

Finally, although one reservation I have is that this book may prove a little daunting to the novice in the field of couple therapy, the other side of the coin is that its flexibility, adaptability and unlimited potential for creativity must make it a valuable tool for anyone seriously involved in helping couples. Equally, used with expert guidance, the book should be very practical to trainees on clinical training courses.

TINA BAKER

L. E. DE LISI (Ed.): *Depression in Schizophrenia*. American Psychiatric Press, Washington, D.C. (1990). 162 pp. £15.95.

This book is based on a symposium which took place at a meeting of the American Psychiatric Association in 1986. The contributors, half British, half North-American, can also be split fairly evenly into those who believe that depression is an integral part of schizophrenia (mostly the British contingent) and those who believe that the two are entirely separate entities (the North-American contributors). One of the former, Dr Crow from Northwick Park in London, takes an extreme position, in regarding them as both part of one and the same psychotic process.

I entirely disagree with Crow's position on this matter, and for the reason that he entirely ignores psychological (including neuropsychological) evidence to this effect. There is other—genetic—evidence against the unitary psychosis theory, which is well presented by several of the contributors here, but it is the psychological evidence which is overwhelming. It is true that the cause of each of the major psychoses (those delineated by Kraepelin in the 1890s—mania, depressive psychosis, schizophrenia/dementia praecox) is still unknown, but their nature is generally well known. By the latter I mean the complex of psychological deficiencies and phenomena. I do not see any need to re-open a debate on the psychological distinction between the three psychoses, when the issue has been examined from so many angles and found to hold up well. In fact an analysis of the phenomena and the psychological deficits in schizophrenia and depression generally shows the two conditions to exhibit completely opposite tendencies in this matter, not just different tendencies. In the sphere of memory, for example, schizophrenics have preserved short-term but impaired long-term memory whereas depressives show the reverse pattern. In the sphere of thought, concept attainment is one of the few aspects of a schizophrenic's thought which is preserved but one of the few aspects of a depressive's thought which is impaired. In schizophrenia their motor and speech problem is one of deviant movements and utterances, in depression it is one of quantitatively deficient output. The list can go on and on.

Only when psychiatrists learn to take heed of the psychological level in their work will they understand what they are doing.

JOHN CUTTING

A. S. BELLACK and M. HERSEN (Eds): *Handbook of Comparative Treatments for Adult Disorders*. Wiley, New York (1990). xviii + 556 pp. £50.00.

This multi-author book consists of 27 chapters divided into 9 sections. The first section provides an overview and introduces the general principles of the three treatment approaches covered in the book—psychodynamic psychotherapy, behavioural-cognitive psychotherapy and pharmacological treatments. The other sections cover 8 disorders: depression, panic/agoraphobia, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder, eating disorders, borderline personality disorder and alcohol/substance abuse. At least 2 treatment approaches are described for each disorder, usually 3. The authors are well known for their expertise in the field.

In general, the authors begin by defining the phenomena of the illness in question, followed by their conceptualization of the disorder, and then proceed to describe the implementation of their treatment strategies, ending by outlining the management of a typical case. Some authors briefly review the outcome using that approach. Each section ends with a short editorial commentary on the preceding chapters, wherein the use of a combined approach is usually advocated.

The book suffers from a frequent drawback with multi-author books—repetition, particularly as there are often three chapters on each topic. Many overlap on phenomenological and nosological issues. Also, there is much variation in the quality of individual chapters. Even though some authors briefly review short-term outcome using their approach, there is little information on comparative outcomes, in terms of cost-effectiveness, side-effects, safety and short- and long-term outcomes. Overall, the book does little to help the clinician decide on the most appropriate intervention for a specific illness. The problem with case illustrations is that they typically present the 'ideal' case where the application of strategies runs smoothly, but in clinical practice problems are often not as straightforward. The book is intended to be of use to clinicians but the drawbacks mentioned above limit its value.

GERALDINE O'SULLIVAN

IVY-MARIE BLACKBURN and KATE DAVIDSON: *Cognitive Therapy for Depression and Anxiety—A Practitioner's Guide*. Blackwell, Oxford (1990). viii + 230 pp. £19.50.

This is a welcome addition for trainee practitioners in cognitive therapy. The text deals with depression, generalised anxiety and panic disorder. There are introductory sections on phenomenology, diagnosis and epidemiology which I thought were superfluous as I would expect most readers to be sufficiently well-read already. The book does not cover phobic disorders as the authors state that there is no satisfactory evidence to date of the efficacy of cognitive therapy in

this area. I would dispute this: there is evidence that cognitive techniques can be a useful adjunct to exposure for social phobics. The book clearly describes the cognitive model although it neglects the role of self-defeating behaviours which reinforce and maintain maladaptive beliefs. The literature on the efficacy and indications for cognitive therapy is well reviewed. There is a good overview of the basic skills required and the conceptualization of a case. The main value of the book lies in the detailed transcriptions of the various stages of therapy with comments on the strategies employed.

