

theory to be completely taken to heart. I, for one, find their assumptions defensible and, in most instances, believable; so forgiveness is a bit easier for me than for the real doubting Thomases. But, as Steve Duck of the University of Iowa pointed out: "Attachment theory is a very hot topic," and in today's academic market this heat encourages even the most scholarly to exaggerate the power (and the coherence) of their pet theories. Consider what Robert Weiss reports in the Foreword: "*The ability of children . . . to display initiative and independence*, is largely dependent on the children's having learned to value themselves as *the deserving recipients of their parent's caring attentiveness*." He seems completely impervious to an opposite, but equally valid, fact of childhood survival: some children display considerable initiative and heroic independence without having experienced anything in their formative years that even minimally resembles "caring attentiveness" from their parent(s).

The tendency of these investigators to over-estimate the role of early childhood attachments is a bit unnerving, yet, at the same time, they have the intellectual candor to admit that empirical verification for their claims remains, at the moment, rather minimal. In this collection of articles the drift toward the glitzy and spectacular is not a dominant trend, but, nevertheless, it is there. The use of attachment theory to explain how "people establish and maintain the primary emotional partnerships in adult life"; how attachment style "affects not only anticipations of success in courtship, but also tendencies toward jealousy and tendencies toward romantic obsession" can tax the patience of anyone endowed with even a morsel of healthy skepticism. Everyone knows (or should know) that attachment theory is, in all likelihood, no better and no worse than most of its competitors when it comes to predicting the behaviour of *healthy* people. Individuals whose attachments and relationships are so damaged that they need clinical assistance, are, of course, a different story. Upliftingly, the contributors to this volume are working diligently on both theoretical and empirical support for the vital premises of attachment theory. For believers and skeptics alike, this is good news.

Wilkes, T. C. R., Belsher, Gayle, Rush, A. John, Frank, Ellen & Associates. (1994). *Cognitive Therapy for Depressed Adolescents*. New York and London: The Guilford Press. 396 pp., \$55.95 CDN.

Reviewed by: Alan Kenworthy, St. John's, Newfoundland.

Offered as a manual for the use of cognitive therapy in the treatment of depressed adolescents, based on Aaron Beck's cognitive therapy for depression in adults, this book is intended for qualified psychotherapists, experienced in cognitive therapy. It is oriented to the out-patient treatment of depressed adolescents but not those with psychotic or bipolar depression.

The book has fifteen chapters, organized in six parts, which were written by nine authors, either singly or in teams of two or three. The first two parts deal with the theoretical and practical issues involved in therapy with

adolescents in general, and the treatment of adolescent depression with cognitive therapy in particular. The third and largest part, *Macrostages and Microtechniques in Therapy* (164p), details the initial, middle and final stages of therapy, with many examples. Part IV deals with three areas of comorbidity—substance abuse, sexual victimization, and affective illness/suicidality. Part V discusses cognitive therapy for depressed adolescents in hospital, and the general management and pharmacological treatment of depressed adolescents. The sixth and final part has some notes on treatment failures, tips for the novice cognitive therapist, and the authors' answers to questions commonly asked about cognitive therapy with depressed adolescents.

This book truly is a manual. It is exceptional in its thorough and prescriptive account of therapy with adolescents and the use of cognitive therapy for depression in this age group. As such, it would be an excellent resource for psychotherapists, who have training and experience in cognitive therapy, and who work primarily with out-patient adolescents. It would also be useful to psychotherapists and others involved in counselling adolescents, without training in cognitive therapy, who wish to develop their knowledge of this form of therapy.

The writing is good and clear throughout, despite the large number of authors and no apparent editor. The book is well organized in its overall design and use of headed chapter sections. Consistent with its intent to be a manual, the book provides short lists of selected readings at the end of chapter, which is sufficient for most practitioners.

Given its extensive introduction to therapy with adolescents, this text appears to have been designed for cognitive therapists, experienced with adults, who now want to learn how to practice with adolescents. Therapists with experience with adolescents may want to skip some sections. On the other hand, the book contains many valuable suggestions for working with adolescents which reflect thorough knowledge of this age group. For example there is the idea of communicating a diagnosis of depression in a way that empowers the adolescent; and the principle that problem-solving is more applicable than cognitive therapy to adolescents whose dysphoria is a realistic response to a current negative life situation or event.

Spain, A., Hamel, S. & Bédard, L. (1994). *Devenir: Approche éducative en développement de carrière au féminin*. Sainte-Foy: Les Presses de l'Université Laval.

Évalué par: Mireille Cyr, Ph.D., Université de Montréal.

Dans cet ouvrage de près de 100 pages, les auteures nous proposent un programme d'intervention novateur destiné aux jeunes femmes âgées de 18 à 30 ans. Ce livre est principalement destiné aux intervenantes en orientation ou en counseling de carrière qui seront sûrement enthousiasmées par la démarche proposée. En effet, "Devenir" est un programme d'intervention