

protected, and yet gives full consideration to the vulnerabilities of the therapist. The author reminds us of the growing preparedness of patients to sue for negligent or improper treatment, but asks whether a genuine attempt to obtain a patient's informed consent may not, necessarily, undermine or render impossible the subsequent course of therapy. Lakin ends with a chapter entitled 'Where we are now, where we go from here'. The best preventive measure to deal with the possibility of unethical conduct by psychotherapists is, he states, personal therapy as an integral part of their professional training. While endorsing that, I also recommend that they read this book.

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Current Issues in Clinical Psychology 1986. Edited by NADINE EISENBERG and DAVID GLASGOW. Aldershot: Gower. 1988. 218 pp. £25.00, \$50.00.

This volume presents the proceedings of the 1986 Annual Merseyside Conference of Clinical Psychology. Thus there is a variability of standards within the contributions. However, most of the chapters are readable and informative and all are short.

The four topic areas selected for this volume are: 'Rehabilitation of the head injured'; 'Giving psychology away'; 'Riots, war and the bomb'; and 'Psychiatric rehabilitation'. All five chapters in this first section highlight the failure of acute medicine to cope with the chronic problems of the head-injured and the paucity of services for these patients.

The next section highlights the current dilemmas within clinical psychology: should psychologists maintain a closed shop, train everyone else in psychological methods, or become managers? Those who thought clinical psychology was a homogeneous profession may be surprised to find we may be in danger of tearing ourselves apart.

The section on riots and war, although uneven, did raise important issues. The chapter by Ayalon on the effects of terrorism on the civilian population in Israel is especially worth mentioning.

The section on psychiatric rehabilitation is perhaps the patchiest, but of interest is the chapter by Birchwood & Smith, who describe a joint-funded programme run by clinical psychologists. This programme provides an integrated service for sufferers from schizophrenia and their families, including family intervention and management; identification of prodromal signs of relapse and low dose medication; and finally training for patients in self-control of persistent symptoms.

In summary, this is a good book of its kind.

NICHOLAS TARRIER, *Top Grade Clinical Psychologist, Prestwich Hospital*

Early Prediction and Prevention of Child Abuse. Edited by KEVIN BROWNE, CLIFF DAVIES and PETER STRATTON. Chichester: John Wiley. 1988. 315 pp. £9.50.

The term 'child abuse' is increasingly being used to describe any act of commission or omission on the part of a parent or other 'carer' which society finds unacceptable and which is presumed to be harmful, whether or not it involves physical injury, neglect of basic necessities, or inappropriate sexual activities. Its moral and shameful connotations leads to concealment, so that its prediction and prevention are made particularly difficult.

This book, based on a conference, includes contributions from 22 authors with a wide range of interests and perspectives. The majority of them work in Britain. One or two of the chapters are noteworthy. Chapter 9, written by Jim Stevenson from the Psychology Department of Surrey University and his colleagues, describes a controlled trial of the efficacy of training health visitors to use behavioural management techniques. Although the attempt was unsuccessful, the design of their study and their discussion is well worth reading. Chapter 14, by Rory Nicol, Professor of Child Psychiatry at the University of Leicester, discusses the treatment of child abuse in the home in an interesting and informative way. The account of the Minneapolis mother-child project by Byron Egeland in chapter 6 is also a useful contribution, particularly in the implications for breaking the cycle of abuse across generations. Although some of the other chapters do provide helpful information and may be worth dipping into, I found most of the book unsatisfactory. There is a considerable variation in the 'hardness' of the research described, and some of the work reported is frankly controversial, such as the chapter by Helga Hanks, Chris Hobbs and Jane Wynne on signs of sexual abuse in the pre-school child.

There are many better books recently published on child abuse in general and child sexual abuse in particular. Except for the chapters described above, I would not recommend this one.

IAN BERG, *Consultant Child Psychiatrist, High Royds Hospital, Menston, West Yorkshire*

Sensory Deception: A Scientific Analysis of Hallucination. By PETER D. SLADE and RICHARD P. BENTALL. London: Croom Helm. 1988. 285 pp. £22.50.

