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Book Reviews

Editor: Sidney Crown

Seasonal Affective Disorder. Edited by C. THOMPSON and T. SILVERSTONE. London: CNS Publishers. 1989. 278 pp. £19.80.

This is a stimulating and topical book. Here are groups of patients, predominantly women, who each spring or autumn become depressed, gain weight or have a craving for sweet things. In these latter respects they differ from classical endogenous depressives who also have a spring peak incidence. Nosologically, seasonal affective disorder (SAD) does not conform to existing classifications – endogenous/reactive, psychotic/neurotic, unipolar/bipolar, etc.

Among others, there are chapters on the seasonality of depression, seasonal variations in mania, and prospective studies in infraradian mood rhythms and SAD. There are contributions from Switzerland, New York and the National Institute of Mental Health (NIMH). Much of the book is devoted to phototherapy and its affect on melatonin, serotonin and noradrenalin.

Although this book martials an impressive body of evidence for the existence of SAD, this is mainly anecdotal and is mostly confined to the USA. There is as yet no large-scale study comparing SAD with non-SAD depressives. Since SAD is so dependent on the physical environment, questions arise concerning its correlation with latitude. It is surprising therefore to read (p. 119) that as yet only one study – that of Potkin *et al* – has on the basis of a newspaper advertisement, attempted to address this problem. The point is made that it would be worthwhile to design a more scientific study to assess the seasonal incidence of symptoms in different parts of the world – advice which should be followed by some of the investigators. A group of workers at the NIMH found that overnight production of melatonin and prolactin was reduced in 15 SAD patients. Other researchers, however, find that these changes are not confined to SAD patients.

Is all this anything new? A seasonal incidence of psychiatric disorders has been recognised since Kraepelin. Why then is it only now that SAD is described? If the incidence of SAD is maximal at latitude 40°N (i.e. approximately Washington, New York and California) why is it not more often described in Europe? What happens in the Southern hemisphere – Australia, South Africa and South America? If SAD is to do with bad weather conditions or lack of sunlight, why is it not more often found in the British Isles and Scandinavia – not to mention in the perpetual darkness of north Norway, Spitzbergen or on polar expeditions. Why were there then no cases during the British Antarctic expedition? In a sizeable proportion of the British SAD patients described, depression was not so much seasonal as related to bad weather and cloud cover.

This is not to knock gratuitously the concept. Some contributions to this volume were particularly interesting and informative. In a series of elegant experiments Checkley concluded that the antidepressant affects of bright light are more than a placebo. Thompson, comparing three different forms of light, concluded that augmented bright light in the middle of the day is the most efficacious.

Obviously a formal placebo-controlled double-blind trial is not feasible as light has to strike the retina to work. Indeed, we do not know how bright light is antidepressant. The suggestion that phototherapy is as effective as more traditional therapies is pure conjecture.

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Exiles from Eden: Psychotherapy from an Evolutionary Perspective. By KALMAN GLANTZ and JOHN K. PEARCE. London: W. W. Norton. 1989. 319 pp. £25.00.

This book describes a form of psychotherapy in which the premise is that basic human attitudes and behaviours evolved in the context of primate hunter-gatherer bands. Human beings are therefore essentially adapted for this lifestyle and not having (yet?) evolved further to be adapted to agricultural society, let alone a modern industrial one, they will obviously have problems with the modern world. This mismatch is regarded as the basis of many mental health problems.

The hunter-gatherer groups are referred to as "the natural environment" (the 'Eden' of the title) and a number of attitudes adapted to this environment are described in the first part of the book. For example, the authors are in agreement with the views of others that characteristics such as reciprocity are inherited, having been selected by the reproductive success of groups

whose members share. Child development, gender issues, male and female roles in society are similarly explored, and working hypotheses for psychopathology are described and derived from observation of the malfunctioning of these systems in the modern world.

The second part of the book is devoted to more clinical descriptions showing, for example, how lack of 'dominance' (equivalent to 'self-esteem' and differentiated from 'domineering') results in reactive problems of aggression. The authors work in a broadly cognitive-behavioural framework and concepts of which behaviours were adaptive in hunter-gatherer bands are used to guide and advise clients about the required behavioural and attitudinal changes that are needed for a happier life nowadays. Although it is clear from the case histories that there is regard for the importance of empathy and the therapeutic relationship, the importance of these aspects are not satisfactorily accounted for, and the question of dependency and problems of weaning from the therapist needs some elaboration. The clinical examples are vivid and focus as might be expected on vignettes which illustrate the theory in practice. The fact that much has passed between therapist and client before this is only referred to briefly, leaving this to the imagination in what are essential areas of work. In a short volume, designed to argue a particular point, this is probably not unreasonable, although I hope the authors will write further on this in future, in particular how they manage the defences and countertransference problems in the months or years before the client begins to make use of the framework they offer.

I found this an enjoyable book to read. The authors demonstrate that they are willing to work patiently with difficult clients over many years, and I found that the book added to my understanding of human functioning in social groups. For both of these reasons I would recommend this book to a wide audience.

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Conversations with Pre-school Children. Uncovering Developmental Patterns. By PAUL V. TRAD. New Haven/London: Yale University Press. 1989. 227 pp. £14.95.

The intention of this book is to acquaint health care professionals with the developmental process in pre-school children, in order that they may distinguish normal from abnormal behaviour. The author's basic tenet is that behaviour suggestive of psychopathology may actually be normal adaptive responses of young children encountering traumatic events. He contrasts the medical model, which he considers limited, with the new field of developmental psychopathology, which draws on knowledge from various scientific disciplines.

The book consists of a brief examination of the case histories of six pre-school children whose behaviour has caused concern. The clinical descriptions are accompanied by limited reports of conversations between the author and the child, mainly in question and answer form. Following each vignette is a lengthy discussion of theories of normal development pertinent to each case. A wide range of models and theories are used – primarily attachment theory, theories of temperament and also of cognitive development. Research on children's behaviour, especially recent research, is quoted extensively, and the chapter on play behaviour is particularly comprehensive and erudite. However, it is surprising that the pioneers of play therapy and psychoanalysis with children, Melanie Klein and Anne Freud, are not mentioned.

The children's behaviour is examined under various headings – cognition, locus of control, play behaviour, pro-social behaviour and aggression. It can be deduced from these titles that this is a very American book, which focuses on a very American preoccupation – that every child showing any disturbance of behaviour will automatically receive a diagnostic label under DSM–III–R. Even a description of normal sibling rivalry is discussed as possibly classifiable as the disorder 'phase of life problem'.

For my taste Trad focuses too much on the theory and insufficiently on the personal details of each case, with scant exploration of the environment of each child. This lends a mechanistic impersonal feel to the book, with too rigid a consideration of psychopathology and a disappointing reluctance to give meaning to the children's behaviour. Finally, I feel the book falls short of its aim to provide a practical guide for professionals in this field.

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Suicide in Children and Adolescents. Edited by GEORGE MACLEAN, with contributions from S. DAVIDSON, R. T. JOFFE, D. R. OFFORD and C. R. PFEFFER. Ottawa, Ontario: Hogrefe & Huber. 1990. 144 pp. Canadian $26.00.

This slim Canadian volume covers a topic which is of interest to both child and adolescent psychiatrists and adult psychiatrists. Its five chapters cover subjects ranging from epidemiology and clinical assessment to the role of depressive disorders and risk factors in management of suicidal children and adolescents. An increase in completed suicide in adolescents and young adults has caused concern both in North America and in the United Kingdom. The reasons for this are uncertain. Throughout this volume it is clear that research on suicidal attempts and completed suicide meets a gap in