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cal and crudely behavioural (including stereotypes and even death from exhaustion). This book is all about the new approach in America developed in the 1970's in Mental Health by psychologists and psychiatrists, i.e. the cognitive approach to understanding mental illness and devising therapy. At the perimeter of this approach lies the sociological work, both English and American, on life events and stress.

Some chapters are both interesting and thought provoking: chapter 6 by Miller and Seligman which reformulates an influential theory in depression, chapter 11 by Meichenbaum and Turk which takes up a much discussed issue in cognitive therapy, i.e. stress innoculation training, and chapter 12 by Jessup which sounds a very cautious note on biofeedback.

In his overview the author concludes that "as in most areas of psychopathology, it is not difficult to find numerous instances where clinically disturbed individuals fare less well than others"—340 pages, 22 authors and hundreds of references seem hardly necessary to discover this.

Academic departments of psychology would find this book useful for review and the references. It has little to offer the clinician.

JOAN SNEDDON, Senior Lecturer in Psychiatry and MARTIN SKELTON-ROBINSON, Senior Clinical Psychologist, University of Sheffield

## Breast Cancer: The Psychological Effects of the Disease and its Treatment. By KARIN GYLLENSKOLD. London: Tavistock. 1982. Pp 342. £5.95

'Mastectomy is a turning point which brings the notion of dying into a woman's personal reality'. This threat, and with it the effect of mutilating surgery, form the central theme of this sensitive and perceptive study.

Men, and male surgeons, often do not appreciate that the breast is a powerful and potent symbol of sexuality and feminine identity, rather as the penis is for the man. Thus its loss, with the implicit possibility of disease and eventual death is all the more devastating for the patient.

Almost half the women interviewed delayed taking action having discovered the tumour—this delay was significantly related to the use of defence mechanisms and the presence of cancer in a close relative.

The book gives a chilling description of the surgical case conference where the dictates of technology often prevent emotional and compassionate responses to the patients, receiving what they often perceive as a death sentence.

There are some interesting discussions of the explanatory models formulated by patients to explain

their own disease processes and some very well selected excerpts from interviews. In psychiatry, small is still beautiful and this thorough study of 21 women gives every bit as much as a cold and rigid questionnaire administered to hundreds of subjects. It is a well written book and the approaches used will provide a useful model for psychological approaches to many other diseases.

It should have wide appeal and hopefully will find its way into the libraries of many interested parties, including the surgeons whee task must be one of the most difficult and depressing in general surgery.

ANTHONY FRY, Consultant Physician in Psychological Medicine, Guy's Hospital, London

Sex and Gender. By John Archer and Barbara LLOYD. London: Penguin Books. 1982. Pp 265. f2 95

Ordinary people seem clear that there are differences between men and women. Scientists are not sure. In this book the biological evidence, mainly prenatal hormonal, is produced yet again. The psychological contribution seems not to go beyond Maccoby and Jacklin's summary from the 1970s: there may be minor differences in spatial, verbal and numerical abilities. Recent contributions, inspired by the feminist movement, are interesting but little more than speculative sociology. Perhaps there should be a moratorium on writing about sex differences until more solid research is done.

Why are women less aggressive, more nurturant, less successful economically, have more psychological disturbance and play different family roles than men? The contribution of inborn determinants, psychological factors and socialization are considered. Not surprisingly an interactional hypothesis is espoused!

This book, co-authored by a biological and a social psychologist, covers the ground in a readable way but mainly for the general public.

SIDNEY CROWN, Consultant Psychiatrist, The London Hospital, (Whitechapel)

Free Association. Method and Process. By ANTON O. Kris. New Haven and London: Yale University Press. 1982. Pp 113. £11.50.

This book's title is both concise and completely accurate for a text worth its weight in gold, the "pure gold of psycho-analysis". After more than twenty years as a psycho-analyst, it has been a refreshing experience to be taken by Dr Kris, through his

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elegantly composed sequence, from preface, to the end of the thirteenth chapter, but, first of all, there is an evocative fly-leaf quotation from Wallace Stevens "Thirteen Ways of Looking at a Blackbird".

