

Viewed through non-medical eyes, mutism has been valued as silent prayer and reviled as dumb insolence. Modern medicine has identified various 'organic' brain lesions associated with loss of speech, so that some of those who were once thought mute might now be considered aphasic. However, there remain individuals whose loss of speech cannot be explained by structural damage to the speech organs or the brain. When such behaviour is perceived to be under voluntary control it is generally outside the remit of doctors, except for elective mutism in children which may be referred to child psychiatrists. When mutism is perceived to be involuntary, then 'functional' psychiatric disorder such as hysteria or catatonia may be inferred.

Yvan Lebrun, Professor of Neurolinguistics in Brussels, divides his book into a study of 'functional' and 'organic' mutism. At first this seemed a little strange, as I had never considered that the similarity of the mouth and vagina could account for the predominance of mutism in women, or that laryngectomy, motor aphasia and pseudobulbar palsy were causes of mutism. It then became clear that 'functional' mutism was being described from a Freudian inspired, psychoanalytic perspective and 'organic' mutism from a strict neurological perspective.

What seemed to be missing from this account was the perspective of contemporary neuropsychiatry. There was almost no mention of the major psychiatric disorders which can give rise to mutism seen in catatonia and stupor. No attempt was made to consider how the pathogenesis of mutism in psychiatric disorder may result from disturbed brain function. For example, elective mutism in children has been linked to a lowered threshold of limbic/hypothalamic arousal resulting in the inhibition of voluntary or propositional speech. Similarly, the distinction between catatonic and akinetic mutism becomes increasingly blurred as more is known about the involvement of sub-cortical structures in psychotic disorders.

Professor Lebrun provides charming literary and historical references to mutism. However, this book is firmly in the dualist tradition, and as such is unable to incorporate the increasing evidence suggesting the neurobiological basis of 'functional' mutism.

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Management of Normality. By ABRAM DE SWAAN. London: Routledge. 1990. 234 pp. £9.99.

Subtitled *Critical Essays in Mental Health and Welfare*, this book examines how definitions of 'normality', reinforced by reductionist research methods are used to justify 'protoprofessionalisation', a process whereby everyday problems are increasingly seen as the province

of specialists. It is argued that society is, by this means, shielded from the suffering, and encouraged to avoid struggling with the political, moral and social issues inherent in the distress of others. De Swaan further dissects the complexities of the relationship between 'helper' and 'help seeker', their interdependency, and their inherent conflicts of interest. Processes whereby the various professions stake out and defend their developing territories are examined.

The first section explores these ideas in relation to the medicalisation of extensive areas of life, leading to an increasing preoccupation with physical health and diet rather than, for instance, character formation and social conflict. The existence of a covert agreement between doctor and patient to discuss certain issues and not others is well illustrated in a chapter on "Affect management in a cancer ward". This examines in detail the defensive strategies used to protect both staff and patients from being overwhelmed with anxiety at their shared predicament.

The second section focuses on the complexities of the relationship between psychotherapist and client, and the ground rules and mystique inherent in the process which, it is argued, serves to allocate power and control to the therapist. A final section examines the social contexts of agoraphobia, jealousy, intimacy and the survivor syndrome.

By exploring 'normality' through the dual perspectives of sociology and psychotherapy, De Swaan has produced a thought provoking, densely argued and important book which raises issues which deserve to be widely considered and debated, particularly by those in the helping professions. It is well produced and extensively annotated, although a larger typescript would have made it more comfortable to read.

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Eclecticism and Integration in Counselling and Psychotherapy. Edited by WINDY DRYDEN and JOHN C. NORCROSS. Loughton: Gale Centre Publications. 1990. 88 pp. £6.95.

This slim volume is a reprint of four articles which originally appeared in *The British Journal of Guidance and Counselling* in 1989. The first chapter by Norcross & Grenavage briefly introduces Arkowitz's three main ways of trying to integrate the numerous and diverse forms of psychological treatments. The three approaches are; theoretical integration, (systematic) technical eclecticism, and common factor integration. Theoretical integration is concerned with combining various theories into a more comprehensive, superordinate conceptual framework; technical eclecticism is based on the atheoretical and pragmatic use of different techniques which have been empirically shown to be

effective; and common factor integration concentrates on components which are not specific to any particular therapeutic approach.

