to improve the training of medical students in psychological and social issues. Awareness of the importance of teaching and training has encouraged many excellent teachers, especially in North America. It has also meant that many other psychiatrists who work in general hospitals have been both concerned about how to integrate their teaching with medical training and have often been dismayed at the slowness of progress.

It is relatively easy to define the broad aims of liaison psychiatry in teaching the psychological aspects of medicine and surgery to medical students and to other general hospital staff, and to training psychiatrists in a special interest area which requires special knowledge and skills. It is much more difficult to know how we should do this. Part of the problem is that liaison psychiatrists have not yet clearly defined the special problems, clinical skills and treatments appropriate to the general hospital setting; another obstacle is the practical difficulties of setting up regular teaching within other medical units. Liaison psychiatrists require the time and the appropriate access to students, as well as the support and collaboration of colleagues. It remains rare for psychiatrists to be able to teach together with physicians and surgeons who are willing to reinforce the importance of psychological skills.

This latest book, the 20th volume in a now well established series has the right title and the right aims. Does it tell us what we want to know? The answer must be equivocal. It is relatively short, and surprisingly, three of the eight chapters have nothing to say about teaching methods. A good introductory chapter (Helz & Thompson) surveys the general approaches to consultation–liaison psychiatry, most of which are dependent on much greater resources than are available in most British units. Two chapters provide useful accounts of interviewing (Bird & Cohen-Cole) and the teaching of behavioural medicine (Gallagher).

It is a book to consult for valuable sections and for references, not an essential reference or practical guide.

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The Work and Play of Winnicott. By SIMON GROLNICK. Northvale, New Jersey & London: Jason Aronson. 1990. 232 pp. $25.00.

In a wonderfully Winnicottian manner Grolnick includes in his Preface to this work, an account of his 'unacknowledgements'. This is a playful reference to all those colleagues and teachers who resist change and new ideas and are enslaved by orthodoxy. It is also a good joke.

Winnicott was a paediatrician, psychiatrist and psychoanalyst combined. The beauty of his ideas are in their common sense and he was a theoretician and clinician with a lot to say to the general psychiatrist. It is not necessary to be a devotee of an exclusive psychoanalytic model to find value in his ideas, particularly in understanding the clinical situation.

The body of this book is an exploration of Winnicott's ideas, capacity to play and therapeutic originality. Grolnick traces Winnicott's development involving the incorporation of scientific principles derived from his medical training with a psychoanalytic interest tinged with poetic creativity. But the Winnicott of this book is also very human with foibles and idiosyncrasies. This model gives permission to clinicians to develop their own style and 'true self' within the theory.

In a limited way, Grolnick describes Winnicott's own development, tracing his evolution from Freud & Klein to a unique position of his own. Possibly driven by his own experiences in a female-dominated household, Winnicott spent a considerable time observing mothers with their infants. His paediatric practice was the creative setting for his theories on 'the good enough mother', 'holding environment', 'transitional object' and 'false self', which are Winnicott's major contributions to understanding human nature and interaction. Grolnick explores each concept clearly and devotes separate chapters to the Winnicottian mother/baby, to the developmental line of self, to object relatedness and to creativity. While Grolnick's prose is fluent here, it becomes turgid when discussing the more secret areas of Winnicott's own personality.

Winnicottian theory is very hopeful, seeing great value in patients' aggression as a motive force. Like the Winnicottian mother, the Winnicottian therapist learns to value the power of patients' hate. Thus the patients' true self gains confidence and all aspects of the self are allowed full expression and are utilised in personal growth. It is this hate or energy that spurs one on towards the outer fringes, creative absurdities or ludicrous possibilities where a livelier being exists. In a sense this happened to Grolnick too. While the middle section of the book is an excellent account of Winnicottian theory, it is a bit lifeless. It is in the end section, where Grolnick allows himself to play while describing Winnicott at play, that the initial humour returns and in a more lively Winnicottian vein, Grolnick combines humour and play with the serious business.

An interesting and exciting book, excellent reading for those unfamiliar with Winnicott. It is a useful starting point for moving onto Phillips' *Winnicott* (1988, London: Fontana) which is an analysis of the more complex aspects of Winnicott's theory.

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Mutism. By YVAN LEBRUN. London: Whurr Publishers. 1990. 124 pp. £18.95.

