

There was only the briefest mention of suicide risk, which is inadequate in a book on depression. I must also take issue with the view that encouraging someone to talk about their feelings is an "over-medicalisation of counselling" (p. 94), with the implication that this is patronising; elsewhere in the book the author states that he has a tendency to be paternalistic at times – I think this is evident periodically in the style of the writing and the implication that the client will improve if the counsellor imposes the correct cognitive-behavioural techniques upon him or her.

Despite the above caveats, this book is an overall useful read for those working with depressed clients; in particular the final chapter on special problems deals helpfully with shame and guilt.

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#### **Schizophrenia. An Overview and Practical Handbook.**

Edited by DAVID J. KAVANAGH. London: Chapman and Hall. 1992. 464 pp. £29.95.

The editor declares that his goal was a comprehensive yet integrated account of current research and management of schizophrenia. The integrating thread is the stress-vulnerability model, described in the introduction by Joseph Zubin who contributed so much to the formulation of the model. According to this model, various aetiological factors can create a predisposition to suffer symptoms when stress exceeds a threshold.

The book reflects the understanding of schizophrenia in the twilight of an era in which the foundations for a scientific description of the illness were laid. Brain imaging techniques showed beyond reasonable doubt that vulnerability to schizophrenia is associated with structural abnormality of the brain, while, on a different front, scientific methods were applied to the task of establishing the role of psychosocial stressors in precipitating symptoms.

The research-oriented chapters in the first section provide a competent summary of schizophrenic research in the 1970s and mid-1980s. However, the book fails to portray the exciting prospects of the 1990s, in which we might expect substantial progress in understanding the higher mental processes which lie at the heart of schizophrenia. We are shown none of the tantalising glimpses which contemporary neuroscience offers of the complex, autoregulatory neural processes subserving higher mental processes.

The strengths of the book are in its sections on assessment and clinical treatment. McGorry, Singh & Copolov begin the chapters on assessment in the second section with a concise summary of instruments for assessing symptoms and diagnosis, set within a thought-provoking summary of the issues at stake. The 11

chapters devoted to assessment range far beyond symptoms and diagnosis, to cover social skills, life events, family interaction, social networks, the prediction of relapse, and dangerousness.

The third section deals with pharmacological, psychological, and social treatment. Stephen Marder's chapter on pharmacological treatment emphasises the synergy between medication and psychosocial treatment. This theme is further developed in a chapter by Piatkowska & Farnill that points out the need to shift from the concept of compliance to one of therapeutic alliance based on reciprocal communication between patients and professionals.

This is a valuable book for trainees seeking an account of research of the previous two decades, and a sound description of clinical practice. It will be of less interest to those seeking to identify the direction of innovative current research.

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#### **Reconstructing Schizophrenia.** Edited by RICHARD P. BENTALL. London: Routledge. 1990. 308 pp. £13.99.

The contributors to this challenging book are psychologists with experience in the field of adult psychopathology. Contained in the collection is a wealth of well referenced, interesting material ranging widely over the subject. Unfortunately, the useful messages are obscured by the tone which is at times frankly aggressive, for example "schizophrenia is the bedrock condition that justifies the existence of psychiatry".

The impression given of the 'biological model' as simple, is disappointing. My understanding of biological systems is that they are complex and dynamic, with continuity between normal and abnormal states. Why should a 'biological approach' encourage dehumanising the patient? None of the authors acknowledged the diversity of opinion held by those working within a 'biological' framework. Rather, the approach is portrayed as confining and not allowing for social and individual psychological variables to be taken into account.

Little attention is paid to psychiatry as a discipline continually evolving within its social context. The assumption that psychiatrists adhere blindly to diagnostic systems fails to acknowledge the struggle many clinicians have with instruments such as the DSM-III-R in everyday clinical practice.

In the third section, which I thought the most useful, a variety of treatment approaches not usually found in one book are discussed. It is important to be reminded of techniques which may facilitate use of lower doses of medication.

This book does not examine the concept of schizophrenia without preconceptions as promised. As a

discussion document it is interesting and challenging but, unfortunately, is written in an adversarial rather than exploratory style. Further understanding of the process of schizophrenia in a social context and at the level of the individual will more likely be gained through collaboration between disciplines.

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**Practical Psychiatry.** TIM BETTS and CLAIRE KENWOOD. Oxford: Oxford University Press. 1992. 555 pp. £14.95.

*Practical Psychiatry* is part of the Oxford University Press's excellent series of pocket medical references; since they are designed for those doctors who see the vast majority of patients in any health service, these are actually probably some of the most clinically influential textbooks currently published. This volume is concise enough to slip into any pocket, and adequately comprehensive to cover all the topics which lead to trainee anxiety.

Assessment, diagnosis, and management remain controversial in psychiatry, so quibbling with these competent authors would reveal more about personal clinical style than any substantive omission. Yet the lack of emphasis on seeking an informant, particularly for those from other cultures, was troubling; and the vague exhortation to talk violent patients down, without details on how this is achieved, was ominous. Furthermore, trainees will yet again leave even this book overwhelmed with the mass of information they must glean from patients, without any sense of what issues to prioritise, and when.

The academic psychiatrist may be irritated by statements like "... psychiatry is a less scientifically rigorous subject than the trainee has been used to ...", compounded by the authors' own inadequate definition of an operational classification.

The tutor of trainees will be impressed, but still left wondering what this book offers over similar titles such as *A Manual of Practical Psychiatry* by Bebbington & Hill. The problem is that all these works, in sifting out so-called essentials, strangle the life from their subject.

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**Self-Delight in a Harsh World: The Main Stories of Individual, Marital and Family Psychotherapy.** By JAMES P. GUSTAFSON. London: W. W. Norton. 1992. 152 pp. £15.95.

This is an idiosyncratic, interesting, but ultimately rather irritating book. James Gustafson who is Professor of Psychiatry at the University of Wisconsin, is also chief of the Brief Psychotherapy Clinic in the Wisconsin Family Therapy Team. His theoretical orientation is eclectic, drawing on a wide variety of sources from the field of family therapy.

In this book Professor Gustafson explores the dangers of excessive objectivity or subjectivity in psychotherapy, and asserts the value of combining both with a 'narrative' view which emphasises the patient's participation in the continuing drama of everyday life. Professor Gustafson proposes that most peoples' 'stories' are determined by their responses to others' power, and suggests that these responses can be grouped under one of three headings: over-powering, subservience, and bureaucratic delay. The ideas are appealingly simple but seem surprisingly reductionist from an author who appears to have a fertile, creative mind and a wide theoretical background.

He gives numerous case examples from the three categories of maladaptive response, and it seems that therapy is directed at uncovering which of these basic dynamics is operating, and examining what alternatives there may be, the objective being the achievement of the self-delight referred to in the title. There are theoretical similarities with cognitive therapies and transactional analysis, with family therapy and with the dynamic psychotherapies. There is, however, no apparent interest in exploring the early life origins of present problems, nor in exploring transference phenomena. The clinical material is interesting in conveying Professor Gustafson's creative personal blend of different therapeutic approaches, but often fails to convey the underlying principles in a way which would inform the reader's own practice.

The general tone of the book is pretentious; the text is overembellished with quotations, some of doubtful relevance, and the colloquial American prose-style (justified at some length in the introduction) is irritating.

In summary the book is of interest as an idiosyncratic personal account, but could not be recommended for purchase for a psychiatric library.

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