

sketchy to be helpful. Exceptions to this are those on cardiac conditions and cerebral palsy, which could have been models for the other chapters. Conditions such as Huntingdon's chorea and schizophrenia sit rather uneasily alongside muscular dystrophy and malignant diseases. The general chapters were too general to make real connections with the more specialist chapters on particular diseases, and some of the advice and information seems to be distinctly old-fashioned. I cannot, therefore, recommend the book as a whole to social workers and others who seek an easy guide to medical conditions in children placed for adoption. Perhaps such a book could be used for those who are likely to adopt children with medical needs, rather than for professionals; it might be a good source book for running groups of potential adopters. It suffers from breadth of coverage, and I think that most people who adopt children with particular needs would seek much more detailed information on a practical level about a particular condition from which the child they are adopting suffers. It is a constant complaint of parents with children with all kinds of medical and psychological disturbances that they are not well enough informed by the professionals. I think this book is only a very small step towards informing professionals about particular problems, and sadly I think therefore it is not the best source of information for the conditions covered.

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**Post-Traumatic Stress Disorder in Children.** Edited by SPENCER ETH and ROBERT S. PYNOOS. Cambridge: Cambridge University Press. 1986. Pp 186. £15.00.

The contributions in this book are based on 'first-generation' descriptive research relevant for the new DSM-III category of post-traumatic stress disorder as it applies to children. They outline children's responses to a variety of stresses which include witnessing of acts of violence (homicide, rape, suicidal acts), traumatic bereavements, childhood cancer, physical and sexual abuse, war and migration, group kidnaps, and natural disasters such as volcanic eruptions.

Some interesting observations are made which provide useful clinical insights. However, the diversity of situations addressed and the individuality of the approaches used to study them result in an unsatisfactory lack of cohesion, and the inclusion of children's responses to such varied traumas under the single category appears contrived. If a clear message emerges from this book, it is the need for further discriminating, clarifying work into the post-traumatic reactions of children.

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**The Psychoanalytic Study of the Child. Vol 41.** Edited by ALBERT J. SOLNIT and PETER B. NEUBAUER. London: Yale University Press. 1987. Pp 667. £50.00.

This series has now reached its first volume in as many years, which would be testimony to its worth even if the list of distinguished contributors over the years (Anna Freud, Bowlby, Margaret Mahler and others) did not include many of the best-known names in the field of psychoanalysis and developmental psychology.

There are no names as familiar as these in volume 41, which continues the tradition of including a large number of contributions (28 chapters) by an even larger number of authors. The contributions are divided into five sections under the headings Psychoanalytic Theory, Trauma, Child Development (subdivided into childhood and adolescence), Clinical Contributions, and Applied Psychoanalysis. There is also a chapter on 'The executive functions of the ego', which is a wide-ranging discussion of psychodynamic approaches to the conceptual problems of free will and autonomy. Despite its title, much of the book is concerned with adult psychoanalysis, or with issues relevant to adult psychology.

A book such as this is one to be dipped into rather than read from cover to cover. However, the contents pages do not seem to offer much of immediate interest to the general reader, and indeed the language of the titles would deter many. Nathanson on 'The empathic wall and the ecology of affect' and a multi-authored chapter on 'Special solutions to phallic-aggressive conflicts in male twins' are cases in point. On further investigation the contributions range from thought-provoking (Edelson on 'Causal explanation in science and psychoanalysis') through workmanlike, but unexciting (Anthony's chapter on 'The contributions of child psychoanalysis to psychoanalysis', for example) to provocative (Abrams' chapter entitled 'Disposition and environment' rather mischievously shows how different psychoanalytic theories can explain the carefully researched observation that twins separated at birth turn out to be temperamentally very similar even when the nurturing families are very different).

What then might be the value of this collection to the general psychiatrist? Psychoanalysis both as a theoretical and practical discipline has contributed more to the day-to-day practice of psychiatry than is generally acknowledged, particularly to the general belief that any formulation of a psychiatric problem is incomplete without understanding of the patient's history, development and early relationships. This book is in the main concerned with the exploration and clarification of patterns as normal and abnormal development. There is also a great deal of interest to those with little interest in the practice of psychotherapy but who maintain an intelligent concern for art, philosophy, or science. It is a tribute to the editors that in the main the contributors to this volume follow the suggestion of one of the authors

represented (Edelson): "Psychoanalysis is a body of knowledge that is important to a wider intellectual and scientific community than that comprised by psychoanalytic practitioners. In its documentation it should follow the scholarly practices, and accept the standards, of that community."

