

The last chapter is concerned with barriers to communication, language, culture, and other problems.

All this is elementary for psychiatrists, but this book describes psychiatry applied to ordinary doctoring in simple and acceptable words. It should be read by students in conjunction with books on clinical method, and by young doctors. Some older doctors may also benefit.

M. A. FLOYER, *Former Professor of Medicine, The London Hospital College*

**Back Pain.** By MICHAEL HUMPHREY. London: Routledge. 1989. 132 pp. £20.00 (hb), £8.95 (pb).

Humphrey takes the series title, 'The experience of illness', literally, and in revealing his own problem of a painful elbow to his readers, also reveals his approach to pain management.

Other than his personal experience of pain, Humphrey presents in his book case vignettes from his work at St George's, primarily concerned with the psychological and the sociological aspects of back pain.

Medical aspects of back pain are given 16 pages and are followed by chapters on marriage and family life, and on which patients suffer most. These are useful, particularly as they remind us that some marital relationships can actually prolong the patient's complaint of pain.

There is a good review of behavioural treatments and the author reports on these multi-disciplinary themes.

This is a good little book, and I am sure that this is going to be a valuable series.

CHARLOTTE FEINMANN, *Consultant Psychiatrist, Department of Oral Medicine, Eastman Dental Hospital, London*

**Psychotherapy.** Edited by FREDERIC FLACH. London: W. W. Norton. 1989. 239 pp. £20.95.

This book is the fifth in a monograph series on 'Directions in psychiatry', and contains 17 essays on a wide range of topics in psychotherapy.

The first two, written by Ivor Browne and Vincent Kenny from University College, Dublin, address the question 'How does psychotherapy work?' They argue that psychotherapy research based on the Newtonian model of linear causality is misguided, and that an approach based on open systems, characterised as they are by change, instability, and continual fluctuation, has a more direct applicability to the phenomena of human change processes. Their conclusions seem to be confirmed by the ensuing contribution from Sol Garfield on research into the prediction of outcome in psycho-

therapy, which argues the need for "heretofore unused methodologies and hypotheses".

There are three essays from Anthony Storr on transference, countertransference, and dreams.

In a concise and highly practical contribution, Sidney Crown examines contraindications for intensive, dynamically-oriented insight psychotherapy, including the 'hidden agenda' behind the initial referral and the character and sources of unwanted effects in psychotherapy.

Other essays range over the Rorschach test, the psychotherapist's values and their possible influence on the patient, listening processes in psychotherapy, synchronicity, existential psychotherapy, group therapy, and termination. Chapters on the current status of classical psychoanalysis and the psychotherapy of psychiatrists are also included.

These essays are of a high calibre and sit well together. I would recommend them to 'beginning' and experienced psychotherapists alike.

STEPHEN P. REILLY, *Consultant Psychiatrist with Special Responsibility for Psychotherapy, Bootham Park Hospital, York*

**Studies of Psychosocial Risk: The Power of Longitudinal Data.** Edited by MICHAEL RUTTER. Cambridge: Cambridge University Press. 1989. 392 pp. £35.00.

All too often, research results in a set of interesting but inconclusive associations in which cause is indistinguishable from effect. Even to identify predictors of outcome entails a longitudinal approach, rather than a cross-sectional survey, and the identity of actual risk and protective factors may remain hidden; elusive figures in a ground of interacting alternatives. The grail is not just to distinguish these but also to understand the underlying machinery linking them to the outcome. The strategies and problems of this quest are reviewed in this book, which is based on a 1987 European Science Foundation Workshop. The authors are an international selection of those who are developing longitudinal methodology by their active research.

The 21 papers are arranged in couplets and the resultant effect, often that of theme and discussant, is to give a vivid picture both of the differences in approach and of the limitations. Although this makes for some repetition, it is a considerable help, for the style of presentation is variable. Most of the book is clear but, where occasional chapters are obscured by lengthy and polysyllabic prose, they are redeemed by their subsequent critiques.

