

stressed, as is the gap between what therapists say and what they do. This, too, the authors aim to overcome.

The stages of therapy are listed and the executive skills of therapists discussed in detail. The book ends with a helpful outline for a family therapy training programme, and a chapter on research.

I note only two shortcomings. Firstly, there is no mention of families with young children. The special skills needed to help pre-school and early school-aged children participate in therapeutic family transactions, and trainees and parents to facilitate and understand the significance of play, are not described. Secondly, and this is related to the somewhat sketchy account of family therapy research, there is little discussion of the indications for or against family therapy, as compared with other treatment interventions.

This attractive book is written clearly and enlivened throughout by case histories and brief clinical examples. Everyone concerned with the practice of child and adolescent psychiatry should read it.

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The Medical Basis of Psychiatry. Edited by G. WINOKUR and P. J. CLAYTON. Philadelphia: Balliere Tindall. 1986. 599 pp. £49.50.

The notion of constructing a textbook of psychiatry on the basis of treating psychiatric problems as analogous to other medical problems, defining psychiatric illness as a medical illness with major emotional and behavioural aspects, and presenting the material in the familiar pattern of definition, epidemiology, signs and symptoms, aetiology, treatment, and differential diagnosis, although commonplace to British psychiatrists, is positively revolutionary in the USA and reflects the increasing ascendancy of biological psychiatry in that country. Nevertheless, the contributors to this volume by no means neglect the psychosocial and psychotherapeutic aspects of the various disorders included.

Thirty-seven of America's most prestigious psychiatrists have combined to produce an uncommonly fine textbook. Each chapter is a well-referenced and up-to-date review of its subject, often supplemented by brief, but cogent, editorial interpolations. The contents are organised into four sections; 17 chapters on adult syndromes, covering the usual range of conditions, 4 chapters on child psychiatry, covering conduct disorders and hyperactivity, major affective disorders, infantile autism and schizophrenia in childhood, and emotional disorders; 7 chapters on symptom clusters; and 5 chapters on special areas. Included in this last group are the neurobiological basis of psychiatric illness, genetics of psychiatric disorders, use of the laboratory in psychiatry, epidemiology of psychiatric illness, and suicide and attempted suicide.

The entire contents are of a consistently high standard and it is difficult to select any chapters as being of particular distinction. Reflecting my own interests, I found the chapters on organic brain syndromes presenting with little or no cognitive impairment (Popkin), schizophrenia (Tsuang & Loyd) and special and unusual psychiatric syndromes (Nasrallah) to be particularly noteworthy for their lucidity and topicality.

The book is recommended both as a useful revision primer for the trainee and as a comprehensive reference work for the mature practitioner. Its expense is commensurate with its size and excellent presentation.

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Between Give and Take: A Clinical Guide to Contextual Therapy. By I. BOSZORMENYI-NAGY and B. R. KRANSER. New York: Brunner/Mazel. 1986. 432 pp. \$35.00.

Boszormenyi-Nagy, one of the founders of the family therapy movement, has, over a period of forty years, developed an approach called 'contextual therapy'. In this book he and his co-worker elaborate the principles and practice of the method.

The distinctive concept of contextual therapy, 'relational reality', amplifies and applies Martin Buber's notion of 'genuine dialogue'. Dialogue means mutual commitment: a trustworthy relationship in which relating partners have responsible concern for the validity of each other's interest. Four basic dimensions of relational reality guide the therapist in assessment and treatment: *factual predeterminants*, e.g. poverty or child abuse; *individual psychology*, using concepts of individuation and differentiation greatly influenced by Erickson's work and by object relations theory; *patterns of transaction and power*, drawing upon systems theory; and '*relational ethics*'. The latter fundamental ethical dimension, stating the obligation to achieve a 'fair give and take', involves such questions as what a person owes, deserves, and needs in significant relationships. The authors claim that an enhanced personal freedom derives from 'entitlement' which, earned through offering care, flows from the resolve to accept active and personal responsibility for the consequences of 'relational reality'. That responsibility extends to generations as yet unborn.

The focus of therapy is on the balance of fair exchanges between 'individual members in their close relatedness', rather than on the family. The family therapist needs to practice 'multi-directed partiality', i.e. a 'sequential siding' with each member – very different from collusion – while being accountable to all, including absent members. An important chapter stresses the necessity for the therapist to realise his own relational reality.