

Clues: Investigating Solutions in Brief Therapy. By STEVE DE SHAZER. London: W. W. Norton. 1988. 202 pp. \$25.00.

This is a book to be recommended. It is relatively short, and clearly written. Its style might not strike a chord with those who are more at home with traditional psychoanalytic styles of writing. Nevertheless, the jargon which is used is usually adequately defined.

This book develops from a simple, single observation, namely that patients in their initial presentation often indicate to the therapist that their complaint, symptom, abnormal behaviour, etc. may not be entirely consistent; that it may be sometimes absent. This seeming commonplace forms the heart of the treatment approach. What the author develops around it is a rationale and course of action which aims to bring to the patient more opportunities for the symptom to fail to appear, and hence to achieve symptom removal.

The treatment approach is largely cognitive in style, but includes addressing issues to do with poor motivation. No obvious use is made of the concept of unconscious processes. This may not be a failing, however, and since the results of the treatment, at least in the hands of the author and his associates, is brief and particularly successful, the method merits the serious attention of other workers.

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Family Evaluation: An Approach Based on Bowen Theory. By MICHAEL E. KERR and MURRAY BOWEN. London: W. W. Norton. 1989. 400 pp. £22.00.

This is a book written by family therapists about a system of 'family evaluation' developed by Bowen, who was apparently influenced in formulating his ideas by two publications: E. O. Wilson's *Sociobiology* and P. D. MacLean's *Education and the Brain*. The reader is introduced to a variety of technical terms based on suppositions about how families function and how psychiatric disorders occur. The authors go to considerable lengths to justify their theoretical framework, reaching out into the realms of how the physical sciences as well as the biological sciences developed, which I believe will make the average reader uncomfortable. It is all very well for a populist writer to start with such fundamentals in describing how the double helix configuration of DNA was discovered, but when two American psychiatrists attempt to give this degree of significance to an esoteric form of clinical assessment, it comes over as pretentious. A blow-by-blow detailed historical account of how the system was formulated is provided, such as might be appropriate for Alexander Fleming discovering penicillin or Louis Pasteur carrying out the experiment which revolutionised medicine.

The author's recommended system of family evaluation is described in a book of about 180 000 words. A lot of assertions are made, particularly about how psychiatric problems arise, without reference to any hard evidence which would serve to support the views expressed. Considering the importance the writers appear to attach their own work, it is surprising how little solid backing in the form of references to the scientific literature are made. I would guess that the methods and ideas that they advocate which a family therapist would find useful would also be found in a more concise and cheaper *vade-mecum* on this subject. This book is not to be recommended either to individuals or libraries.

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The Hypothalamic-Pituitary-Adrenal Axis – Physiology, Pathophysiology and Psychiatric Implications. Edited by ALAN F. SCHATZBERG and CHARLES B. NEMEROFF. New York: Raven Press. 1988. 223 pp. \$61.50.

This volume arises out of a symposium held at the Annual Meeting of the American College of Neuropsychopharmacology in Hawaii in 1985. Because of the rapid evolution of this field, contributors have included in their chapters new data beyond those presented at the symposium. The contributors are all American biological psychiatrists, and the book reflects both the strengths and weaknesses of that group and the advantages and disadvantages of books originating from meetings.

The main focus of the book is the role of corticotrophin-releasing factor (CRF) in the production of hypercortisolaemia in depression. CRF was isolated from the hypothalamus, but it is now known to have an extensive but discrete CNS distribution. The peptide is increased in the CSF in depressed patients, and when it is administered to animals there are a number of interesting behavioural effects. There is no doubt that this is a fascinating area of neurobiology – the so-called 'new neuroendocrinology'. It seems likely that CRF is an important mediator of the behavioural response to 'stress'. The authors of several chapters link these observations and go on to suggest that CRF hypersecretion is important in the genesis of depressive disorders. However, in their enthusiasm these authors seem to have forgotten that many depressed patients do not exhibit hypercortisolaemia and that the clinical associations and specificity of the DST are far from clear. Moreover, in many chapters it appears that chronic stress is seen as the equivalent of depression.

