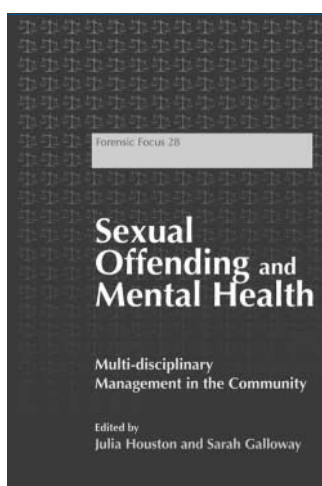


**Sexual Deviance:
Theory, Assessment,
and Treatment (2nd edn)**

Edited by D. Richard Laws
& William T. O'Donohue.
Guilford Press. 2008.
US\$70 (hb). 642pp.
ISBN: 9781593856052

services for sex offenders in the UK. You get a clear sense of what a mental health service can and should do. For example, they offer assessment, treatment and case consultation for individuals within mental health and criminal justice systems where issues arise concerning mental illness, personality disorder or paraphilia. There is also the important issue of men who present with troubling fantasies or behaviour, but without a conviction – clear guidelines are given on how to deal with these clinical issues. For anyone who has any doubts, the book clearly sets out why mental health services have a crucial role to play in the management of sexual violence.

There has been a recent glut of books on sex offending. The field is small, so the same experts contribute repeatedly to most edited volumes, often saying very similar things. I had a couple of 'groundhog' moments reading these two books, but that does not take away from the quality and importance of the material. For a clinician working with sexual offenders, these books are essential reading. I will use them to inform my assessments and formulations, to guide the advice I give to other agencies, to better consider treatment options, to inform service development and to prompt and formulate clinical research questions. The psychiatrist willing to take on board the information and messages in these books, should, when confronted with the task of assessing a complex sexual offender with personality or sexual psychopathology, be able to avoid the 'opinion: not mentally ill' culture and therapeutic nihilism that characterises the current response in most cases.



**Sexual Offending
and Mental Health.
Multi-disciplinary
Management
in the Community**

Edited by Julia Houston
& Sarah Galloway.
Jessica Kingsley Publishers. 2008.
£25 (pb). 288pp.
ISBN: 9781843105503

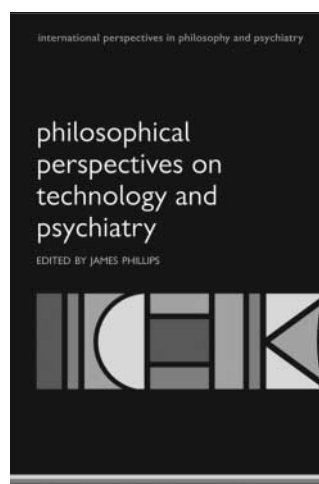
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These books were already on my wish list when I was asked to review them. So, as a psychiatrist with a special interest in the assessment and management of sex offenders, was I right to covet them?

The first edition of *Sexual Deviance* was a key reference for those in the field. This second edition, with chapters written by international experts, is probably now the essential reference work. Following a thought-provoking introduction, there are new chapters on aetiology and changes in sexual deviation over the lifespan. There follows the meat of the book: each 'clinical syndrome' has two chapters, the first on psychopathology and theory, the second on assessment and treatment. New syndromes covered include internet offending, sexual deviance in females and multiple paraphilias. Chapters on legal issues and neurobiology follow. Grubin's chapter sets out elegantly the role of medication in the treatment of sexual aggression, an area which has sadly been neglected by psychiatrists in the UK. Laws' final chapter cogently argues for a public health approach. This is a comprehensive, scholarly and up-to-date account of the state of the art in both theory and practice. Gaps and deficiencies in the research evidence, contentious issues and problems for practitioners are set out to guide clinicians and provide useful pointers to researchers. This is a superb and indispensable book for those involved in the field.

Sexual Offending and Mental Health is essential for anyone working in or developing a clinical service for sexual offenders. Largely written by clinicians from the Sex Offender Service at the Shaftesbury Clinic in London, it is a wonderfully practical clinical book. The service is one of a handful of mental health



**Philosophical
Perspectives
on Technology
and Psychiatry**

Edited by James Phillips.
Oxford University Press. 2008.
£32.95 (pb). 256pp.
ISBN: 9780199207428

This book comprises 17 essays on the theme of technology and psychiatry. The term 'technology' in the title is used more broadly than many readers might anticipate. In this volume, it embraces the general application of scientific, rationalist thinking to the treatment of mental ill health and the impact of technological imperatives on our mental wellbeing and patterns of living. Thus defined, it includes not only pharmacological and other physical treatments but also the common forms of psychotherapy.

The essays cover a diverse range of topics and it would be impossible to summarise each of these in a short review. A common theme is the need to balance the benefits to psychiatry of scientific rationalism, such as new pharmacological treatments

and psychotherapies, with the threat that rationalism poses to our sense of identity.

