

stimulating and thought-provoking suggestions will certainly contribute to scientific progress in developmental research. I recommend this resource book to all researchers in developmental child psychology and psychiatry; it should be in any departmental library.

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Clinical Case Management: A Guide to Comprehensive Treatment of Serious Mental Illness.

Edited by ROBERT W. SURBER. London: Sage. 1994. 275 pp. £18.95 (pb).

This multi-authored book rests heavily upon contributions from American social work practitioners and teachers. Of the 11 contributors, eight are social workers, two are psychologists and one is a psychiatrist. I approached the book with pleasurable anticipation, thinking that I would find an up-to-date review of counselling, social work practice and methods found to be helpful with seriously mentally ill clients/patients. However, I found that I was merely revisiting territory and statements all too familiar to me in the 1960s and '70s, when some of us, then engaged in social work education, relied heavily on American texts based on the then popular 'systems approach' to social work problem-solving.

This text restates some of these earlier prescriptions and principles, albeit in modern terminology; for clinical manager read social worker, and so on. Somewhat bland generalisations abound, for example, "people who suffer from severe mental illness can be very difficult to treat" and "seriously mentally ill clients desire to be treated as people and not as problems".

The book suffers from some repetition, and its merits are not enhanced by the absence of an index. Psychiatrists will learn little, except that social work education and practice in the US still seems to suffer from an unbecoming degree of pretentiousness; I doubt if social work teachers in this country will place the book high on their reading lists.

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From Pain to Violence: The Traumatic Roots of Destructiveness. By FELICITY DE ZULUETA. London: Whurr. 1993. 325 pp. £17.50 (pb).

The recent murders of James Bulger and Suzanne Capper pose the question of why such things happen. The helping professions are turned to at such times, with an expectation that we may be able to offer some explanation and hope for the future. *From Pain to Violence* offers a comprehensive review of the issues,

and integrates approaches from the theoretical backgrounds of biology, ethology, psychology and psychoanalysis.

The book is in three sections, starting with "attachment gone wrong", and focuses on theoretical models that might inform our thinking about violence within relationships. Particular emphasis is given to the development of John Bowlby's work, including the ethological studies of Harlow on monkey behaviour, and also the later research on patterns of attachment in human beings. It is heartening to read such prominence given to Bowlby's ideas, which have become seemingly much more acceptable since his death. This book also reminds us that psychoanalysis has evolved considerably since Sigmund Freud (e.g. the proposition by Kohut of narcissistic rage in the genesis of violence).

The second section, "the psychology of trauma", examines the traumatic origins of violence and covers child sexual abuse, and the long-term effects of post-traumatic stress disorder. So much violence is perpetrated within the family where the roles of abuser and carer are inextricably interlinked, so that the 'trauma' of the abuse is not perceived at the time, but the 'trauma of realisation' may arrive at a conscious level months or even years after. Multiple personality disorder and dissociation in general are discussed sensibly, without getting caught in the "it does exist" and "it does not exist" dichotomy; instead, the varying mechanisms (both conscious and unconscious) that abused people use to survive their terrifying experiences are pointed out.

The third section addresses the "prevalence of psychological trauma", especially its legitimisation by the state, including the area of acting 'under orders', and the cultural sanctioning of violence.

This book manages to combine the approaches of research, and the best practice of psychiatry, with the humanity of psychotherapy. Highly recommended – and even if the answers provided lead us to yet more questions, the book has both the breadth and depth to help us understand our patients better.

STEPHEN GLADWELL, *Uffculme Clinic, Regional Centre for Psychotherapy, Birmingham*

Treatment Options in Addiction: Medical Management of Alcohol and Opiate Abuse. Edited by COLIN BREWER. London: Gaskell. 1993. 108 pp. £7.50 (pb).

In the Foreword, the editor justifies this book as it is well-referenced and novel. I agree, especially concerning those chapters on disulfiram and naltrexone. He acknowledges the omission of papers on severe alcohol withdrawal and conventional in-patient opiate withdrawal. He rationalises this by saying there is little disagreement in this area. I disagree with his rationalisation.

