(including mechanisms), indications for prescription of the drug, therapeutic usage, and consideration of populations to whom special attention needs to be given. There is also a consideration of the treatment of overdosage with the drug.

It needs to be borne in mind that this is an American book aimed at the United States market, and therefore only considers drugs available for prescription there. Thus, no consideration is given, for example, to the use of chlormethiazole, mianserine, or lofepramine. In addition, there are drugs mentioned which are not on prescription in this country, such as thiothixine, molindone and loxapine. Where diagnoses are considered these are based on DSM–III, but this should not nowadays prove a great problem to the British readership.

The authors also sensibly exclude consideration of drugs with only historic interest, such as some of the older sedatives and hypnotics. One particularly useful feature of the book is a table which provides dose equivalences for the anti-psychotics and expected side-effect profiles.

I found the book quite readable and a fairly useful handbook, but the fact that it is not fully comprehensive for a British readership and relatively expensive for such a small book might reduce its popularity in this country.

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Sexuality and Medicine. Volume 1: Conceptual Roots. Edited by EARL E. SHELP. Dordrecht, The Netherlands: Kluwer. 1986. 271 pp. £38.95

In a foreword to this volume Masters & Johnson state that this book "is an excellent example of how to present material of sexual content to the health care field". They further comment that the strength of the volume resolves around the material of ethical consideration and that the chapters on philosophical approaches to human sexual behaviour provide an additional dimension to ethical considerations. I find those opinions to be balanced and an accurate assessment of a thought-provoking volume.

The volume consists of two sections. The first largely relates to the more clinical aspects of human sexuality, and in particular the changing concepts regarding the treatment of sexual problems. Suppe's essay ("Medical and psychiatric perspectives on human sexual behaviour") concludes, "If medicine and psychiatry are to regain their lost authority over sexuality they had best recognise the truth of Kinsey's insight, put to a final rest the Victorian "theory of normal love", and commit themselves to practice rooted in and constrained by scientific research meeting the highest contemporary standards. Such a medicine and psychiatry of sexuality will be quite unlike what we are accustomed to. But what authority they enjoy will then become as legitimate as their prior authority has been unscientific and fraudulent".

The second edition, mainly of a philosophical nature, concentrates the reader's attention on matters not necessarily considered of primary importance by those individuals involved in the treatment or counselling of those with sexual difficulties. It is impossible to comment in detail on the many essays in this section, but I draw attention to Solomon's essay "Heterosex", written with clarity and a sense of humour. He concludes: "If medicine seeks to understand heterosex, physicians should study poetry, not just physiology".

Breggin, in the final essay ("Sex and love"), states: "A sexual dysfunction is a life dysfunction and a successful sexual life is inseparable from a good life".

I found this volume informative, thought-provoking, and a valuable contribution to the literature on human sexual function and dysfunction.

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Humor and Psychotherapy. By THOMAS L. KUHLMAN. Illinois: Dow Jones-Irwin. 1984. 129 pp. $22.50.

"I don't believe in growth through pain" said Peter Cook, "I would rather be stunted by pleasure". Both psychotherapists and their patients are familiar with the proposition that through suffering we can arrive at maturation. This book is part of a growing literature which proposes not only that humour and the pleasurable experiences associated with it may be an acceptable part of the therapeutic process but that humour may even promote that process. Or, in Kuhlman's words, humour may serve "as an insight vehicle" or as a valuable "intervention tactic during the psychotherapy hour". If you can take this linguistic style then this book is a good read. It provides a matter-of-fact account of the increasing acceptance of varieties of humour as a useful part of the communication between therapist and patient as well as tracing the history of this development. There are chapters relating to the acquisition of insight and the development of functional detachment to the individual's capacity for humour. Far from stunting growth, it seems humour may enhance it. Nonetheless, the risks and dangers involved are also discussed and the author is to be commended for his honesty in recounting the history of a patient who terminated therapy after "a quip" which the author made in the seventh session.

Humour does not always travel well. The experience of humour often seems peculiarly subjective, and definitions of humour can be idiosyncratic. There are some good jokes in this book, but the verbal transcripts of therapeutic sessions incorporating humour seem singularly unfunny. Humour is a tricky subject to pin down.

