

conclusions which are supported by convincing data and those which are soapbox oratory. The author would have us believe that rape is a conspiracy of all men using their vast institutional and authoritarian power structures to keep all women subjugated and subordinated. That this polemic is not supported by the evidence presented does not negate the documentary and creative value of the book.

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THE DEADLY INNOCENCE: PORTRAITS OF CHILDREN WHO KILL. By Muriel Gardiner. Basic Books Inc. Pp. 190. 1976. \$8.95.

This is a book about children, their families and the society in which they live. What makes these children different from others living and brought up amid multi-generational social, economic, and psychobiological problems is that they have somehow crossed that invisible line that separates most, if not truly all of us who harbor fantasies of murder, from those who actually carry it out.

Muriel Gardiner tells us the stories of ten children. They are not, as Stephen Spender says in the introduction, just case studies. In an easy-to-read narrative style the author quickly puts the reader into the child's life. Subsequently, he finds himself growing up alongside the child, his family and the society around them. Through the author's obvious deep compassion for people and lack of need to blame or assign cause, the reader will find himself in tune with the child's and family's emotions and feelings of love, hate, rejection and frustration, as well as the social pressures enveloping all of them. As these mini-dramas unfold, one senses the ever-increasing inner psychological and emotional pressures created in each of the individuals and with it the terrible sense that the options for solving the dilemmas are narrowing. Then, the irrevocable moment occurs — murder is committed. The lingering tragedy implied so vividly by their earlier lives has fully flowered.

Dr. Gardiner makes no claim that she can explain why these children have committed murder. She fully understands the intricate admixture of biology, psychodynamics, social forces and even chance in the lives of people. She faithfully reports all of the facts available. While she herself is a psychoanalyst, Dr. Gardiner resists the temptation of equating psychoanalytic interpretation with causality or etiology. It is almost as if she were saying to the reader, "Let me tell you a story of some children I have known. Help me to understand how and why these lives came to this point."

This book will make splendid reading even for those mental health, social science and legal-correctional professionals who might feel they have heard all this before. Dr. Gardiner's stories will jolt the reader to a level of "hearing" that perhaps he had never before attained. I can easily see a wider readership than that mentioned above. So engaging and humanistically written, this book would make excellent reading for high school and college students in whose hands will lie some of the future solutions to violence, social deprivation, pervasive psychological handicaps and criminal justice inequities.

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ADOLESCENT SUICIDE. By Jerry Jacobs. John Wiley & Sons, Inc. Pp. 160. 1971. \$9.95.

The literature on suicide has become so vast that important contributions are in danger of being lost, at least temporarily, in the deluge. This is especially true if the contribution is not strikingly counter-intuitive, is unsuccessfully articulated, or is

grounded in a discipline foreign to those to whom it should be most significant. This, I am afraid, has been the fate of an important aspect of Jacobs' work on suicide.

Adolescent Suicide is based on structured interviews with 50 adolescent suicide attempters (within 48 hours of the attempt), a control group of 31 "normal" adolescents (matched on the basis of age, race, sex, and mother's level of education), and a parent (usually the mother) of each adolescent. In addition, information is utilized from transcribed psychiatric interviews, suicide notes, and other available sources. On the basis of pre-test information gathered from another 48 adolescent suicide attempters, a series of "21 categories of social-structural events" was selected as being representative of the problems which adolescents perceive as most significant in their lives. Information on these was specifically sought from each respondent, as was information regarding the number and types of "behavioral problems" exhibited by the subjects.

By constructing detailed case histories and graphic life history charts indicating significant events in the lives of these young people, Jacobs was able to identify differences between suicide attempters and controls. Thus, he found that while the suicide attempters were subject during early childhood to a somewhat greater number of "debilitating events" (e.g., changes in residence, parents separated or divorced, serious physical illness in the family), during and after the onset of adolescence their problems multiplied and intensified, while those of control subjects diminished.

"Behavioral problems" were viewed as "adaptive techniques," and were classified into three categories: "Rebellion," "Withdrawal into Self," and "Physical Withdrawal" (i.e., "running away from home"). Suicide attempters were found to have exhibited significantly more "behavioral problems" than controls. But while both groups had resorted to "Rebellion" behavior in trying to deal with their problems, few of the controls and a high percentage of suicide attempters utilized behaviors falling into the "Withdrawal into Self" and "Physical Withdrawal" categories.

These and other data are enlisted in support of Jacobs' central hypothesis, that "Adolescent suicide attempts result from the adolescent feeling that he has been subject to a progressive isolation from meaningful social relationships." Taken alone, this hypothesis is not strikingly counter-intuitive; it fails to rustle the feathers of either the Freudians or the Durkheimians, two groups to which Jacobs devotes a full chapter of criticism. But the hypothesis need not stand alone, for Jacobs has formulated it in terms of a five-stage process which adolescent suicide-attempters "must have experienced:" (1) A history of problems from early childhood on, (2) escalation of problems after the onset of adolescence, (3) progressive failure of adaptive techniques available for coping with problems, (4) dissolution of any remaining meaningful social relationships in the weeks just prior to the attempt, and (5) the internal process by which the attempter justifies suicide to himself, bridging the gap between thought and action. Jacobs presents original evidence to support each of these stages, and the data are reasonably convincing. Supportive and illustrative case histories accompany the discussion and are well-analyzed, particularly in the section on the content of suicide notes.

The flaws in the book are chiefly minor ones, as illustrated by the following: (1) Durkheim's essentially epidemiological analysis of suicide rates in various social groups is repeatedly called "the etiological approach," because Durkheim was seeking the "causes" of suicide. (2) Jacobs cites cases from the literature which he apparently does not recognize as "sexual asphyxias," i.e., accidental hangings occurring during a form of masturbation utilizing a ligature to partially occlude the cerebral circulation. (3) The fact that suicide attempters, as compared to controls, were less likely to be enrolled in school and more likely to be institutionalized is taken as evidence for their greater social isolation, when in fact it is partly a reflection of a selection bias — controls were obtained from a school population.

I had the impression that Jacobs sent his manuscript to the publisher one draft too soon, for the writing is mediocre in syntax and organization. And the galley-proofs seem

to have been corrected late at night, for there are an inordinate number of typographical errors. Although annoying, these minor problems do not detract from the book's importance.

The fact that Jacobs has published a *controlled* study of suicide attempters should suffice to ensure that his data gain recognition. But what of his hypothesis, the core of the book? That is what I fear will be lost in the deluge. It is too plausible, too obvious (once pointed out) to have a significant impact on the thinking of psychotherapists. Moreover, it is the bastard child of an illegitimate relationship — the researcher taking at face-value the subjective statements of his subjects.

Adolescent Suicide is a good example of a scientific study which manages to take seriously the subjects' own perceptions of their experiences. But this approach makes many people uncomfortable. To the "dynamically-oriented" psychiatrist, it will appear too superficial, while many of Jacobs' fellow-sociologists will dismiss it as "ethnomethodological" (though no one knows just what that means). Nonetheless, I recommend the book as an important contribution to the social psychology of suicide.

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