

## Book reviews

*The Prevention of Mental Illness in Primary Care*. Edited by T. Kendrick, A. Tylee and P. Freeling. (Pp. 398; £27.95 pb.) Cambridge University Press: Cambridge. 1996.

Since the notion of prevention is so intuitively familiar, why should it be so hard to define? After all, hasn't everyone heard that 'prevention is better than cure'? But hold on, if a preventive action is one which stops something undesirable from occurring, then surely a cure (or treatment) is also prevention? The answer is that according to the traditional tripartite model, treatment is prevention, or more specifically secondary and tertiary prevention. 'True' prevention, in the ordinary sense of the word, is defined as 'primary prevention'. Though undoubtedly helpful, this model also makes it possible for books to be written such as *The Prevention of Mental Illness in Primary Care*, which are really about treatment. The point where prevention and treatment part company is when we begin to think in terms of populations and the public health rather than individuals, though sadly most clinicians working in the field of mental health are reluctant to travel this route.

This book amply demonstrates just how much is known about the effective treatment of mental illness in primary care and just how little about prevention. Though in no way a criticism of the authors or editors of *The Prevention of Mental Illness in Primary Care*, there is precious little evidence that preventive measures (other than those that are also accepted as good practice in the treatment of established disorder) have ever had much impact in the field of mental health, or on the day-to-day work of either psychiatrists or general practitioners. Why this should be so remains both mysterious and infuriating, particularly in the light of two persuasive and eloquent editorials by the late Geoffrey Rose in this journal in the early 1990s. One argument is that there is just too much uncertainty about the aetiology of psychiatric disorders to justify costly preventive interventions. Though possible, this seems implausible; a more likely (if contro-

versial) explanation is that risk factors that may account for the largest proportion of the most common and costly disorders, anxiety and depression, are not amenable to simple and politically expedient interventions. As Rose himself pointed out, the problem is that there is no obvious mental health equivalent of the control of cholera through the elimination of water pollution.

The great dilemma confronting those serious about the prevention of mental illness, in the sense of substantially reducing prevalence and incidence, is that the common mental disorders are strongly associated with socio-economic deprivation, and effective interventions will almost certainly require community-wide action. Though this is in keeping with mainstream public health thinking on other highly prevalent conditions, such as ischaemic heart disease, psychiatrists have paid scant attention to this approach, dismissing it as a matter for politicians rather than doctors. That said, it is clear that the editors of *The Prevention of Mental Illness in Primary Care* are well aware of the fundamental importance of the 'prevention paradox', and the limited preventive yield of 'high risk' interventions. Indeed, given the clarity of erudition in the opening chapter by Freeling and Kendrick, it was all the more surprising to discover that the book does not include at least one chapter by a specialist in public health or epidemiology. It is striking that another recent book on psychiatric prevention, edited by two eminent professors of psychiatry, also eschewed detailed discussion of population-based interventions in favour of an exclusively 'high risk' or clinical approach. Whether deliberate or not, both books may be seen as attempts to make prevention more acceptable by unburdening the concept of its 'political' baggage.

Unfortunately, we simply do not have enough empirical evidence at present to determine which is the most cost-effective way of preventing psychiatric disorders, or even whether this is possible at all. By grabbing hold of just one of the horns of the dilemma of psychiatric pre-

vention in this way the editors have lost opportunities not only to convince a wider audience of the potential for preventing psychiatric disorders, but also for breaking new ground in the development of feasible and acceptable population-based intervention. More than anything, what this book lacks is an overall vision of psychiatric prevention – a strategy. An analogy that springs to mind here is of a handful of pearls, which, for want of a piece of string, could be a necklace. And make no mistake, this book contains an abundance of pearls, even if it is not immediately clear how they might be used to best effect. There are several outstanding chapters, especially those on disorders of childhood by Quentin Spender and Peter Hill, on the management of acute psychosis by Tom Burns, on post-natal depression by Deborah Sharp, on bereavement by Colin Murray Parkes and on the rehabilitation of patients with schizophrenia (and supporting their carers) by Elizabeth Kuipers. What is missing, though, is a ‘preventive strategy’, something above and beyond the collection of disparate, sophisticated (and sometimes complex) therapeutic activities described in individual chapters. All in all, I would rather the editors had called their book ‘The Management of Mental Illness in Primary Care’.

