

ideas, pointing out that the absence of robust proven techniques is the main reason for failure.

Emmelkamp reviews reasons for failure in treating agoraphobia, pointing out that a therapeutic relationship with a patient is important. He claims this factor has been largely neglected in behaviour therapy and also suggests that where agoraphobia is associated with hyperventilation a special approach is needed.

Marshall *et al* discuss the reasons for what they call "absolute failures" in behaviour therapy, describing a case of worm phobia in a young woman where standard behavioural treatments were unsuccessful. The authors comment "it was hard to escape the conclusion that this fear meant more than the patient was prepared to admit". The authors imply that Freudian interpretations are sometimes appropriate but are then quick to point out that such cases are infrequent.

In a chapter on failures in rational-emotive therapy, Ellis points out that clients who signally failed in this study showed abysmally low frustration tolerance, had serious behavioural addictions, led disorganised lives, refrained from doing their activity homework assignments, were more frequently psychotic, and generally refused to work at therapy. Most clinicians would identify these characteristics as predicting failure. The problem is how to achieve success with these features.

A wealth of clinical material is presented in other chapters covering such areas as the treatment of depression, addictive behaviours, controlled drinking, obesity, insomnia, chronic pain, delinquent behaviour, marital problems, and sexual dysfunction. The authors derogate the "shot gun approach", in which too many techniques are applied without careful analysis of a case necessary to achieve success. To avoid failure, careful preparation is essential, trigger happy therapy is to be avoided, the measurements used must be appropriate and exact, and only then will the targets be hit. The book is about failure but it is a great success, a palpable hit.

RICHARD STERN, *Consultant Psychiatrist,
St George's and Springfield Hospitals, London*

What is Psychotherapy? By SIDNEY BLOCH. Oxford University Press. 1982. Pp 193. £9.95, £3.95 (paperback).

Models for Psychotherapy: A Primer. By J. D. HALDANE, D. A. ALEXANDER and L. G. WALKER. Aberdeen University Press. 1982. Pp 88. £4.50.

Dr Bloch provides an illuminating account of the practice of a range of psychotherapeutic approaches. Whilst emphasizing the value of different schools of

psychotherapy, he avoids that paralysing and near fatal condition, eclecticism, both by making his opinions clear, and developing a number of (admittedly softly spoken) themes viz the psychotherapies have more in common than is immediately apparent, sensible evaluation of the effectiveness of psychotherapy is essential, and psychotherapy is a tough and exciting activity in which prejudice and inflexibility are a luxury. He is very critical of the "reign of dogma and doctrine" to be found in some psychoanalytic training institutes and predicts "that the self help group has a spectacular future."

The newcomer to psychotherapy should be aware that there are significant omissions. For instance, Bloch's description of psychoanalysis implies that it is essentially Freudian with variations contributed by Jung, Adler and Horney. Klein, Fairburn, and Winnicott are not discussed.

Models of Psychotherapy has three authors and therefore presents a more fragmented impression of psychotherapy. The chapter on 'The Behavioural Model' rightly emphasizes the need for detailed analysis of behaviour, precise specification of target problems, and a commitment to evaluation, in the behavioural approach. In the next chapter, on 'The Existential Model' Haldane writes, that the task of the therapist "is to help the patient search the ground of his being and becoming, for the meaning in his life, for the freedom to make and risk choices." How are these approaches to be reconciled? The writers hint that there may be some behaviour therapy going on in psychoanalytic sessions, and a little of the existential approach in a behavioural programme, and so on. They could have profitably taken that theme further. I suspect that a very refreshing wind blows from the North Sea through the Aberdeen department in which these authors work; but it hasn't quite reached this book.

JONATHAN W. HILL, *Senior Psychiatric Registrar,
Children's Department, Maudsley Hospital, London*

Beyond Endurance: Survival at the Extremes. By GLIN BENNET. London: Secker and Warburg. 1983. Pp 275. £9.50.

Dr Bennet, a psychiatrist in Bristol, has written a readable survey of behaviour under extremes of stress, and how it breaks down.

He mentions laboratory research on fatigue, vigilance and error, but is mainly concerned with illustrative anecdotes from real life, many of which are recounted.