The first nine chapters each deal with a specific topic, e.g. Chapter 2, Varieties of Free Association, Chapter 5, Reluctance, Resistance and Negative Attitudes, Chapter 9, Transference and Free Association. To some Chapter 7 may be an unexpected one, "Satisfaction in Free Association". Kris is referring to "satisfaction (for the patient) in the activity of free association" in maintaining the process of analysis. For the reader, appropriately careful progress is not rapid, as the complexities of the psycho-analytic process fit together. Remarkably, the central theme of Free Association is clearly held, the voice of interpretation maintained in contrapuntal balance, and the tympani of scholastic theorising muted, if not banned.

The skilful use of references make possible the expansion, and relevant linking, of the text, without unnecessary distraction. At the end of the book they provide an authoritative bibliography.

While reading these chapters, I often asked myself "how would I have fared with this twenty years ago?". Perhaps a little unkindly to myself, I replied "with some difficulty". The book itself is the product of many years experience. It could go well as the basis for seminar reading: private preparation, followed by presentation, and discussion in a group with an experienced therapist.

The tenth chapter consists of a brilliant clinical illustration and the last three focus on Human Development (eleven), Psychotherapy (twelve) and Education and Research (thirteen).

This is a book for anyone professionally interested in "dynamic psychotherapy". It helps clarify the distinction between psychotherapy and psycho-analysis, to the enrichment of both, and displays the central process and progress of psycho-analysis, free of the distortions of top-heavy theorising.

A. R. WILSON, Consultant Psychotherapist, The Cassel Hospital, Richmond, Surrey

Short-Term Psychotherapies for Depression. Edited by A. J. Rush. Chichester: John Wiley. 1982. Pp 339. £16.00.

This is undoubtedly the age of the psychotherapeutic treatment of depression. The last decade has witnessed a dramatic surge of interest in tackling depression by psychological means. The result is exciting. The efforts of the team at Yale and Harvard has led to the development of interpersonal therapy; Aaron Beck has devised an entirely new therapeutic approach, cognitive therapy, and has described it beautifully in the now classic Cognitive Therapy and the Emotional Disorders; and Arieti and Bemporad have contributed their superb clinical account of the psychodynamic treatment of both severe and mild forms of depression. The culmination of all this activity is seen in the mammoth NIMH collaborative study of the treatment of depression currently in progress—a comparison of interpersonal therapy, cognitive therapy and antidepressant medication (alas, psychodynamic therapy has not been included as a therapeutic condition, presumably because the approach has not been sufficiently systematised and specified compared to the other two psychological therapies).

The publication of the book under review is therefore timely. Although it doesn't break new ground in any dramatic way, the editor has skilfully brought together accounts of those psychological treatments in widespread use at the present time. Four schools are represented—behaviour therapy, interpersonal therapy, cognitive therapy and psychodynamic therapy. In each case, a pair of chapters, companions to one another, cover the ground; the first considers the theoretical underpinnings and related research knowledge of the treatment, and the second describes its clinical applications including such aspects as selection criteria, technique and case illustrations. There is inevitably some overlap within each pair but this is a small price to pay for the overall effect which enables the reader to focus clearly on theory, research and clinical aspects.

There are two additional chapters. An introductory one by the editor on the diagnosis of the depressions is limited in its scope but does remind us that there are different forms of depression which require different therapeutic approaches. Indeed, one hopes that the volume as a whole will serve to highlight that the clinical practice of "anti-depressants for depression" is ill-founded. Although it has been shown by the interpersonal therapy group that psychological and drug treatments may have an additive effect, it is highly probable that most patients presenting with depression are more likely to benefit from psychological and social interventions than from medication.

The last chapter by Ryle, and indeed the only British contribution, seems misplaced because it is basically a recapitulation of his work on dilemmas, traps and snags as target problems in brief therapy and has little to do with the actual treatment of depression.

The reader interested in learning in detail about any