Despite these reservations, this is a remarkable book. Together the editors and authors have managed to synthesize current evidence about the aetiology, management and prognosis of a wide range of psychiatric disorders in a way that is accessible to specialist and generalist alike. And in case there are still those among the readers of this journal who do not realize it, this task is no less onerous for being restricted to primary care. Not only are there chapters on the common mental disorders and the psychoses, but on eating disorders, drug and alcohol dependence, disorders of childhood and learning difficulties, too. Though styles vary, as one would expect from a multi-author book, the standard of writing is high and the content consistently informative and helpful. There is a great deal of practical wisdom in this book, which goes a long way towards de-mystifying even the more alarming psychiatric disorders. It is a book that should be read, not left to fester on a shelf. Having read it, albeit slowly, I was genuinely inspired by the prospect of just how much good might be achieved by a well-

motivated, holistically informed primary health care team.

SCOTT WEICH

*Evaluating the Cost-effectiveness of Counselling in Primary Care.* By K. Tolley and N. Rowland. (Pp. 210.) Routledge: London. 1995.

Comparing the value – for money and for other more nebulous attributes – of different treatments for different conditions is not a new idea: ‘more good is done by operating on patients with hernia’, opined an eminent 1930s surgeon, ‘than by operating on those with cancer’.

Professor Alan Maynard’s York group has been prominent among those trying in recent years to get such ‘health technology assessments’, to use the unfortunate jargon, onto a more objective and quantitative footing, as many such assessments have been, and continue to be, carried out by those with a major personal stake in the question (the above-mentioned eminent surgeon was, of course, an eminent *hernia* surgeon, and had grown rich in the practice of his speciality). The best-known product of this movement is the QALY, or ‘quality-adjusted life year’, proposed as a measure to enable comparisons of cost-effectiveness of treatments across conditions.

This book is a timely and brave attempt by a health economist associated with this group (Tolley) and a counsellor in private practice (Rowland) to apply the methods of economic analysis to the question of counselling in primary care. The question might be considered less pressing if the money being spent on counselling was mostly the private funds of the individuals being counselled. However, there has been a tremendous growth in the amount of counselling paid for by the NHS, and in a time of limited resources for health care, we must evaluate whether this is money well spent.

Perhaps naively, I approached the book in a spirit of optimism that the austere discipline of cost-effectiveness analysis would progress a debate polarized between those who point to counselling’s unproven effectiveness as indicating that it should not be purchased by a cash-limited NHS, and those on the other side who see counselling as popular with patients and

GPs, and therefore presenting a problem only of how the NHS can deliver the goods to the expectant 'consumer'.

The book is well organized, in two parts: the Principles and the Practice of Economic Evaluation respectively, each containing several chapters. The 'Principles' chapters start with a general survey of the background to the question. There is the usual problem trying to define counselling, but the authors are refreshingly brisk in dismissing the idea, current among some counsellors, that professional supervision of the individual counsellor's own work is all that needs to be done in the area of effectiveness (!).

After a really excellent chapter on 'Economics, ethics and counselling', which is a great introduction to cost-health issues in general, comes a clear if necessarily dense description of the various types of analysis (cost-benefit, cost-utility, cost-minimization and cost-effectiveness itself).

As an illustration, these are applied to a detailed consideration of five studies from the medical rather than the counselling literature since, as the authors tellingly observe (p. 14), 'there appears to be no body of counselling literature debating ethics and economics'. Studies reviewed were of various forms of psychological treatment (psychiatric consultation, counselling, behaviour therapy, clinical psychology and the Edinburgh Primary Care Depression study) and also included cost analysis, which latter are discussed in illuminating detail.

It is notable that four of their examples are randomized trials, Tolley and Rowland thus implicitly acknowledging the superiority of this research design in giving clear answers to questions of effectiveness and cost.

