

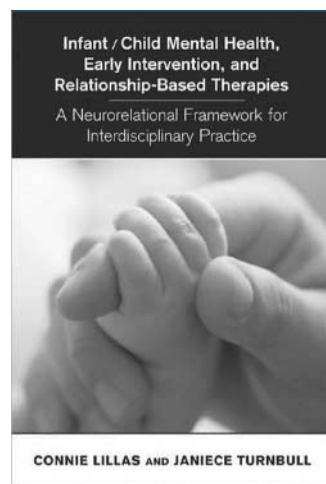
physiological changes as understood by James are synonymous with 'existential feelings'. I doubt that this is the case. Ratcliffe does not fully take on board the well-established criticisms of James' theory, many of which are derived from empirical findings.

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.

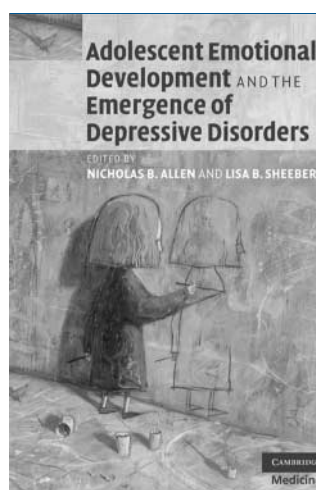
The authors go into great detail in demonstrating developmental features of each brain system along with problems that emerge within each system and their interrelatedness with problems from other systems. Most importantly, a range of interventions that address each system's problems and their overlap 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