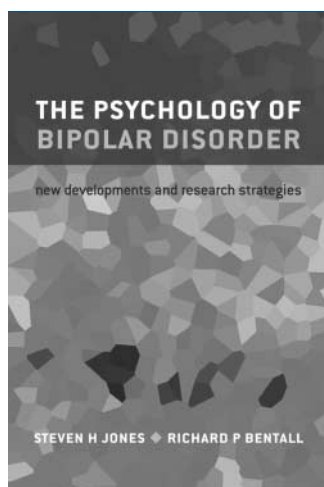


## Book reviews

Edited by Sidney Crown, Femi Oyeboode  
and Rosalind Ramsay



**The Psychology  
of Bipolar Disorder:  
New Developments  
and Research Strategies**

Edited by Steven H. Jones  
& Richard P. Bentall.  
Oxford University Press. 2006.  
256pp. US\$97.50 (pb).  
ISBN 0198530099

The broad reach of cognitive-behavioural perspectives has meant that there are now few disorders without a cognitive model, with body dysmorphic disorder and depersonalisation being among the most recently explicated. Bipolar disorder is an area which, as the editors of this book point out, had attracted little in the way of psychological attention up until ten years ago. However, studies in the past decade have provided evidence that cognition and behaviour play an important role in bipolarity alongside biological, genetic and other environmental influences. This book provides a timely summary of this research and describes current theory and treatments for this disorder.

There are ten chapters in total written by the main researchers in this field most of whom are from the UK and USA. The areas explored include the role of current and early environments, interpersonal relationships, cognitive styles (e.g. perfectionism, self-criticism, autonomy), life events, dysfunctional attitudes, interpretations of circadian mood fluctuations, coping strategies including an updated account of the manic defence hypothesis, and neuropsychological abnormalities. There is also a section on new developments in the psychological treatment of bipolar disorder. This focuses on those approaches that have a growing evidence base including some discussion of cognitive-behavioural therapy for relapse prevention (covered in the chapter on warning signs and coping by Lam & Wong), interpersonal and social rhythm therapy (IPSRT) and family-focused psychoeducation.

Progress in the psychology of bipolar disorder has been assisted by advances in the understanding of other emotional disorders. Multi-level memory theories and ruminative response styles have already had an influence here yet have only recently gained prominence in unipolar depression. Highlights within this book include Jones's chapter on the role of appraisal of circadian rhythm disturbances, the three-page review table in Lam & Wong's chapter on intervention studies and the extremely well-written chapter about IPSRT by Luty which is one of the best descriptions of this type of therapy in the bipolar literature.

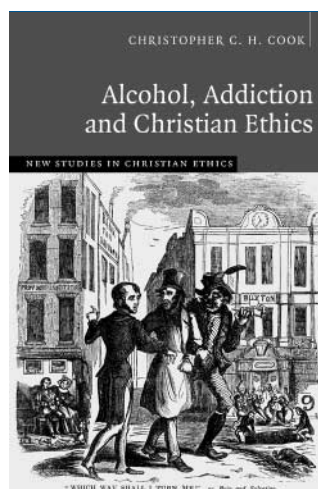
As regards Jones's chapter on appraisals, he describes how mild circadian rhythm disturbances produce dysphoria, while more prolonged disturbances produce alertness, energy and stamina. He then discusses how factors such as deficits in

executive abilities, a high need for approval and achievement, maladaptive coping strategies and internal appraisals can conspire to produce a bipolar episode. For example, if a vulnerable individual attributes their increased alertness to natural intelligence and ingenuity, they may be inclined to engage in behaviours that are designed to prolong and capitalise on these feelings such as staying up late to finish work, which in turn can contribute to their elevated state.

So who should buy this book? Well, given that seven of the ten chapters are mainly theoretical, anyone carrying out research into bipolar disorder (biological, psychological or both). In addition, because there are three mainly treatment-oriented chapters and some of the theoretical chapters end with a brief description of clinical implications, this book will be useful for clinical psychologists and cognitive therapists working in this field and for psychiatrists with an interest in the psychology of bipolarity. Overall, this book provides an extremely helpful summary of the majority of the psychological research on bipolar disorder that has been carried out in recent years. As such it is an important book about a topical subject and is to be recommended.

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**Alcohol, Addiction  
and Christian Ethics**

By Christopher C. H. Cook.  
Cambridge University Press. 2006.  
236pp. £48.00 (hb).  
ISBN 0521851823

A work on Christian ethics reviewed in this *Journal* is highly unusual, but this book is unique. Christopher Cook was previously Professor of the Psychiatry of Alcohol Misuse and is now Professorial Research Fellow in Theology at Durham University. He continues to work as consultant psychiatrist in addiction. His expertise with both theology and addiction psychiatry is reflected in this well-argued work, combining up-to-date psychiatry and public health with theology built on Biblical and patristic foundations.

Addiction is defined here as 'behaviour over which an individual has impaired control with harmful consequences'. Cook explores five past and current models of alcohol addiction: moral, disease, scientific, attributional and excessive appetite. He describes the features of the alcohol dependence syndrome, emphasising the phenomenological and subjective aspects.