The second part of the book I found rather less satisfactory. Paradoxically, in contrast to the 'Principles' part of the book, which examines real studies from the literature, this part entitled 'The Practice of Economic Evaluation' deals at length mainly with two theoretical examples, relating to imaginary case studies from the irritatingly named 'Smithland Trust Hospital' and the North Brownstead General Practice', about whether they should purchase counselling locally.

Perhaps understandably, the authors partly duck the crucial question of whether soph-

isticated techniques of analysis are appropriate for non-randomized observational data full of known and unknown biases. The weaknesses of such an approach have been pointed out by another York authority (Sheldon, 1994), and they themselves criticize the US 'cost-offset' studies as not having '...employed a rigorous study design' (p. 51), and describe the randomized controlled trial as 'the most robust study design' (p. 94). Yet nevertheless, they advocate the use of 'before and after' studies in various circumstances, such as '...if a counselling service is already being provided ...' (p. 95), even though improvements seen might have been due to other factors than the counselling which they are attempting to cost.

Apart from this, there is good material on the various stages of carrying out an economic study, from refining the question to data analysis, including a section on sensitivity analysis (the effect of varying the assumptions made in calculation on the final 'bottom line'). There are many sections which deal with ideas fresh to me, and I suspect to many other readers of this journal, but which seem unlikely to go away – such as the 'cost-effectiveness league table', 'uncertainty in costs and benefits', 'discounting', etc.

I do not think the book can achieve its aim of providing a guide for counsellors and others to use in cost-effectiveness studies of their own practice, which seems impossibly ambitious – the concepts are difficult for any non-economist to grasp, especially those without scientific training. However, Tolley and Rowland must be congratulated on their clear introduction to the principles of economic evaluation for the general reader. They have put these techniques firmly on the map.

In conclusion, the methods of evaluating cost-effectiveness presented here are a useful, even an essential, addition to good medical research, not a substitute for it. In plain terms, if the effectiveness of a treatment which costs £x is not known, it is not possible to decide whether the expenditure of £x on it represents value for money.

DAVID GILL

## REFERENCE

- Sheldon, T. A. (1994). Please by pass the PORT. *British Medical Journal* 309, 142–143.

*Schizophrenia*. Edited by S. R. Hirsch and D. R. Weinberger. (Pp. 740; £69.50.) Blackwell Science: Oxford. 1995.

This book's bald, unqualified title hints at the editors' ambitions. They have brought together a distinguished and largely Anglo-American cast of contributors who present an overview of contemporary (i.e. *circa* 1994) understanding of 'schizophrenia'. The perspective is both very modern, with much emphasis on the importance of advances in molecular genetics, neuro-imaging technologies and psychopharmacology, and unashamedly Kraepelinian. In their preface Hirsch and Weinberger allude to but dismiss past controversies about the concept of schizophrenia. This sleight of hand is, perhaps, unfortunate. Many people working within mental health services, and even some who earn an honest crust doing high quality research into the treatment of psychosis, are sceptical about the concept. Psychiatrists (in general quite comfortable with, if ignorant of, the prevailing diagnostic orthodoxy, whatever it may be) do not in fact treat schizophrenia: their effective treatments are targeted towards symptoms or syndromes and their clinical interactions are with individuals who present a messy and confusing set of problems that have no obvious diagnostic specificity. Many patients receive the diagnosis only for it to be rescinded, others only receive the diagnosis late in a long psychiatric career. The meaning attached to the term does have significant practical importance. First, research is only possible if the populations under study are reliably characterized. Secondly, if we are to engage in a dialogue with patients and carers about the illness and its management, some coherent story about the disorder is required for public consumption. The concluding words of Wing's provocative opening chapter on 'Concepts of schizophrenia' hint at a debate the editors have either avoided or believe is unnecessary: 'looking back from our present vantage point, it is possible to discern a pattern amid the noise'.

The editors believe that their book represents a major revision of the concept of schizophrenia given contemporary evidence that the disorder 'is associated with objective changes in the anatomy and function of the brain and has a genetic predisposition'. These claims are not, of

course, new. The earliest references in the neuropathology, neuropsychology and genetics chapters being respectively 1887, 1919 and 1916. Arguably the most important subsequent schizophrenia research took place in the 1950s and 1960s with the discovery of the dopamine blocking actions of antipsychotics and the work of the MRC Social Psychiatry Research Unit in exploring psychosocial factors that might modify the outcome of the illness. Even that contemporary psychopharmacological marvel, which reaches the parts that other antipsychotics cannot (yet) reach, clozapine, was first used clinically in the late 1960s and widely used in Northern Europe for a while as a drug of choice (for mania!).

