

background information they are likely to require on immunology and neuroimmunology, and would especially find much of interest in the chapter on experimental autoimmune encephalomyelitis.

Most current psychiatric textbooks include a (sometimes token) section on psychoimmunology, psychoneuroimmunology or even psychoneuroimmunoendocrinology! In my view, psychiatrists with an interest in these fields would be best informed by reading Pender & McCombe's text. This should be borrowed from a medical library rather than purchased, because it will be used occasionally rather than frequently, and because frequent new editions will be required if the series is to keep up with the pace of research into autoimmune neurological disease. Perhaps one of these future editions will include a chapter on neuroimmunology and psychiatry?

PADRAIG WRIGHT, *Department of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, London, SE5 8AF*

Review on the Psychology and Treatment of Addictive Behaviour. Edited by SCOTT DOWLING. Madison: International Universities Press. 1995. 225 pp. \$30, £14.99 (pb).

This book is based on presentations at two conferences organised by the American Psychoanalytic Association and all the contributors are North American Psychoanalysts. It aims to make a psychoanalytic contribution to understanding of psychological processes in people who display addictive behaviours.

The six chapters of Section I include a review on psychoanalytic studies of Addictive Behaviours and draw on case studies of the authors' own work with addicts. Section II consists of four chapters by authors who attempt to bring their own ideas to discuss the earlier chapters from various perspectives including that of a child analyst. Other chapters discuss psychic helplessness and "autistic" phenomena, and the final chapter discusses the advantages of multiple approaches to understanding addictive behaviour.

After many years of working with drug misusers it is easy to feel exhausted by the effort. I read this book with enthusiasm, but not necessarily with optimism. Early psychoanalysts were frustrated that interpretations of unconscious motivation had little impact on addictive behaviours and this failure may have contributed to more punitive measures towards addicts especially in the USA, where addicts tended to be seen as hedonistic pleasure seekers. More recently, some analysts have suggested that at least some use their chosen substance or behaviour to deal with defects in their ability to cope with or even tolerate feelings of guilt, psychic pain, worthlessness and shame. The latter approach fits better with my personal experience and should help professionals to consider the person

beyond their addictive behaviours with more tolerance and understanding.

The authors discuss and describe psychoanalytic theories which guide their work and discuss case examples of a range of addictive behaviours, including drug and alcohol abuse, gambling and sex addiction. I felt it was pertinent to be reminded that as professionals we treat unsuccessful addicts, and that 'harmless' addictions are common in all societies. I was encouraged that pragmatic approaches, rather than psychoanalytic dogma, predominate in this volume. Many of the authors point out the need for a more supportive and at times directive stance than with traditional analysis. Some will also prescribe medications and organise hospitalisation at times of crisis. Organisations such as AA and NA are not dismissed, and I found the psychological explanation for their success thought-provoking and intelligent.

I would recommend this book to those who are open to and interested in psychoanalytical theory. Readers would need prior knowledge of psychotherapeutic techniques. It is a book to which I will return, given the complexity of the subject. It gives no clear answers but reminds readers that addicts are not impossible and hopeless cases, they can respond to and change positively with therapy. There are a range of possible mechanisms behind addictions and some addicts at least can usefully be helped by analysts.

Freud also had an interest in this subject for some years. He saw cocaine as having almost magical properties. He took it himself, gave it to his family and to his friend Fleisch to help him cure his morphine addiction. He later realised the addictive and destructive potential of cocaine. He was of course addicted to tobacco and never gave it up despite leucoplakia and cancer of the palate. Perhaps this should remind us of the fragility of the human condition and encourage those of us who continue to struggle in our work with addicts.

S. M. RUBEN, *Liverpool Drug Dependency Clinic, Hope House, 26 Rodney Street, Liverpool L1 2TQ*

Neurobiological and Clinical Consequences of Stress: From Normal Adaptation to Post-Traumatic Stress Disorder. Edited by MATTHEW J. FRIEDMAN, DENNIS S. CHARNEY and ARIEL Y. DEUTCH. Philadelphia: Lippincott-Raven. 1995. 575 pp. £96.00 (hb).

The past 15 years have seen an explosion of theoretical, research and clinical interest in the area of trauma and its effects. A well organised, influential and rich discourse about the long-term effects of stress and trauma has emerged in the overlapping areas of psychiatry, psychology and psychotherapy. The concept of post-traumatic stress disorder, originally put forward tentatively as an explanatory framework is now well established in medical, legal and indeed everyday