

cover some similar ground. However, the former focuses on epidemiology, politics, resources, and so on, while the latter concentrates on diagnosis, functional assessment, and approaches to treatment.

In style, the first book inclines to the academic and detached. The discussions on prevalence of chronic mental illness, homelessness, and social and political aspects are all to a greater or lesser extent thorough, scholarly, and well referenced. The second book essentially outlines an aggressive, but not particularly innovative, treatment approach in an enthusiastic fashion. There are chapters on practical psychopharmacology, social skills training, family management, vocational rehabilitation, and community support. Flow diagrams, case histories, and learning exercises abound, but references are thin on the ground.

These books are aimed at an American readership: the social, political, and economic contents of the first do not always have obvious counterparts in Britain, and the uncritical style of the second will grate on many British psychiatrists. Perhaps the most striking feature of both books is an optimism about chronic mental illness, particularly chronic schizophrenia. Accordingly, they will both undoubtedly be welcomed by community-orientated psychiatrists, but will perhaps meet with a more weary scepticism from the remainder.

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**Human Behaviour in the Concentration Camp.** By ELIE A. COHEN. London: Free Association Books. 1988. 295 pp. £9.95.

Cohen is a Dutch physician, one of the 60 000 Jews deported from the Netherlands to Auschwitz and one of only 1052 who survived. Eight years after his liberation he presented a thesis for a Doctorate of Medicine, which was published in book form in 1954. The book is now reissued to fulfil the need of the author to constantly remind the world of "the depths of misery, madness and cruelty to which man is capable of descending".

The author acknowledges that the writing of this book arose out of a profound personal necessity, as part of his attempt to mourn his lost world. At the same time, he has tried to provide an objective account of the process. It is this combination which makes the book so overwhelming in its effect. Accounts of medical procedures and survivors' memories are interspersed with tables of statistics detailing the calorie content of a prisoner's diet or the ratios over the years of deaths to admissions. Cohen struggles, largely using psychoanalytic theory, to make sense of what happened. After dealing with general and medical aspects of the concentration camps, the remainder of the book is an attempt to deal with the psychology of the prisoner and of the SS guards. He admits that his own contribution to provid-

ing an explanation is limited, using medical psychology as his only tool, and that clearly other fields of study are required to really understand the behaviour and beliefs of an organisation such as the SS.

One can ask, almost half a century on, whether we still need reminding of the horror that existed in Europe. The answer must be yes, partly for its own sake, because it is our immediate history and part of us all, but also because it is only through this reminding that we really can be aware of the capacity of humans for evil. The terrifying thought is how much easier it would all be now with stainless steel equipment, computerised records and more effective and 'humane' despatch methods. It is not a pleasure to read this book. It is a duty.

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**Reclaimed Powers: Towards a New Psychology of Men and Women in Later Life.** By DAVID GUTMANN. London: Hutchinson Education. 1988. 335 pp. £30.00.

This engrossing book is clearly the summation of a career in gerontology, but the contents are endowed with additional relevance and intimacy by Gutmann's comment that his own ageing is "a prime object of my study".

Gutmann opposes the view of old age as a period of involution and decay prior to death; he argues that it should be considered as a developmental stage in its own right. This assertion is supported by projective material, mainly obtained using the Thematic Apperception Test, collected from a variety of societies: urban Kansas, the Navajo of North America, the Highland and Lowland Maya of Mexico, and the Druze of Galilee and the Golan Heights. He found a recurring pattern in all the groups: that as they age, men become more 'feminine', whereas women become more 'virile'. He argues that this pattern fits in with the "parental imperative" and the need for differentiated gender roles during child-rearing; the declining aggression of men in old age allows their sons to assume power, aided by their wives, without conflict between the generations.

Industrialisation, urbanisation, and geographical mobility have arrested this pattern in contemporary Western society; Gutmann ascribes many present-day ills, including child abuse, to the ascendancy of the nuclear family. The book ends with a plea for a return to traditional social structures.

The book makes fascinating reading; each chapter is charmingly prefaced by an apposite literary quotation, a device which serves to remind one of the breadth and depth of learning underpinning Gutmann's work. I particularly enjoyed the chapter entitled 'The seasons of the senses', which deals with the return to orality of the older male. He also gives a fine account of the relationship between ageing and art.