So why all the excitement? What justifies the editors' bold claims? The answer clearly lies in a technologically driven explosion in the neurosciences. This has given schizophrenia researchers powerful new tools (toys?), of which the sexiest is functional imaging and the most difficult to make sense of and integrate into a coherent body of knowledge for the non-specialist the proliferation of characterized receptor systems, ligands, agonists and antagonists. Understandably the heart of the book is a series of 11 chapters on Biological Aspects, of which four demanding chapters are devoted to aspects of psychopharmacology/neurochemistry. Interestingly, Jablensky's outstanding epidemiological overview is placed in this section, while the single chapter devoted to the neuropsychology of schizophrenia is placed within the opening section on Descriptive Aspects. This rather irritating dualism persists in the two concluding sections of the book: a very strong section on Physical Treatments (including a chapter on ECT that might surprise at least one eminent biologically-orientated professor of psychiatry) and five heterogeneous concluding chapters on Psychosocial Aspects. Disappointingly, there was little discussion of the experience of suffering from a psychotic illness and only a single paragraph on compliance with treatment, as if the biological stance of the editors blinded them temporarily from the clinical realities of contemporary management, which allows the patients and carers to be actively involved in treatment decisions and, indeed, is shifting towards a paradigm of self-management and patient empowerment.

These quibbles apart this is an excellent book, drawing together a vast range of knowledge. It provides authoritative answers on (almost) any question you might reasonably have about schizophrenia. It is a must for medical and university libraries, some chapters should be read by all psychiatric trainees and it ought to be on the shelves of any jobbing psychiatrists who, like me, spend the bulk of their working lives trying to treat an illness they still do not quite understand.

FRANK HOLLOWAY

*Eating Disorders in Adolescence. Anorexia Nervosa and Bulimia. (International Studies on Childhood and Adolescence 3.)* Edited by H.-C. Steinhausen. (Pp. 374; £50.00 hb, £20.00 pb.) De Gruyter: Berlin. 1995.

Eating disorder research has concentrated on findings from studies of adults; however, the onset of these disorders often lies in adolescence years. This neglect provided the impetus for the present book and is evident in many of its reviews. The book has four sections: epidemiological and cultural issues; clinical and psychological aspects; management and treatment; and, course and outcome. As may have been expected in a multi-authored text, the reader will find chapters of differing quality and content, and some chapters concentrate on the authors' own research, some provide reviews, and some focus more on a textbook style of summaries of research and clinical management issues.

In the first section there is a notable chapter giving an adolescent perspective on the important study of the incidence of anorexia nervosa from 1935 to 1984 at the Mayo Clinic (Lucas and Holub). In addition to previously published results this chapter also discusses interesting historical developments in doctors' attitudes towards children's eating habits in the context of an atypical decreasing trend in incidence identified in 10- to 14-year-old girls from 1935 to 1949. There is a report on the Haute-Marne prevalence study of eating disorders and behaviours in a large adolescent population with discussion of early detection and prevention (Flament and colleagues). The third chapter reports on a comparison of predominantly anorexia nervosa patients pre-

senting for treatment to four centres of different cultural, socio-political and economic conditions, albeit that all were European and few differences were found.

The second section of the book is also the largest and its broad rubric probably contributed to an inevitable repetition of some material. The review of family studies is extremely good (Steiger and Stotland). The findings point to the non-specificity of family disturbances in these patients. A comparative study of early onset and 'typical onset' aged bulimia nervosa patients found few differences, but notably nearly twice as many early onset cases compared to typical onset cases were overweight before onset and reported parental lack of care (Schmidt and colleagues). The review of precursors and risk factors was extremely comprehensive (Steiner and colleagues), possibly at the expense of greater integration of the material. A longitudinal study of depression and anorexia nervosa found that symptoms of depression were of prognostic importance when they occurred beyond the period of acute malnutrition (Herpertz-Dahlmann and Remschmidt). Flechtner and colleagues point to the complexities involved in assessment of body image disturbances in patients with anorexia nervosa. There are also good chapters reviewing sexual abuse and psychological dysfunction in eating disorders (Vanderlinden and Vandereycken) and hormonal, neurochemical and energy metabolism in patients with eating disorders (Pirke and Platte).

