

surgery is a fact which makes for an uneasy equation of hypnosis as being in essence, and nothing but, relaxation. James Esdaile, the surgeon who used hypnosis to induce anaesthesia before the advent of chemical anaesthetics is reported to have countered the charge that his patients were merely simulating the absence of pain with the remark: "My patients, on returning home, say to their friends, similarly afflicted, 'What a soft man that doctor is! He cut me to pieces for twenty minutes and I made him believe I didn't feel it; isn't that a capital joke? Do go and play the same trick on him!'"

By equating hypnosis with relaxation I believe that the author has concentrated upon an important entity of the concept but missed its totality. A more scientifically satisfying concept is that of dissociation as the essence of hypnosis, a view promulgated by Janet and developed by Hilgard. Despite this objection *Hypnosis and Relaxation* deserves to be widely read by all students of the subject.

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**The Standing of Psychoanalysis.** By B. A. FARRELL.  
Oxford University Press. 1981. Pp 240. £7.95.

This is a well-researched book, ably constructed. There is a useful list of references to each chapter. Suggestions for further reading are meagre and should be updated. In his preface Farrell makes a fundamental distinction between himself and his readers. While they are expected to suffer from bias or prejudice, he, the author, is going to be impartial. Although he admits, in principle, that his own personal wishes could 'unfortunately' have influenced his judgement, in practice the claim to have been guided by rational considerations alone is upheld. The resultant style of the book is judicial.

The contents as such reflect an obvious wish to judge the arguments fairly, e.g. for and against intelligibility, validity of method, effectiveness of therapy, yet the author's predilection comes through rather clearly. It does so in the form of personal observations about analysis, e.g. p. 26, p. 217. These are caricatures, not untrue but tendentious and amounting to adverse comment. I was therefore not surprised that in his summing up Farrell finds against the defendant: Freud was not a genius, not a Darwin of the mind, the claims of psychoanalysis have been both premature and vastly exaggerated. The common-sense of Jane Austen, coupled with sensitivity "makes it quite unnecessary to bother ourselves about psychoanalysis" for much of ordinary life.

I found myself in agreement with many of the criticisms: It is true that hypotheses tend to become

articles of faith and loose language is regrettable. But I could not help feeling that Farrell's final judgement would be difficult to implement: Common-sense is influenced by the current social ethos and thereby variable. Easily summoned to appear as witness for either side, it can be quite hard to locate when it is most needed. I wondered, too, whether sensitive writers of Jane Austen's psycho-social awareness would automatically make good clinicians?—As to 'ordinary life', it so happens that if the surface becomes scratched some unsuspected, extraordinary aspects tend to become painfully obvious.

Finally, I can assure readers that the dissensions among psycho-dynamic schools have not been as destructive as Farrell and other critics feared—(or hoped?). People who have undergone training in different institutions do meet and can explore common ground. The continuous line of development is more stimulating and fertile than the 'standing of psychoanalysis' leads one to expect.

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**Clinical Procedures for Behavior Therapy.** By C. E. WALKER, PAUL W. CLEMENT, A. HEDBERG and LOGAN WRIGHT. Englewood Cliffs, New Jersey: Prentice Hall. 1981. Pp 400. £12.95.

Take four American Ph.D. graduates in psychology and ask them each to prepare several chapters on behavioural therapy, and you end up with 390 pages reflecting the current American scene in this area. However, even someone as interested in the subject as myself found it tedious. It begins with a potted 'historical perspective' and the familiar discussions about 'misconceptions about behaviour therapy'. Old fashioned techniques like relaxation and systematic desensitization are laboriously described. 'Implosion therapy' is emphasized more than exposure-in-vivo which is generally considered now in the U.K. to be superior. We are told that contingency management is based on 'the seminal ideas and research of B. F. Skinner': if only this were true! We are led to believe from this book that behaviour therapy has a consistent theoretical background developed from experimental psychology. I find it difficult to accept this premise as many behaviour therapy ideas predated experimental psychology. However, having fallen into this error the authors carry over terms from the experimental field into the clinical sphere. This encourages the use of jargon and tends to mystify and complicate basically simple treatments.

