

more specific symptom or problem, such as a psychiatric condition, an addiction, or an affair. What is surprising is that the extreme polarisation is not itself recognised by the editor as being the symptom.

Each partner in a marriage inevitably has to cope with some degree of ambivalence towards the differences and different needs of the other partner, and also has to deal with tensions between independence and dependence. When the partners lose their capacity to carry this ambivalence within themselves, extreme splitting may occur, and the marriage may become polarised and rigid, with each partner carrying one side of the ambivalence. The marriage may then be said to be in an impasse.

In clinical practice, such a presentation is not unusual, and the couple have to be understood, be it systemically or psychodynamically, as manifesting *between them* the two sides of the ambivalence about their relationship. Therapeutic practice needs to include an understanding of the unconscious processes of splitting and projection, which can sometimes be very powerful. It is because of this powerful mental mechanism that such couples are rarely 'devitalised'. Usually, the opposite is the case, with the polarised feelings resulting in anger, anxiety and sometimes paranoia. Many of the papers in this volume describe how difficult it is to work with such couples because of the constant pressure to side with either one or other of the polarised partners. It may be said that unconsciously the therapist is being pulled into either one or other side of the split and is not being allowed to relate to both sides.

The theoretical orientation of the authors of this volume is eclectic. One writer states that his approach includes "elements of psychoanalysis, social learning theory and behaviourism mixed in with systems thinking". Such a theoretical mix may allow the marital therapist to make a broad diagnostic assessment, but it leaves the problem as to how to intervene clinically. The evidence from the authors is that they took a cognitive systemic approach, and paid very little attention to unconscious processes, either in the marital interaction or in the psychotherapeutic encounter. This was the case even with one author who outlined psychoanalytic object relations theory as her theoretical orientation and then proceeded to describe a cognitive and pragmatic treatment model.

This reviewer found the book disappointing and at times confused. The clinical population chosen for consideration is a very challenging one, with the powerful splitting often making psychotherapeutic work slow and difficult. With splitting being the major dynamic in the clinical work, a unitary conceptual and clinical orientation would be indicated, rather than a more eclectic one which might more easily become subject to the pushes and pulls of the underlying dynamic.

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Suicide: Understanding and Responding. Edited by DOUGLAS JACOBS and HERBERT N. BROWN. USA: International Universities Press. 1989. 505 pp. \$60.00.

In the era of 'new eclecticism', where the American language is the norm and many no longer blanch at a phrase such as 'the patient then suicided', there is something of interest in this book for most. The extent of American isolationism is apparent in the absence of much European literature on this vast subject, with the exception of the more biological aspects in which the Scandinavians reign supreme with, of course, Peter Sainsbury. European Literature (with a capital 'L'), however, *is* in evidence, the authors of the papers being a generally well read bunch, and thus adorning chapters on suicide with reference to figures like Sylvia Plath. A similar compendium from a London teaching hospital could contain mountains on Virginia Woolf, I suppose. However, I cannot think of a teaching hospital or institution in this country which could mount a comparable list of authors of such depth and experience on one major subject.

This book indulges in a fair amount of transatlantic psychospeak, and a number of very differing styles, from an informal "given that I am a psychologist . . ." one to a much more rigorous academic style. Surprisingly, this variance gives the book a high readability quotient, much like a *Reader's Digest* anthology of filleted classics. The book is divided into "Foundations", "Understanding", "Responding" and "Philosophical perspectives", with a wide range of chapters on treatments including those which are physical, broadly psychotherapeutic, and more specifically post-Freudian. There are also chapters on the nature of assessment and the hospital milieu, as well as sensible articles on dealing with in-patient suicides from a staff support point of view. The verbatim sample interview is less interesting, however, as is the chapter on "The empathic method of psychotherapy with suicidal patients".

