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activities of daily living, resources, deficits, social network, substance abuse, suicidal and homicidal thoughts, sleep and appetite disturbances and prior treatment history. Chapter 7, "Psychological testing for differential diagnosis and capacity evaluation," points out that "psychological testing assesses current functioning in a systematic way and under standard conditions, yielding finding that can be compared with normative data" (p 153). The authors review various tests and factors influencing psychological testing of older people (fatigue, time of the day). The second part of this chapter deals with evaluations of decision-making capacity (daily living, finances, contracts, wills). I found this part very useful.

The following several chapters review treatment issues. Chapter 8, "Foundations of treatment," discusses the fundamentals of psychotherapy with older adults, such as preparation for psychotherapy, goals of therapy, establishing a healthy therapeutic alliance and others. I liked postulating the "principle of minimum intervention" (i.e., intervention that is the least disruptive to one's usual functioning). This chapter is full of useful clinical suggestions. Chapter 9, "Treatment of depression," chapter 10, "Treatment of anxiety symptoms," chapter 11, "Treatment of paranoid symptoms," and chapter 12, "Treatment of dementia," are standard reviews of the particular topics, emphasizing psychological approaches to these disorders. These chapters are marred by mistakes and misstatements about medications (e.g., p 241, stating that the SSRIs provide a relative quick relief of symptoms, from a few days to 2 weeks; mixing brand and generic names etc.). The last three chapters, chapter 13, "Family caregiving." chapter 14, "Consultations in institutional settings," and chapter 15, "Ethical issues in geriatric psychology," review several very important areas of care for the mentally ill older adults.

This volume addresses a very important area of providing mental health care to older adults with mental disorders. It has its strengths, such as reviewing a host of very important psychological issues, or using a number of very useful clinical vignettes. However, as I suggested before, it has several serious weaknesses. One is drawing heavily on the authors' psychology background and the lack of using a physiciangeriatric psychiatrist as a coauthor, who could have provided a correct and broader review of the medical and medication issues. The second weakness is in its stated goal—to integrate research and clinical practice. I am not sure whether the authors really achieved a good review of both, research and clinical practice. Maybe this was a noble but not so easily achievable goal. The third possible weakness seems to be a bit of anti-physician bias mentioned before—one wonders where some of the statements about physicians are coming from.

In spite of some of the weaknesses, this is an interesting and useful book. It would be certainly appreciated by geriatric psychologists and all persons taking care of older adults with mental disorders. Geriatric physicians may find a lot of useful information which is not always covered in such a detail and so comprehensibly in geriatric psychiatry texts. The book is a

well written, readable text that may be used as a teaching text for all novices in this field.

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Mood and Anxiety Disorders in Women. Edited by David J. Castle, Jayashri Kulkarni and Kathryn M. Abel; Cambridge University Press, New York, New York; 2006; ISBN 13 978-0-521-54753-6; \$50 (paperback), 275 pp.

The fact that mood and anxiety disorders occur more frequently in women has served as a vantage point to numerous articles, chapters, books and research studies. Drs. Castle, Kulkarni and Abel put together a team of 29 authors from Australia, North America and the United Kingdom in an attempt to summarize the present state of knowledge on depression and anxiety in women. The title of the book is actually either incomplete or slightly misleading, as the book also covers borderline personality disorder, and substance use and abuse in women.

The book consists of Preface, Foreword and 12 chapters. The first chapter, "Pubertal development and the emergence of the gender gap in mood disorders: a developmental and evolutionary synthesis," is probably the most interesting one for an ordinary reader. It attempts to provide an "evolutionary perspective on gender differences integrating the insights provided by socialization, life stress, and biological models of pubertal development" (p 1). The authors begin with an examination of whether gender gap is a fact or artifact, and conclude that gender gap is real. They follow with a review of various theories of gender gap during early adolescence, e.g., the gender intensification hypothesis. This hypothesis suggests that gender role orientations become more differentiated between the sexes over the adolescent years as a result of exacerbated gender socialization pressures during this time (e.g., greater exposure to experiences that promote learned helplessness) (p 3). Though the authors conclude that the connection between early socialization of depressive-like behaviors and subsequent depressive functioning is quite speculative, they make some interesting points. Another interesting theory entertained in this chapter is the role of estrogen in mediating female sensitivity to stress. The authors note that, "Oestrogen apparently acts as an anxiolytic, and thus the cyclical withdrawal of oestrogen that occurs shortly prior to menstruation may be analogous to the physiological effects of anxiolytic withdrawal, creating a greater sensitivity in menarcheal and adult females to the anxiogenic and depressogenic effects of negative life events" (p 8). The final two reviewed hypotheses of gender gap are the social-risk hypothesis of depression (i.e., depressed mood evolved to facilitate a risk-averse approach to social interaction in situation where individuals perceive their social resources to be at a critically low levels), and the role of sexual selection and vulnerability to depression (the minimal requirements for successful reproduction dramatically differ between the sexes). The chapter also points out that neuroticism seems to be a temperamentally anxiogenic and depressogenic trait which may place some girls more than others of developing problems prior to the onset of puberty, and this trait vulnerability may be exacerbated by the cyclical withdrawal of estrogen after menarche (p 13). The authors conclude that pubertal females are one of the most well identified groups for indicated prevention and early intervention efforts in mood disorders. This chapter was clearly the most intellectually stimulating and informative for me.

