

The second half of the book consists of about 170 general entries, in alphabetical order. These include a few brief biographies of key members of the Kleinian school, with short accounts of their main contributions. The latter are cross-referenced to separate entries in which the concept itself is discussed in greater depth; examples are 'omnipotence', 'symbolic equation', 'persecution', and 'reparation'. I found very few errors in the book, although there are occasional lapses into colloquial language which are surprising in an otherwise scholarly endeavour. Each section has an excellent list of references for the interested reader, and a full list of Kleinian literature appears at the end of the book.

I would recommend every psychiatric library to keep a copy of this book in its reference section, and I am sure many psychiatrists will need no encouragement to buy a copy for themselves. It is a book that can be easily dipped into, and on my bookshelf will go alongside La Planche & Pontalis's *The Language of Psychoanalysis* and the Hampstead Clinic's *Basic Psychoanalytic Concepts – Vols 1–4*, which perform similar functions for classical and ego-psychoanalytic theories.

The aims of the publisher would be well served if a cheaper paperback edition were to be produced in the near future.

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Fugitives of Incest: A Perspective from Psychoanalysis and Groups. By RAMON C. GANZARAIN and BONNIE J. BUCHELE. Madison: International Universities Press. 1988. 117 pp. \$25.00.

Despite the dramatic recent increase in awareness of childhood sexual abuse (CSA), surprisingly little has been written about the treatment of its long-term destructive effects. The available literature emphasises the application of short-term cognitive-behavioural and group therapies.

Group treatments have a clear rationale. Many adult victims of CSA experience intense guilt, shame, and an incapacitating sense of isolation. In a homogeneous therapy group the traumatic and isolating experience of CSA unites the members, promoting cathartic self-disclosure, and a new sense of feeling accepted and of belonging. Characteristic interpersonal problems can be scrutinised and modified *in vivo*, especially if there are male and female cotherapists. Although powerful, however, short-term group treatments cannot afford an opportunity for the development of enduring self-esteem and self-control in those who have been most damaged by CSA.

In this stimulating, if clumsily titled, small book Ganzarain & Buchele draw from their experience of conducting long-term analytic group therapy with women

who were abused in early childhood, concurrently with independent individual psychotherapy – a model which has been applied successfully in the treatment of patients with characterological disorders. They describe lucidly the dynamic processes which are characteristic of the most severely disturbed victims of CSA. In chapters on the transferences, countertransferences, and patterns of acting out which characterise their treatment, attention is drawn to dynamics which can inhibit or destroy the therapeutic process unless understood clearly and handled effectively by the therapists. In a chapter entitled 'Survival of the self in incest victims', they present some compelling ideas about the impact of sexual abuse on the developing self of the child victim. This then provides a helpful framework within which to conceptualise the dynamic processes already outlined, although the authors' attempt to connect this to the phenomena of DSM-III post-traumatic stress disorder is redundant and misleading.

Most timely and useful are Ganzarain & Buchele's reminders that "recovery from the severe trauma of incest is a lifelong process", and that, even with therapeutic assistance, lasting change is accomplished only gradually. This book serves to emphasise that there is not a single universal treatment, and that therapeutic strategies need to be personalised in a way that permits the pace of self-disclosure, self-examination, and change to be determined by the patient's needs.

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MCQs for the MRCPsych Part II (New Syllabus). By MICHAEL I. LEVI. Lancaster: Kluwer Academic Publishers. 1989. 85 pp.

SAQs for the MRCPsych Part II (New Syllabus). By MICHAEL I. LEVI. Lancaster: Kluwer Academic Publishers. 1989. 86 pp.

These two brief and well-presented books have been produced principally for candidates preparing for the new MRCPsych Part II examination. The first one consists of 400 multiple choice questions (MCQs), covering 17 clinical topics, with answers provided at the end of the book. The second book comprises 200 short answer questions (SAQs), half of which are devoted to the 'basic sciences', and half to clinical topics. Again, answers are provided at the end of the book. The range and distribution of the SAQs and MCQs are based on the specimen papers produced by the Royal College of Psychiatrists. Reflecting as they do the new examination format and syllabus, the arrival of these two texts is timely.

