

using it for therapeutic purposes. Gilligan quotes many clinical examples, and provides a full transcript of an induction. There is an interesting discussion of 'confusion' techniques for inducing trance.

This is a valuable account of how we may use Erickson's work in our psychotherapy. The newcomer to hypnotherapy will probably find it an insufficient guide to how to proceed, but as a supplement to practical instruction it should be invaluable. The more experienced hypnotherapist will find much that is stimulating and innovative. It is a valuable addition to the Ericksonian literature, if a little pricey.

PHILIP BARKER, *Professor of Psychiatry, University of Calgary, Canada*

Psychiatry in Primary Health Care. By S. SHARMA. Ranchi, India: Central Institute of Psychiatry. 1986. 150 pp.

It is increasingly recognised that untreated psychiatric illness constitutes a significant drain on the resources of developing countries. However, such is the magnitude of the problem that the specialised psychiatric services are quite inadequate to cope with that which is not already absorbed by traditional or religious healers. This textbook, aimed at the primary health care physician, is particularly written from an Indian perspective, although the content would be relevant in most developing countries. There is a concise but traditional exposition of the major illnesses, with some special chapters, for example on psychosocial aspects of fertility control, and some useful material on drugs, record keeping, and the organisation of mental health services. There is frequent use of flowcharts, and these are generally clear and easy to use. There is no index, which is a slight drawback. This is a useful benchbook for primary physicians in developing countries, but readers might be well advised to replace the plastic cover provided, which melted in my car in the relative cool of the current English summer.

STEPHEN W. BROWN, *Consultant, The David Lewis Centre for Epilepsy, Cheshire*

Making Contact: Uses of Language in Psychotherapy. By LESTON HAVENS. London: Harvard University Press. 1986. 201 pp. £15.75.

Havens, who is Professor of Psychiatry at the Cambridge Hospital, Harvard Medical School, discusses how he uses language in psychotherapy. His concern is to describe ways to be accurately empathic with patients. He is concerned to integrate descriptive psychiatry with psychoanalysis, social psychiatry, and existential psychiatry. He begins his book by first looking at the problem of establishing empathic contact with persons

who for one reason or another are hidden from themselves and the therapist, and in consequence absent from the consultation. From this he formulates an empathic language to reach such persons, by means of various categories of statement: imitative, simple empathic, or complex empathic. He devotes much of the rest of the book to exploring issues of how to use language in the management of such persons.

He emerges as a warm and sensitive clinician whose preoccupations with the psychotherapy of more disturbed personalities have led him away from interpretation to a rather more active conversation. It is hard to know how transference issues can be dealt with in such a way of handling the patient.

Reading through his various categories of empathic statements, it seems as though he is offering the reader a series of prescriptions of language for the psychotherapeutic encounter. I wonder if empathic language can really be prescribed in this way? Surely it is something that can only be arrived at from the privacy of the psychotherapist's own experience of living and from the mutuality of each new therapeutic encounter with the patient.

P. J. SHOENBERG, *Consultant Psychotherapist, University College Hospital, London*

Psychosocial Treatment of Schizophrenia: Multidimensional Concepts, Psychological, Family, and Self-help Perspectives. Edited by JOHN S. STRAUSS, WOLFGANG BÖKER and HANS O. BRENNER. Ontario: Hans Huber. 1987. 220 pp. US\$39.00.

Books based on the proceedings of conferences tend to be unsatisfactory for a variety of reasons, but this one is an exception because it contains several papers of unusual interest. In particular, Wing, Zubin, and Ciompi all contribute major pieces with important theoretical statements; all provide tabulated or numbered lists of propositions which could be valuable for teaching.

Wing specifies three conceptual levels underlying long-term management, as well as four categories of environmental influences on schizophrenic syndromes: the course of the illness, he points out, depends much on the social environment, and often requires walking a tightrope between too much and too little stimulation. However, factors that can affect the various manifestations of the disorder need to be translated into hypotheses about methods of care which can then be tested – a process that has scarcely yet begun. At the level of management he emphasises that this cannot be done successfully in the long term unless services are geographically responsible, comprehensive, and integrated. Relevant to the present Gadarene rush to extra-hospital facilities is his comment that "sheltered communities can have all the characteristics of open care, while a terraced house in an ordinary street can be like a small and isolated prison".