The task-orientated tone of the book may derive from the author's training as a clinical psychologist and his

current position as Unit Chief of the Maximum Security Aggression Unit at Mendota Mental Health Institute in Madison, Wisconsin. This book will not convert the sceptics, but for those therapists who wish to feel respectable when they take humour seriously it will provide much-needed encouragement.

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Clinical Empathy. By DAVID M. BERGER. Northvale, NJ: Jason Aronson. 1987. 297 pp. £27.50.

This book raises many interesting issues which warrant close attention. Berger explores the concept of empathy from the two psychoanalytic schools of self-psychology and classical psychoanalysis. In terms of these two perspectives, the therapeutic value of empathy respectively resides in promoting growth and self-understanding in the patient. Empathy is defined as the process by which the therapist knows what the patient is feeling emotionally, particularly as this is related to past relationships.

The book falls into three parts. The first provides a theoretical discussion of the concept. The chapters that follow may be the most rewarding for the practising clinician, in that they illustrate with clinical examples the ways in which empathy may be enhanced. The concluding section discusses the role of empathy in other aspects of therapy, such as supervision and termination.

The author shows how insight may be fostered by the openmindedness of the therapist in oscillating between putting himself or herself in the position of the patient and stepping back and reflecting on how the patient's behaviour may be related to the past. This book deserves the careful attention of psychotherapists.

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Dream Life, Wake Life: The Human Condition through Dreams. By GORDON GLOBUS. Albany, NY: State University of New York Press. 1987. 203 pp. $34.50 (hb), $10.95 (pb).

I found this a most enjoyable book, and recommend it to anyone with an interest in the philosophy of mind. Globus attempts an analysis of the human condition through the study of dreaming. His arguments lead, step by step, to unusual and frightening conclusions.

First, he argues against the notion that dreams are composed from memory traces of concrete waking experiences. He points out that many events in dreams have not and could not have actually happened. Dreams, therefore, cannot be a collage of memories but must be newly created experiences. At this point I was drawn to his conclusion that we have "the capacity for infinite creativity".

The next step proved more difficult to accept. He suggests that dream life and wake life are indiscernible. He says there is no difference in our unreflective experience of the life that we lead in our dreams and the life that we lead while awake. As we experience them, both seem to be really happening – so much so that philosophers such as Descartes have wondered how they could prove that they were awake and not in a dream.

Globus goes on to argue that if dreams and waking consciousness are indiscernible, then they must be determined by the same mechanisms. That is, they are both formatively creative. Our awake life is dreamed up. We don't look out at the world and perceive it as it is. Our consciousness is created from within. "In each case, dreaming and waking, the monadic organism generates a life-word, *de novo*, by abstract means". Is this disturbing conclusion fanciful? Much rests on whether or not dreams and waking consciousness are discernible in the way that Globus describes. I was not convinced.

He goes on to propose a model of the brain capable of such formative creativity and to suggest how its images may be linked to input from the outside world. The model is based on holography and the mechanisms of the immune system – a refreshing change from the idea that the brain is a sophisticated computer.

Globus has produced a challenging book based on ideas from psychoanalysis, linguistics, philosophy, and cognitive psychology. There is much to disagree with, but it does make one think again. He argues for human creativity. His book shows that he is endowed with a large dose of it.

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Variant Sexuality: Research and Theory. Edited by GLENN D. WILSON. Beckenham: Croom Helm. 1986. 268 pp. £25.00.

I looked forward to reviewing this book, which attempts to explain why some men, seemingly well-adjusted, indulge in sexual activities judged by society to be variant. A book which updates and edits the few empirical studies and scarce systematic investigations in this area must be welcome. The book is, however, disappointing. You have to be a dedicated reader to finish it, especially when it gets into technical, mathematical, or anthropological argument. At the end the reader remains no wiser as to why people behave in this way. I had hoped that the authors would mention the clinical or therapeutic implications of their findings, but they encourage a sense of therapeutic nihilism by implying that these people cannot be helped therapeutically. This sad state of affairs reflects our deficient knowledge of the subject. Extensive research is needed.

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