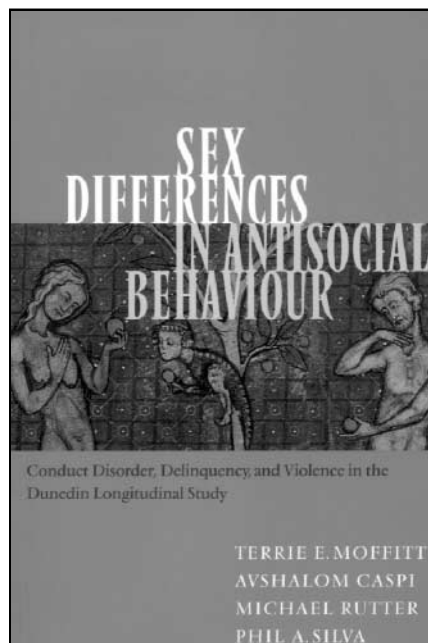


terrain in which the problem is set and then develop themes that explain why some approaches are justified and others are not. This volume succeeds in these tasks, not just as an academic text but as a practical help. I recommend it highly.

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Sex Differences in Antisocial Behaviour, Conduct Disorder, Delinquency and Violence in the Dunedin Longitudinal Study

By Terrie E. Moffitt, Avshalom Caspi, Michael Rutter & Phil A. Silva. Cambridge: Cambridge University Press. 2001. 278 pp. £40.00 (hb). ISBN 0 521 01066 7



About the most robust finding in the area of antisocial behaviour is that it is more common in males than in females. This book examines this gender difference in detail and considers its implications for understanding the underlying causes of antisocial behaviour. It presents findings from the Dunedin Longitudinal Study, which followed a cohort of 1000 New Zealand males and females over the first two decades of life. The findings are presented in a clear, well-organised way,

with useful discussion and bullet-point 'take-home messages' at the end of each chapter.

The study finds no difference in the causes of antisocial behaviour between the genders and no evidence to support the hypothesis that females must pass a higher threshold of risk to develop a disorder. The genders differ most on the more serious life-course-persistent pattern of antisocial behaviour. This pattern is rare in women, with a ratio of 10 men to one woman in the study cohort. The majority of females who engage in antisocial behaviour fit the adolescence-limited pattern and the gender ratio here is much lower (1.5 males to 1 female). Individual neurodevelopmental factors – specifically, neurocognitive deficits, undercontrolled temperament, weak constraint and hyperactivity – are identified as key to understanding life-course-persistent antisocial behaviour. The fact that these neurodevelopmental risk factors occur more frequently in males is used to explain the male preponderance of this pattern of antisocial behaviour.

Three exceptions to the general rule that antisocial behaviour is more common in males than in females are identified: (a) around the time of female puberty, the incidence and prevalence of female conduct disorder rises to give the narrowest gap between the genders seen at any stage in the life cycle; (b) males and females are similar in their drug- and alcohol-related offences; and (c) in intimate relationships, where male violence is at least equalled by female violence.

The authors identify two priority areas for future research. First, we need to know more about the neurodevelopmental problems, their origins, why they are more common in males and how they interrelate and influence development over time, in order to develop a greater understanding of life-course-persistent antisocial behaviour. The interesting question is raised of whether this pattern ought to be viewed as a developmental neuropsychiatric disorder. Second, we need research into how the specific social contexts of puberty that are associated with substance misuse and intimate relationships promote similarity in antisocial behaviour between the genders. This would be more revealing than the continuing focus on how gender-stereotyped socialisation promotes differences between males and females.

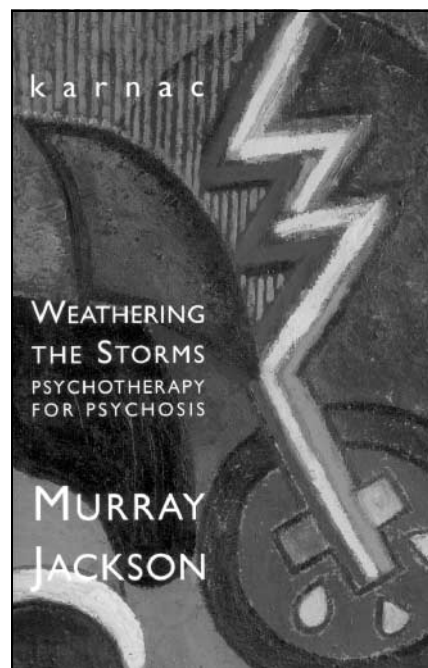
This book presents complex research findings in a stimulating, accessible style.

Its findings, particularly in relation to the importance of neurodevelopmental difficulties, are of direct relevance to both clinicians and researchers.

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Weathering the Storms. Psychotherapy for Psychosis

By Murray Jackson. London: Karnac Books. 2001. 392 pp. £29.99 (pb). ISBN 1 85575 267 0



Books and theorists on schizophrenia are numerous; however, this title stands out, as having a significantly different story to tell. Psychiatric approaches to psychosis, built on biological determinism, are often criticised for their neglect of meaning, purpose and individuality – here is a counterweight full of all these elements. This is a timely, impressive and provocative book.

Timely, because it is devoted to the meaning of psychotic experience and the process of sustaining committed therapeutic relationships, and is thus in allegiance with the growing emphasis on recovery.

Impressive, because Jackson has spent a professional lifetime bridging the gap

between mainstream psychiatry and psychoanalytic psychotherapy and, after retiring from the National Health Service (NHS) in 1987, has been a major contributor, through teaching, support and supervision, to the sophisticated Scandinavian psychosis services, which have emerged as international models of effective treatment.

Provocative, because the jobbing psychiatrist will readily recognise the characters in this anthology of case review seminars, but the pattern and process of treatment are so very far from what we currently regard as 'treatment as usual'. It confronts us with how little we know about our patients and their lives.

It has clearly been designated to be useful and, moreover, useful to those seeking to help patients in profound psychotic states, looking for understanding of

what it (both the psychotic contents and the therapy) all means. Firmly based within the psychodynamic tradition in general and the Kleinian school in particular, it does not presume much previous acquaintance with either, and Jackson's acknowledgement of the complex interrelationships between remembered and actual traumatic experience, narrative and historical truth and the 'constitutional predisposition to perceptual instability', may help to keep the general psychiatrist on board.

However, the NHS psychiatrist will have problems with the practicality of its methods, the broad inclusiveness of the definition of psychosis, unfashionably long periods of hospitalisation and the lack of what we currently regard as an 'evidence base'. But it raises the vital question of whether the parsimonious imperatives of the NHS blind us to what can and should

be offered to people experiencing some of the most profound disruptions of self and mind. It also shakes any security we may feel that, in offering low-dose atypical neuroleptics and a brief manualised course of cognitive-behavioural therapy for psychotic symptoms, we have done the business.

This is an important contribution, whether you agree with its perspective or not, as there are few reliable guides for those who would journey into the inner experience of psychosis, and still fewer who can argue for the validity and utility of doing so: Jackson is a passionate and convincing advocate for both.

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