

those physically disabled who cannot satisfy their own sexual urges is not dealt with. The statements (p. 63) that abortion is legally available as a back-up procedure should contraception fail seems too broad a generalisation.

The book is logically laid out and clearly printed. There are references at the end of each chapter and a general index. The book is recommended to those who have to work with this problem either as teachers of the professionals or directly with the handicapped.

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Lifelines: Clinical Perspectives on Suicide. Edited by ELLEN L. BASSUK, STEPHEN C. SCHOONOVER and ANDREW D. GILL. New York: Plenum Press. 1982. Pp 235. \$27.50.

This is an interesting book on how to treat the suicidal. Ten contributors enumerate the features which increase suicide risk, highlight the special problems likely to arise during a person's treatment in hospital or outside, give an account of treatment options currently available, and emphasize, with illustrative case vignettes, the importance of establishing a therapeutic 'lifeline'. The book's pervasive call for keeping 'communication' alive—not only between caregivers and the suicidal but also between caregivers and their supervisors or colleagues—reflects the continuing treatment debate; but its general tone—as shown for example in the following extract from the chapter *Moment of Truth*—is decidedly more optimistic:

"At the least, threats of suicide are invitations to some sort of relationship, whether it be punitive or helpful. To the degree that the physician's understanding triumphs over his fear and resentment at being manipulated, his patient's threat of suicide can be the beginning of a therapeutic and life-saving relationship" (Kahn, page 85).

In the absence of specific, demonstrably effective methods for preventing suicide, any guidelines are bound to be imprecise or overinclusive. The authors offer no clear remedy despite—and perhaps more often because of—their ambitious attempt to integrate research findings within a clinical and intuitive approach. Where this book succeeds is in presenting persuasively the case for trying to understand the personal life-scripts and motives of the suicidal as well as the need for an authentic attitude throughout the therapeutic contact. The reactions of hospital staff to suicidal patients and the therapist's countertransference are discussed extensively; these subjects are rarely touched upon in other British texts.

Trainees, as well as more experienced psychiatrists, will find this book useful. It contains sensible advice and offers an invitation to go further than the plain 'management' or 'disposal' of the suicidal.

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Pediatric Psychology: An Introduction for Pediatricians and Psychologists. JOHN V. LAVIGNE and WILLIAM J. BURNS. New York: Grune & Stratton. 1981. Pp 375. £22.80.

This text claims to present a problem-oriented introduction to theories and research that will help the reader understand the psychological 'overtone' of childhood illness, and the 'total well being' of children and their families.

The prose is smooth and the layout clear. Because there is no single bibliography or author index, and numbered chapter references are not in alphabetic order, it is difficult to find authors or to estimate the citations; but there must be close to a thousand titles.

Emotional/affective factors are extensively discussed, but, despite a superficial impartiality, preference is shown for the more immediate solutions from the laboratory-based techniques of behaviour therapy. The reader is left suspended over the still deep conceptual divide between behaviourist and psychoanalytic dogmas too simply presented. Equivocal discussions of rival concepts do not provide a basis for a general therapeutic approach to childhood psychological illness.

Piagetian cognitive theory, concisely tabulated, is dismissed as impractical. This leaves psychodynamic and social learning theories unmeeting contenders for explanation of the bewildering list of instruments to measure intelligence, learning and social adaptation. We are told that, "Performance on IQ tests may well involve more than simple or innate cognitive ability" (p. 39); and; "The proper use of intellectual and achievement tests requires knowledge of theories of intelligence; the relationship of personality to intelligence; and individual differences, including racial differences, in intelligence (p. 81). One wonders how a pediatrician's practice in, say, Chicago would be improved after he has read inconclusive findings on the influence of race on IQ?

Chapters on specific clinical problems settle into a litany that sets the claims by inheritors of Dollard and Miller's tidying of psychoanalytic theory to fit the doctrine of social learning against the more controlling and quickly effective policy of behaviour training methods. Although recent research is mentioned that proves the young child to have a more active set of

motives for forming relationships than either of these schools admit, the message does not penetrate.

Learning disabilities, personality disorders and 'organic' brain disturbances are all treated as amenable to correction by artificial perceptuo-motor and self-control tasks, even though clinical trials are admitted to have had doubtful success. Temporal lobe seizures are mentioned as one cause of aggression, but there is nothing on the role of broken attachments and parental or societal factors. This exemplifies a depersonalized institutional approach, one insensitive to the real experiences behind socially disturbed behaviour in an individual child, whether his brain was originally normal or not.

Brain disorders are presented as global failures of chemical or associative processes. Neuropsychological methods are poorly represented. The nature of cerebral functional systems and their development is lost in the muddled concept of 'organicity', for which the Bender Visual Gestalt Test is described as the, "best single screening device". Hyperactivity, attentional and personality disorders consequent on early brain damage are either 'organic', or related to learning, the family, emotional adjustment and socio-economic factors. Behaviour therapy is evaluated as having more long term successes than treatment by drugs. This chapter projects a limited understanding of brain/psychology relationships.

Neurotic or psychotic emotional illnesses and psychosomatic (or psychophysiological) abnormalities are dealt with in the middle third of the book. They, too, prove intractable to the familiar theoretical constructs.

It is only in the final section, with observational research on the effects of hospitalisation on children, and of childhood illness on parents, and studies of the benefits of reading older children for hospital with exposure to films of what hospitals are for, that one senses a return to a hopeful real world of the pediatrician who is sensitive to his patients as people.

Thus throughout the book the baggage of theory interferes with a pragmatic interest in emotional and social development. Surely pediatric psychology benefiting from the cooperation of the medically and psychologically trained should be deriving new concepts from its own experience of what children want and how they develop. Should it not be trying to assess treatments by epidemiological research, using methods of ethology or sociology rather than those of the psychological laboratory? The psychological science portrayed here does not understand the motivational structures inherent in the normal child and their specific requirements in an environment of human care and companionship.

The book can be recommended for its richly

referenced synopsis of conventional psychological theories against a wide spectrum of clinical applications. It looks towards a much needed new discipline, but fails to provide a coherent conceptual frame for teaching that discipline.

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Handbook of Mental Health Administration. Edited by MICHAEL J. AUSTIN and WILLIAM E. HERSHEY. London: Sage Publications. 1982. Pp 639. £26.00.

The interaction of the clinical and administrative role is probably more important for good patient care in psychiatry than in any other specialty. The aim of this book is to provide guidance on the required skills to clinicians who progress to management roles. At the outset, however, it is necessary to assimilate crucial differences between the American setting described and its British counterpart. Firstly, the authors use the term clinician to mean a trained professional working in the field of mental health and not just psychiatrists. Secondly, there is the implication of a formal transition from clinician to manager in the USA whereas in Britain an amalgam of clinical and managerial skills is normally required of psychiatrists, i.e. psychiatrists contributing to administration do not usually relinquish their clinical roles. In the British context, therefore, the book is probably more appropriate for social work and nurse administrators in the field of mental health who do not currently have clinical duties.

Nevertheless, the book draws out the important differences in orientation between clinicians and managers; principles which illustrate the difficulties of reconciling the clinical and administrative roles for British psychiatrists. The chapter on managing interdisciplinary teams concentrates on the dynamics of the group process that may be used to produce change in the patterns of delivery of care. The following chapter supplements this with clear practical advice on the phases of staff meetings in order that they may be more productive. The consideration of quality assurance also has important points to make on the regular audit of mental health care at a local level.

Much of the book, however, is concerned with American programmes, policies and legislation. The reference list, almost without exception, quotes the American literature. The selective reading of only a few chapters is recommended for British psychiatrists.

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