Here in outline are the stories of several major aircraft disasters, including the one high in the Andes

when there was the greatest hardship and cannibalism before rescue; many train crashes, as dissected in official enquiries afterwards; barely credible stories of heroism from the memoirs of polar explorers, especially illustrating grit and tenacity, and the psychological tricks used by the men to keep going, and exemplifying in Shackleton's case supreme qualities of leadership. The author is an authority on long distance single-handed sailors, and his material is frequently drawn from them—the well-known successful heroes, and also Donald Crowhurst who ended tragically in deceit, grandiose delusions and slipping overboard into oblivion.

The main burden of the book is to emphasise the importance of analysing psychological factors in survival and in breakdown under stress, in contrast to official enquiries into disasters, which have usually been preoccupied with the physical environment (the state of the sea), mechanical equipment (braking systems, air traffic control techniques, selfsteering gear) or physical illness (myocardial infarction; 'akinetik mutism' or 'transient global amnesia' as *ad hoc* neurological diagnoses for the inexplicable immobility of the driver of the train in the Moorgate tube disaster as he hurtled towards the dead end). He is referring to the reluctance, so familiar to psychiatrists, to consider psychological aetiologies for the inexplicable (mass hysteria in a school—surely it must be a mysterious virus infection or fumes from a factory).

It is not the author's fault, but because we lack knowledge, that he has few specific conclusions, few prescriptions for how to recruit pilots or explorers, or help the victims of disasters, and has to point to the complexity and unpredictability of man. One example can be given from the singlehanded long distance yachtsmen he studied. Might they have personality traits in common? They were all competent organisers at getting knowledge and resources ready for the race, yet they came from very diverse occupations "and adopted totally different styles of behaviour. Some were gregarious to an extreme and never missed an opportunity for a party . . . others tended to avoid company, especially that of non-nautical types".

The book suffers from poor organisation, the same stories cropping up in several places and being repeated, and it is over-ambitious in alluding to subjects which are treated so briefly as to be travestied. Thus the author's treatment of hostage-taking in 1½ pages is not good enough, and it would be better not to talk of instability in world-leading politicians if the account is sometimes to be so cursory as to say only "Lyndon Johnson had a severe coronary thrombosis years before assuming office. He had no further trouble with his heart while at the White House, but during his second term he was regarded by some as suffering from

paranoid delusions."

The book is in colloquial style and explains medical words. It is not profound, and is not intended for psychiatrists, but is absorbing reading.

ANDREW C. SMITH, *Consultant Psychiatrist, Greenwich District Hospital, London*

Stress Strategies: The Treatment of the Anxiety Disorders. By C. B. SCRIGNAR. Basel: S. Karger. 1983. Pp 261. SFr. 58.-, \$34.75.

It is difficult for beginners in psychiatry to understand the ways in which experienced therapists assess and treat common clinical problems. Indeed, it is often difficult for more senior psychiatrists who have largely learned from their own individual experience to know whether they are making the best use of modern knowledge. There is, therefore, a considerable need for books by well-informed experts that give straightforward practical accounts of clinical management. This book has this laudable aim. The author presents well-informed accounts of a balanced group of what he calls stress disorders (generalised anxiety, panic disorder, agoraphobia, obsessive compulsive disorder, simple phobia, social phobia and traumatic neurosis). I found these accounts useful and sensible. Unfortunately, I cannot end this review at this point, but have to add that it is not an easy book to read. A prolix style and much psychiatric and social science jargon distract one from unravelling the meaning. This difficulty goes well beyond any reviewer's prejudices in favour of British rather than American English and is a serious drawback. A good idea, sensible advice, but not worth buying.

RICHARD MAYOU, *Clinical Reader in Psychiatry, University Department of Psychiatry, Oxford*

Psychiatry. Essentials of Clinical Practice. With Examination Questions, Answers, and Comments. Second Edition. Edited by IAN GREGORY and DONALD J. SMELTZER. Boston: Little, Brown. 1983. Pp 410. \$21.00.

Nothing, it seems, succeeds like success. This volume, we are told, was adapted from a personalised study programme for medical students which resulted in Ohio State University College of Medicine students scoring well above the national average in psychiatry in the Part Two National Board Examinations, and higher in psychiatry than in any other subject. I am not surprised. For, in most respects, this is an excellent introduction to psychiatric principles. It would be hard, for example, to find a discussion about the