The third section addresses the medical assessment and initial interview, the in-patient management of adolescents with anorexia nervosa, psychopharmacology and the place of family therapy. The chapters are excellent and provide good clinical guidelines, particularly those by Beumont and colleagues and Touyz and colleagues, and the book is worth purchasing for this section alone. There are good discussions of more 'lenient' and some more innovative and potentially controversial approaches to refeeding such as exercise as a therapeutic modality. However, the focus was rather narrow and a fifth chapter that addressed out-patient management, particularly for bulimia nervosa and the ongoing management necessary after an in-patient admission, would have enhanced the book.



The final section of the book is notable for the very good critical review of outcome studies of eating disorders and the predictive power of age of onset, challenging common presumptions (Fichter and Quadfleig). Finally, two specific studies are reported, one the Utrecht prospective study on eating disorders in adolescence (van Engeland and colleagues), and the second a follow-up study of adolescent eating disorders in two European regions (Steinhausen and colleagues). The persistence and predictive power of psychological and psychosexual dysfunction in patients despite improvement in physical and psychosocial functioning was highlighted by the Utrecht study. The long-term follow-up of adolescents (most with anorexia nervosa) in Berlin and Zurich found the majority were asymptomatic, and almost all had unimpaired career functioning. Thus, the book ends on an optimistic note.

This book combines a good overview and comprehensive coverage of some of the more important empirical findings in the area of eating disorders in adolescence, with relevant information for those assessing and treating young patients with eating disorders. The book would be most appreciated in a specialist's library, and in a university or hospital library as a reference for the generalist.

PHILLIPA HAY

*Psychotherapy, Psychological Treatments and the Addictions.* Edited by G. Edwards and C. Dare. (Pp. 268) Cambridge University Press: Cambridge. 1996.

Individuals with drug- and alcohol-related problems are often unpopular with therapists, psychiatrists, general practitioners and the general public. Indeed, their acceptance as *bona fide* patients of a mental health service sometimes seems in doubt. Possibly related to this stigmatization, there has been a disconcerting tendency for those who work with addicts to become separated from the main stream of their professions. This book is a welcome attempt to bring together the work and experience of psychotherapists and current views about the treatment of addicts.

One of the editors of the book, Professor Griffith Edwards, was among the first to raise

doubts about the primacy of intensive psychological treatments in the management of alcohol-related problems by showing that brief focused interventions appeared to be as effective as more elaborate treatments. Some interpreted this evidence as grounds for doing little more than providing rescue services and simple advice and certainly questioned the value hitherto placed on psychodynamic approaches. But it is well known that interpersonal and intrapsychic disturbances can promote or sustain addiction. The term addiction itself has become a portmanteau word, enfolding a wide variety of different concepts of dependence and a range of substances extending from tobacco to heroin. Some would also include other excessive appetites; habits such as gambling, sex or eating. Given the complexity of the issues involved it is little wonder that no single treatment approach meets such an array of needs. This is well recognized but researchers and therapists have found it very hard to make an effective match between the characteristics of the addict and an appropriate therapy. Tailoring the treatment to meet the needs of the patient remains a continuing challenge in this field.

The book arose from a seminar that had an international perspective. All but two of the 15 contributors work in London. Its aim was to build bridges between those working with individuals experiencing problems with alcohol and other drugs, and experts in a variety of psychotherapeutic techniques. The editors acknowledge the support of Roche Pharmaceuticals in providing financial assistance for the project.