One is reminded that in the U.S.A. therapy is big business, fashions in therapy have changed over the years, and this book is a response to supply and demand factors.

In the U.K. nurse therapists are being trained to carry out behaviour therapy under supervision, and on reading this book it is clear why this has not been possible in the U.S.A.

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**An Outline of Psychology as Applied to Medicine.** By JOHN WEINMAN. Bristol: John Wright. 1981. Pp 274. £5.00.

This is the latest of a number of books specifically concerned with psychology in relation to medicine and it is by far the best. The author shows a very wide and critical understanding of psychology combined with a very detailed knowledge of medical practice and training. The book is packed with useful information presented in a well organized manner. An admirable balance is achieved between depth and breadth of material. It is easy to read. The style, although concise, is such as to provide clear presentation of interesting information, yet avoiding misleading over-simplification. The relevance of material is constantly made apparent by the use of examples that are thoughtful and not forced. Despite the abundance of information, the reader is well directed throughout and clear conclusions are drawn. Overall, I have no doubt that this is the best psychology text available for basic medical training and for training associated professions such as nurses and physiotherapists. It will also be of value in post-graduate medical training. My only criticism is that interesting references are often not cited when they would have been helpful, though I suspect the fault lies with the publisher.

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**Understanding and Helping the Schizophrenic: A Guide for Family and Friends.** By SILVANO ARIETI. London: Penguin. 1981. Pp 222. £2.75.

The author of this Pelican book on schizophrenia is an American professor of psychiatry and a psychoanalyst: a Maudsley psychotherapist has adapted the American text for the British reader. The book commences like a Harold Robbins' novel; what follows is all too predictable. A lopsided account of the schizophrenic disorder by an author heavily biased towards psychodynamic views on aetiology, who pays only lip service to the enormous amount of recent biological research which has so changed the concepts about the nature of schizophrenia. The reviewer could not recommend the book to patients, 'family or friends', seeking an up-to-date layman's review of

schizophrenia, since unbalanced and sometimes even distorted views would be obtained. It is difficult to understand why the publishers should choose to produce a book intended for a wide readership written by an author of psychodynamic persuasion from across the Atlantic when there are so many authorities in this country who could write a more balanced and up-to-date review of this important topic.

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**Crises and Special Problems in Psychoanalysis and Psychotherapy.** By LEOPOLD BELLAK with PERI FAITHORN. New York: Brunner/Mazel. 1981. Pp 249. \$17.50.

This book is a valuable contribution towards extending the boundaries of dynamic psychotherapy and psychoanalysis, not by advocating their use as a panacea, but by a careful examination of deviations from orthodox practice in order to suggest when these may be appropriate or even desirable. The authors appear to base their book on the premise that treatment must be adjusted to fit the patient rather than vice-versa.

Although there is an undercurrent of Freudian structural theory throughout the text, the approach is fairly eclectic and the presentation refreshingly clear and free from jargon.

The author divides his work into four sections. The first, entitled 'Basic principles' presents a systematic approach to the assessment of ego function. This is coupled with chapters on therapeutic techniques and the treatment of specific ego function deficits.

The second section, 'Intrinsic problems' concentrates on the management of problems within therapy including chapters on 'panic', 'acting out', 'dissociative phenomena', 'depression' and 'suicide'. The third section 'extrinsic conditions' is a particularly welcome examination of the impact and management of life crises during therapy. These include physical illness, violence, pregnancy, divorce and bereavement.

Finally a short fourth section concentrates on similar crises in the life of the analyst and their possible implications for his patient.

In spite of the emphasis on psychoanalysis rather than psychotherapy I feel I can recommend this book as a useful and readable account, of particular value to those whose 'less than ideal' NHS practice necessitates a widening of the orthodox psychoanalytic approach.

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