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**Advances in Therapies for Children.** By CHARLES E. SCHAEFER, HOWARD L. MILLMAN, STEVEN M. SICHEL and JANE R. ZWILLING. San Francisco: Jossey-Bass. 1986. Pp 450. £34.00.

If you want a quick, helpful and fairly current reference to specific treatment for a wide variety of child and adolescent disorders such as nightmares, shyness, temper tantrums, restlessness or overdependent relationships with adults, look no further. This is the latest volume in the series of reference books on treatment of emotional and behavioural problems in children and adolescents. Readers familiar with the earlier volumes will recognise the basic structure. There are six chapters devoted to classes of clinical problems, including neurotic behaviours, habit disorders, and disturbed relationships with children. Each has an introduction followed by sub-sections dealing with more specific clinical problems such as school phobia, temper tantrums, fire-setting, and social isolation, among many others. Every sub-section has an introduction followed by a brief but informative account of published reports describing different treatment techniques for the particular problem. These specially written accounts are the core of the book; they provide sufficient information to guide the implementation of treatment, and are accompanied by a commentary that draws out some of the important features of the treatment. The selections are unbounded by theoretical constraints—indeed, the eclecticism is intentional. Finally, each section ends with annotated references to yet other treatment approaches or to issues related to the same problem.

The authors give a number of reasons for eclecticism. One is in response to an increasingly widely recognised phenomenon in treatment: that treatment has to be specific to the problem; neither psychoanalysis on its own or behaviour therapy on its own will suffice to treat the diversity of child and adolescent problems. Instead, practitioners must be eclectic, choosing treatment to match problem and circumstances. Furthermore, recognising that treatment effects do not generalise, increased attention must be given to involving parents. Finally, they have been influenced by the trend towards community-based prevention and education. The selections reflect these views.

The danger of collections such as this is that they encourage technique-centered clinical practice. Although this has some uses, it also has many limitations. These dangers apart, this volume and its predecessors

should be useful to trainees and others early in their careers. Experienced clinicians will also find it enormously helpful as a way of keeping up with current approaches to treatment. It is, after all, difficult to peruse the diversity of journals that publish treatment reports in order to keep up to date. With periodic updating this series will continue to provide an important service to clinicians. At this sort of price, however, it will be a candidate for departmental rather than individual budgets.

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**The Psychotic Core.** By MICHAEL EIGEN. Northvale, NJ: Jason Aronson. 1986. Pp 387. \$30.00.

Eigen's focus is not limited to those individuals who are psychiatrically diagnosed as psychotic or borderline. Rather, this book is a rich phenomenological and psychodynamic exploration of "the mad dimension of life", a discussion which has both breadth and depth. He argues that "overtly psychotic individuals make up a relatively small proportion of both the general and patient population, but psychotic attitudes and states can be components of a broad range of emotional states and mental disorders".

Drawing on a variety of analytic theorists' contributions, especially Bion, Eigen considers various dimensions of psychosis: hallucination, mindlessness, disturbances of boundaries, domination of mind by hate, and disturbances of epistemology, of knowing and the sense of knowing. Eigen demonstrates the links between these disturbances in overtly psychotic subjects and their more subtle manifestations in 'normal' life—that psychotic individuals are struggling with issues that concern us all, that are an inherent part of being alive, for example such as pain.

The psychotic hate which Eigen addresses is often directed not only against an external world perceived as threatening or ungiving, but also against the self, its needs, and its love because these are a source of pain. However, while hate is destructive, even more devastating in their anti-life aims are the self-erasing functions described by Bion, denoted by a minus sign: —K, —L, —H refer to the psychotic individual's tendency to attack the linking activities of knowing, loving, and hating. Eigen gives descriptions of attempts to omnipotently annihilate emotional life in order to avoid emotional pain. For example, one patient spoke of a 'shredder' which operated to obliterate any emotional meaning that threatened to arise. She conveyed how therapy became the major source of pain in her life because if only she could obliterate the therapist she would not need to know how alone she felt: "she and shredder would live in peace".

Eigen argues that a sense of catastrophe may lie at the origin and core of mental life, in healthy development