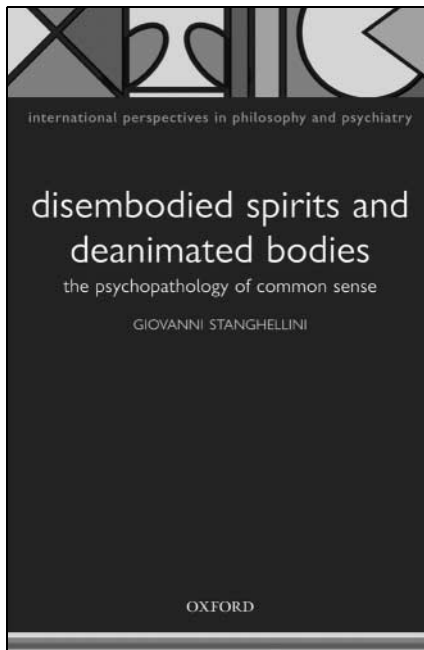
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Disembodied Spirits and Deanimated Bodies: The Psychopathology of Common Sense

By Giovanni Stanghellini.
Oxford: Oxford University Press. 2004.
225 pp. £29.95 (pb); £65.00 (hb).
ISBN 0 19 852089 1; 0 19 852088 3

This is the most recent of the successful and influential Oxford University Press series 'International Perspectives in Philosophy and Psychiatry' and, in common with the others, it is well-written and a joy to read. In this marvellous book, Stanghellini considers both schizophrenia and bipolar affective disorder and in doing so reinvigorates and resurrects psychopathology as more than just the listing of symptoms: he proposes it as the 'science of the meanings of abnormal human phenomena' (p. 33).





This process, through the particular analysis of these disorders as disorders of common sense, returns psychopathology to its rightful place as the science concerned with understanding our patients and their symptoms, rather than eliciting and charting them. He argues that phenomenology is

the method clinicians and researchers can use to provide an in-depth understanding of the experiences of those with paranoid and affective psychoses. Therapeutic and theoretical advances are likely to depend on more structured and detailed approaches to mental states. Certainly, in psychiatry, there is a growing concern that the validity of our diagnostic categories has been at least partially sacrificed to improving the reliability of clinicians in detecting mental disorders. This improvement has been facilitated by operationalised diagnostic criteria and standardised interviews. This has occasionally led to the unintended but nevertheless unfortunate consequence that the symptoms that make up a given disorder can be viewed as discrete and atomistic, rather than as interrelated holistically within the patient and their social and physical environment. Phenomenology may help psychiatry to look beyond this current conception of symptoms as non-specific and isolated to more subtle and specific disorders of subjective experience. A delusion, for example, is not an abstract proposition but a world the patient inhabits.

Clinicians and biological psychiatrists should not be put off by the mention of

philosophy or phenomenology. The book is not an esoteric, arcane or otherwise impractical read: rather, through the vignettes and the insights Stanghellini provides, it serves as a guide and a way for psychiatry to remember itself through a return to listening, and trying to understand, what our patients tell us. The data provided from such in-depth analysis of subjective experience, Stanghellini argues, can be of enormous benefit for both diagnosis and classification, as well as scientific psychopathology where neuroscientists need to clarify the object under investigation.

It is hard to think of any psychiatrist who would not gain from reading this book, and it has much in it to be recommended to carers and patients confronting the sometimes frightening and disorienting reality of psychosis. As Jaspers reminds us, 'It is impossible to explain something without previously understanding it'.

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