*Reclaimed Powers* is perhaps misplaced in a series entitled *Handbooks for the Caring Professions*, as it is neither a practical guide nor exclusively of interest to a professional audience. The style and content make it approachable by the lay person, but the comprehensive appendix and notes should also make it acceptable to the professional.

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**Treating Troubled Adolescents: A Family Therapy Approach.** By H. CHARLES FISHMAN. London: Hutchinson. 1988. 330 pp. £25.00.

Adolescence is taken in this book to be a developmental stage in the life-cycle of the family as a whole, and a structural form of family therapy is used. The author has previously collaborated with Minuchin, in *Family Therapy Techniques* (1981), and this new book could be seen as an illustrative companion. The core consists of transcribed extracts of therapy sessions which deal with severe disturbances such as violent, suicidal, or runaway behaviour. Theory is not expanded to a great extent beyond the introductory chapters and subsequent linking material. This can lead to a sense of oversimplification – as for example in the brief discussion of adolescence as a 20th century phenomenon and a product of social need, and as in the definition of homeostasis. But it also relates to one of the virtues of the book itself, and of the therapeutic method it describes – it consists of a few simple but powerful ideas put to the test time and again, adhered to tenaciously while avoiding the temptation to follow complex developments for their own sake. The repeated emphasis is on attending to the context of the difficulties, finding and confirming areas of competence, and presenting options to the family, while in the immediate present of the therapy session aiming for decision and change.

The case extracts are central to the purpose of the book, and on the whole they succeed well in illustrating the author's approach. But this was not always so: I found the nuances of the American colloquial dialogue too subtle in some cases to be meaningful. The text is also longwinded at times, as otherwise simple and clear points are laboured and repeated – perhaps a product of the method!

The avowed aim of the therapy here is rapid effective change in the face of crises. As such, the clear and simple therapeutic approach will be found valuable by many in these heated situations. The book does provide insights, and there are some touching moments.

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**Directive Group Therapy: Innovative Mental Health Treatment.** By KATHY L. KAPLAN. New Jersey: Slack. 1988. 165 pp.

Directive group therapy, in the author's own words, is "a special form of group treatment designed to meet the needs of acutely ill, minimally functioning patients . . . [who are] unable to function in almost all areas and have serious impairment of communication and judgement capacities". These patients, on acute admission wards, get the benefit of intensive medical assessment and physical treatment, plus intensive nursing care, but are rarely seen as able to benefit significantly from group-orientated occupational treatments (OTs) because of their minimal functional capacity. This book describes, with admirable clarity, a programme designed to offer such treatment.

Occupational therapists have, in recent years, become much occupied with Kielhofner's model of human occupation, derived from systems theory, which aims to give a firm theoretical basis to the ways OTs work. This model provides a structure within which assessment, treatment, and monitoring of patient's needs, progress, and outcome are given meaning in terms of each individual patient's volition (using parameters of exploration/helplessness), habituation (competence/incompetence), and performance (achievement/inefficiency). Each of these are seen as part of a hierarchy of interacting subsystems, such that those levels which guide or constrain function at other levels can be addressed and modified directly. This model is clearly, albeit briefly, outlined in an early chapter of Kaplan's book, and informs much of the rest of the text.

Thereafter, the book is itself a model of how a difficult clinical problem can be addressed within a multidisciplinary team. It is essentially a practical handbook, describing how the author and her colleagues set up and ran their directive group programme (in a unit with enviably high multidisciplinary staffing levels!), but also providing guidance, advice, and instruction to others wishing to do the same. The practical chapters contain facsimiles of forms used for referral, initial assessment, and monitoring, which are in the main clear, brief, and directed to appropriate areas of function, and all sections are illustrated with case material. Whatever the style of therapy, these practical plans for assessment, setting goals, and monitoring treatment provide a useful model for most professionals involved in offering psychosocial treatments. How many OT departments have a wide range of 'accepted' treatments on offer, many in group settings, where this kind of practical approach to definition and evaluation of the function of the group would not be of benefit to patient care and reassuring to those of us in the multidisciplinary team who remain unconvinced of the value of loosely formulated interventions such as concentration or communication groups?

Directive group therapy (like much else that is offered to patients as part of a treatment package) has not