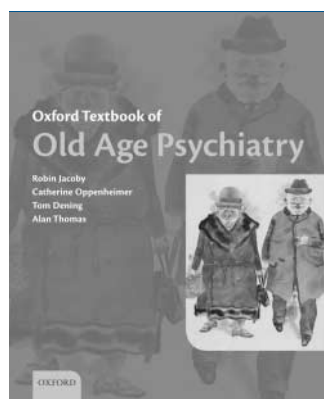
The scientific approach was first widely used in an attempt to elucidate the nature and causes of serious mental illnesses such as Alzheimer's disease and schizophrenia. The scientific techniques are now being applied to understanding normal psychology and to areas that have historically been within the province of non-scientific disciplines such as moral philosophy. There is an intuitive fear that rationalism is potentially all-consuming and that the things that give value and purpose to our lives, such as morality, emotions and free will, may be diminished or even negated by scientific scrutiny. Some, including Donald Mender in this volume, hope that quantum theory may offer a scientifically respectable haven from deterministic causation and that this will allow 'existential authenticity' to be reconciled with science. This is a highly problematical position as it is difficult to see how quantum indeterminacy offers anything other than randomness.

A concern frequently expressed in this book is that science and rationalism are potentially dehumanising. The paradox is that rational thinking is the characteristic that distinguishes us, more than any other, from other creatures and therefore makes us distinctively human. There is a fear that there is something undignified and demeaning about taking a reductionistic approach to human problems. This is a real, but avoidable, risk. In one of the essays in this book, Karen Iseminger and Dale Theobald describe how computer-aided monitoring of symptoms in patients with cancer can be sensitively combined with qualitative, face-to-face assessment.

The application of the scientific model to psychology and psychiatry is growing rapidly and will create new and challenging moral dilemmas. Anyone who is interested in this area (and that should include all mental health professionals) will enjoy and learn much from this book.

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doi: 10.1192/bjp.bp.108.061739



Oxford Textbook of Old Age Psychiatry

By Robin Jacoby, Catherine Oppenheimer, Tom Denning & Alan Thomas. Oxford University Press, 2008. £59.95 (pb). 640pp. ISBN: 9780199298105

After working as an old age psychiatrist for 30 years, I have experienced a change in old age psychiatry from a psychiatric subspecialty, dominated by a close band of charismatic pioneers, to a faculty with close links to many other clinical and non-clinical disciplines. The wide-ranging and topical nature of the subject is clear in this book which was 'highly commended' in the BMA

Medical Book Awards 2008 – an accolade that is well deserved. This is the 4th edition, albeit under another name, of an indispensable textbook *Psychiatry in the Elderly*. Earlier editions have been well-thumbed aids to my daily practice, but this new volume is completely revised with additional editors and it offers an even richer range of topics and authors, so that practitioners will definitely wish to add it to their personal bookshelves.

The book is divided into five sections. The first concentrates on the basic sciences underpinning the practice of old age psychiatry. These well-referenced and scholarly chapters contain some surprising topics, such as a fascinating account of brain development, as well as more standard themes.

The section on clinical practice includes wider discussion of different psychological treatments of older adults than is the case in previous editions. In particular, Jane Garner provides a welcome review of psychodynamic theory and practice from Freud, Jung and Erikson onwards, challenging the orthodox utilitarian view that older people are too rigid or impaired to be suitable for psychotherapy. Other chapters offer excellent introductions to cognitive, interpersonal and family therapies. These chapters are complemented by a timely discussion of non-pharmacological intervention in care homes. Work in this area is complex as the residents are among the most frail and vulnerable patients, staff are often undervalued in pay and training, and pharmacological treatments are of limited benefit and increase morbidity. Professor Dawn Brooker in a chapter on person-centred care approaches with clarity this often misused concept, stimulating reassessment of traditional practice.

Psychiatric services are explored in section three, ranging from underlying principles to service developments such as memory clinics and liaison old age psychiatry; the chapter on building design has been rewritten. Services are evolving fast and textbooks are a long time in gestation. So, for example, the next edition might need to take into account the impact of the National Dementia Strategy on memory services. Also, more evidence may have accumulated to justify a chapter dedicated to the effectiveness of assistive technology in individuals with dementia.

Specific disorders are well covered in the next section, with reviews of a wide range of topics, including moving personal accounts of the experience of being diagnosed with dementia or experiencing an episode of psychotic depression. The subtypes of dementia are explored and there are excellent chapters on the functional disorders. I found the chapter on alcohol and substance misuse in the elderly very informative. The breadth of cover is illustrated by the inclusion of Tony Holland's contribution on older people with intellectual difficulties and by the instructive chapter on sleep disorders.

The last section of the book deals with sexuality, ethics and medico-legal issues. The writing is clear and authoritative, making this section a valuable resource for clinicians. I will also use the chapters on testamentary capacity and driving as an educational aid for trainees in psychiatry. It would be useful in future editions to include a chapter focusing on the impact of the Bournewood and subsequent judgements on mental health law.

This new edition remains an indispensable resource for practitioners. On a minor point, I do retain affection for the thicker paper and more manageable feel of the 2nd edition, but perhaps that reflects my own stage of life!

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