

**Therapy with Treatment Resistant Families: A Consultation Crisis Intervention Model.** Edited by W. G. McCOWN & J. JOHNSON. New York: Haworth Press. 1993. 328 pp. US\$32.95 (pb).

This is a book about crisis intervention and crisis-prone families. The crises are understood to be the result of stressors which are either instrumental (i.e. reality-based) or perceptual (i.e. based on a sense in the family that they have lost control of their lives).

Families are subclassified as resistant or non-resistant to intervention. This leads to the main theoretical premise of the book, which is that crisis-prone, treatment-resistant families owe their resistance to an excessive homeostatic force that soon blocks and nullifies therapeutic effort. The authors suggest that for such families, the goal of intervention should not be to re-establish homeostasis, which they view as the standard aim of workers in the field of crisis intervention, but instead to prevent it from becoming re-established.

This interesting analysis appears in chapters 3 and 4, the previous two chapters having been a long historical preamble. The rest of the book is a mixture of instructions on how to do crisis intervention, and in particular the first session (five chapters), and examples of situations such as incest, delinquency and brain damage (three chapters), where those instructions need to be greatly modified. Unfortunately this prescriptive bulk of the book contains fairly standard advice for the family rather than individual-based crisis intervention, with no particularly novel ideas and with only tenuous links to the original thoughts of Chapter 3.

For the British mental health worker there are also moments of unreality. In numerous case examples, the question of what the insurance will or will not pay for features as a major determinant of decisions about clinical management. There also features a resident psychiatrist who diagnoses endogenous unipolar depression over the telephone, before seeing the patient, and then does his level best to avoid acquiring any objective information from relatives for fear of compromising his potential future transference relationship with the patient. One can't help feeling that if any of our juniors were to prove as aversive to reality, he would soon be told where to get off.

So what is the verdict? Read chapters 3 and 4, and if you are short of "how to do it" manuals on crisis intervention, this is a fairly safe one.

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**Resource Focused Therapy** By WENDEL A. RAY and BRADFORD KEENEY. London: Karnac. 1993. 112 pp. £11.95 (pb).

This volume is part of the "Systemic Thinking and Practice Series" by the same publisher. Eight pages

cover the theory, eight are on training exercises, and 60 describe four clinical sessions with two families.

The two American authors posit that every family therapy session is a theatrical play on its own divided into three acts. Act I sets the stage and introduces the characters; Act II creates those conditions which will shed light on the resources the clients have at their disposal; and in Act III the situation is redefined and action is prescribed through the mobilisation of those resources.

The essence of their approach is best described in Ericson's words: "the thing to do is to get your patient any way you wish, any way you can, to do something." They use well-established techniques such as reframing, positive connotation, paradox, counterparadox, escalation, and so on. What they also do, but not so subtly, is to be powerfully suggestive and heavily prescriptive, prompting and urging their clients firstly to see their situation from the therapist's perspective, and then to act accordingly. So invested are they in their pursuit of the success of their intervention that on one occasion they went so far as to telephone their clients late at night to check they had performed the prescribed task, and on another occasion a five-member therapeutic team played football with a family. If this is their common practice, it is little wonder that they once referred to their family therapy as "costing a fortune". The reader has the distinct feeling he is witnessing a locker room pep talk by a coach just before the kick-off.

This is an overtly American book that reads very much like one. It is aggressive, action-orientated, and at times heavy-handed in the quest for an active response, since any action becomes synonymous with improvement. It tries to convey the impression that it is breaking new ground, yet ideas such as thinking positively and focusing on resources have been frequently used by both brief-therapy psychotherapists and family therapists alike.

I could not justify the number of pages for putting those points across, and at this price I found it an expensive bound journal article.

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**The Psychobiology of Mind-Body Healing** (revised). By E. L. ROSSI. New York: W. W. Norton. 1994. 384 pp. US\$39.00.

Subtitled "New Concepts in Therapeutic Hypnosis", this book is a rationale of the use of Ericksonian hypnotherapy in psychosomatic illness. It is aimed at a broader audience than some of Rossi's other works, and anyone trained in medicine or physiological psychology can follow the reviews on offer. These cover placebo effects, state-dependent learning and interrelations between brain states and autonomic,