The book is structured into two parts: the first is concerned with backgrounds to therapeutic understanding and the second with treatments. George Vaillant describes addictions over the life course and their therapeutic implications. He points out that therapists need to learn to work with the natural forces of recovery. It is illuminating to see how Alcoholics Anonymous draws on these natural forces in their approach to recovery. Working with the dynamics of change is also well recognized in an excellent review of psychotherapy and the life cycle by Dr Christopher Dare. The importance of the family and social context is also considered; these are often crucial influences in recovery from addiction. Chapters exploring basic concepts in

psychotherapy and cognitive behavioural therapy are balanced alongside related chapters that specifically address current developments in the treatment of addictions. Motivational interviewing, cognitive therapy, and an analysis of the stages of change, emerge as dominant trends in the contemporary psychological treatment of addictions. It is interesting that group psychotherapy and the work of therapeutic communities now has a much smaller place in the therapeutic armamentarium than would have been the case 20 years ago.

This book is well edited and does not read like a collection of seminar papers. It should stimulate debate between different fields of psychological therapy in the management of addictions. The issues raised are relevant for counsellors, psychotherapists, psychiatrists and psychologists, and may enhance their willingness to work with addicts. This seminar has clearly created a useful foundation for future collaboration which I hope will continue.

BRUCE RITSON

*The Psychology of Adoption.* Edited by D. M. Brodzinsky and M. D. Schechter. (Pp. 396; £14.95 pb.) Oxford University Press: New York. 1993.

*The Psychology of Adoption* is a paperback edition of a previous hardback published in 1990, and by now one or two papers seem a little dated, since they discuss adoption in the traditional sense of the adoption of healthy, problem-free babies. However, this is certainly not true of most of the papers, particularly the chapters of research findings, and the policy papers by Cole and Donley on 'History, values and placement policy issues' and the chapter by Baran and Pannor on 'Open adoption'.

The book consists of 18 chapters by different authors in four sections: theory, research, clinical practice and policy. By far the longest section is research. Most of the research chapters have been presented previously as monographs, or journal papers, e.g. the long-term follow-up studies of Bohman and Sigvardsson in Sweden, and of Triseliotis and Hill in Scotland, both of which found a superior outcome for adoption over foster care (and in the Triseliotis' study, also over residential care). However, both studies accept that the social disadvantage of the

fostered group prior to their being fostered was probably greater than that of the adoptees prior to their placement for adoption. Festinger has also re-presented her study of adoption disruption in New York, in which she found an overall rate of about 13% in the 12 months following placement. It is extremely useful to have the core of these major studies together in one volume.

Most of the book is around the psychosocial aspects of adoption (as the title suggests), but there is a very useful counter-balance in Cadoret's chapter entitled 'Biological perspectives on adoptee adjustment'. Certain themes tend to recur: e.g. identity formation and the search for roots; reparative experience; and, the need for adoptive families to accept their difference from biological families. Indeed at least two contributors develop the dilemma for adoptive families and adoptees, expressed in David Kirk's 'Shared fate', of whether to stress the sameness of adoption to living with biological parents, or to stress the difference. In a fascinating micro-study of interaction within families, Kenneth Kaye acknowledges the importance of Kirk's theory by standing it on its head. He argues that ignoring the differences is not a form of denial, but that acknowledging them could be a coping strategy – the more problems an adoptive family has, the more they are forced to consider attributing the difficulties to the adoption.

Treatment approaches in relation to disturbed adoptees, or disturbed family relationships described in the book include psychodynamically orientated family therapy (Hartman and Laird), solution-based therapy (Schaffer and Lindstrom) and the residential treatment of severely disturbed adolescent adoptees (Goodrich and colleagues). Surprisingly, there is no discussion of the use of behavioural approaches, in spite of the fact that so many studies of adoption breakdowns and difficulties find associations with oppositional and conduct disorders. Moreover, although several chapters refer to the difficulties of placing older children for adoption, explanations for the difficulties refer only to separation and loss, and ignore the possible consequences for the new parent-child relationship of previous avoidant, resistant and disorganized attachment patterns of relating that have been learned by the child.

