

during afternoon lectures. Broughton then reviews chronobiological aspects of sleep and napping and concludes that there are two distinct 'gates' in the 24 hours when the transition from sleep to waking is facilitated, a primary nocturnal and a secondary mid-afternoon period. These views are confirmed in some experimental observations by Lavie and the evidence from napping in time-free environments discussed by Campbell & Zulley.

Stampi reviews the difficulty in maintaining performance in situations of ultra-short sleep schedules, including some fascinating observations on the crews of ocean-racing yachts. Dinges provides a comprehensive account of the anatomy, physiology and psychology of the human nap and concludes that naps have beneficial effects on mood and performance once the immediate post-sleep inertia has dissipated. Akerstedt *et al* cover the effects of shift-work and Naitoh & Angus those of prolonged work. Webb & Dinges discuss cultural aspects of napping and the siesta and Broughton reviews pathological sleep disorders. In a final integrative chapter, the editors sum up the book with the comment that the study of napping might well unlock the mystery of sleep itself.

This book, which I found immensely reassuring, will appeal to all interested in sleep research.

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Cognitive Behavioural Therapy for Psychiatric Problems: A Practical Guide. Edited by KEITH HAWTON, PAUL M. SALKOVSKIS, JOAN KIRK and DAVID M. CLARK. Oxford: Oxford University Press. 1989. 456 pp. £40 (hb), £15 (pb).

Cognitive therapy has been very much the fashionable psychotherapy for the last decade. This handbook chronicles the use of cognitive behavioural techniques in a wide variety of different psychological disorders. It would appear that the history of new psychotherapies is very much like that of new drugs. They are first used by a few enthusiasts, tested, and introduced to the market for use with a specific group of conditions in circumscribed clinical settings. Next, they are taken up more widely and begin to be used in a multitude of different settings and different situations for a wide variety of conditions before disillusionment sets in. Finally, they either disappear without trace or find their place in the market along with other treatments. At present, it seems that one can use cognitive behavioural therapy for almost anything, and it has certainly moved a long way from its origins as a highly structured, time-limited, specific treatment for depressive disorders. It has become less structured, more open-ended, and used for longer-term treatment and for more challenging behaviours such as personality disorder. Presumably, time will tell.

One refreshing thing about this book is that it presents essentially the 'British' view of cognitive therapy as originally practised in Oxford and Edinburgh, and now in many centres around the UK. Over half the authors are associated with the Oxford department and this indicates the breadth of expertise that Oxford has in this area. One essential characteristic of British, or perhaps more correctly, European, cognitive behavioural therapy seems to be its close adherence to the principles outlined by Beck in the 1970s and early 1980s. Despite this 'conservatism' it is this school that has advanced the treatment into many other areas such as hypochondriasis and obsessive-compulsive disorder. This book has chapters on assessment, anxiety and panic disorders, phobic disorders, obsessional disorders, depression, somatic problems, eating disorders, chronic psychiatric handicaps, marital problems, sexual dysfunction and problem-solving. It is therefore much more wide ranging than its competitors. Unlike many books that call themselves handbooks or practical guides, this one does live up to its name since it *does* tell you how to do it. There are no weak chapters, all being written to a uniformly high standard, but those who are looking for a new cognitive perspective to the treatment of sexual dysfunction or problem-solving will be disappointed. These chapters are really good old-fashioned behaviour therapy. In a sense I see this as a plus. The authors have resisted the trend to stick the adjective 'cognitive' on the front of every type of behaviour therapy just because the patient has cognitions or thinks.

One of the most usual comments heard from clinicians of all backgrounds when cognitive behaviour therapy is described to them is: "oh well, that's what I do anyway". After many hours of watching video tapes of clinical interviews I have never seen any evidence of this, and, in fact, many so-called cognitive behaviour therapists do precious little cognitive behaviour therapy either. This book will help those who are already practising to improve their technique and it will certainly help those who are just beginning in this area. There are several other books on the market that cover similar topics but this has to be seen as the market leader. It is easy to read, uniformly well written and the most comprehensive of the practical handbooks available. I fully recommend it.

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Handbook of Phobia Therapy: Rapid Symptom Relief in Anxiety Disorders. Edited by CAROL LINDEMANN. New Jersey: Jason Aronson. 1989. 456 pp. \$45.00.

