

However, vandalism of these lovemaps is an entirely different matter. Vandalisation is normally defined as the wanton or deliberate destruction. Where the lovemaps exist fully formed, such destruction cannot be deliberate because Money & Lamacz are putting forward a theory of vandalism as a non-deliberate act. The authors have not clarified the exact role of psychodynamic versus physical or organic factors in their cases. Of the seven cases they report, five have sex-organ anomaly. Thus the cards are already stacked against them. Alas, they ignore the paraphiliac cases who do not have sex-organ or other physical anomalies but still have, in street parlance, 'kinky sex' or 'perversions'. Indeed it is a first step in recognising aetiological factors in an under-researched field, but the style and the contents of the book make it difficult to read. The concept of lovemaps deserved to be developed further but unfortunately vandalised lovemaps will have a very limited appeal to a very limited audience.

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The Craft of Psychotherapy. Twenty-seven Studies. By I. H. PAUL. New Jersey: Jason Aronson. 1989. 307 pp. \$30.00.

This book has an unusual structure. Paul, a psychoanalyst working in New York, echoes the verbal exchange that is central to the practice of psychoanalytic psychotherapy by casting his text in the form of a dialogue between the reader – an informed learner – and a teacher, with the author in his expert role as supervisor and practitioner. This dyadic exchange brackets sections of dialogue between patient and therapist, some of their possible responses to each other and an examination of the meaning. All this may appear more complicated than it is. The book is divided into seven sections: the psychotherapist's craft, basic instruction, business, interpretation, timing, what to interpret when, and resistance. Within these sections are the 27 studies of the subtitle. Therapists experienced in dynamic psychotherapy will instantly recognise the frequently encountered, tense scenarios explored in these studies. Examples are: "But you're the therapist!", "But what good is that?", "It's embarrassing", "I am bothered by you sitting there and staring at me", "Am I like your other patients?" and, unsettlingly, "You do have a supervisor, don't you?"

Most dialogical books are diabolical to read. Either you cannot find the topic you are interested in or the question is not in the form you want. For the most part, Paul has avoided these pitfalls. He has drawn on his extensive experience of supervising therapists at an early stage in their training and deals sensitively and encouragingly with many of the problems of the method. He also has a clear idea about the method that he is teach-

ing. The basic instruction is for the therapist to be minimally directive; this stance informs the patient that he can talk about the things he wants to talk about and that the therapist will listen, will try to understand and, when he has something useful to say, will say it. Great emphasis is placed on neutrality with respect to content. This is not to say that the therapist does not have preconceptions about what would be helpful for the patient to explore, but he tries to avoid imposing these predilections on the patient, allowing as far as is humanly possible a free choice of topic. A frame is then set which facilitates the reflective examination, so characteristic of the psychoanalytic method, of how the patient chooses – or is transferentially impelled – to use the session. A useful distinction is made between business and narrative, the former encompassing practical matters of fee, schedule and procedure that contribute to the structure of therapy, the latter being the stuff of therapy. Business should be dealt with directly and without interpretation, which is reserved for narrative.

The predilection of this reviewer is for a more humanistic, interpersonal style of therapy, but there is no doubt that that advocated by Paul places the needs and concerns of the patient centre stage and fosters their close examination. The therapist scrutinises carefully the departures from neutrality. Paul ably illustrates the way in which neutrality means not taking sides, either with people in the patient's life or with aspects of the patient's self. To do this well requires discipline and dedication. This is a useful text for supervisors and novices.

MARK AVELINE, *Consultant Psychotherapist, Nottingham Psychotherapy Unit*

Ending Men's Violence Against their Partners. By RICHARD A. STORDEUR and RICHARD STILLE. London: Sage Publications. 1989. 320 pp. £29.25 (hb), £13.95 (pb).

The authors of this book advise their readers to use it as a practical guide to the group treatment of men who batter their partners. The text is divided into four parts, the first of which covers theoretical perspectives and gives a brief overview of historical and social aspects of violence against women by men and the development of specialised treatment programmes for the male perpetrators. Social, psychological and feminist/political theories of wife battering are outlined, and a comprehensive catalogue of characteristics typical of the batterer himself is discussed.

Part II, headed "Individual contacts", describes assessment procedures and crisis intervention.