In the second chapter, Lazarus (the proponent of multimodal therapy) advocates technical eclecticism, which employs any technique that has been shown to be effective. Explanations for the effectiveness of these methods is sought in Bandura's social and cognitive learning theory and any attempt at theoretical integration is believed to be premature. In view of the summary dismissal of the common factor approach by Norcross & Grencavage and their evidence for the preference of eclectic therapists to call themselves theoretical integrationists rather than technical eclectics, it is somewhat surprising to find that Beitman in the subsequent chapter, entitled "Why I am an integrationist (not an eclectic)", sees himself as a common factor, rather than a theoretical integrationist. It would have been more consistent and enlightening if this contribution had provided an illustration of theoretical integration. Nonetheless, Beitman's model of psychotherapy, which consists of four stages analysed in terms of six elements, deserves wider and closer scrutiny.

The final chapter by Messer appropriately points out some of the difficulties in using therapeutic approaches based on different theoretical viewpoints. The important issues raised in this brief volume will hopefully stimulate a more considered and rigorous examination than that provided here.

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Object Relations Group Psychotherapy: the Group as an Object, a Tool and a Training Base. By RAMON GANZARAIN. Madison: International Universities Press. 1989. 1363 pp. \$40.00.

The title of this book is a succinct summary of its contents and intentions. The book describes the application of the British object relations theory to the conduct of groups, mainly it seems, for the benefit of an American audience which is less familiar with this than its British counterpart, concentrating particularly on contributions of Melanie Klein and of Bion.

The first section describes some of these concepts and argues their applicability to group work. It aims in particular to demonstrate the power of the model in both eliciting and containing primitive and psychotic processes within a group setting. The second section selects some notably difficult technical problems—incest, borderline problems and hypochondriasis, to demonstrate the effectiveness of a group run on object relations lines in dealing with them. The third section makes a powerful case for the training of medical students in psychiatry to include the participation in

a group, showing that those students who do take part in such an experience have a sounder theoretical and practical grasp of psychodynamic principles as well as deriving considerable personal benefit and being freer of problems later on in their careers. These chapters alone are important although written in the mid 1950s before the author was acquainted with object relations theory.

This book makes an important contribution, despite suffering from various defects. I doubt whether the rapid run-through of object relations theory or of Bion's theories would be intelligible to someone not already conversant with them, which probably makes the book inaccessible to the average inceptor and to many psychiatrists. Many of the chapters have been published previously in journals which makes for a somewhat jerky read with some rather irritating repetition. I often felt that the most powerful argument was for the efficacy of object relations theory rather than of the group process, particularly in relation to the chapters on incest and hypochondriasis. In contrast, the chapters that argue for the teaching of psychodynamic psychiatry in groups made a cogent case for the group process itself without reference to the object relations component which had not yet become available to the author. Nonetheless these two components do come together effectively, particularly in the description of transference and counter transference processes and in the elucidation and containment of primitive processes in groups whether of patients or of non-symptomatic, 'well' students.

A book therefore perhaps for the interested, adventurous or specialist psychiatrist. The rest will probably need it filtered through their specialist colleagues. But it would be a pity if the message did not get through.

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Brief Therapy: Myths, Methods and Metaphors. Edited by JEFFREY K. ZEIG and STEPHEN G. GILLIGAN. New York: Brunner/Mazel Publishers. 492 pp. \$42.50.

This book is based on the Fourth International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy, held in San Francisco, California in 1988. The title is, therefore, somewhat misleading for those readers expecting a broad overview of brief therapies. Although there are contributions from such notable brief therapists as Ellis and Sifneos, with a particularly good chapter by Strupp on the development of a psychotherapy training programme, the book is predominantly concerned with Ericksonian therapy.

Many different variations are described, including 'redecision therapy', 'ecological therapy', 'therapy is what you say it is' therapy, etc. Need I say that this is a very American book! For those unfamiliar with Ericksonian therapy, the book is filled with many