

using it for therapeutic purposes. Gilligan quotes many clinical examples, and provides a full transcript of an induction. There is an interesting discussion of 'confusion' techniques for inducing trance.

This is a valuable account of how we may use Erickson's work in our psychotherapy. The newcomer to hypnotherapy will probably find it an insufficient guide to how to proceed, but as a supplement to practical instruction it should be invaluable. The more experienced hypnotherapist will find much that is stimulating and innovative. It is a valuable addition to the Ericksonian literature, if a little pricey.

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Psychiatry in Primary Health Care. By S. SHARMA. Ranchi, India: Central Institute of Psychiatry. 1986. 150 pp.

It is increasingly recognised that untreated psychiatric illness constitutes a significant drain on the resources of developing countries. However, such is the magnitude of the problem that the specialised psychiatric services are quite inadequate to cope with that which is not already absorbed by traditional or religious healers. This textbook, aimed at the primary health care physician, is particularly written from an Indian perspective, although the content would be relevant in most developing countries. There is a concise but traditional exposition of the major illnesses, with some special chapters, for example on psychosocial aspects of fertility control, and some useful material on drugs, record keeping, and the organisation of mental health services. There is frequent use of flowcharts, and these are generally clear and easy to use. There is no index, which is a slight drawback. This is a useful benchbook for primary physicians in developing countries, but readers might be well advised to replace the plastic cover provided, which melted in my car in the relative cool of the current English summer.

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Making Contact: Uses of Language in Psychotherapy. By LESTON HAVENS. London: Harvard University Press. 1986. 201 pp. £15.75.

Havens, who is Professor of Psychiatry at the Cambridge Hospital, Harvard Medical School, discusses how he uses language in psychotherapy. His concern is to describe ways to be accurately empathic with patients. He is concerned to integrate descriptive psychiatry with psychoanalysis, social psychiatry, and existential psychiatry. He begins his book by first looking at the problem of establishing empathic contact with persons

who for one reason or another are hidden from themselves and the therapist, and in consequence absent from the consultation. From this he formulates an empathic language to reach such persons, by means of various categories of statement: imitative, simple empathic, or complex empathic. He devotes much of the rest of the book to exploring issues of how to use language in the management of such persons.

He emerges as a warm and sensitive clinician whose preoccupations with the psychotherapy of more disturbed personalities have led him away from interpretation to a rather more active conversation. It is hard to know how transference issues can be dealt with in such a way of handling the patient.

Reading through his various categories of empathic statements, it seems as though he is offering the reader a series of prescriptions of language for the psychotherapeutic encounter. I wonder if empathic language can really be prescribed in this way? Surely it is something that can only be arrived at from the privacy of the psychotherapist's own experience of living and from the mutuality of each new therapeutic encounter with the patient.

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Psychosocial Treatment of Schizophrenia: Multidimensional Concepts, Psychological, Family, and Self-help Perspectives. Edited by JOHN S. STRAUSS, WOLFGANG BÖKER and HANS O. BRENNER. Ontario: Hans Huber. 1987. 220 pp. US\$39.00.

Books based on the proceedings of conferences tend to be unsatisfactory for a variety of reasons, but this one is an exception because it contains several papers of unusual interest. In particular, Wing, Zubin, and Ciompi all contribute major pieces with important theoretical statements; all provide tabulated or numbered lists of propositions which could be valuable for teaching.

Wing specifies three conceptual levels underlying long-term management, as well as four categories of environmental influences on schizophrenic syndromes: the course of the illness, he points out, depends much on the social environment, and often requires walking a tightrope between too much and too little stimulation. However, factors that can affect the various manifestations of the disorder need to be translated into hypotheses about methods of care which can then be tested – a process that has scarcely yet begun. At the level of management he emphasises that this cannot be done successfully in the long term unless services are geographically responsible, comprehensive, and integrated. Relevant to the present Gadarene rush to extra-hospital facilities is his comment that "sheltered communities can have all the characteristics of open care, while a terraced house in an ordinary street can be like a small and isolated prison".