A scholarly chapter from Sopolsky & McEwen puts forward the notion that the raised steroids found in depressed patients and Alzheimer-type dementia patients

may be deleterious and that cognitive changes may follow from the associated hippocampal damage. Again, the undoubtedly interesting neuroscience outweighs the supporting clinical evidence.

The book is uneven in style and form. Some chapters are overviews; others present detailed studies and data. There is much overlap and repetition, particularly of the background outlined above. It is difficult to see whom the book is aimed at, but it could be recommended for the dedicated researcher in this area. Despite all these caveats, the authors have the courage of their convictions and a large number of testable hypotheses are generated, and that can't be bad.

I. N. FERRIER, *MRC Clinical Scientist, MRC Neurochemical Pathology Unit, Newcastle General Hospital, Newcastle upon Tyne*

Handbook of Cognitive-Behavioural Therapies. Edited by KEITH S. DOBSON. London: Hutchinson. 1988. 426 pp. £30.00.

The 'cognitive revolution' in psychology started in the 1960s, and since that time there has been an explosion in the published literature on the theory and clinical efficacy of cognitive-behavioural approaches. For those at the forefront of research in this area it is an exciting time. However, for others, attempting to come to grips with current developments in this field can be both frustrating and confusing. At what point does a behavioural approach merge into a cognitive behavioural approach? Are there any 'pure' cognitive therapies, or do all of them incorporate some behavioural techniques? Dobson takes as his starting point a broad definition of cognitive behavioural therapies: all those approaches that assume a primary role for cognitions in determining emotional and behavioural responses to events or experiences. This shapes the framework of the text and allows a comprehensive overview to be given of a wide range of theoretical models and clinical interventions.

The list of authors (including Beck, Ellis, Rehm, and Shaw) is impressive, and their contributions are of an excellent standard. The chapters not only address clinical and research issues, but clearly outline the philosophies underpinning the different approaches. The book is divided into three sections, covering the development of cognitive behavioural therapies and issues in cognitive assessment, the therapies available, and lastly an overview and analysis of future developments in the field.

In the preface Dobson writes that the impetus to producing this book came from having to teach about the theory and practice of cognitive therapies. He states that when he sought a "succinct, comprehensive handbook of the field of cognitive behavioural therapies" none was available. I can pay the editor no higher compliment than to say that that gap has now been successfully filled

by this textbook. I cannot recommend it strongly enough to all those with an interest in the philosophy and practice of these approaches.

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Treatments for the Alzheimer Patient. Edited by LISSY JARVIK and CAROL HUTNER WINOGRAD. New York: Springer Publishing Company. 1989. 272 pp.

This is a good text: USA-centred, but of wider interest and usefulness. There are four sections: clinical care, family and community interventions, policy (very exclusive to the United States), and research. Appended are a variety of rating scales, including several which are much used, and details of (American) helping organisations and of some relevant publications. The references too are largely American, with omissions of important British work on the supporters of the demented by Gilleard, Gilhooly and others. The section on research is somewhat thin, and scarcely does credit either to the complexity of the growing volume of epidemiological research, or to the sophisticated analysis of burden for supporters and of specificity of interventions. Work by Jarvik is too curtly summarised as "care giver problems progress as the duration of Alzheimer's disease lengthens". On the other hand, the opening chapter on 'The physician and the Alzheimer patient' by Winograd is admirable, setting out a broad-fronted approach with a nice attention to practical details (although the author, in discussing investigations, ducks the thorny question of how intensively the very aged 'typical' Alzheimer patient should be investigated).

Jarvik's chapter on 'Reviewing the future prospects for research' is characteristically wise and well-informed. This is a sensible, practical book, more likely to be bought by individual readers in America, but well worth adding to some British libraries.

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X-Linked Mental Retardation 3. Edited by JOHN M. OPITZ, GIOVANNI NERI, JAMES F. REYNOLDS and LAVELLE M. SPANO. New York: Alan R. Liss. 1989. 707 pp.

This large book is the proceedings of the 3-day Third International Workshop on Fragile X and X-Linked Mental Retardation, held in Italy in 1987. The contents have previously been published in *The American Journal of Medical Genetics* in 1988. The book is dedicated to