Book reviews

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In the Long Run. Longitudinal Studies of Psychopathology in Children

By the Group for the Advancement of Psychiatry. Washington, DC: American Psychiatric Association. 1999. 183 pp. £29.95 (pb). ISBN 0-87318-211-1

Longitudinal studies of children with psychopathology are expensive and often difficult to undertake. It can take years to trace and recruit samples. Nevertheless, these studies are important not only for learning about the long-term consequences of child psychiatric disorders, but also for understanding their causes and the mechanisms leading to poor outcomes. For example, longitudinal research on children reared in institutions has consistently shown that their adult outcomes are determined to an important extent by their experiences in adolescence and early adult life. There is nothing inevitable about the long-term consequences of an early adverse upbringing. There may, therefore, be scope for preventive interventions in adolescence, an important finding both for clinicians and for those who plan and fund services for looked after children.

In this book, the Child Psychiatry Committee of the Group for the Advancement of Psychiatry has brought together the results of longitudinal research on the development of psychopathology in children. The aim is to compile the conclusions of new research and hard-to-find US governmental reports. The book begins with chapters on high-risk groups, such as children in the Head Start programmes and children with chronic medical illnesses. There are then chapters on the outcomes of children brought up by mentally ill parents and children who have experienced single severe traumas such as kidnapping or bush fires. The book concludes with chapters on the outcomes of established mental disorders, including depression, conduct disorder and hyperactivity.

At nearly £30 for fewer than 200 pages, this paperback is expensive. Moreover, it relies too much on the presentation of

abstracts from research papers – there is little attempt at synthesis. It will, however, be a useful addition to a seminar series for trainee psychiatrists. It is well written and provides a succinct summary of a large amount of longitudinal research. A useful addition for a postgraduate centre library.

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Relating in Psychotherapy. The Application of a New Theory

By John Birtchnell.Westport: Praeger. 1999. 269 pp. £51.95 (hb). ISBN 0-275-96376-4

Psychotherapy has been in the spotlight over the past few years, in part because of questions about its evidence base. This has led to careful characterisation of different psychotherapies, many of which have been studied in great detail, especially with regard to process of treatment and outcome. These include cognitive-behavioural therapy, psychoanalytic therapy, interpersonal therapy and psychodynamicinterpersonal therapy. Despite the advances in knowledge about each psychotherapy, we still have limited evidence that specific interventions themselves actually effect change. This is disappointing as it would be useful to identify interventions which have specific effects. It is possible that the identification of therapies into brand names according to the types of interventions used is erroneous and that we need a wider classificatory system. One possibility is to aggregate therapies into those that are relational/interpersonal and those that are cognitive/behavioural. Within such a schema there is no doubt that John Birtchnell's psychotherapy would be relational/interpersonal and he has labelled it as such. This book is about his theory and its implementation.

The author is quite specific about the types of relating that occur in interpersonal interactions. In fact, he states that all relationships involve either getting closer to or more distant from and becoming upper or lower to someone. While this sounds overly simplistic he makes a good case for trying to understand interactions as centred around these four poles which are axes of proximity and power.

Chapter 1 sets the scene for the reader who is not familiar with the theory. With the use of circumflex diagrams, positive and negative ways of relating are explained. The following chapters develop the theory of proximity and power and show how it is translated into practice. Perhaps in order to ensure that his points are clearly understood the author contrasts his therapy with other therapies throughout the book. In doing so, he tends to take a swipe at them occasionally. For example, analytic therapy is described as placing the patient as lower and the therapist as upper. Similarly cognitivebehavioural therapy is stated to be 'unapologetically' upper and the most distant therapy, although these statements are qualified. Other therapies are brought into the frame and discussed in a similar way.

My difficulty was in seeing how a practitioner's interventions within the frame of this 'new interpersonal' therapy differ much from the interventions made in other interpersonal therapies, even though the therapist is neither upper nor lower, neither close nor distant. It seems to me that any good therapy requires the therapist to move around such poles, although the problem is that the patient tends to place the therapist in different places at different times. I concluded, rightly or wrongly, that the real point is that this therapy makes the therapist think about what he or she is doing in relation to the other in terms of upper and lower and closeness or distance. This can then be used to inform interventions as well as helping the therapist and patient identify where each of them is on the axes at any given moment.

The author recognises the importance of deliberate or conscious actions and unconscious decision-making. He re-frames these concepts according to an outer brain and inner brain, respectively. Others have done the same, particularly since it is widely accepted that many of our actions and decisions occur outside awareness. Again, I was unconvinced that the new formulation added very much although it carries less baggage than the conscious and