After describing the scientific, medical, psychiatric and public health approaches to alcohol misuse, he comments on Biblical references to drunkenness and gives a detailed analysis of St Paul's teachings on the divided self and St Augustine's teachings on the divided will. He compares these experiences of internal conflict with subjective awareness of compulsion to drink. There is usually, in the successful combating of addiction, a first-order desire: 'I want a glass of wine,' and a second-order volition: 'I want not to want to drink'. Therefore, the self and the will are divided between 'delight in God's law' with refraining from drinking, and craving, 'waging war against the law of [one's] mind'.

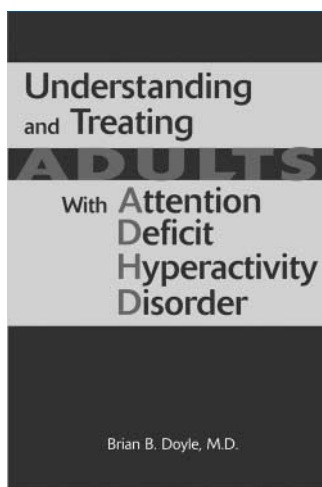
Alcohol misuse is compared with the tendency to sin, in which all are tempted but some manage to resist. St Paul indicated the power of sin to enslave and the freedom that comes in Christ; the conflict between will and action.

This theological model of addiction, which Cook applies to believers and non-believers alike, is developed both for individual and public health treatment. The internal conflict is serious; to be freed from addiction, a second-order volition is necessary – to want to want not to drink. However, the addict needs more than their own will power, as recognised by Alcoholics Anonymous, and the grace of God can come to all. Cook reckons that theology can be an important corrective to the tendency towards reductionism and determinism in contemporary discourse, with their consequence of nihilism in treatment. It is, therefore, an active and optimistic model.

This book is both explanatory and hopeful. Cook rejects the outmoded 'moral' model of alcoholism but proposes a theological model to explain how the battle for the will can be won by the grace of God. Although the book has addiction and its treatment as its central theme, there are also useful insights on the much-neglected area of the psychopathology of volition, which are relevant for other areas of psychiatry.

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**Understanding  
and Treating adults  
with Attention Deficit  
Hyperactivity Disorder**

Brian B. Doyle.  
American Psychiatric Publishing.  
2006. 354pp. US\$47.00 (pb).  
ISBN 1585622214

Attention-deficit hyperactivity disorder (ADHD) is common, yet much neglected, in the adult population. It is characterised by developmentally inappropriate levels of attention, impulsivity and overactivity that start in early childhood and, in the adult

condition, persist as a chronic trait-like condition. Around 15% of children diagnosed with ADHD retain the full diagnosis at 25 years of age and another 50% are in partial remission with persistence of significant symptoms associated with clinical impairments. The clinical picture shows age-dependent changes with decreasing levels of hyperactivity/impulsivity, persistence of behavioural inattention and development of internalising symptoms such as mood instability. In adults ADHD is further complicated by the increased risk for developing comorbid anxiety, depression, personality disorder (including antisocial behaviour) and substance use problems. Importantly, adult ADHD is a treatable condition with a response rate to stimulants that is similar to that seen in children yet, in the UK, there is a lack of training and information on how to diagnose and treat this condition.

This book therefore fills an important role in providing detailed information on diagnostic and treatment approaches to ADHD in adults in an accessible format. It is aimed at clinicians with the focus on diagnosis and medical treatments, particularly with stimulant medications (methylphenidate and dextroamphetamine). Other mental health workers, as well as patients and their families, wishing to learn more about the disorder would also benefit. Psychological interventions are well covered with general strategies and approaches but lack the detail required by specialists developing work in this field.

It begins by addressing the issue that ADHD remains a controversial diagnosis, even more so in adults than in children, resulting in many individuals not getting the help they need. The initial chapters deal with descriptions of the well-established disorder in childhood and lead on to ADHD in adults. This is a logical order that follows the developmental course of the condition from childhood through to adult life. The review of longitudinal follow-up studies is central to recognising how common the disorder is in adults and the chapter on the neurobiology of ADHD clearly delineates it as a neuropsychiatric disorder.

Guidelines for making the diagnosis are provided that cover common-sense approaches of taking a good clinical history, (including special attention to developmental accounts and using supportive evidence from informants), rating scales and neuropsychology. The author correctly points out that there are currently no tests for ADHD, with only low sensitivity and specificity from neuropsychological measures. One area that needs further development is the account of the mental state in ADHD. The author states that there are no standard or diagnostic symptoms in the mental state, yet clinicians working in this field widely recognise that there is a phenomenology of ADHD with, for example, subjective accounts of difficulties in attending, ceaseless, unfocused mental activity, difficulties sustaining effort on tasks and distractibility. This is covered in a short section that importantly mentions that a changeable mood is also characteristic of ADHD. The rest of the book focuses on descriptions of the key comorbid disorders and treatment approaches. Use of medication in the treatment of adult ADHD is particularly well covered. The overlap between ADHD and bipolar disorder is reviewed and clarifies that this does not refer to bipolar I disorder, but with less severe forms of chronic mood instability. The differences between them are also outlined. Finally, the book deals with treatment resistant cases and treatment of ADHD in the context of various common comorbidities.

This is an excellent book that provides a primer for general psychiatrists needing to increase their knowledge of a common yet widely neglected source of psychiatric morbidity. Some of the sections are specific to local issues in North America, such