Mutism, meaning the absence of speech, has a long history preceding its adoption as a medical symptom.

Viewed through non-medical eyes, mutism has been valued as silent prayer and reviled as dumb insolence. Modern medicine has identified various 'organic' brain lesions associated with loss of speech, so that some of those who were once thought mute might now be considered aphasic. However, there remain individuals whose loss of speech cannot be explained by structural damage to the speech organs or the brain. When such behaviour is perceived to be under voluntary control it is generally outside the remit of doctors, except for elective mutism in children which may be referred to child psychiatrists. When mutism is perceived to be involuntary, then 'functional' psychiatric disorder such as hysteria or catatonia may be inferred.

Yvan Lebrun, Professor of Neurolinguistics in Brussels, divides his book into a study of 'functional' and 'organic' mutism. At first this seemed a little strange, as I had never considered that the similarity of the mouth and vagina could account for the predominance of mutism in women, or that laryngectomy, motor aphasia and pseudobulbar palsy were causes of mutism. It then became clear that 'functional' mutism was being described from a Freudian inspired, psychoanalytic perspective and 'organic' mutism from a strict neurological perspective.

What seemed to be missing from this account was the perspective of contemporary neuropsychiatry. There was almost no mention of the major psychiatric disorders which can give rise to mutism seen in catatonia and stupor. No attempt was made to consider how the pathogenesis of mutism in psychiatric disorder may result from disturbed brain function. For example, elective mutism in children has been linked to a lowered threshold of limbic/hypothalamic arousal resulting in the inhibition of voluntary or propositional speech. Similarly, the distinction between catatonic and akinetic mutism becomes increasingly blurred as more is known about the involvement of sub-cortical structures in psychotic disorders.

Professor Lebrun provides charming literary and historical references to mutism. However, this book is firmly in the dualist tradition, and as such is unable to incorporate the increasing evidence suggesting the neurobiological basis of 'functional' mutism.

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Management of Normality. By ABRAM DE SWAAN. London: Routledge. 1990. 234 pp. £9.99.

Subtitled *Critical Essays in Mental Health and Welfare*, this book examines how definitions of 'normality', reinforced by reductionist research methods are used to justify 'protoprofessionalisation', a process whereby everyday problems are increasingly seen as the province of specialists. It is argued that society is, by this means, shielded from the suffering, and encouraged to avoid struggling with the political, moral and social issues inherent in the distress of others. De Swaan further dissects the complexities of the relationship between 'helper' and 'help seeker', their interdependency, and their inherent conflicts of interest. Processes whereby the various professions stake out and defend their developing territories are examined.

The first section explores these ideas in relation to the medicalisation of extensive areas of life, leading to an increasing preoccupation with physical health and diet rather than, for instance, character formation and social conflict. The existence of a covert agreement between doctor and patient to discuss certain issues and not others is well illustrated in a chapter on "Affect management in a cancer ward". This examines in detail the defensive strategies used to protect both staff and patients from being overwhelmed with anxiety at their shared predicament.

The second section focuses on the complexities of the relationship between psychotherapist and client, and the ground rules and mystique inherent in the process which, it is argued, serves to allocate power and control to the therapist. A final section examines the social contexts of agoraphobia, jealousy, intimacy and the survivor syndrome.

By exploring 'normality' through the dual perspectives of sociology and psychotherapy, De Swaan has produced a thought provoking, densely argued and important book which raises issues which deserve to be widely considered and debated, particularly by those in the helping professions. It is well produced and extensively annotated, although a larger typescript would have made it more comfortable to read.

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Eclecticism and Integration in Counselling and Psychotherapy. Edited by WINDY DRYDEN and JOHN C. NORCROSS. Loughton: Gale Centre Publications. 1990. 88 pp. £6.95.

This slim volume is a reprint of four articles which originally appeared in *The British Journal of Guidance and Counselling* in 1989. The first chapter by Norcross & Grencavage briefly introduces Arkowitz's three main ways of trying to integrate the numerous and diverse forms of psychological treatments. The three approaches are; theoretical integration, (systematic) technical eclecticism, and common factor integration. Theoretical integration is concerned with combining various theories into a more comprehensive, superordinate conceptual framework; technical eclecticism is based on the atheoretical and pragmatic use of different techniques which have been empirically shown to be