

effective; and common factor integration concentrates on components which are not specific to any particular therapeutic approach.

In the second chapter, Lazarus (the proponent of multimodal therapy) advocates technical eclecticism, which employs any technique that has been shown to be effective. Explanations for the effectiveness of these methods is sought in Bandura's social and cognitive learning theory and any attempt at theoretical integration is believed to be premature. In view of the summary dismissal of the common factor approach by Norcross & Grencavage and their evidence for the preference of eclectic therapists to call themselves theoretical integrationists rather than technical eclectics, it is somewhat surprising to find that Beitman in the subsequent chapter, entitled "Why I am an integrationist (not an eclectic)", sees himself as a common factor, rather than a theoretical integrationist. It would have been more consistent and enlightening if this contribution had provided an illustration of theoretical integration. Nonetheless, Beitman's model of psychotherapy, which consists of four stages analysed in terms of six elements, deserves wider and closer scrutiny.

The final chapter by Messer appropriately points out some of the difficulties in using therapeutic approaches based on different theoretical viewpoints. The important issues raised in this brief volume will hopefully stimulate a more considered and rigorous examination than that provided here.

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**Object Relations Group Psychotherapy: the Group as an Object, a Tool and a Training Base.** By RAMON GANZARAIN. Madison: International Universities Press. 1989. 1363 pp. \$40.00.

The title of this book is a succinct summary of its contents and intentions. The book describes the application of the British object relations theory to the conduct of groups, mainly it seems, for the benefit of an American audience which is less familiar with this than its British counterpart, concentrating particularly on contributions of Melanie Klein and of Bion.

The first section describes some of these concepts and argues their applicability to group work. It aims in particular to demonstrate the power of the model in both eliciting and containing primitive and psychotic processes within a group setting. The second section selects some notably difficult technical problems—incest, borderline problems and hypochondriasis, to demonstrate the effectiveness of a group run on object relations lines in dealing with them. The third section makes a powerful case for the training of medical students in psychiatry to include the participation in

a group, showing that those students who do take part in such an experience have a sounder theoretical and practical grasp of psychodynamic principles as well as deriving considerable personal benefit and being freer of problems later on in their careers. These chapters alone are important although written in the mid 1950s before the author was acquainted with object relations theory.

This book makes an important contribution, despite suffering from various defects. I doubt whether the rapid run-through of object relations theory or of Bion's theories would be intelligible to someone not already conversant with them, which probably makes the book inaccessible to the average inceptor and to many psychiatrists. Many of the chapters have been published previously in journals which makes for a somewhat jerky read with some rather irritating repetition. I often felt that the most powerful argument was for the efficacy of object relations theory rather than of the group process, particularly in relation to the chapters on incest and hypochondriasis. In contrast, the chapters that argue for the teaching of psychodynamic psychiatry in groups made a cogent case for the group process itself without reference to the object relations component which had not yet become available to the author. Nonetheless these two components do come together effectively, particularly in the description of transference and counter transference processes and in the elucidation and containment of primitive processes in groups whether of patients or of non-symptomatic, 'well' students.

A book therefore perhaps for the interested, adventurous or specialist psychiatrist. The rest will probably need it filtered through their specialist colleagues. But it would be a pity if the message did not get through.

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**Brief Therapy: Myths, Methods and Metaphors.** Edited by JEFFREY K. ZEIG and STEPHEN G. GILLIGAN. New York: Brunner/Mazel Publishers. 492 pp. \$42.50.

This book is based on the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, held in San Francisco, California in 1988. The title is, therefore, somewhat misleading for those readers expecting a broad overview of brief therapies. Although there are contributions from such notable brief therapists as Ellis and Sifneos, with a particularly good chapter by Strupp on the development of a psychotherapy training programme, the book is predominantly concerned with Ericksonian therapy.

