

adaptive response (evoked) whenever we perceive, largely unconsciously, that a significant physical or psychological effort of ours is failing in its purpose . . . and when we cannot grasp what is amiss". The depressed response is thus equivalent to a state such as grief or anger that can help us deal with problems, but can equally become maladaptive as coping mechanisms.

This book reviews the nature of the primary depressed response, compares it with and differentiates it from a number of other mood states (including depressive illnesses in the DSM-III-R or ICD-9 sense) and discusses the ways in which the adaptive function can fail or be blocked – ‘unproductive depression’ – leading potentially to severe or prolonged states of depression. There are useful chapters on family and sociocultural influences on depression. The real strength of the book, and what brings it to life, lies in the richness of the illustrative material, which is taken from Gut's own clinical work, published work of others, experiences of friends and colleagues and, most strikingly, an extended discussion of depression as depicted in various members of a fictional family in a novel by Chaim Potok.

Although owing a great deal to other authors (a debt freely acknowledged, not least in the dedication to John Bowlby who himself provides a foreword), this is an original and exciting book. I would recommend it to all psychiatrists, and any others interested in understanding depression, as an accessible, thought-provoking account of a different way of conceptualising an all too familiar problem for us all.

GRAEME MCGRATH, *Consultant Psychiatrist,  
Manchester Royal Infirmary*

**Self-Disclosure in the Therapeutic Relationship.** Edited by GEORGE STRICKER and MARTIN FISHER. New York: Plenum Press. 1990. 295 pp. \$45.00.

The relationship between psychotherapist and patient has been a controversial and much-debated issue ever since Freud suggested that the analyst should be “opaque to his patients, like a mirror, and show them nothing but what is shown to him”. The problem started right there, for while Freud was recommending this ascetic stance to “physicians practicing psychoanalysis” we know that he frequently did not follow his own rules. Is the therapist's ‘self-disclosure’ always undesirable although often unavoidable? Or is the total denial of it not only impossible but even untherapeutic? In this collection of 18 papers by American practitioners these questions are discussed at some length and with admirable lucidity.

The spectrum of the discussion is wide. It considers its problem in the framework of classical analysis, group therapy and feminist therapy. It includes work with children and adolescents, non-white ethnic minorities

and holocaust survivors. Within the limits of this review, it is of course impossible to refer to the many controversial issues which these papers throw up.

Summarily it can be said that therapists who stress the undesirability of self-disclosure adhere to the psychoanalytic assumption that therapeutic success is rooted in the development of a transference which depends on the neutrality of the therapist. On the other hand, therapists advocating self-disclosure stress the importance of a warm and open relationship between therapist and patient.

In the excellent chapter on “Feminist therapy perspectives” (Brown & Walker) the discussion of this issue is particularly differentiated: although from a feminist point of view the unequal distribution of power between a silent impersonal therapist and a self-revealing patient is of course unacceptable, self-disclosure of the therapist is itself open to abuse and can oppress the patient.

This feminist analysis invites us to have a closer look at the meaning of self-disclosure. The assumption seems to be that we disclose ourselves by talking about ourselves. But do we not often hide behind words? And do we not often reveal ourselves through silence? A more heretical question: what is it we disclose when we disclose our ‘self’? We seem to make the assumption that there is a well-defined self, independent of situation and context, to be disclosed or kept hidden.

Talking about self-disclosure in the way in which most authors of this collection do is like talking about a technique, a strategic move, to be used or not used. In my view, the quality of therapy depends on the quality of what happens *between* the therapist and the patient. The effect of strategic moves on the quality of this in-between is, I think, more limited than we choose to admit.

HANS COHN, *Psychotherapist, Richmond, Surrey*

**Microcomputers, Psychology and Medicine.** Edited by ROBERT WEST, MARGARET CHRISTIE and JOHN WEINMAN. London: Wiley. 1990. 320 pp. £39.00.

This is a wonderful book with a misleading title. It is in fact a guide to the use of computers in psychological aspects of medicine, rather than in psychology *and* medicine. The contributors seem to have been asked to assess the impact of microcomputers in one field of psychological medicine, and this they generally do through considering their own work. Although an excellent idea, these illustrative examples do not always ensure a balanced view of the psychological literature – but, in fairness, they never claim to do so. Considerable effort has been made by all contributors to ensure that basic principles (rather than specific applications or technology) are emphasised: the book will not become obsolete as soon as the IBM-PC or BBC micro finally fall from grace.