The final section on policy includes a contribution by Anne Brodzinsky on 'the consequences for women of surrendering an infant for adoption', and a chapter by Dredreyn on 'foster parent adoption: the legal context'. The latter chapter is rather too heavily into American child welfare law for British practitioners. In addition, the policy section contains the papers already referred to in relation to: (i) history, values and policies; and (ii) open adoption. Anne Brodzinsky reviews the research relating to unresolved grief and depression in women who surrender their infants for adoption, and the need for ongoing services, particularly since many such women are counselled into giving up their babies on the grounds that it is best for them and the babies to do so. To some extent recent social changes have reduced the numbers of women giving up their babies, and the veil of secrecy also been lifted, enabling women to talk about these experiences and seek professional help.

Brodzinsky and Schechter's valuable collection of papers help provide a more reliable base to our understanding of adoption, and our interventions with adoptees and their families. It is good to have this in paperback.

BRIAN MINTY

*Emotional Development. The Organisation of Emotional Life in the Early Years.* By L. A. Sroufe. (Pp. 263.) Cambridge University Press: Cambridge. 1996.

A cover featuring the statement 'all emotions are expressions of arousal, or tension' is not a promising start for a book on child development. Such assertions will remind many readers of old psychoanalytical concepts of drives striving continually to seek release, creating the impression that the book is locked in the past. Do not worry. Data on children's psychosocial development have been accumulating steadily and Alan Sroufe's *Emotional Development* is full of up-to-date material and ideas.

The book is divided into three parts. The first is concerned with the nature of emotional development, with defining emotion and with the broader context of child development. The second deals with the emergence of specific emotional states such as fear and with the interdependence of affect and cognition. The

final part covers the social context of emotional development, attachment, the development of self and the growth of self-regulation.

The perspective that informs every aspect of this work is developmental, that is, interested not only with the question of *when* certain affects appear but also with *how* they emerge and with the processes that lead to the evolution of children's abilities over time. Consider, for example, the development of fear of strangers. It has been known for a long time that children's reactions to strangers change over development. From as early as 3 months many children will show some wariness in the presence of strange adults, but it is not until the second half of the first year that they show marked distress and signs of fear. Developmental research has shown that these reactions depend to a considerable extent on the *context* in which the stranger appears, being much less pronounced when the mother is present or when the stranger approaches cautiously. Why do these reactions depend so much on context? Sroufe argues that the infant actively evaluates the *meaning* of the situation and that, therefore, emotional development depends crucially on cognition. Of course, the infant does not think 'I haven't seen this man before, he is approaching too fast, and where is my mum ... this is getting scary'. In this context cognition is used to mean a sense of recognition or knowing. Affect and cognition are closely related and in Sroufe's view cannot easily be separated.

A similar analysis is applied to other areas of emotional development, including smiling/laughter. Sroufe shows us how each of these supposedly separate areas is related to stages of cognition. In doing so, however, he maintains a social perspective that is well informed and informative, recognizing the crucial importance of environmental contributions to the unfolding of the affects. He also reminds us that social interactions between infants and their caregivers vary greatly from one context to another. The attachment relationship between mother and child is not, then, a static trait but depends greatly on current circumstances. This is an important clinical point. The decisions made by the Courts about the care of children are often much influenced by the reports of clinicians on how the parent and the child relate during brief observational sessions. Sroufe's statement that



'one can arrange the procedures (for examining infant–adult interactions) to obtain almost any result' is a chilling reminder of the dangers of relying too much on such observations.

The book has some problems. Sroufe's attempt to explain all of emotional development in terms of 'tension' modulation is too simplistic and does not do justice to the complexity of the material that his book covers. A bigger problem is the failure to deal adequately with recent genetic and biological research. Research on temperament is dismissed in a few pages. Too little is said about recent research in brain development such as activity dependent plasticity. However, this did not spoil my interest in this book. It is full of good science and ideas and provides a masterful, if a little one-sided, account of early socio-emotional development. The book is a must for anyone interested in the psychology of infancy.

RICHARD C. HARRINGTON

*Issues in the Developmental Approach to Mental Retardation.* Edited by R. M. Hodapp, J. A. Burack and E. Zigler. (Pp. 336; £14.95.) Cambridge University Press: Cambridge. 1996.

This excellent book is a paperback reprint of its first edition, which originally appeared in 1990 in hardback. It provides a concise explanation of the major issues in developmental theory and its application. The philosophy behind the book is that an understanding of the normally developing child informs us about abnormal development and, importantly, vice versa.

