

**Clues: Investigating Solutions in Brief Therapy.** By STEVE DE SHAZER. London: W. W. Norton. 1988. 202 pp. \$25.00.

This is a book to be recommended. It is relatively short, and clearly written. Its style might not strike a chord with those who are more at home with traditional psychoanalytic styles of writing. Nevertheless, the jargon which is used is usually adequately defined.

This book develops from a simple, single observation, namely that patients in their initial presentation often indicate to the therapist that their complaint, symptom, abnormal behaviour, etc. may not be entirely consistent; that it may be sometimes absent. This seeming commonplace forms the heart of the treatment approach. What the author develops around it is a rationale and course of action which aims to bring to the patient more opportunities for the symptom to fail to appear, and hence to achieve symptom removal.

The treatment approach is largely cognitive in style, but includes addressing issues to do with poor motivation. No obvious use is made of the concept of unconscious processes. This may not be a failing, however, and since the results of the treatment, at least in the hands of the author and his associates, is brief and particularly successful, the method merits the serious attention of other workers.

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**Family Evaluation: An Approach Based on Bowen Theory.** By MICHAEL E. KERR and MURRAY BOWEN. London: W. W. Norton. 1989. 400 pp. £22.00.

This is a book written by family therapists about a system of 'family evaluation' developed by Bowen, who was apparently influenced in formulating his ideas by two publications: E. O. Wilson's *Sociobiology* and P. D. MacLean's *Education and the Brain*. The reader is introduced to a variety of technical terms based on suppositions about how families function and how psychiatric disorders occur. The authors go to considerable lengths to justify their theoretical framework, reaching out into the realms of how the physical sciences as well as the biological sciences developed, which I believe will make the average reader uncomfortable. It is all very well for a populist writer to start with such fundamentals in describing how the double helix configuration of DNA was discovered, but when two American psychiatrists attempt to give this degree of significance to an esoteric form of clinical assessment, it comes over as pretentious. A blow-by-blow detailed historical account of how the system was formulated is provided, such as might be appropriate for Alexander Fleming discovering penicillin or Louis Pasteur carrying out the experiment which revolutionised medicine.

The author's recommended system of family evaluation is described in a book of about 180 000 words. A lot of assertions are made, particularly about how psychiatric problems arise, without reference to any hard evidence which would serve to support the views expressed. Considering the importance the writers appear to attach their own work, it is surprising how little solid backing in the form of references to the scientific literature are made. I would guess that the methods and ideas that they advocate which a family therapist would find useful would also be found in a more concise and cheaper *vade-mecum* on this subject. This book is not to be recommended either to individuals or libraries.

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**The Hypothalamic-Pituitary-Adrenal Axis – Physiology, Pathophysiology and Psychiatric Implications.** Edited by ALAN F. SCHATZBERG and CHARLES B. NEMEROFF. New York: Raven Press. 1988. 223 pp. \$61.50.

This volume arises out of a symposium held at the Annual Meeting of the American College of Neuropsychopharmacology in Hawaii in 1985. Because of the rapid evolution of this field, contributors have included in their chapters new data beyond those presented at the symposium. The contributors are all American biological psychiatrists, and the book reflects both the strengths and weaknesses of that group and the advantages and disadvantages of books originating from meetings.

The main focus of the book is the role of corticotrophin-releasing factor (CRF) in the production of hypercortisolaemia in depression. CRF was isolated from the hypothalamus, but it is now known to have an extensive but discrete CNS distribution. The peptide is increased in the CSF in depressed patients, and when it is administered to animals there are a number of interesting behavioural effects. There is no doubt that this is a fascinating area of neurobiology – the so-called 'new neuroendocrinology'. It seems likely that CRF is an important mediator of the behavioural response to 'stress'. The authors of several chapters link these observations and go on to suggest that CRF hypersecretion is important in the genesis of depressive disorders. However, in their enthusiasm these authors seem to have forgotten that many depressed patients do not exhibit hypercortisolaemia and that the clinical associations and specificity of the DST are far from clear. Moreover, in many chapters it appears that chronic stress is seen as the equivalent of depression.

A scholarly chapter from Sopolsky & McEwen puts forward the notion that the raised steroids found in depressed patients and Alzheimer-type dementia patients