

However, vandalism of these lovemaps is an entirely different matter. Vandalisation is normally defined as the wanton or deliberate destruction. Where the lovemaps exist fully formed, such destruction cannot be deliberate because Money & Lamacz are putting forward a theory of vandalism as a non-deliberate act. The authors have not clarified the exact role of psychodynamic versus physical or organic factors in their cases. Of the seven cases they report, five have sex-organ anomaly. Thus the cards are already stacked against them. Alas, they ignore the paraphiliac cases who do not have sex-organ or other physical anomalies but still have, in street parlance, 'kinky sex' or 'perversions'. Indeed it is a first step in recognising aetiological factors in an under-researched field, but the style and the contents of the book make it difficult to read. The concept of lovemaps deserved to be developed further but unfortunately vandalised lovemaps will have a very limited appeal to a very limited audience.

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The Craft of Psychotherapy. Twenty-seven Studies. By I. H. PAUL. New Jersey: Jason Aronson. 1989. 307 pp. \$30.00.

This book has an unusual structure. Paul, a psychoanalyst working in New York, echoes the verbal exchange that is central to the practice of psychoanalytic psychotherapy by casting his text in the form of a dialogue between the reader – an informed learner – and a teacher, with the author in his expert role as supervisor and practitioner. This dyadic exchange brackets sections of dialogue between patient and therapist, some of their possible responses to each other and an examination of the meaning. All this may appear more complicated than it is. The book is divided into seven sections: the psychotherapist's craft, basic instruction, business, interpretation, timing, what to interpret when, and resistance. Within these sections are the 27 studies of the subtitle. Therapists experienced in dynamic psychotherapy will instantly recognise the frequently encountered, tense scenarios explored in these studies. Examples are: "But you're the therapist!", "But what good is that?", "It's embarrassing", "I am bothered by you sitting there and staring at me", "Am I like your other patients?" and, unsettlingly, "You do have a supervisor, don't you?"

Most dialogical books are diabolical to read. Either you cannot find the topic you are interested in or the question is not in the form you want. For the most part, Paul has avoided these pitfalls. He has drawn on his extensive experience of supervising therapists at an early stage in their training and deals sensitively and encouragingly with many of the problems of the method. He also has a clear idea about the method that he is teach-

ing. The basic instruction is for the therapist to be minimally directive; this stance informs the patient that he can talk about the things he wants to talk about and that the therapist will listen, will try to understand and, when he has something useful to say, will say it. Great emphasis is placed on neutrality with respect to content. This is not to say that the therapist does not have preconceptions about what would be helpful for the patient to explore, but he tries to avoid imposing these predilections on the patient, allowing as far as is humanly possible a free choice of topic. A frame is then set which facilitates the reflective examination, so characteristic of the psychoanalytic method, of how the patient chooses – or is transferentially impelled – to use the session. A useful distinction is made between business and narrative, the former encompassing practical matters of fee, schedule and procedure that contribute to the structure of therapy, the latter being the stuff of therapy. Business should be dealt with directly and without interpretation, which is reserved for narrative.

The predilection of this reviewer is for a more humanistic, interpersonal style of therapy, but there is no doubt that that advocated by Paul places the needs and concerns of the patient centre stage and fosters their close examination. The therapist scrutinises carefully the departures from neutrality. Paul ably illustrates the way in which neutrality means not taking sides, either with people in the patient's life or with aspects of the patient's self. To do this well requires discipline and dedication. This is a useful text for supervisors and novices.

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Ending Men's Violence Against their Partners. By RICHARD A. STORDEUR and RICHARD STILLE. London: Sage Publications. 1989. 320 pp. £29.25 (hb), £13.95 (pb).

The authors of this book advise their readers to use it as a practical guide to the group treatment of men who batter their partners. The text is divided into four parts, the first of which covers theoretical perspectives and gives a brief overview of historical and social aspects of violence against women by men and the development of specialised treatment programmes for the male perpetrators. Social, psychological and feminist/political theories of wife battering are outlined, and a comprehensive catalogue of characteristics typical of the batterer himself is discussed.

Part II, headed "Individual contacts", describes assessment procedures and crisis intervention.

In Part III group treatment is described. The closed group is psychoeducational in orientation and the leaders are directive. Typically, batterers have little awareness of their emotions, have poor communication skills and grew up in families where violence was used