

other philosophers. He does spend some pages here and there in debates that few who are not professional philosophers are likely to appreciate. But it is not too painful to skim these sections till he gets back into the meat of the issue.

Who should read this book? This book will be of interest if you are curious about what good philosophy of science is doing in a field very close to our own and particularly if you have an itch to see what an integrative vision of neuroscience (and maybe someday psychiatry) might actually look like.

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Clinician's Quick Guide to Interpersonal Psychotherapy.

By M. Weissman, J. Markowitz and G. L. Klerman
(Pp. 208; £19.99; ISBN-13: 978-0-19-530941-6 pb.)
Oxford University Press. 2007.

The evidence for interpersonal psychotherapy (IPT) being an effective and relatively brief treatment for depression is now catching up with that for cognitive-behavioural therapy, and is being recognized in treatment guidelines. However, IPT is much less widely available than CBT. This book is an excellent attempt by some of the world's leading IPT advocates to try to narrow this gap. Rather than being a weighty detailed manual that many generalist clinicians will ignore,

it is a short and concise book, designed as 'a practical guide for busy clinicians who want to learn Interpersonal Psychotherapy'. I hope that with just 162 pages of well-written and easily digestible text, many general clinicians will pick up and read this book and see the need to develop IPT in their own service.

The book is split up into four sections, starting with the most mainstream (How to Conduct IPT) and moving into less standard uses of IPT: Adaptations of IPT for Mood Disorders (such as maintenance models, adaptation for non-standard patient groups, such as adolescents); Adaptations of IPT for Non-Mood Disorders (substance abuse, eating disorders, anxiety disorders/PTSD and borderline personality disorder) and Special Topics, Training and Resources (IPT in different cultures, other formats, such as group, and how to train in IPT).

As I started the book, I was impressed by the clear writing style, which was very easy to read quickly and to understand. Clearly the authors have not sacrificed the readability of their longer books in shortening them. However, my big worry was that in such a short book, there would not be enough detail on how to actually do IPT. In most cases, this worry was unfounded. There was a clear and early mention of the key to IPT: the link between emotions/affect and interpersonal relationships, and the need to address both; this was repeated at appropriate points so the reader would find it hard to forget this. There was a clear description of the four foci of IPT (interpersonal disputes, role transitions, grief and interpersonal deficits) and the specific techniques needed to help people with each of these problems to overcome their depression. One thing found difficult by some people approaching IPT (including the author of this review in his early IPT days) is how can you choose just one problem area?; this was addressed superbly, in particular through some of the case examples, where the rationales for which focus was chosen were very well argued. Ending was very well covered, including the usefulness of maintenance IPT after the acute phase of treatment. There are some very useful lists of questions to ask at various points in therapy. The book helpfully ends with the Hamilton Rating Scale for Depression – very useful after the clear argument within the book for its usefulness. However, one area that I think needed more detail was the interpersonal inventory, which is key to IPT, and seems to be the component of IPT that most impresses non-IPT therapists: a few more pages would greatly enrich the quality of an inventory obtained by the reader of this book.

There is a brief synopsis of the evidence when each of the applications is described – surely essential if this book is to convince sceptics! With all the applications,

the book clearly describes how to adapt standard IPT to the particular issues of those cases. And most of the descriptions of the techniques and applications are followed by excellent case examples that really bring the techniques to life – and hopefully convince the readers that they work. A big advantage of this book over the 2000 manual is that it is newer – much of the newer theory and recent evidence is incorporated, particularly for the less standard applications of IPT.

Of course, such a book can never replace a full training course or the full manual. But I hope that many general clinicians will read this excellent book and be inspired to learn more. As a practising IPT therapist who has the big books, I think this book will also have a market among people like me – it is up to date, and the conciseness means it will be great for revising things I need to know when I am in a hurry between patients.

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The Nutritional Psychology of Childhood. By R. Drewett (Pp. 288; £17.99; ISBN-13: 9780521535106 pb.) Cambridge University Press. 2008.

I am generally of the view that books in my field are redundant, as they are always out of date by the time they come to publication and rapidly become sadly obsolete. However, this book proves me wrong. It gives a fascinating account of the interplay of physiology and behaviour that underpins the process of eating behaviour in childhood, drawing on experimental, observational and epidemiological evidence from a wide range of disciplines. This complex material is clearly and readably explained, making the book useful and accessible for psychologists, but equally so for nutritionists or health professionals.

The introduction gives a lucid account of the three most important areas to understand: growth, development and energy balance. There then follows two chapters discussing milk and solid feeding. I set

out to read these as a chore and stayed with them, reading for pleasure. Although much of the material is familiar to me as a specialist in this area, much was new and all of it hung together as a well-reasoned whole.

The book aims to examine firstly, how feeding behaviour relates to stages of development and states of nutrition and, secondly, the developmental consequences of malnutrition. Thus the other chapters describe a range of relevant areas: the premature or growth-retarded infant, deficiency states, failure to thrive, obesity and eating disorders. The author presents the available evidence in each section in a balanced and analytical manner, which impressively weighs up material from a range of different and sometimes conflicting disciplines. This style of scholarship is very different from the current tendency to highly systematized, hierarchical approaches to evidence, but is no less rigorous and is well suited to this diverse literature.

I have a few minor caveats. This is quite an old-fashioned book that you actually need to sit down and read, rather than scan and abstract. It is not long or intimidating, but neither is it easy to dip into. It is nice not to be treated like an idiot, but when returning to sections part read before, it would be helpful to have slightly more in the way of headings and even the odd boxes or diagrams summarizing the key arguments and findings. Much of the evidence presented is quite old, which is not a problem in areas that are largely established, such as the cognitive outcome of malnutrition, but is a weakness in the most rapidly developing areas, such as the genetics of obesity. Maybe we can hope for a second edition that can address these issues?

Meanwhile I will certainly recommend this book to all my psychology colleagues who deal with feeding, as well as anyone with an academic interest in feeding and nutrition. It would be a perfect introduction for a postgraduate student or a keen honours student and for an interested health professional. Indeed this would be a good, scholarly read for anyone interested in a topic dear to the heart of any clinician or parent dealing with growing children.

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