used to define phenotypes of affective disorders. Part 3 considers how longitudinal studies can be informative, with examples drawn from studies on alcohol use and attention-deficit hyperactivity disorder. The final part, 'Exploring alternatives', brings together four authors who have interesting ideas about how genetic studies may inform the definition of phenotypes.

In 1970, Sam Guze & Eli Robins wrote a seminal and much-quoted paper on the indirect validation of phenotypes in psychiatry. They were also the first to apply an operational approach to defining psychopathology. Since then, there has been much effort but little real progress, and ideas about defining psychopathology have not really advanced. However, this book provides an optimistic view of the future. The technological advances in neuroimaging and genetics hold considerable promise for new ways of thinking about phenotypes. This publication provides a starting point for all who wish to take up the challenge of defining psychopathology in the 21st century.

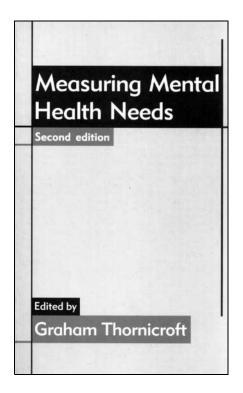
Robins, E. & Guze, S. B. (1970) Establishment of diagnostic validity in psychiatric illness: its application to schizophrenia. *American Journal of Psychiatry*, 126, 983–987

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Measuring Mental Health Needs (2nd edn)

Edited by GrahamThornicroft. London: Gaskell. 2001. 524 pp. 35.00 (pb). ISBN I 901242 60 9

The second edition of this excellent resource book is very welcome. It is now 10 years since the first edition and during that time the concept of measuring needs in mental health has become increasingly part of the planning process and research agenda. Like all edited works there is some patchiness and a degree of overlap between some of the chapters. One or two chapters seem to have been included more for completeness of the volume and their authors have given a 'needs-measurement' spin to what they normally write. This is inevitable in a volume of this scope, and



overall the tone of the work is both scholarly and practical and the standard very high.

This is a reference book rather than a textbook with which to learn the business. Whatever your current preoccupation composing a research proposal, conducting an option appraisal for a service development, commissioning services, etc. - there are chapters here relevant to your thinking. In this context, the occasional repetitiveness is a positive advantage as it helps give depth to understanding. The different perspectives in the book stimulate thinking and give a sense of dialogue rather than a dusty tome. For example, in Gregoire's chapter on needs assessments for rural mental health services you can learn as much about the complexity of defining 'rural' as about mental health needs in rural areas. Complex ethical issues are also touched on: Kuipers, for example, explores the needs of carers.

I would have liked a bit more theory, in particular the status of needs as a concept. The sheer volume of research into individual needs (paralleled by the rapidly growing, and now multilingual, Camberwell Assessment of Needs family) often obscures the fact that some of us have genuine concerns about the meaningfulness of the concept. When considering an individual patient is it really more useful to talk of needs that can or cannot be met rather than

illnesses and problems that can or cannot be addressed by treatments or interventions? The daily experience of shoe-horning 'diagnosis and treatment' into the Care Programme Approach's required 'needs and interventions' gives rise to some scepticism.

This is, however, a small criticism of an excellent book. It is thorough, weighty yet accessible, and lives up to the blurb on its cover in that it 'describes clearly the different approaches that can be taken to these vital questions'. There is something for everyone here. It is well worth its second edition and well worth the price.

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Introducing Cognitive Analytic Therapy. Principles and Practice

By Anthony Ryle & Ian B. Kerr. Chichester: John Wiley & Sons. 2002. 265 pp. £19.99 (pb). ISBN 0 471 89273 4

Reading this book brought to mind a sobering experience from my youth. In 1966, I visited a psychotherapy institute in Leningrad (now St Petersburg). Its doctors said they used 'Pavlovian' psychotherapy. How did they do this? They admitted