Many different variations are described, including 'redecision therapy', 'ecological therapy', 'therapy is what you say it is' therapy, etc. Need I say that this is a very American book! For those unfamiliar with Ericksonian therapy, the book is filled with many

clinical vignettes which graphically convey the positive style and directness of its approach. There is a marked absence, however, of any kind of formal evaluation of its efficacy. This is particularly frustrating, as the reader is repeatedly bombarded with clinical accounts of patients with longstanding symptoms, unhelped by previous analysts, who then begin Ericksonian therapy and are, of course, cured within a few weeks. It would have been reassuring to read about a patient who could not be helped by this kind of approach!

The opening chapters of the book are spoilt by repeated, unnecessary criticisms of psychoanalysis, and little factual information regarding Ericksonian methods is presented.

The next sections, however, are much more balanced and interesting, although the chapters on metaphors were rather disappointing. The section on family therapy is particularly enthralling. It includes an entertaining account by Papp of how a debate amongst therapists, regarding solutions to a family problem, can become a therapeutic tool, if the debate is carried out in the presence of the family themselves.

The book is an unashamed homage to the late Milton Erickson, clearly a remarkable man, who generated great affection, loyalty and regard from those who knew him. The most interesting aspects of the book are inevitably those personal memories and insights given by many of the contributors (including three of his children) of Erickson as therapist. This book is a must for the Ericksonian devotee, but is unlikely to be of interest to many psychiatrists or psychotherapists in the UK.

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**Relapse Prevention for Addictive Behaviours: A Manual for Therapists.** By SHAMIL WANIGARATNE, WENDY WALLACE, JANE PULLIN, FRANCIS KEANEY and ROGER FARMER. Oxford: Blackwell Scientific Publications. 1990. 205 pp. £12.95.

The art of packaging an idea to capture the public imagination is not only the advertising copywriters' skill. In the midst of the 'cognitive therapy revolution' relapse prevention has caught the imagination of the growing army of addiction workers.

The central idea of relapse prevention has been to focus treatment of alcohol and drug problems and other behavioural addictions on the maintenance of behaviour change or, as the originator of relapse prevention, Alan Marlatt writes in the foreword, to "educate clients in the art of autoregulation".

Teaching people to stay drug-free has been the role of Alcoholics Anonymous (AA) for decades, so one should ask what makes relapse prevention different. The authors of this book suggest that relapse prevention focuses control on the individual while AA is based on a medical

model that wrests control from the individual. In many ways relapse prevention may be seen as the key elements of the AA strategies recast with the theoretical underpinnings of social learning theory. The availability of relapse prevention widens the range of treatment options and increases the possibility of tailoring treatment to individual need.

The authors of this book provide an overview of the theoretical concepts underlying relapse prevention, as well as detailed descriptions of their own method of applying this approach to group therapy. They provide details of all their own data sheets and evaluation forms which could be useful for people wishing to apply such an approach.

The book describes six weekly group therapy sessions with a detailed programme for each. The sessions are for people who have stopped or controlled their drinking or drug use and aim to facilitate the maintenance of this change. They aim to teach people to identify high risk situations and to develop alternative coping strategies. Other areas such as relaxation, anxiety, meditation, assertiveness, problem solving, depression and life style balance are covered.

Overall the manual outlines a well structured and detailed programme of relapse prevention focused group psychotherapy. Clinicians embarking on relapse prevention will find many helpful, detailed and practical points in this manual.

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**The Genetics of Mood Disorders.** By MING T. TSUANG and STEPHEN V. FARAONE. Baltimore: The Johns Hopkins University Press. 1990. 220 pp. £29.00.

The aim of this book appears to be to summarise most genetic studies of mood disorders from their earliest days to the present. The format is traditional, with a chapter on diagnostic and methodological issues, followed by sections on family, twin and adoption studies. Having demonstrated the heritable nature of mood disorders, the authors then discuss modes of transmission, linkage and association studies, and lastly biological markers. The final chapter attempts to draw conclusions from the preceding text, and discuss the implications of the research to date. Overall, the authors have fastidiously covered almost all areas of genetic investigation and present their review of the literature in detail. The text may therefore serve as an excellent base which the interested reader can further develop.

Unfortunately, the style is a bit soporific and the book starts with a chapter that could well deter all but the most dedicated from progressing further. The authors, while successfully arguing that mood disorders may encompass syndromes heterogeneous in aetiology,