In Part III group treatment is described. The closed group is psychoeducational in orientation and the leaders are directive. Typically, batterers have little awareness of their emotions, have poor communication skills and grew up in families where violence was used

by the father as a way of controlling his partner. The batterer does not usually take responsibility for his behaviour and blames the victim for the violent outbursts. Acts of violence and the consequences are minimised. Treatment, then, requires the group members to share accounts of their violent behaviour with each other, to think about it, examine their attitudes and rationalisations, and in a series of structured exercises and discussions learn how to identify their feelings, identify triggers for violent behaviour and learn new, adaptive ways of handling intimate relationships. Treatment involves 24 to 32 sessions. Worthwhile results are reported. The final section deals with counsellor's issues.

This book is excellent and will no doubt become a definitive text on the subject of group treatment of men who batter their partners. The writing style is clear, concise and easy to read. I strongly recommend the book to all mental health professionals who are required to deal with such men.

STEPHEN P. REILLY, *Consultant Psychiatrist with Special Responsibility for Psychotherapy, Bootham Park Hospital, York*

Dilemmas and Difficulties in the Management of Psychiatric Patients. Edited by KEITH HAWTON and PHILIP COWEN. Oxford: Oxford University Press. 1990. 257 pp. £35.00.

This book is the first in a series stemming from an interesting idea. Each of the contributors was invited to a conference to give a paper on one topic, which subsequently became a chapter. The editors should be congratulated that this turned out to be possible as anyone who has ever tried getting manuscripts from conference presenters will know. The manuscript was sent in advance to one of the other participants who became the discussant at the conference. After the conference the original author modified the paper, if necessary, in the light of the comments from the discussant and the audience. This must have been a lot of work for the editors, but they have produced a first rate practical volume which will be useful to many practising psychiatrists. The main thing in its favour is that it concentrates on real contemporary dilemmas and debates in management, some, but by no means all of which will be familiar.

The book has four chapters on the physical treatment of affective disorders, treatment of resistant depression and mania, the use of the monoamine oxidase inhibitors, and when to think of psychosurgery. There are two chapters on alternatives to medication for anxiety and depression.

There are then three chapters on the prevention of suicide, the prevention of self-harm and the most appropriate response from psychiatrists to the suicidal patient. Schizophrenia has a fair slice of the book with the management of persistent symptoms, prevention of

tardive dyskinesia and the use of ECT having good discussions.

Violence towards women is a big issue and a chapter on overcoming the effects of childhood sexual abuse, and another on rape make interesting, if inconclusive, reading.

A miscellaneous group of chapters deal with such diverse subjects as dangerousness, the use of drugs for personality disorders, treatment of alcohol dependence, the psychiatrist's role in HIV-related disorders, chronic fatigue syndrome and the disclosure of confidential information.

While this might seem a bit of a hotchpotch of subjects, I found myself turning from one chapter to the next with interest. This is largely because the chapters are authoritative and each ends with clear clinical guidelines, which at least makes you feel you have learned something of practical use. Sometimes this feeling is illusory, but that relates more to the topics, some of which do not lend themselves to this kind of treatment, than to the editors or the contributors. This is a book which most psychiatrists will find interesting and useful.

CHRISTOPHER THOMPSON, *Professor, Department of Psychiatry, Royal South Hants Hospital, University of Southampton*

The Quality of Life. The Missing Measurement in Health Care. By LESLEY FALLOWFIELD. London: Souvenir Press. 1990. 234 pp. £12.95 (hb), £8.95 (pb).

The title of this excellent book describes the author's philosophy. She recounts poignantly the conversation which led to her writing the book. A young friend who died of leukaemia asked "why I had not tried to dissuade her from a therapy with poor chances of survival, but a high chance of destroying the quality of whatever life she had left". In the introduction she further emphasises her position. "There are actually states of life that are worse than death."

The author presents a thorough review of the literature. As the book is written for a lay as well as a professional readership, the medical reader will have to endure some simplistic and occasionally inaccurate descriptions of common conditions.

The author outlines four core domains in which quality of life should be measured – psychological, social, occupational and physical. She continues by discussing some of the many methodological issues involved in trying to measure the quality of life and discusses critically a number of different measurements already in use. (The book would be worth obtaining for this chapter alone for those clinicians who intend to become involved in this field.)

In the following five chapters Fallowfield discusses issues relating to the quality of life in cancer, AIDS, cardiovascular disease, arthritis and the elderly. She is