Psychiatrists tend to adopt a somewhat simplistic approach to hallucinations experienced by their patients – is it organic or functional in origin? one voice or more? heard through the ears or in the head? and so on. This book by two clinical psychologists seeks to present a more comprehensive account of the phenomenon. It reviews not only the traditional biological theories and

pharmacotherapy of hallucinations in schizophrenia and other disorders, but also looks at psychosocial theories of causation and possible psychological treatments in drug-resistant cases. Although rather brief in content, it manages to include an extensive coverage of the available literature on the subject, paying particular attention to the occurrence of hallucinations in healthy individuals, and suggesting that all forms of sensory deception lie on a continuum with 'normal' mental states.

The authors propose an integrative aetiological model which presents hallucination as a deficiency of reality discrimination and refers to much of the recent research into metacognition. This model attempts to explain how various factors, such as stress-induced arousal, sensory deprivation, reinforcement, and expectancy, may cause a person to fail to discriminate the real from the imagined under certain circumstances, and thereby hallucinate.

Overall, the book is clear and concise, without using too much psychological jargon, and there is a great deal to stimulate the reader. Unfortunately, the authors are somewhat dismissive of the wealth of research into the genetic and biochemical theories of schizophrenia (and by inference, hallucinations), citing methodological faults in the numerous studies previously undertaken. However, when advocating the case for psychological treatments, which they strongly favour, they mostly quote single-patient studies as evidence for their efficacy. This seems a biased approach but, nevertheless, it is a useful and enjoyable book which will interest psychiatrists and other mental health workers.

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A Casebook in Time-Limited Psychotherapy. By JAMES MANN and ROBERT GOLDMAN. Washington, DC: American Psychiatric Press. 1987. 179 pp. £11.95.

Time-limited psychotherapy, well illustrated in this paperback edition of the original casebook, offers a brief psychotherapeutic model revolving, like Euclidean geometry, on acceptance of two principles (or axioms): (a) consistent emphasis on the time limit of 12 sessions, thereby heightening key transference issues of separation and loss which are addressed later in therapy; and (b) clarification of and presentation to the patient of the 'central issue' (a lifelong painful self-perception) whose antecedents and maintaining factors are discovered and worked through in therapy by linking it with the first principle.

Contrasting their system with that of Sifneos and Malan, the authors make an unsubstantiated claim to be able to reach a wider clientele having more severe and pre-Oedipal conflicts. The first four chapters deal with the treatment model, connecting time-related factors and case and central issue selection. This is a coherent synopsis of Mann's *Time-Limited Psychotherapy* drawing on a wide, if eclectic, range of theories, and threatening occasionally to become a mish-mash rather than a synthesis, with a relative inattention to countertransference and short-circuiting of transference issues.

This is offset by the following six chapters, which are excellent, if predictably teleological, case illustrations including phobic and hypochondriacal reactions, hysterical conversion, and character neuroses. Hysteria is over-represented, however, at the expense of other conditions.

I would recommend the book, especially to trainees interested in brief psychotherapy, with the proviso that the advantages of this particular method are something which only time will tell.

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Psychosomatic Medicine Past and Future. Edited by GEORGE N. CHRISTODOULOU. New York: Plenum. 1987. 380 pp. \$65.00.

This volume of selected contributions to the 16th European Conference on Psychosomatic Research (1986) should be full of riches. They are hard to find, due to a limited and inaccurate subject index. Other criticisms are the typeface presentation, with superscripts overlapping the line above, and the fact that no attempt has been made to correct widespread errors of written English, which would have been perfectly acceptable in the spoken context of an international conference (... "we are studying since many years...").

The collection contains some readable and interesting historical reviews, and judicious dipping in also gives a sense of international perspective in this complicated subject. It is interesting that some papers still retain the traditional psychosomatic medicine approach wherein some conditions are perceived as more 'psychosomatic' than others. I do not feel this volume is worth its price, except for the large departmental library with a special liaison interest.

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