The book addresses a remarkable range of readership. For example, the chapters by Rutter and Robins, on the collection of data, are straightforward reading and give such a good overview of a variety of issues that I would recommend them to all junior staff. On the other

hand, the chapters on statistical modelling demand a level of sophistication which might confine their appeal to the professional researcher.

The coherent presentation of this material, otherwise scattered through a wide variety of journals and books, together with an index, makes for a good textbook. The coverage is thorough and, besides the inclusion of the problems of study design, data collection, and the subsequent analyses, there is an extensive review of the nature of the variables to be collected. These range from fundamental items, such as aggressiveness or inattentiveness, to more complex patterns of behaviour, such as personality type, to the process of interaction between the individual and his context, as well as his response to a brief intervention. The interaction between these different levels of variable is complex, and their disentanglement requires complex statistics. Two themes are recurrent. Firstly, it is difficult to develop, let alone prove, a causal model sufficiently well-founded to withstand the tide of later research. Secondly, the utility of statistics lies as much in the exploration of possibilities as in the proof of an hypothesis. The relevance of techniques such as path analysis and of specific packages such as LISREL is that they enable computer-aided lateral thinking.

Original research is presented, bringing the subject to life, holding authors to reality, and allowing the reader to stand at their shoulders in the struggle to make the best of limited data.

Even should the researcher resist the temptation to follow up his earlier cases, longitudinal issues eventually creep into most psychiatric studies. This book is a thought-provoking aid to anyone willing to reconsider his methodology.

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**Agoraphobia: Current Perspectives on Theory and Treatment.** Edited by KEVIN GOURNAY. London: Routledge. 1989. 243 pp. £30.00.

In this volume Gournay sets out to summarise the current state of knowledge about agoraphobia and its treatment. He has a number of reasons for doing this. Firstly, although effective behavioural treatments of agoraphobia are available, the author's "overwhelming impression" is that GPs, community psychiatric nurses, psychiatrists, psychologists and social workers are not using these methods. This has resulted in the treatment of agoraphobia in the UK becoming "woefully inadequate across the whole spectrum of clinical practice". Secondly, although the treatment of agoraphobia has advanced considerably over the last few decades, mainly due to the introduction of *in vivo*

exposure treatments, there are a not insignificant number of patients who refuse or drop out of treatment. Even among those who benefit from treatment, many still experience symptoms and impairments to their functioning. There are therefore many issues in the treatment of agoraphobia which still need to be addressed.

Of the ten chapters, Gournay contributes six; besides the introduction and conclusion these cover a treatment review, treatment failures, cognitive factors, and sex roles. The other four chapters are contributed by members of the "major mental health professions". The chapter by Hudson on social factors and the role of the social worker is excellent, and that by Coghlan on medication a useful and informative summary. Deakin writes about treatment by nurse therapists; at 52 pages this is excessively long, but would be a useful practical guide for those unused to constructing behavioural programmes. The chapter by Winter, written from the perspective of personal construct theory, fits in somewhat uncomfortably with the strong behavioural theme of the rest of the book.

In summary, this will be a useful addition to the libraries of training departments for professionals who do not have a strong behavioural training, but it is not really suitable for the advanced researcher or practitioner.

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**The Circle of Acquaintance, Perception, Consciousness, and Empathy.** By DAVID WOODRUFF SMITH. Dordrecht: Kluwer Academic Publishers. 1989. 252 pp. £39.00.

Phenomenological explorations of perception and experience are still not very popular in England. The English are hesitant to engage themselves in philosophical approaches originating in Central Europe, and tend to think of them as unpragmatic and metaphysical.

I fear this book is unlikely to make them change their minds. For psychiatrists and psychotherapists, phenomenology can open up neglected aspects of their concepts and methods. This book, however, in spite of passing references to Freud and psychoanalysis, has little to offer them: it is very abstract and technical – a book written by a philosopher for philosophers.

As a lucid introduction to phenomenology, with special reference to its place in the therapeutic landscape, I recommend Ernesto Spinelli's recent *The Interpreted World. An Introduction to Phenomenological Psychology* (London: Sage).

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