

ideas on current and future research into the cognitive disorders, and their localisation in the brain, which underlie the symptoms of schizophrenia. Techniques discussed range from diverse cognitive tests, through analysis of home videos, to PET neuroimaging. Clear explanations of theoretical background and experimental techniques ensure that each topic is accessible. Author and subject indexes and extensive referencing will make it useful as a resource book.

The diversity of the book is, however, both its strength and its weakness. It offers a neuropsychological perspective on a disorder which is aetiologically heterogeneous, in which a multitude of psychological and neuropsychological deficits are studied using diverse research techniques, pursuing different theoretical models at different levels of explanation. In effect the book offers a review of the state of research into the neuropsychology of schizophrenia, but (perhaps inevitably) no synthesis of the many ideas on offer. It will be valuable to psychologists and psychiatrists with a particular interest in this field. Clinicians wishing to develop their understanding of the diverse psychological and neurological processes underlying schizophrenia will want to dip into it, but may be disappointed by a relative lack of direct therapeutic relevance and overview.

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**Family Therapy: Fundamentals of Theory and Practice.** By WILLIAM A. GRIFFIN. New York: Brunner/Mazel. 1993. 204 pp. US \$18.95 (pb).

This is a welcome addition to the range of books available on family therapy. It surpasses other introductory textbooks on the subject for a number of reasons, the most commendable of which is its clarity.

It is my impression that it is often difficult to convey the shift of perspective required when a family therapy mantle is taken on. A number of basic assumptions about therapy, systems and relationships underpin all family therapy or, more accurately, systemic approaches. These are often overlooked, not emphasised enough, or are conveyed in a language so complex that the reader is instantly turned off. The crowning achievement of this book is that it does get across some very basic ideas and goes on to build on these. For example, Griffin talks about "therapy with the relationship" which I find a very useful shorthand prompt which should help the novice to hold on to a systemic perspective. Furthermore, his explicit explanation of what that actually means is helpful. His idea of exploring relationships with "intangible objects" such as family myths, preconceived notions of ideal behaviour, or the history of the relationship, seems to be particularly helpful for beginners, especially those who are comfortable with more linear approaches to assessment and treatment.

This text moves from theory to practice. It gives clear and basic information before going on to relate theory to technique in a very practical way. The author presents key ideas from a number of family therapy schools, most of which are, understandably, North American.

I found this book concise and easy to read, and would encourage aspiring family therapists and other mental health professionals to read it.

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**Clinical Klein.** By R. D. HINSELWOOD. London: Free Association Books. 1994. 260 pp. £16.95 (pb).

This is the best introduction to Kleinian psychoanalysis and to the more recent developments since the foundations laid by Melanie Klein herself. Hinshelwood carefully explains each core concept, with clear clinical illustrations taken from a variety of Kleinian authors. He empathises with the reader who is new to this way of thinking, and attempts to elucidate some of the strange clinical phenomena and interpretations by means of familiar ideas and experiences. The reader will find a fuller examination and exploration of clinical illustrations and the assumptions behind the work than the original authors provided. There are substantial accounts of some of the ways of understanding schizophrenic processes, especially disturbances in the capacity to think, showing how these have led to a greater understanding of subtle disturbances of thought in less ill patients.

A central theme in the descriptions of contemporary Kleinian technique is that of emotional contact and emotional knowing—the patient's contact with the needy child self and the analyst's contact with the patient. Many examples are presented of patients who are dominated by life-denying organisations within the personality, where death is idealised as a solution to the pain of living. In these organisations of mind, truth itself is perverted so that the mind is poisoned by a proliferation of lies, and order is maintained through internal brutality and terror. As Hinshelwood states, "if ever an epitaph for Kleinian psychoanalysis has one day to be written, it will surely refer to the relentless hunting down of all the forms of destructiveness that so spoil the greatest human aspirations".

Hinshelwood manages to convey the remarkable creativity of Kleinian psychoanalysis, its exploration of obscure, primitive and complex states of mind, and the continuing development of the approach. The early emphasis on destructiveness at one time gave rise, in some instances, to a notoriously adversarial position between patient and analyst, but Hinshelwood describes how this is less the case currently, with more emphasis now upon the adversarial relationships *within* the patient. Close attention to the fine grain of

the interaction between patient and analyst remains a central characteristic. Hinshelwood portrays the group of Kleinian analysts as like a research team, each pursuing different areas of investigation but relating together as a coherent whole.

Hinshelwood has succeeded admirably in his task of introducing the work of Kleinian analysts and this will undoubtedly be the book to recommend to psychiatrists and psychotherapists in training, and indeed to anyone who wants to get some idea of what this approach is all about.

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**Post-Traumatic Stress Disorder – Additional Perspectives.** By MERRILL I. LIPTON. Springfield, IL: Charles C. Thomas. 1994. 241 pp. US \$48.75 (hb).

This book certainly ranks highly among those texts that offer practical advice to clinicians in mental health. Trauma is a common event, but the effects of it are often missed and many of these people go on to experience severe psychological disturbance. The symptoms of post-traumatic stress disorder (PTSD) are listed sequentially, with each one having an entire chapter devoted to it with a description of how the symptom may present or be suspected and detected. All symptoms from the DSM-III-R are discussed, and then the author describes a further 19 symptoms (in 19 subsequent chapters) that he has come to consider as important in this condition. Unfortunately this tends to confuse the reader upon first opening the book, because there are some 86 chapters within 240 pages.

The treatment section again considers each symptom in turn, with advice on management in individual chapters. Although the listing of individual symptoms and their management may be advantageous in that

the treatment of a particular symptom can be looked up, the chapter numbering system does not allow easy cross-referral from the symptom description chapter to the symptom treatment chapter.

The title implies that this book in some way offers additional perspectives to previous monologues, and this is probably a fair representation. Lipton is candid about his own personal experiences as a military veteran and how the effects of PTSD went undetected in himself for many years. By use of personal memories and experiences he has better understood others with similar problems. Over the last decade, work with many hundreds of victims of trauma has occurred, and insights are shared in the book. Although there is some repetition within the text, there are lots of "hidden gems" worth waiting for.

The chapters on prevention and treatment of PTSD are comprehensive and up-to-date. A multi-modality approach is presented to help the reader deal with acute and chronic states, and the role of medication is carefully considered. Lipton repeatedly returns to the importance of detecting and reducing ruminations in the management of this condition. Useful suggestions are also suggested in making contingency plans for dealing with disasters, and it is worrying that so few of these are currently in place, at least in the UK. This failing potentially exposes many innocent people – like emergency medical personnel and fire-fighters – to the possibility of developing PTSD. Even more worrying is the likelihood that many of these traumatised individuals will fail to have their problem detected.

Although not discussed within the text, one example pertinent to mental health professionals is how they could be helped to deal with the effects of the suicide of a patient under their care. The book is highly recommended reading for all those working in mental health.

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