The veteran Zubin is determined to be optimistic and to reject chronic disability as being inherent in many cases, although this seems to strain the limits of acceptance. His vulnerability model regards the patient as being essentially well, although subject to one or more episodes of illness; the natural healing process may be impeded to varying degrees by "ecogenic forces", but enhanced by good social networks, ecological niches, or premorbid personality – which may mitigate the impact of stresses. Zubin says that outcome studies must use controls which are concordant for all important psychosocial variables, but it is far from clear how this could be done.

Ciampi lists no less than eight integrative models, and maintains that chronicity depends more on psychosocial than on genetic/biological factors, although the case for this is not strongly argued. He also proposes a three-phase model to establish connections between vulnerability and information-processing, based on Piagetian theory. It is elegantly argued, but largely translates well-known concepts into different terminology. There are also nine therapeutic principles for the psychosocial management of schizophrenia, including the suggestion that psychosocial measures may act as alternatives to medication, but the work of Leff and Hogarty does not support that view.

Other papers deal particularly with social skills training and with self-help by schizophrenics. The contributions which were originally in German show a number of translation problems, but overall this book stands out through its unusual quality.

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A Primer of Human Behavioural Pharmacology. By ALAN POLING. New York: Plenum. 1986. 246 pp. \$29.50.

The author, in his preface, writes that this book is intended to introduce principles of behavioural pharmacology to readers with little or no knowledge of the discipline but with an interest in how drugs affect human behaviour, but it is hard to know for whom the book is intended. The book is written in a lively style with each new concept being clearly defined, but once a reader's interest has been stimulated few references to more specialised textbooks are given (and where listed are, in at least one case, an out-of-date edition). The coverage of topics is varied. The section on basic pharmacology is very basic, while the chapter on clinical drug assessment touches on many topics, including the DSM-III diagnosis of schizophrenia and methods of measuring behavioural change by direct observation. Although the author graphically illustrates the measurement error inherent in different methods of observing behaviour, this can be of limited value to people embarking on

clinical drug assessments when few references to methodology have been included.

This book is recommended as a stimulating introduction to the subject, but should not be regarded as a basic textbook in behavioural pharmacology, in spite of its title.

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A Textbook of Clinical Neurophysiology. Edited by A. M. HALLIDAY, S. R. BUTLER and R. PAUL. Chichester: John Wiley. 1987. 730 pp. £32.50.

This book comprises a series of didactic lectures given at the International Congress of Electroencephalography and Clinical Neurophysiology, held in London in 1985. Distinguished clinicians and scientists were invited to lecture on specially chosen topics, so that the series formed a complete course covering all three branches of clinical neurophysiology: electroencephalography, evoked potentials, and electromyography. The speakers were asked to emphasise their views on clinical practice rather than research in progress, and texts based on those lectures have been published here. The result is a remarkable book in that it contains the views of so many international experts under one title. However, as might be expected of a volume compiled in this way, the chapters are very varied, particularly in the level of complexity addressed. They range from a section on signal averaging with instructing equations to a chapter describing the most elementary principles of nerve conduction studies. However, each contains interesting and useful information, as would be expected from this authorship.

The book has been produced and published promptly and is inexpensive (possibly to the slight detriment of one or two of the illustrations). As stated in the preface, it cannot really be regarded as a primer, and indeed there must be some question as to whether 'textbook' is the most appropriate title. It is, however, excellent value and mandatory reading for any modern clinical neurophysiologist. Presumably the sections on EEG and long latency evoked potentials would be of interest to psychiatrists.

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Community Clinical Psychology. Edited by HUGH C. H. KOCH. Beckenham: Croom Helm. 1986. 349 pp. £22.50.

This multi-author book has as its stated aim "To determine the main components of what clinical psychology