Szasz's chapter entitled "A moral view on suicide" is worth the not inconsiderable purchase price on its own. He suggests that: "The claims of psychiatrists seeking an understanding of suicidal behaviours are thus every bit as absurd as would be the claims of right-to-lifers (who call abortion 'murder of the foetus') that they are scientists seeking an understanding of foeticidal behaviour". Elegant, but what does it mean? And, inevitably: "... there is neither philosophical nor empirical support for viewing suicide as different, in principle, from other acts, such as getting married or divorced, working on the Sabbath, eating shrimps, or smoking tobacco"; and "the fact the psychiatrist plays such a decisive and distinctive role in the contemporary politics and practices of suicidal prevention points to a hidden agenda, namely, to our general reliance on psychiatric explanation of disturbing behaviour and on psychiatric control of disturbing persons". Szasz raises the issue of the 'psychiatric will' which was first espoused in 1982. This

is meant to encourage all citizens to establish their wishes clearly, and legally, should they be deemed to require coercive psychiatric methods of suicide prevention, thus stopping a patient "from being coercively paternalised by psychiatrists".

Buy this book for the local psychiatric library, and many of its multi-authored chapters will give food for thought and topics for discussion.

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The Ailment and Other Psychoanalytic Essays. By TOM MAIN. London: Free Association Books. 1989. 280 pp. £27.50.

Psychoanalysis as applied to psychiatric practice has followed a very special tradition in the United Kingdom. In this, the psychoanalyst, using his/her particular training and skills, has focused his/her interest on the total hospital environment as a means of helping the in-patient to recover. Such a concept of the mental hospital as a therapeutic community owes its beginnings to the pioneering work of a number of psychoanalysts at Northfield Hospital at the end of the last World War. This experiment, in turn, led to another one at the Cassel Hospital where Main became Director in 1946 and continued in this role until 1976.

Much of this collection of essays and speeches is devoted to his work at the Cassel Hospital. They are introduced by Rayner and his daughter, Johns, who edited the book. Its title is appropriate, for it is *The Ailment* which has been standard reading for psychiatrists in training for many years. This paper provides an outstanding discussion of that group of 'special', rather masochistic patients who can command so much attention from their therapeutic environment with so little by way of reward. This and other of Main's essays are devoted to studies of the therapeutic community and its implications for helping in-patients psychotherapeutically. They give an excellent picture of the work being done at the Cassel: the hallmark of this work has always been a lively curiosity "about the external and internal significance for the patient", of his/her entry into and departure from the hospital. Regrettably, we seem to live in an age of rapid patient transit when few psychiatrists feel that they are given enough time to study these issues, let alone to look after their patients in hospital. Main and the Cassel have been so unusual in their concern to retain time for such study.

Although most of the essays are devoted to Main's interest in the application of psychoanalysis to psychiatry, three essays are written about a different set of problems concerning husbands and wives, motherhood, and a special group of patients at the Cassel, namely

mothers and children. For many years Main worked with doctors in training at the Family Planning Association helping them to deal with psychosexual problems. This led to the foundation of the Institute of Psychosexual Medicine, of which he is Life President. His essay entitled "A fragment of mothering" throws an interesting light on the mother in her dual relationship to her child and her husband, and explores her conflicts in this situation; it places more emphasis on aspects of the mother's sexuality than other psychoanalytic writers have done.

Some of the essays in this book are repetitious in their themes. I would have preferred a more conservative selection. This book comes at a timely moment, when the Cassel Hospital is under the threat of closure, and provides a valuable historical commentary on the therapeutic community movement as it developed within that hospital. Main's optimism is a much needed antidote to a prevailing mood of cynicism and despair about the value of in-patient psychotherapy in the care of the severely mentally sick.

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The Birth of the Family. An Empirical Inquiry. By JERRY M. LEWIS. New York: Brunner/Mazel. 1990. 224 pp. \$26.95.

Does the way in which couples deal with the formation of their own relationship predict how successfully their child will be incorporated into the family? What impact does the parents' relationship with their family of origin have in this process? How does parental psychological health affect the transition to parenthood as a major stage in family development?

In this book, Lewis describes the research into these issues carried out at the Timberlawn Psychiatric Research Foundation in Dallas over the past 20 years. They studied 38 white, middle-class couples with a stable marital history who gave birth to infants considered to be normal and healthy. They interviewed the parents, recorded interactive scenes on video before and after the birth of the child, and devised measures to assess the marital relationship and parenting in the first year of the child's life.

The results give some validity to the authors' classification of marital relationships into 'highly competent', 'competent but pained' (in that there is conflict around the issues of closeness and intimacy), 'dominant-submissive', 'conflicted' and 'severely dysfunctional'. Against hypothesis, the relatively well functioning families (the competent but pained) proved the most vulnerable to regressive change in the marriage whereas the dominant-submissive group demonstrated stability