

promotion of insight'. In the book under review Goldberg *et al* set out to examine the effectiveness of task-centred case-work in three different settings—a local authority social services department (133 cases); a specialist probation team (100 cases) and an accident and emergency department concerned with parasuicides (200 cases and 200 controls). Direct comparisons between the three sample groups are not easy because of the marked differences in organisation, structure and orientation of the three agencies concerned. However, some general findings emerged. In all three projects it was found that task-centred work could be used with a fair proportion of cases; clients who could actually report they had completed 'an episode of task centred work' (p. 251) were likely to report that their difficulties had been reduced. In more specific terms, the method (which not only requires very clearly established goals but in addition a specific contractual relationship between client and worker) was less helpful in reducing reconviction—except in medium risk groups and in further suicide attempt. But, as the authors suggest, no other method of counselling has been found to be effective with such groups either. All three studies show the clear advantages of setting clear-cut objectives, treating the client as a partner and establishing realistic expectations by *both* parties. This book will be of interest to those psychiatrists interested in the advantages of short-term and goal directed psychotherapy. Sadly, the book, at £20.00 is expensive, and, at this price worth something more than the poor quality paper reminiscent of those war-time publications 'produced in accordance with economy standards'.

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**Psychonephrology 2. Psychological Problems in Kidney Failure and their Treatment.** Edited by NORMAN B. LEVY. New York: Plenum. 1983. Pp 296. \$29.50.

Three years after *Psychonephrology 1* comes *Psychonephrology 2*—like its predecessor based on an international conference but this time on Psychonephrology instead of Psychological Factors in Haemodialysis and Transplantation. This new term as explained in the preface was invented by the editor Dr Norman Levy with Dr Atara Kaplan De-Nour, and was intended to emphasise the interdisciplinary nature of the subject. In fact the conference would once again more correctly be described as

multi-disciplinary—at least eight professions and specialities are identifiable amongst the contributors, the majority of whom came from North America. There certainly seems to be no decline in interest in this subject, but some hints of discontent are detectable. Thus in a frank review of more than fifteen years of research on psychological problems in haemodialysis patients, De-Nour, herself a leader in the field, concedes that there is still a lack of knowledge about many problems and that such information as is available is often contradictory. She speaks of a "dire need for systematic, integrated, large-scale, and long-term research" and speculates that failure in this respect has been responsible for a lack of improvement in the quality of life for patients, and continuing distress of families and staff. The next chapter in fact highlights the problems for staff in dialysis units but also of research since the study described had to be based on a 35% return of the 165 questionnaires sent out to 8 units. The most poignant demonstration of disillusionment comes in two chapters concerned with termination of dialysis especially when requested by the patient—"the dialysis honeymoon is over seventeen years after it was instituted as the treatment of choice for end stage renal disease (ESRD)". There is more in this volume on sexual problems. Studies of nocturnal penile tumescence (NPT) demonstrate the importance of an organic deficit rather than depression as a cause of impotence and that is specific for ESRD and not just due to chronic illness. A more positive attitude is found in relation to renal transplantation though even here there is a plea for studies comparing the quality of life of transplant patients and patients undergoing alternative therapies using the same social psychological measurements. It remains to be seen whether a future *Psychonephrology 3* will show that some of these research deficiencies have been remedied, but for now this volume provides an authoritative account of the present position and will be of interest to all who are involved with chronically ill patients.

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**Handbook of Psychiatric Consultation with Children and Youth.** Edited by NORMAN R. BERNSTEIN and JAMES SUSSEX. Lancaster: MTP Press. 1984. Pp 400. £34.50.

This book is rather typical of an increasing number of textbooks, especially from North America, in which a large number of relatively unknown authors submit their viewpoints on a common topic.

The topic itself is clearly important, in view of the frequent responsibility for consultancy in Child and Adolescent Psychiatry, and the book's appearance reminds one of this important function about which too little has so far been written. The Editors decision to keep the book free of consultation theory is a mistake, as invaluable as detailed descriptive accounts of consultation may be, this is the first step to defining general principles and guidelines of relevance to a wide variety of settings. There are a number of interesting and well-written chapters, either describing the pitfalls and advice, or offering well-organised reviews of the field (e.g. on divorce consultation; consultation to paediatric wards). However, paediatric consultation is dealt with in only 34 pages (covering 2 chapters); consultation in child abuse is poorly dealt with, and there is a notable absence of consultation with community-based social welfare units and residential homes. Too many chapters disappoint, either too anecdotal (e.g. on adolescents), poorly organised (on out-patient liaison), or written with little depth (e.g. rural clinic work, teacher and classroom consultation, and child abuse). Some chapters are simply not relevant to the book's title (e.g. on depressed children, and on family assessment), whilst others are concerned with specialised projects of little relevance to the UK.

The book therefore cannot be recommended for purchase by the general reader, and in view of its cost most library committees would probably choose not to select.

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**Depression: Concepts, Controversies, and Some New Facts.** Second Edition. By EUGENE E. LEVITT, BERNARD LUBIN and JAMES M. BROOKS. London: Laurence Erlbaum. 1983. Pp 249. £19.95.

This readable monograph contains four sections. Firstly the authors provide a balanced review of the concept and classification of depression. Secondly they succinctly summarise the behavioural, social and cognitive aetiological theories of Seligman, Lewinsohn, Hokanson, Brown and Beck. Whereas the former section identifies the limitations of the "endogenous/reactive" dichotomy, the latter (without any apparent sense of irony) focuses solely on the reactive depressions. These are well referenced sections.

The third section contains "some new facts" of the title. It is a report of the first national epidemiological study of the affective state of 3,000

randomly selected U.S. citizens. The instrument used was Lubin's Depression Adjective Check List, originally derived from "marked or severely depressed" patients and validated in samples of normal people, and in depressed and non-depressed patients. The authors do not state when the study was carried out nor how the demographic characteristics of their sample compare with those of the U.S. population.

The scores were related to a number of social and demographic variables. It was found that "depression is a social class phenomenon" and that "it is represented by an axis that runs from inferior educational attainment to lower annual income to failure to advance financially". They infer that "education is a better predictor of depression-proneness than other social class subfactors". However, demographic factors account for less than 6% of the variance of the scores. This suggests that the aetiology of depression is "largely invested in personality factors".

The authors then attempt to integrate the study findings with the reviewed non-biological theories of depression and to achieve a synthesis. They imply, for example, that a person from a lower social group may not only be more exposed to depressing influences but also lacks "control" (Seligman) over these and the necessary "social skills" (Lewinsohn) to cope. The result is that depressive behaviours are elicited and reinforced. This section is the most hypothetical and least satisfactory

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**The Battered Woman Syndrome.** By LENORE E. WALKER. New York: Springer Publishing. 1984. Pp 256. \$21.95

This account of a study of approximately 400 self identified battered women contains much fascinating information, but is intensely irritating to read in places. The study was organised as a feminist project with the object of "integrating the feminist perspective into a knowledge base replete with the inevitable bias of a male-dominated field of study". This approach intrudes inappropriately at times in the presentation and discussion of the work.

Much historical information was obtained from the subjects and a variety of psychological assessments made. There is an excellent account of both the practical and emotional problems involved in this type of study. The book contains a very useful discussion of legal issues in relation to domestic