



Resilience and Aging: Research and Practice

By Helen Lavretsky
Johns Hopkins University Press.
2014.
£26.10 (hb). 272 pp.
ISBN 9781421414980

Resilience, with its positive connotations, has become a buzz word in mental healthcare and research. So this volume, which gives a broad overview of what is known about resilience and aging, is timely. The book aims to provide a scholarly presentation of the literature on each of a range of resilience-related topics, ranging from its connections with longevity and its genetic and neurobiological underpinnings, to psychological, cultural and spiritual dimensions, as well as resilience-enhancing interventions at both individual and societal levels. Lavretsky is an old age psychiatrist and professor of psychiatry at the University of California, Los Angeles. Her clinical-academic perspective and her research in the field contribute to the mature, erudite tone of the writing and the breadth of coverage.

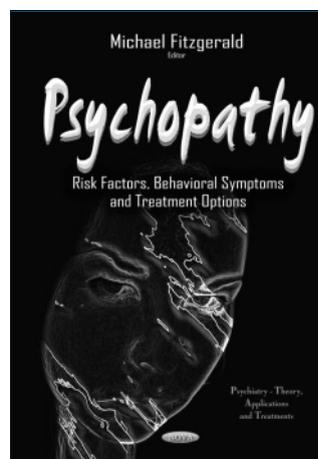
Given the broad scope of the writing, most readers will find that summary information relating to various subject disciplines is helpful and adds to their understanding of fundamental concepts in the field. From my perspective as a 'non-medic', for example, the clear exposition of information on the nature of the hypothalamic–pituitary–adrenal axis was valuable, though this will be thoroughly familiar to most psychiatrists. On the other hand, the information on Carol Ryff's distinctions between hedonic and eudaimonic well-being, familiar to most clinical psychologists, could provide a valued summary for psychiatrists. Alongside the recapitulation of basic information, I also discovered nuggets of information that were new to me. For example, although it was first put forward in 1998, I had never come across Barbara Fredrickson's broaden-and-build theory (an evidence-supported theory suggesting that positive emotions foster resilience as, by contrast with the attention-narrowing impact of negative emotions, they promote an approach to new experiences that enables us to develop stronger physical and social resources to draw on in the face of adversity).

As well as being a strength of the writing, the breadth of the text was also at times a weakness, resulting in superficial treatment. This is especially true of Lavretsky's discussion of cultural influences on resilience, in which most ethnic groups in the USA are introduced and despatched in one or two paragraphs, with little sociological or anthropological analysis of what we can learn from looking across cultures. Indeed, I felt irritated by the text's 'US-centric' view; For example, Lavretsky states that a major reason for focusing on resilience and ageing is the wish of the baby-boomer generation to remain youthful and that the events of '9-11' were significant in changing emphasis from problem-focused to resilience-enhancing mental health services. However, maybe this is a consequence of a single author providing an overview of such a huge field.

Resilience is a complex and slippery concept. This is openly acknowledged and tackled in this book and a key aim of the text is to pin it down. I think it is quite successful in this regard. For example, I was certainly taken with the information about allostasis as a physiological parallel to psychological or systemic homeostasis – these two concepts help greatly in thinking about the processes with which resilience may assist. However, despite being hugely impressed with the range of ideas, I found the clinical examples less convincing, and by the end of the book I was left feeling that the attempt to bring resilience-enhancing approaches into old age services still has a long way to go.

Jan R. Oyebode Professor of Dementia Care, University of Bradford, Richmond Road, Bradford BD7 1DP, UK. Email: j.oyebode@bradford.ac.uk

doi: 10.1192/bjp.bp.115.170746



Psychopathy: Risk Factors, Behavioral Symptoms and Treatment Options

Edited by Michael Fitzgerald
Nova Science Publishers. 2014.
£141.99 (hb). 243pp.
ISBN 9781634630498

This multi-author book consists of ten chapters covering various aspects of psychopathy, without much attempt at continuity. The first chapter provides a description of a clinical service within a UK prison, the final chapter offers a broad literature review of treatment options, and a very brief chapter on assessment sits uneasily somewhere in the middle. A research paper setting out an MRI study of psychopathic and non-psychopathic offenders sits next to a thought-provoking, albeit speculative chapter on societal influences on the adaptive psychopath. Still, there is interesting content here – including how to maintain a healthy staff group in a clinical service, psychometric investigations of personality structure in psychopathy and the stability of psychopathic traits over time.

Among these disparate essays are two chapters on 'criminal autistic psychopathy' written by the editor; I think these are the book's true purpose. Professor Fitzgerald points out that Hans Asperger described his syndrome as 'autistic psychopathy'. The meaning of psychopathy has changed since then – from a general term for pathology of personality to a specific type of personality pathology. Fitzgerald would have us read the modern restrictive meaning into Asperger's description.

While he regards autism as a spectrum disorder, he insists that criminal autistic psychopathy is categorical. He does not worry about using a complex, social and behavioural construct such as criminality to define it. He tilts at the windmill of those who deny the truism that sometimes people with autism commit offences, as though their co-occurrence was evidence for a new diagnosis. Selectively noting snippets of biography, he says of various serial killers, for example: 'I believe criminal autistic psychopathy would

be the modern diagnosis' – if it were a modern diagnosis, presumably.

The relationship between autism and psychopathy is complex and probably heterogeneous. A synthesis of the current research on callous unemotional traits and autism, on lack of empathy or inability to mentalise as common psychobiological characteristics, or on shared neural networks would interest many clinicians, especially if it offered the prospect of better therapeutic interventions for offenders with either or both disorders. But the existence of criminal autistic psychopathy as a diagnosis increasingly feels like a matter of faith, as Fitzgerald urges us just

to take his word for it. It is difficult to accept such a reductionist and pejorative model of behaviour and abandon individual formulations of offending, which can encompass the impact of autism on perception, emotion, learning and cognition for the whole complex individual in particular, complex situations.

Tom Clark Birmingham & Solihull Mental Health NHS Foundation Trust, Northcroft Hospital, 190 Reservoir Road, Birmingham B23 6DW, UK. Email: thomas.clark@bsmht.nhs.uk

doi: 10.1192/bjp.bp.115.170712