The book is in two sections. The first part focuses on developmental theory providing an introduction and explanation of key concepts and controversies. The text is well written, clear and concise. Arguments are well developed and perspectives, e.g. developmental theory *versus* behavioural approaches, contrasted. A recurring theme is the debate between considering individuals with learning disability as a homogeneous group, defined by intellectual level, or considering such individuals by aetiological type for the purpose of understanding cognitive development. Good editing means that chapters compliment each other without repetition.

The second part of this book is equally good. These chapters review a vast literature applying

developmental theory to different diagnostic groups. Cultural familial learning disability is examined with respect to normally developing children. Specific diagnostic groups (Down's syndrome, autism, fragile X syndrome) are discussed with respect to the unique and common components of the developmental trajectories of children with these disabilities. Consistencies and inconsistencies are contrasted in each group. An interesting penultimate chapter in the text discusses intellectual development in children with physical and sensory disabilities. This review on the limitations of early communication in children with sensory disability and its implications for later development is particularly interesting.

This is a well presented, well organized and informative text. A Piagetian and information processing orientation predominates, but does not exclude or neglect issues about social and emotional development. Despite the fact that this book is 5 years old, it is likely to be of significant interest to trainees and practitioners in learning disability and child and adolescent psychiatry. It has the advantage, in its paperback form, of being very reasonably priced.

JANE WHITTAKER

*Developmental Neuropsychiatry, Volume 1. Fundamentals.* By J. C. Harris. (Pp. 272; £38.95.) Oxford University Press: Oxford. 1996.

*Developmental Neuropsychiatry, Volume 2. Assessment, Diagnosis and Treatment of Developmental Disorders.* By J. C. Harris. (Pp. 596; £60.00.) Oxford University Press: Oxford. 1996.

(Volumes 1 and 2 may be purchased together for £95.00.)

The aim of these books is to provide a cohesive account of neurodevelopmental and neuropsychiatric disorders of childhood and adolescence and a discussion of the background disciplines relevant to these disorders.

*Volume 1 – Fundamentals* – is the shorter of the two volumes, covering background topics necessary for a fuller appreciation of the clinical conditions discussed in *Volume 2*. It includes reviews of research from diverse sources, such as neurobiology, cognitive science, affect, emotion, temperament and personality development.

*Volume 2 – Assessment, Diagnosis and Treatment of Developmental Disorders* – is the larger volume and is clinically orientated, covering approaches to assessment, discussion of specific disorders and treatment interventions. The internal organization of both books is clear and nicely structured. The glossaries included at the end of some of the more technical chapters are particularly useful and welcome.

*Volume 1* has a lot of ground to cover. At times, this makes reading the early chapters quite hard going as the text is tightly packed with detail. The later chapters in *Volume 1* are better, providing a theoretical framework in which ideas from attachment theory, cognitive science and language development are integrated in the context of a child with an abnormal developmental trajectory.

*Volume 2* is more readable than *Volume 1*. The chapters on assessment are good. Many of the sections on specific syndromes due to genetic and chromosomal disorders are clearly written. However, the absence of a chapter on the neuropsychiatry of epilepsy in childhood and adolescence, and the very short chapter ( $2\frac{1}{2}$  pages) devoted to neuropsychiatric sequelae of

head injury in children are important omissions. The sections on therapy and therapeutic interventions are detailed and include descriptions of most forms of psychological therapy as applied to youngsters with learning disabilities and their families. This is welcome; the idea that individual psychotherapy may be helpful for youngsters with learning disabilities is not new, but is often overlooked. The chapters on the use of psychotropic drugs are less helpful. In the chapter on psychopharmacological interventions, neuroleptics are discussed as treatments for challenging behaviour, but not psychosis. There is little mention of the role of clozapine and the new atypical antipsychotic drugs in early onset schizophrenia. Inexplicably, there is no mention at all of SSRIs for the treatment of depression in the text.

Overall, the philosophy behind this book is sound. The material is well organized and there is a real need for an integrated text bringing together basic sciences and clinical expertise in neurodevelopmental and neuropsychiatric disorders across the life span. This book is a step in the right direction.

JANE WHITTAKER