

## **Book Reviews**

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Editor: Sidney Crown

**Continuities of Deprivation? The Newcastle 1000 Family Study.** By I. KOLVIN, F. J. W. MILLER, D. MCL. SCOTT, S. R. M. GATZANIS and M. FLEETING. London: Gower Publishing. 1990. 408 pp. £38.50.

This book is the final volume in the “Deprivation and disadvantage” series. Following a provocative ministerial speech in June 1972 from Sir Keith Joseph, the then Secretary of State for Social Services, regarding the circumstances which prevent people from developing their full potential, a wide variety of professionals were prompted into initiating many studies to look at the concept and process of ‘deprivation’. This text reports on a prospective longitudinal study of 1000 families in the Newcastle area.

This particular study was based on the concept that the total environment of a child influences all aspects of his or her development and functioning, that is, their physical, social, emotional and intellectual capabilities. If an optimal family environment was lacking then this may ultimately affect the child’s development in any one of the four mentioned spheres, which if not recognised and remedied may persist into adult life. Not only may the suboptimal functioning continue into adult life, but it may then affect the next generation of children who will then, in their turn, also receive inadequate care. It is these aspects of the processes involved in such proposed ‘cycles of deprivation’ that this study has attempted to elucidate.

The book starts by describing the origins and methodology of the study. Indeed, it is particularly frank in drawing attention to its own methodological problems regarding the type of data collected and the particular concepts of deprivation that the study utilised. There then follow five main sections each concerned with the particular area of the study. Firstly, there is an extremely detailed account of the demographic factors concerning the families of origin, the so-called ‘red spots’. This is then pursued in the subsequent section by looking at this cohort as children, in adulthood and in their choice of partners, and finally at the children of these people. The book then turns to consider and provide exhaustive data on the changes that had occurred within generations and also across generations.

Having presented this material the statistical analysis and approach of this data is considered in some depth. A further section attempts to look at the association of

deprivation and offending behaviour, and our current ability to predict criminality using this information.

The concluding chapters discuss at some length their findings and possible impact this has, not only on our understanding of the concept of deprivation, but also the possible importance of the certain factors in the maintenance of adverse sequelae. The conclusions are that whatever deprivation a child may experience, a fundamental family mechanism by which the child is affected is through inadequate physical and emotional care. The further mechanism they believe to be of fundamental importance concerns that of a concept of ‘educational handicap’. Although the precise processes are not fully apparent it is an important predictor of low occupational rating, unemployment and poor mothering ability. In fact, it is the multiple, rather than the single, deprivations that appear to have such widespread and damaging effects.

This volume contains a wealth of detailed information. Anyone who is faced with considering the mechanisms of the persistence of adverse experiences in one generation to the next will find this very full delineation and discussion of the Newcastle 1000 study invaluable.

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**Psychologists and Child Sexual Abuse.** By The British Psychological Society: Report of a working party comprising NEIL FRUDE, ANNE PEAKE, JEAN SAMBROOKS, PETER STRATTON and CHRIS CULLEN. Leicester: The British Psychological Society. 1990. 16 pp. £5.00.

It is difficult to see for whom this curious little pamphlet is intended. Its 16 pages, in huge print, and including a small bibliography, appear to be an exhortation to other professions to recognise the importance of psychology – or psychologists: the two are here confused.

It seems to me unlikely that other workers in this field are unaware that psychology is involved and this report contains very few research findings. On the other hand, if it is psychologists who are being marketed here, there are problems in the areas of both assessment and treatment. It is suggested that psychologists have “special assessment skills”, which would seem to imply face-to-

ace contact between psychologists and putative victims (here called "survivors"). However, given the emerging scale of the problem and the available number of clinical psychologists, this seems somewhat unrealistic. (I recently visited one district where the psychology service promised to a Community Mental Health Support Group was withdrawn completely, having been overwhelmed by the demand for help!). We are not told what the "special assessment skills" are or whether they could be taught to non-psychologists.

In relation to treatment, it is suggested that psychologists "work through other staff" by being "heavily involved in their training". This would seem more realistic, but realism reaches extraordinary depths, bordering on either cynicism or narcissism, when the authors state that "The goals (my emphasis) of intervention will depend . . . to some extent, on the kind of therapy offered by the particular psychologist".

The authors also suggest that psychologists may have a role in 'supporting' those who are involved in the field of sexual abuse. In addition "we may be uniquely well placed to contribute to advice on structures and procedures which would optimise interprofessional co-operation".

As for prevention, the authors acknowledge that "there is, so far, an inadequate research base for programmes of prevention". Are psychologists substantially contributing to this research? What does it mean when the authors tell us that the BPS is "supporting" it?

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**Handbook of Clinical Assessment of Children and Adolescents, Vols I & II.** Edited by CLARICE J. KESTENBAUM and DANIEL T. WILLIAMS. New York & London: New York University Press. 1988. 1170 pp.

The appearance of a new textbook in child and adolescent psychiatry has become a rarer event than it used to be, but the publication of a new American two-volume text is bound to be of great interest. The contributors to this multi-authored textbook are entirely drawn from psychiatrists and psychologists working in the USA, indeed they mainly come from prestigious centres in and around New York. The title of the book is misleading in that there is a large section on treatment approaches, and most of the chapters deal with management as well as assessment.

As might be expected, the structure of the book is heavily yoked to the DSM-III classification. In the introduction the editors stress the change in American child psychiatry from an anecdotal, discursive approach based exclusively on a psychoanalytic model, to an approach much more strongly linked to empirical findings. This change is largely reflected in the contents, although

there are exceptions. In the 1990s, it is difficult to continue to recommend the use of the Rorschach, even as a projective test, and the discussion of the psychosexual development of the pre-pubertal child is firmly free of any constraints provided by the empirical literature.

There are, however, many excellent chapters, too numerous to mention individually. I learned most from the chapters on pre-school language assessment, pervasive developmental disorders, and drug and alcohol problems. The increasing reliance that American clinicians place on questionnaires and structured interviews in making their assessments is noteworthy. For example, in the highly technically competent account of the assessment of anxiety disorders, there is a detailed description of the scales available for use, but no mention at all of the clinical skills that can be deployed to assess the functional disability produced by anxiety states, or those that can be used to link a child's anxiety with those of other members of the family, especially the parents.

These reservations apart, this two-volume textbook contains a great deal of value. It will probably not be the first choice of textbook for psychiatric libraries or specialist child and adolescent psychiatrists, but certainly should rank high among those currently available.

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**Annual Progress in Child Psychiatry and Child Development 1989.** Edited by STELLA CHESS and MARGARET HERTZIG. New York: Brunner/Mazel. 1990. 576 pp. \$50.00.

Yes, the editors of this annual review have done it again! They have successfully highlighted trends in original research and review over the previous year, as they have been doing annually for over two decades, thus ensuring that signal contributions of immediate topicality and lasting interest are brought to our attention and are not smothered by the profusion of journals and welter of publications in this and allied disciplines.

Ten themes have been selected, reflected in 33 papers which include studies of infancy, development, gender and race, special stress and coping, temperament, depression and suicide, clinical issues (covering AIDS), and adolescent issues. There are also papers covering the special issues of day care, and historical perspectives. The selection process cannot have been easy and called for breadth of vision allied to fine judgement regarding significant advances, rather than a blind dependence on distinguished departments or eminent names. The tour de force is the section on depression and suicide, with Klerman providing a focus on secular trends, Angold summarising developmental changes in psychopathology and biological manifestations, and a review of classificatory and diagnostic issues. Pfeffer's work gives