

The final section discusses recommendations for treatment, focusing on cognitive/behavioural, physical, educational and self-help methods. There was no reference to any psychodynamic perspective on trauma and child sexual abuse, and little exploration of the difficulties in the treatment of incest survivors.

This project represents an important attempt to understand the meaning of incest and child abuse, and describes some of the complexity of its sequelae. However, the methodology is limited and lacks completeness.

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**The Course of Life. Vol. V: Early Adulthood.** Edited by GEORGE H. POLLOCK and STANLEY I. GREENSPAN. Madison, Connecticut: International Universities Press. 1993. 420 pp. US\$50.00 (hb).

It has always seemed necessary to me to indicate the level of maturity of a person when making a formulation of their psychiatric problem. Now that lifespan developmental psychopathology is recognised, a scientific basis for developmental description throughout adult life is emerging. We now recognise that psychological development does not stop at 18. So where is psychoanalysis in all this? For ages it has been the pre-eminent developmental metaphor, even if not strictly scientific. Does it help inform an axis of development which can be applied to psychiatric cases whatever their age?

Pollock and Greenspan originally edited a series of developmental papers by psychoanalysts, mostly American, in the early 1980s. These books have now been revised and enlarged and this is the fifth volume. It is dedicated to the neglected area of early adult life, although not exclusively. I was delighted to find a chapter (by Elliot Jaques) on the midlife crisis, which made me revise my notions of what early adulthood might include. The title of the book is misleading, as several contributors refer to established adulthood or even the elderly. Even here it seems difficult to maintain a clear focus on older teenagers and young adults.

This is a book to relish. There are eleven essays on the application of modern American psychoanalytic thinking to adult development and psychopathology. Person on femininity and Kernberg on borderline personality write particularly helpfully, and the final chapter on an approach to assessment by Greenspan & Polk proposes a system which is clinically useful. These are chapters which should find their way into reading lists for higher trainees. Psychoanalysis continues to provoke thinking.

There are good reference lists, but I cannot see why it is necessary to list 32 references to Freud in one chapter, especially as some of them are almost 100

years old. However, most of the book looks forward, integrating scientific studies of development with carefully explained psychoanalytic concepts. I don't think everyone should read all of it, but a library for thoughtful clinicians should include it.

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**Precursors and Causes in Development and Psychopathology.** Edited by DALE F. HAY and ADRIAN ANGOLD. Chichester: Wiley. 1993. 320 pp. £34.95.

This volume aims to bridge the gap between child development and clinical psychiatry. The editors invited a number of scholars from Britain and the US to reflect on ways in which the concepts of 'precursors' and 'cause' have been applied to normal and abnormal development. The book contains contributions from developmental psychology, child psychiatry, genetics, neuroscience, statistical theory, and the philosophy of science. The result is a thoughtful and interesting review of the underlying concepts and implications for the interpretation of research findings, leading to the editors' recommendation to abandon conventional causal analysis in favour of formalising the descriptive task of developmental research in probabilistic terms (i.e. rather than searching for a cause, researchers should describe the probabilistic relationship of interactions at any level of analysis).

Each chapter provides an excellent overview of contemporary knowledge and applied research strategies in: brain abnormalities and psychological development; developmental behaviour genetics; infant precursors of childhood intellectual and verbal abilities; children's theory of mind; development of prosocial behaviour; attachment in infancy and later adjustment; development of criminal offending; and childhood depression.

However, the chapters vary in their readability. At times the integration of philosophical ideas and statistical concepts makes it difficult to appreciate the accumulated knowledge and innovative ideas for future research.

The authors differ from maintaining the terms 'precursors' and 'cause' to the suggestion to reject the nouns of everyday speech or common-sense concepts because of their implicit limitations. However, all stress the importance to move on from unidirectional and reductionistic interpretations of causation, to the analysis of multiple pathways and outcomes of development with contemporary statistical approaches (i.e. parameter estimation, likelihood modelling and graphical techniques).