Chapter 2, "Borderline personality disorder: sex differences," reviews the possible sources of sex differences in personality disorders and points out that the borderline personality disorder and antisocial personality disorder might in fact be two sides of the same coin. The following two chapters, chapter 3, "Substance use and abuse in women," and chapter 4, "Anxiety disorders in women," provide a standard, not very exciting review of these two topics. Chapter 5, "Posttraumatic stress disorder in women," proposes thatthere are several interacting factors which may explain the higher rates of posttraumatic stress disorder in women, such as cultural and societal pressures and expectations, the types of trauma to which women are likely to be exposed, the reactions of loved ones and associates to their experience, and hormonal levels. The authors also mention that there are gender differences in trauma exposure, with females at higher risk during childhood and males at higher risk during adolescence and early adulthood (and little differences between the genders from about the age of 30). The following chapter, "Domestic violence and its impact on mood disorder in women: implications for mental health workers" is a fairly succinct and educational summary of the role of domestic violence in depression and anxiety, with an interesting discussion of the barriers to change, such as difficulties in detecting, identifying and disclosing domestic violence.

Chapter 7, "Depression in women: hormonal influences," discusses the gonadal hormonal influences and depression, and specific life cycle-related depressive disorders in women, such as premenstrual dysphoric disorder, depression related to hormonal contraception, abortion and miscarriage and depression, pregnancy and depression, postpartum blues and postpartum depression, infertility in women and depression, and finally perimenopause, menopause and depression. The following chapter, "Anxiety and mood disorders in pregnancy and the postpartum period," provides a useful summary of the risk factors of anxiety and depression during pregnancy and the postpartum period, and some suggestions for detection (screening) and prevention. The final part of this chapter focuses on treatment issues, dividing them to issues for the mother, partner, and the child

Chapter 9, "Pharmacological treatment of anxiety and depression in pregnancy and lactation," starts with the assertion that medications of various classes are routinely administered to pregnant and lactating women, though psychotropic medications are taken only by a very small percentage of these women.

The chapter then delves into the risks associated with pharmacotherapy, risks associated with untreated mental illness and balancing the risks and benefits. The authors continue with reviewing the administration of various classes of medications, such as benzodiazepines, other anxiolytics, antidepressants, mood stabilizers, hypnotics and herbal remedies during pregnancy and lactation. The authors are far more optimistic about the use of benzodiazepines in pregnancy than one would expect. On the other hand, they caution us about the paucity of data on using some antidepressants during pregnancy (the book is too old to include the recent warning on paroxetine and risk of primary pulmonary hypertension in infants). Finally, the authors warn us about the use of some mood stabilizers (valproate - fetal valproate syndrome) and some herbal remedies such as ginseng (hormonal effects, including androgenization) and valerian (cytotoxic and mutagenic activity) during pregnancy. Chapter 10, "Bipolar affective disorder: special issues for women" also includes some management suggestions, e.g., about the necessity of good sleep, and more detailed discussion on the use of mood stabilizers and antipsychotics (missed in the previous chapter). The final two chapters provide standard and not very informative reviews of mood and menopause (chapter 11) and anxiety and depression in women in old age (chapter 12).

This volume deals with interesting topics in a bit uninteresting and uneven way. Some chapters (e.g., chapter 1 and chapter 9) are very informative and interesting, some are quite boring, overlapping and repetitive. I believe that this book would be of interest to those invested in gender differences research or those interested in women's health. However, those in regular clinical practice of psychiatry and related disciplines may find it neither very useful nor practical.

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Self-disclosure in Psychotherapy. By Barry A. Farber; The Guilford Press, New York, New York; 2006; ISBN 978-1-59385-323-5; \$30 (hardcover), 242 pp.

As Barry Farber writes in his book, "self-disclosure can refer to any behavior, verbal or nonverbal, that reveals information about a person." (p 133). In psychotherapy and psychotherapy training, there could be self-disclosure of patient to therapist, therapist to patient, supervisor to supervisee and supervisee to supervisor. I never thought of self-disclosure as a topic for an entire book, but as many times before, others proved me wrong. Dr. Farber wrote an entire book on self-disclosure in psychotherapy—and his book is not even the first one devoted entirely to self-disclosure. However, the previous volume devoted to this topic was published well over three decades ago (1). Reading Farber's recent volume, I was surprised how much has been actually published on this topic during the last several decades.