The authors of the chapters on disulfiram illustrate the evidence that "supervised disulfiram" is superior to "unsupervised disulfiram". Despite this, supervised disulfiram is not as yet available as standard treatment. Brewer strongly feels that this message of the usefulness of supervised disulfiram has not been propagated adequately by textbooks in the field. He examined 16 books and found that only eight mentioned disulfiram and the value of supervised disulfiram. He concludes strangely that "it is worrying that the majority of books do not discuss the subject".

The section on naltrexone begins with a description of positive experiences with its use among prisoners in the US since the 1980s. It is emphasised that, despite this experience, it is still not widely used in the UK. Subsequently, the use of naltrexone in rapid detoxification is described.

Marks discusses the impact of control on the supply and demand for 'illegal' drugs. Peter Girling highlights the fact that drug addicts are a heterogeneous group and need a comprehensive treatment package with differing approaches. The book ends with a description of hair analysis, a technique to detect non-volatile drugs. This technique is considered to be more sensitive and informative.

The book is easy to read and I found it interesting and stimulating. I would recommend this book to all professionals in the field, and especially managers who are influential for resource allocation. It is a must for libraries. My main criticism is that the title and the subtitles are misleading, as the book neither covers all the treatments in addiction nor does it cover only the medical treatments.

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Insights in the Dynamic Psychotherapy of Anorexia and Bulimia. Edited by JOYCE KRAUS ARONSON. Northvale, NJ: Jason Aronson. 1993. 320 pp. US\$30.00 (hb).

With astonishing prescience, Pierre Janet described anorexia nervosa in 1909 as a confusing symptomatology masking an illness which, in contrast, is anything but equivocal in its commitment to kill or be killed. In other words, Janet considers anorexia nervosa to be a version of hysteria, in which an intended womb murder is redirected at the self, symbolised in such a way as to arouse maximal social resonance.

Extending Janet's insight with the hindsight provided by some of Joyce Kraus Aronson's contributors, it is possible to see an intense social pressure (as there was in hysteria) to misunderstand the illness in terms of gender discrimination. Yet the problem begins to take on manageable dimensions when it is related to the little-girl yearnings and hatreds in men as well as in

women, and to the unconscious sufferings that men as well as immature women undergo in realising their incapacity to bear their mother's babies. The eating aspect of the problem is a disguised version of the truth, which is only marginally about eating.

Bewildering in the lability of symptoms and consistent only in a gun-barrel accuracy in evoking virulent states of mind in the therapist, the patient is often able to put over an impression of compliance or indifference.

"Anorexia is the outcome of one of those little soul murders of childhood in which, to survive, a child gives up aspects of the self she might have become and instead becomes a mirroring extension of the all-powerful other on whom her life depended" (Louise Kaplan).

The problem is in knowing how far the all-powerful other is an actual nurturer, or some robbed and retaliatory phantom ghost of the inner world. Many of Aronson's contributors incline to focus on inadequacies in actual parenting. It is possible that social and familial pressures only account in part for the suicidal intensity of the illness.

What is sure is that the patient in the full fury of illness can be unusually effective in destroying any therapeutic alliance. Group leaders are unusually prone to collapse, and Linda Riebel advises many of them urgently to "have a co-leader or someone to whom to vent; obtain consultation; evaluate carefully whether you really want to do groups; take periodic vacations . . ."

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Obesity – Theory and Therapy (2nd edn). Edited by ALBERT J. STUNKARD and THOMAS A. WALDEN. New York: Raven Press. 1993. 377 pp. Price not listed.

For a subject that arouses such strong emotions in everyday modern life, obesity receives surprisingly little attention from the British medical profession. This may be a reflection on the priorities of the NHS or of the therapeutic nihilism felt towards the obese patient. It seems inevitable, therefore, that this enthusiastic tome should originate from the US (although containing notable British contributions from Silverstone, Blundell and Lawton).

This book is a "state of the art" review and enthralls the reader with its mixture of scientific research, clinical experience and explanatory theories. It is divided almost equally into the first section on theory, and the second on therapy. Both sections are gripping and generally easy to absorb. For those that prefer shortcuts, the text contains a number of thorough overviews, well referenced to the rest of the contributions.

In restating the aims of this second edition, the editors aspired to create an authoritative account,