The editors choose to remain agnostic as to whether true causes exist, but their recommendation to strive for more precise descriptions and the other authors'

stimulating and thought-provoking suggestions will certainly contribute to scientific progress in developmental research. I recommend this resource book to all researchers in developmental child psychology and psychiatry; it should be in any departmental library.

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**Clinical Case Management: A Guide to Comprehensive Treatment of Serious Mental Illness.**

Edited by ROBERT W. SURBER. London: Sage. 1994. 275 pp. £18.95 (pb).

This multi-authored book rests heavily upon contributions from American social work practitioners and teachers. Of the 11 contributors, eight are social workers, two are psychologists and one is a psychiatrist. I approached the book with pleasurable anticipation, thinking that I would find an up-to-date review of counselling, social work practice and methods found to be helpful with seriously mentally ill clients/patients. However, I found that I was merely revisiting territory and statements all too familiar to me in the 1960s and '70s, when some of us, then engaged in social work education, relied heavily on American texts based on the then popular 'systems approach' to social work problem-solving.

This text restates some of these earlier prescriptions and principles, albeit in modern terminology; for clinical manager read social worker, and so on. Somewhat bland generalisations abound, for example, "people who suffer from severe mental illness can be very difficult to treat" and "seriously mentally ill clients desire to be treated as people and not as problems".

The book suffers from some repetition, and its merits are not enhanced by the absence of an index. Psychiatrists will learn little, except that social work education and practice in the US still seems to suffer from an unbecoming degree of pretentiousness; I doubt if social work teachers in this country will place the book high on their reading lists.

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**From Pain to Violence: The Traumatic Roots of Destructiveness.** By FELICITY DE ZULUETA. London: Whurr. 1993. 325 pp. £17.50 (pb).

The recent murders of James Bulger and Suzanne Capper pose the question of why such things happen. The helping professions are turned to at such times, with an expectation that we may be able to offer some explanation and hope for the future. *From Pain to Violence* offers a comprehensive review of the issues,

and integrates approaches from the theoretical backgrounds of biology, ethology, psychology and psychoanalysis.

The book is in three sections, starting with "attachment gone wrong", and focuses on theoretical models that might inform our thinking about violence within relationships. Particular emphasis is given to the development of John Bowlby's work, including the ethological studies of Harlow on monkey behaviour, and also the later research on patterns of attachment in human beings. It is heartening to read such prominence given to Bowlby's ideas, which have become seemingly much more acceptable since his death. This book also reminds us that psychoanalysis has evolved considerably since Sigmund Freud (e.g. the proposition by Kohut of narcissistic rage in the genesis of violence).

The second section, "the psychology of trauma", examines the traumatic origins of violence and covers child sexual abuse, and the long-term effects of post-traumatic stress disorder. So much violence is perpetrated within the family where the roles of abuser and carer are inextricably interlinked, so that the 'trauma' of the abuse is not perceived at the time, but the 'trauma of realisation' may arrive at a conscious level months or even years after. Multiple personality disorder and dissociation in general are discussed sensibly, without getting caught in the "it does exist" and "it does not exist" dichotomy; instead, the varying mechanisms (both conscious and unconscious) that abused people use to survive their terrifying experiences are pointed out.

The third section addresses the "prevalence of psychological trauma", especially its legitimisation by the state, including the area of acting 'under orders', and the cultural sanctioning of violence.

This book manages to combine the approaches of research, and the best practice of psychiatry, with the humanity of psychotherapy. Highly recommended – and even if the answers provided lead us to yet more questions, the book has both the breadth and depth to help us understand our patients better.

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**Treatment Options in Addiction: Medical Management of Alcohol and Opiate Abuse.** Edited by COLIN BREWER. London: Gaskell. 1993. 108 pp. £7.50 (pb).

In the Foreword, the editor justifies this book as it is well-referenced and novel. I agree, especially concerning those chapters on disulfiram and naltrexone. He acknowledges the omission of papers on severe alcohol withdrawal and conventional in-patient opiate withdrawal. He rationalises this by saying there is little disagreement in this area. I disagree with his rationalisation.