Although Levi provides in the introductory section of each book a few pointers on examination technique,

the most fundamental principle is that the candidate should be well-prepared and conversant with his subject through reading and clinical experience. As is indicated in the Foreword to each book, these texts are intended only as useful adjuncts to such learning. They are opportunities for examination practice and formative self-assessment.

Levi has not provided explanations or references because he expects these books to be used in association with the three reference texts which spawned his questions and answers. His choice of parent texts is very acceptable: *The Oxford Textbook of Psychiatry* (Gelder, Gath and Mayou, 1986) for the MCQ items, and the *Examination Notes on the Scientific Basis of Psychiatry* (Dinan, 1985) and the *Examination Notes in Psychiatry* (Bird & Harrison, 1987) for the SAQs.

As a co-author of a book of MCQs I can testify to the difficulties involved in trying to generate a battery of questions and answers which are unambiguous, accurate, and at an appropriate level of difficulty. However, these are important touchstones against which such books have to be assayed. It is unfortunate, therefore, that there are lapses in Levi's books. In the MCQ one, although the items are generally of a high standard, the range of difficulty is rather inconsistent. Moreover, certain response options appear to be inappropriate. For instance, "neurasthenia" is given as a possible answer to the stem "Therapeutic factors in small group psychotherapy include", and for the stem "Behaviour therapy for general anxiety states include" the option "anxiolytic drugs" is offered. One can also contest the accuracy of some of the answers. For instance, can one make the absolute claim that with supportive psychotherapy "obsessional neuroses definitely improve"?

Similar issues arise in the case of the SAQ items. The range of difficulty is variable and, at times, the stems are vague, e.g. "List the factors associated with agoraphobia". Inaccuracies also creep into some answers. Levi reports that the prognosis of bouffée délirante is "good" but, to be more accurate, it has a "good immediate prognosis, but often relapses" (according to *The Oxford Textbook of Psychiatry*). Also, I doubt if the author really believes that "Complete readjustment [to bereavement] occurs several weeks after the onset of the mourning phase".

In summary, therefore, Levi must be applauded for trying to meet the needs of candidates facing a new curriculum and examination, and for tackling such a broad range of topics. He set himself a daunting task. There are weaknesses in each book but these do not outweigh their potential value to candidates, who need such examination practice, providing that they use the books in concert with the textbooks recommended by Levi as well as with other specialised books.

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The Nature and Treatment of Anxiety Disorders. C. BARR TAYLOR and BRUCE ARNAW. New York: The Free Press. 422 pp. \$35.00.

This is a solid and workmanlike account of current knowledge and research activities in the field of anxiety. One author is a psychiatrist, the other a psychologist, and they have collaborated well in integrating the two approaches. Thus, in discussing theory, assessment, and treatment the authors discuss a broad sweep from speculation, opinion, and data from psychophysiology and pharmacology through to psychodynamic mechanisms.

As both authors work at Stanford University it is not surprising that anxiety disorders are discussed according to DSM-III conventions. Sometimes these conventions can be followed too slavishly; it is pleasant to be able to report that, while broadly accepting this approach, the authors are aware of its limitations and introduce concepts, such as those of chronic and existential anxiety, that are not covered by the existing classification.

A practical, straightforward approach is adopted throughout the text, and this would appeal to the practising clinician. Case histories and examples of treatment response are given liberally, and there are 50 pages of appendices that will be invaluable for those designing clinical programmes for treatment. Although there are many competitors in the field, this book will stay ahead of most of them because of its good sense and practical value. It is definitely worth having in the medical library and, as it is well priced, in many personal ones also.

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Resolving Resistance in Group Psychotherapy. By LESLIE ROSENTHAL. Northvale, New Jersey: Jason Aronson. 1987. 209 pp. \$20.00.

The literature on group psychotherapy has mushroomed since Yalom's masterly text first appeared, and there has been a need for an account of some of the particular difficulties in working with this most complex of all the psychodynamic techniques. Rosenthal, who is Dean of Group Psychoanalytic Studies in New York City, is in a good position to address this task. His book is a scholarly review of the literature. Its summary of the subject is comprehensive, yet somehow uninspiring. It begins with a careful account of Freud's views on resistance in psychoanalysis, and proceeds to show how these were developed by his successors, and also how they came to be incorporated into the new field of group psychotherapy. It ends with an interesting discussion of how the countertransference may produce resistances in the group therapist that slow the progress of the group's