The book opens with a brief historical overview of aetiological theories and their influence on the development of treatments for phobic disorders. Although the next chapter covers classification, outlining the DSM-III

system, important nosological issues are not critically discussed. The first section of the book includes another six chapters which describe the clinical features of agoraphobia, obsessive-compulsive disorder, childhood and flying phobias, and evaluative anxiety disorders of a generalised and specific nature. A detailed account of management follows the description of each condition (apart from evaluative anxieties), incorporating behavioural and some cognitive approaches. The chapters on agoraphobia and compulsive ritualisers provide excellent accounts of treatment.

The second part of the book consists of several chapters describing strategies and techniques that can be used to aid anxiety reduction and to assist exposure (e.g. breathing control in hyperventilators, education of patients about anxiety and coping tactics). Two further chapters describe marital and interpersonal therapies which can be helpful as adjuncts to exposure in some cases. The book ends with one chapter each on the psychoanalytic approach to phobias and drug treatments of anxiety disorders.

This is a multi-authored book and there is some repetition. Some important topics, such as the treatment of social phobia, are omitted, but there is a critical discussion and evaluation of the various treatment approaches described in the book. In addition, as much of the book is devoted to the behavioural approach, an introductory chapter setting out behavioural principles (analysis, goals, negotiation, measurement, evaluation and feedback) would have been useful, instead of these being scattered throughout the book.

The book has a few excellent chapters but, in my opinion, is not in itself a complete handbook. It is suitable for libraries rather than the individual. Furthermore, in these days of limited funds, it is rather expensive.

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Clinical Approaches to Violence. Edited by KEVIN HOWELLS and CLIVE R. HOLLIN. West Sussex: Wiley & Sons. 344 pp. £35.95.

This book aims to present a cognitive and behavioural analysis of the causes of violence and to provide a basis for planning the treatment of people who have been violent. It looks at violence in a number of settings, in particular within the home and various institutions.

'Clinical' in the title of the book means paying "primary attention to the psychological characteristics of the individually violent person". The editors do not attempt to include the relationship between mental illness and violence (another book in this series will cover the topic). Nevertheless, although it is aimed primarily at probation officers and psychologists, sections of the book are of interest to psychiatrists.

The most successful chapter is that on sexual violence. Here, the authors unite research evidence into a coherent theoretical framework which then serves as a basis for a treatment model used by the authors. They describe its application both in general terms and with an account of one case and go on to describe the evidence that their treatment has some effect on recidivism. Unfortunately, none of the other chapters combine research work with practical experience of treatment in such a comprehensive fashion.

The chapter of most obvious potential relevance to psychiatrists is that on violence in psychiatric hospitals. This describes the research that has been done in the field and points to how little is known. This chapter is not in fact about the individuals who commit violence on a ward but about the staff responses. Its main argument is that the standard means of managing violence on the ward can reinforce it, but the strength of evidence used to support this argument is weak. For example, it argues that neuroleptic medication has "been found to promote violence", but this sweeping claim is supported by one reference which turns out to be a single case study.

The central chapters review the literature on domestic violence. These sections go beyond the declared scope of the book in describing victim characteristics and more general social factors. This widening of scope seems to be because the authors do not have all that much to say on the perpetrators of violence, and the section on treatment (of the perpetrators) is vague and does not appear to be based on any practical experience.

Overall, the book is a useful source of information on the causes of violence within the individual but less useful as a guide to treatment.

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Diagnosis and Treatment of Senile Dementia. Edited by M. BEGENER and B. REISBERT. Berlin: Springer-Verlag. 1989. 389 pp. £45.50.

This book is made up of papers given by a wide range of authors at a workshop in Vienna in 1989. The preface states that it intends to be "a comprehensive overview of current knowledge in diagnosis, prevention and treatment of senile dementia". While there is some basis to this statement as far as diagnosis and prevention are concerned, the section on treatment is certainly not comprehensive.

The book is not concerned with the care and management of people with dementia other than in relation to drug treatment, and with regard to this, only one chapter considers the possible therapeutic role of drugs affecting monoamine, cholinergic, neuropeptide and gabaergic transmission. The last 120 pages of the book are exclusively given over to papers about calcium