

I found it a useful reminder of the difference between common problems and the ones usually seen in more specialist services, as I think specialist workers sometimes forget to concentrate on the basics, if involved in the training of others, and concentrate more on the complex issues which should remain in the domain of specialist services.

The book also presents clearly and methodically up-to-date research findings in the relevant areas. The bibliography is excellent and has references to both developmental and behavioural problems, which are often difficult to find in the same sources.

I do have some misgivings, in that the methods used are made to seem deceptively simple and may tempt overpressed primary care workers to cut short the stages of assessment and making a relationship with the family and to just apply the techniques plucked from the relevant chapters, making them invalid in the way that the overuse of star charts has invalidated the latter.

Overall, however, the clarity of writing and the comprehensive references make it a useful basic book for primary care workers and those involved in training them.

RACHEL LEHEUP, *Consultant Child and Adolescent Psychiatrist, Nottingham*

The Visible and Invisible Group – Two Perspectives on Group Psychotherapy and Group Process. By YVONNE AGAZARIAN and RICHARD PETERS. London: Routledge. 1989. 292 pp. £14.95.

This book was first published in hardback in 1981. The theory of Agazarian & Peters on 'Group-as-a-whole' is therefore already well known among those in the group analytic world. Hopefully, however, its appearance in paperback will make it more accessible to a much larger audience and will prove an invaluable aid to all those involved in working with groups.

The book may prove initially daunting to those not familiar with Lewin's Field theory and General Systems theory. The authors outline these theories and, by careful step-by-step discussion, build up their theory on 'Group-as-a-whole'. They also incorporate the work of Foulkes, Bion, Bennis, and Shepard. Each chapter is followed by a conclusion which summarises its main points, and each step in their argument is fully summarised in table format. As the theory increases in complexity, I found this an extremely useful format for consolidating my understanding of what had gone before. It also makes the book much easier to use as a reference text, and therefore invaluable as a companion while tackling the day-to-day issues which arise in the groups we work in.

The authors defend their theory by stating that there is a need for a theory on the 'Group-as-a-whole' to differentiate group dynamics from individual dynamics.

The group is seen from a hierarchical point of view (beginning with the Person system, and moving to the Member-role system, the Group-role system, the Group-as-a-whole system). The 'Group-as-a-whole' is seen as something different from the collection of individuals within it. These complex ideas in the first part of the book are developed with the aid of diagrams and clinical illustrations.

The theoretical first part of the book leads on to a more clinically-based section. The authors describe the constructs of group dynamics using clinical examples. These include: group norms; group goals; group roles (including the role of the leader); group cohesiveness; and group structure. The chapter on the phases of group development is excellent: it tackles the thorny issue of power and authority and places the negotiation of this phase as central to the work of a mature group. The classification of groups into three levels is also helpful, as it clarifies what can be expected from a particular 'level' of group and provides guidelines on the leadership style and requirements for each level.

The section on group practice gives guidelines on interviewing and preparing a patient for a group, and addresses specific problems such as decision making, acting out, socialising between members, members leaving, and new members joining. There are also chapters on transference and countertransference.

How far the authors succeed in their aim of creating a theory which "differentiates group dynamics from individual dynamics" I am not sure. They advocate a thorough training in individual and group dynamics for all therapists working in groups. This would seem to be an ideal to be aimed at. However, on a practical as well as a theoretical level there is much to be gained from this book for all those who work with groups within the NHS, and who perhaps do not have access to the kind of training available at the Institute of Psychoanalysis, or the Institute of Group Analysis.

DOROTHY OGLETHORPE, *Senior Registrar, Henderson Hospital, Sutton, Surrey*

The Transference-Countertransference Matrix: The Emotional-Cognitive Dialogue in Psychotherapy, Psychoanalysis and Supervision. By ROBERT J. MARSHALL and SIMONE V. MARSHALL. New York: Columbia University Press. 1989. 348 pp. \$46.00.

Once upon a time, psychoanalysis and the therapy derived from it could be conceptualised as a situation where a patient would find himself confronted with a therapist acting as a 'blank screen' or 'mirror' which would reflect the patient's difficulties back to him in a more meaningful form. Although many people outside the field continue to insist on seeing psychoanalytic therapy in this way, analysts and therapists have increasingly (over the past 30 years) tended to recognise that the

therapeutic relationship is a human interaction in which two people affect each other in a complex and personal fashion, and in which one of them (the therapist) uses part of his mind to observe the intricacies of this mutual involvement, and to convey to the other (the patient) something of his understanding of what is taking place. In other words, the transference and the countertransference are interdependent.

