because of their own problems ... insufficient knowledge and inadequate training". A commendable last chapter describes the entanglement suffered by anybody who does a little more than a botanical classification of their patients. The interpersonal view is very convincing, although again, countertransference is deprived of its psychoanalytic context, as though it were an *ad hoc* borderline phenomenon. However, there is a final surprise. Having espoused Kroll the social historian, Kroll the sceptical phenomenologist, and Kroll the cognitive therapist, the reader meets another Kroll giving this unequivocal advice: "The best we can say is that when a therapist finds that most of his patients seem to respond to him in the same unproductive way, he would do well to look into his own behaviour and obtain peer consultation or psychotherapy".

ALEX TARNOPOLSKY, *Consultant Psychotherapist, The Maudsley Hospital*

Psychotherapeutic strategies in the latency years. By CHARLES A. SARNOFF. New Jersey: Jason Aronson. 1987. 275 pp. $30.00.

Psychotherapeutic strategies in late latency through early adolescence. By CHARLES A. SARNOFF. New Jersey: Jason Aronson. 1987. 374 pp. $37.50.

Editors of learned journals are prejudiced against duplicate publications. I share that prejudice, and wondered on approaching two volumes with similar titles if one would have sufficed. My question soon became was there substance enough for one?

Sarnoff, a child and adult psychoanalyst in practice in New York, brings descriptive and developmental perspectives to bear on the seemingly quiescent years of latency (6–12) through to early adolescence. As the term suggests, nothing much of maturational importance was thought to happen in latency, yet in fact this is a time of rapid psychological change from being self-centred and inexperienced to being culture-centred and possessing refined social skills. The author intends a practical turn as specific developmental change is linked with necessary alteration in psychotherapy approach; his skill as a therapist shows in the many case examples. He is at his best, dense though the text is, in discussing the shift in cognition to masking symbols and the defensive use of repression and reaction formation to produce the surface calm of a time in life that has perforce to be that of a "biologically-celibate soldier-dwarf".

Where the books fail is in their relentless focus on unconscious fantasy as the be-all of development; the author appears to be stuck in a time-warp of classical Freudian thought. Whatever has happened to the developmental insights of Erikson, Mahler, and Bowlby, or the concept of the child being in a dynamic relation with other members of the family system? Even these omissions might not have mattered had the author either offered supporting research evidence or been less sure of the correctness of his interpretation when plausible alternatives exist. On a positive note, it is important to recognise the influence of fantasy, particularly that of destroying and being destroyed, and the way in which aggressive and sexual drives that emerged in the oedipal phase have to be first repressed, and then expressed in symbolic form as part of development. To this aspect, the author does more than justice.

MARK AVELINE, *Consultant Psychotherapist, Nottingham Psychotherapy Unit*

Social Origins of Distress and Disease. By ARTHUR KLEINMAN. New Haven: Yale University Press. 1986. 264 pp. £20.00.

As readers of this journal will already be aware, Arthur Kleinman, who teaches both anthropology and psychiatry at Harvard, has a rare blend of skills among psychiatrists. This is his second major book, and is subtitled 'Depression, neurasthenia, and pain in modern China'; it is based on work which began with field-research studies of illness and care in Taiwan, but transferred in 1978 to the mainland. The objectives were both to learn about the experience of illness among Chinese people and to improve understanding of how culture in general relates to emotions, mental illness, and human distress. If unusual in the West, this kind of medico-social research was entirely new in China before the studies reported here. Central to the book is a dialectical model by which social and biological processes overlap and are inter-related in illness.

To western psychiatrists, the unexpected finding is that in China, neurasthenia – that diagnostic has-been – is a popular sickness category both for patients and doctors, and as compared with depression, its epidemiology there shows a situation the reverse of that of western countries. Although it implies a physical disorder, usually seen as weakness or exhaustion of 'the nerves', it is understood to include social and psychological antecedents and consequences, as well as biological ones. Within limits, it frees the identified person from home and work commitments and from the responsibility for his actions; those limits have been the consequences of major political campaigns, although with current trends, it may be that even opting out from these is now becoming possible. This rather Pavlovian model is, surprisingly enough, resonant with Chinese tradition, whereby sickness allowed officials to withdraw to a safe retirement if they felt insecure in the public domain. Kleinman found that many patients with this diagnosis improved with antidepressants, yet rarely agreed to a reinterpretation of their illness in such terms as depression or panic disorder. Since the Communist regime began, depression had on the whole been a politically