

## **Book Reviews**

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Editor: Sidney Crown

**Melanie Klein: Key Figures in Counselling and Psychotherapy.** By JULIA SEGAL. London: Sage. 1992. 143 pp. £8.95.

Being the daughter-in-law of a distinguished Kleinian analyst, Julia Segal is well placed to gain insight into the ideas and controversies associated with Melanie Klein's work. Being untrained in psychoanalysis herself, she writes for the non-cognoscenti. There has been a slow but inexorable development over the years – what Hinshelwood described as a body of knowledge carefully kept by a group of people with an “aloof sense of insecurity and a worry about what others who came to possess the knowledge might do with it”, is now becoming widely disseminated by the ‘third generation’.

Klein's contribution is essential to an understanding of object-relations psychology and underpins much of the modern psychoanalytic work coming out of the USA, where once it was close to an ‘un-American activity’.

Segal writes well and provides a satisfying confrontation with crucial issues in her chapter ‘Criticisms and Rebuttals’. Curiously, reference to the internationally renowned work of Dr Donald Meltzer in expounding and developing Kleinian ideas is conspicuous by its absence!

STEPHEN WILSON, *Consultant Psychotherapist, Warneford Hospital, and Clinical Lecturer, Oxford University*

**An A–Z of Counselling Theory and Practice.** By WILLIAM STEWART. London: Chapman & Hall. 1992. 394 pp. £17.95.

Reviewing an ‘A–Z’ is not an easy task. Reading it through is extremely tedious and working out whether or not the compilation is comprehensive demands extensive knowledge of the subject. So my approach was to sample various pages to see what was there and then look for what I would expect. Well, I found a great deal I did not expect. The author seems to have included all schools of thought which have borne any influence on counselling theory and practice. It is interesting to note, however, that while Freud and many post-Freudians have personal entries, key figures in counselling such as

Carl Rogers, George Kelly and, on a more contemporary note, John Heron do not. The theories and approaches of these three do have entries – but finding them was not easy. For Rogers I looked up client-centred therapy but he was not there. I looked this up in the index and was directed to non-directive therapy. I looked this up in the main A–Z to find only a small description and was referred to person-centred therapy where – at last – I found two-and-a-half pages of description. I had similar problems locating Heron – he was listed under ‘six-category intervention’. But Blake and Boulton did not get a mention.

Overall the coverage seems good but more attention could have been paid to cross-referencing. There is an excellent bibliography full of instant reading lists for lecturers in counselling. I am sure this will be of value to students of all professions as they develop their counselling skills and knowledge. Certainly my students have made use of it while it has been on my desk. However, I am not sure of the wider value of such books. If it is down to a choice, I feel most students would opt for a ‘how to do it’ rather than an ‘A–Z’.

NIGEL BEAIL, *Consultant Clinical Psychologist/Lecturer, The Keresforth Centre, Barnsley*

**AIDS Among Drug Users in Europe: Second Review.** Copenhagen: WHO Regional Office For Europe.

Thirty-one European countries were reported to have 71 510 patients with acquired immune deficiency syndrome (AIDS) up to March 1992; 33.7% of the patients were injecting drugs. By the same date 40% of paediatric cases with AIDS in Europe were related to drug misuse in mothers. This booklet provides a broad outline of trends and responses.

There are national divergencies in patterns of drug misuse. Heroin is of course the main concern, but amphetamines (sometimes injected) are popular in Scandinavia and the UK. The frequency of injection practices also varies, and contributes to the considerable differences of human immunodeficiency virus (HIV)-seropositivity among tested drug users. The range of seroprevalence within certain countries mimics that found in the UK: southern Italy has a rate of 6% in