This book appears to be motivated by the authors' wish to describe such a state of affairs, and in this task they succeed. They provide an excellent review of the literature (with an inevitable North American bias), and a large number of interesting case descriptions which well illustrate the points they make about the subtleties of the transference-countertransference interaction in a variety of clinical situations (although some of these would be regarded, in this country, as being supportive psychotherapy). There is also a chapter on supervision, looking at problems which can arise in the interaction between the supervisor and the transference-countertransference scenario presented by the supervisee.

Unfortunately, however, the book is seriously flawed by the authors' second main aim. Not content with description, they structure the entire book around an attempt to introduce a quantifiable schema for thinking about and measuring certain aspects of a transference-countertransference interaction. I expect this will appeal to some readers (particularly in North America), but it did seem to me to work against the authors' aim to demonstrate the essentially emotional and human nature of the therapeutic encounter.

DENIS V. CARPY, *Consultant Psychotherapist,
Tavistock Clinic, London*

Play Therapy. By VIRGINIA M. AXLINE. London: Churchill Livingstone. 1989. 360 pp. £9.95.

It is a tribute to its author that, more than 40 years after its original publication, this book remains an excellent exponent of non-directive play therapy with children.

The technique was inspired by Carl Rodger's non-directive therapies with adults, the role of the therapist being primarily one of acceptance of the child and his behaviour, the approach non-directive and non-interpretative but active and reflective. The aim is to convey to the child a sense of acceptance and respect, as a means of helping him develop his own sense of dignity, self-worth, and self-confidence, which allows him to modify his behaviour. The eight basic principles of therapy are outlined as: the establishment of rapport, complete acceptance of the child, establishment of a feeling of permissiveness, recognition and reflection of feelings, maintaining respect for the child, letting the child lead the way, not hurrying therapy, and sometimes making explicit some limits to the child's behaviour.

The author gives plenty of valuable examples of therapy, both individual and group-based. Her comments about inappropriate interventions, and her suggestions of better alternatives, are particularly clarifying and helpful. Some of the examples themselves attest to the basic principle that "bringing the child's deviant attitudes into the open can dissolve the need for their expression", or that "some children can almost immediately cease to be destructive once their attitude is understood and accepted". However, the need for systematic evaluation is also emphasised. It is interesting to note that recent work by Kolvin *et al* (*Help Starts Here* (1981). London: Tavistock Publications). Using non-directive group play therapy with children with emotional and behavioural difficulties has demonstrated its therapeutic effectiveness.

This excellent book has passed the test of time. In conjunction with the author's subsequent delightful account of therapy with a 6-year-old boy (*Dibs, In Search of Self* (1964). Harmondsworth: Penguin) it can be strongly recommended to trainees in child psychiatry.

ELENA GARRALDA, *Reader in Child and Adolescent Psychiatry, University of Manchester*

Loss of the Good Authority. The Cause of Delinquency.

By TOM PITT-AITKINS and ALICE THOMAS ELLIS.
London: Viking. 1989. 264 pp. £14.95.

This book is based on the awareness that "many narrow-fronted approaches in the treatment of delinquents – so often old ideas in new guises – can never stop the delinquent process". It attempts to convey an understanding of the consequences of the loss of "authority", the latter defined as "that which within a definite area may allow, disallow or insist upon change, with or without any further references". The "good" itself is seen as "a psychic burden often perceived only unconsciously by others", and deemed responsible for determining groups' or individuals' pattern of life and behaviour. The "losing of the good authority" is seen as potentially devastating, possibly leading to various forms of psychopathology and delinquency.

Nine pages of trying to define authority supports the authors' view that "definitions are, by definition, difficult".

Dr Pitt-Aitkins, Consultant Adolescent and Family Psychiatrist, and Alice Thomas Ellis, novelist, add another book to the myriad of books on the possible causes of delinquency. The eight chapters are headed by brief summaries. The various chapters deal in some detail with the meaning of authority, the change of site of authority, the good, its loss and the chance of re-finding it, potential effects of this loss, and the various forms of therapy.

The development of the authors' concepts spans theoretical and practical considerations; it involves the