It is a pity that the text does not integrate the techniques of other cognitive psychotherapies such as rational emotive therapy. The book, like cognitive therapy, is stronger on the treatment of depression than anxiety. It also tends to miss out on the detailed assessment of the more subtle avoidance behaviours, reassurance seeking and checking behaviour which occur in generalised anxiety or panic. Despite this, I would still recommend the book for trainees. However, Blackburn's own self-help book *Coping with Depression* (published by Chambers), and Trower, Casey and Dryden's book *Cognitive-Behavioural Counselling in Action* (published by Sage) provide good basic introductions and are better value at £3.00 and £8.00 respectively.

DAVID VEALE

W. J. FREMOUW, M. DE PERCEL and T. E. ELLIS: *Suicide Risk—Assessment and Response Guidelines*. Pergamon Press, New York (1990). ix + 167 pp. \$14.95 Paperback; \$26.00 Hardback.

This book, which is aimed at both beginning and experienced mental health workers, is successful in its aim to help practitioners "make a thorough and informed assessment of a client's current risk level and needs for various life-saving interventions". The strength of the book lies in chapters four and five which provide a comprehensive and sensible model for assessing suicidal risk in adult clients and a discussion of objective assessment instruments for monitoring changes in suicide risk. The assessment model and methods presented are cognitive-behavioural in orientation but can and should be applied regardless of one's therapeutic orientation.

The chapters on crisis management and longer term therapy of the adult suicidal client provide a good overview of a wide range of cognitive-behavioural procedures. However, readers should keep in mind that the authors' intention in these chapters was not to justify or demonstrate the efficacy of the various procedures for specific samples in specific situations on the basis of research findings.

In my opinion, it was not useful to combine discussions on the assessment and management of suicidal children with suicidal adolescents. The two age groups are sufficiently complex and different to have justified separate discussions. In fact neither receive adequate coverage and practitioners should take the advice of the authors and read more widely, particularly if working with suicidal clients of the early and late childhood age-group.

Although good advice, I felt it a shame that it was necessary to include frequent reminders throughout the book of the importance of complete and accurate record keeping to minimize the risk of a malpractice suit. I am still undecided on the need to publish an Appendix with details on the lethal doses of drug and chemical ingestion. Yet, overall, for those working with adults this book provides an excellent and accessible introduction to the professional issues involved in the assessment, monitoring and management of suicidal clients.

PAUL H. HARNETT

JANE GOODALL: *Through a Widow: 30 Years with the Chimpanzees of Gombe*. Weidenfeld & Nicolson, London (1990). X + 229 pp. £15.00.

Jane Goodall's work on the behaviour of chimpanzees in their natural habitat has received great acclaim. And rightly so. Her observations have thrown important new light on various aspects of chimpanzee behaviour, particularly the social aspects, and her work has contributed in a major way to the development of modern ethology. Jane Goodall achieved all this through sheer dedication and hard work—taking short cuts was not for her, and indeed there are no short cuts to new knowledge. This book is about her 30 yr in this endeavour.

In this very readable book, she gives an account of her research centre in the Gombe National Park in Tanzania, and describes many of her subjects and their behaviours. We meet Figan, Freud, Prof, Pom, Flint, Flo, Fifi, Gigi, Gilka, Goblin, Evered, Melissa and others. We learn about their mating, aggression, family relationships and social hierarchies. The accounts of power struggles, coalitions and war are fascinating. The stories of individuals are beautifully interwoven with wider themes.

This is a book that is simply a joy to read. Behavioural scientists and clinicians will perhaps prefer more technical communication as a source of information—and the book is in fact meant for a wider, more general, audience—but even they will find this a delight.

The book is beautifully illustrated. There are excellent photographs, a few of them in colour. What is remarkable about these is how *informative* they are and, along with their brief captions, they are almost a parallel and complementary narrative.

What will this reviewer remember most from this experience, in addition to the knowledge gained? To him, and perhaps to readers of this journal, the most lasting impressions will be the photographs of Freud, six of them in all. The one which shows a depressed Freud being comforted by his mother (between pages 86 and 87) is the most unforgettable of all. It will not be out of place in a museum in Vienna.

P. DE SILVA