

Clinical Geropsychiatry. 2nd edition. By ADRIAN VERWOEDT. Easton, Maryland: Williams & Wilkins. 1981. Pp 371. \$44.50.

British readers will find the style and terminology of this book very familiar, and therefore not experience the language problems sometimes encountered in American texts. Unfortunately this advantage is partly off-set by the layout which tends to fragment the topics, e.g. the initial chapter on affective disorders is separated by six other chapters from the one dealing with the management of affective disorders. A further criticism is that drug therapy in schizophrenia and dementia share a chapter in a way which does not bring out the critical distinction between the use of drugs in the respective conditions.

Such major topics as affective illness and dementia are not highlighted and there is disappointingly little in the book about epidemiology of mental illness in the elderly. On the other hand a lot of space is devoted to psychotherapy and there are numerous illustrations of the dynamics of problems. Unfortunately, many of these are drawn from the age groups 40 to 60 and are therefore a little inappropriate bearing in mind the title of the book.

The book is wide-ranging and essentially orthodox. Its strength may lie in the fact that its orientation is essentially dynamic and contrasts with that of traditional British texts. It is rich in references, mostly from the American literature. Some of these unfortunately may not be easily followed up by readers. There is also an interesting chapter on medico-legal aspects of the elderly in Northern Carolina and it is useful to compare their approaches with our own.

In a field not noted for the extent of its literature this is a welcome addition. Trainees will, however, find it of less value than more concise works, e.g. *Psychogeriatrics* by Brice Pitt, as an introduction to the problems of the elderly.

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Bereavement Visiting. Edited by GEOFFREY DYNE. London: King Edward's Hospital Fund for London. 1981. Pp 68. £2.85.

In his preface to this booklet, Dr Colin Murray Parkes points out that a study of the service given to relatives of patients who have died at St Christopher's Hospice was the first to demonstrate that good results can be obtained not only by professional counsellors, but also by carefully selected, trained, and supported volunteers. The writers describe how the service began and how it is organized. The importance of preparing and supporting the visitors is emphasised, and case studies are used to illustrate both the stresses

and the rewards of the work. Forms for referral to the service and for visitors notes are included and could be used as models.

The booklet is well produced and the material is handled at a level which would be helpful to prospective visitors. Those who contemplate setting up such a service will need more information on the selection and training of volunteers than can be provided here, but they will nevertheless find it excellent introductory reading.

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Hypnosis and Relaxation: Modern Verification of an Old Equation. By WILLIAM E. EDMONSTON JR. Chichester, W. Sussex: John Wiley. 1981. Pp 255. £13.95.

This is an important work which may come to play an important part in the history of the study of hypnosis. The author commences with a fascinating account of the historical origins of hypnosis, proceeds through a scholarly review of many investigations into its nature and concludes by the proposal of a term to replace it: anesis, from the Greek, to let go, to relax. He attempts to cut a way through the cluttered theoretical frameworks surrounding the concept of hypnosis and, in his own words, the purpose of the monograph is "an attempt to filter out relaxation as the essence of hypnosis as we have come to know it historically, clinically and experimentally".

The term hypnosis is, of course, overlain with a welter of obscurantist ideas, irrational beliefs and magical longings and fears that many who use techniques integral to the induction of hypnosis in their clinical practice have already foregone the use of the older term and adopted the word relaxation basing their substitution on the precedents of Jacobson's Relaxation Training and Benson's Relaxation Response. However the word relaxation is itself liable to misunderstanding having connotations inseparable from that of dozing or the approach to slumber and quite different from the concentrative mental exercise which Benson maintains is the essence of the Relaxation Response.

The author's involvement with the theme of relaxation in relation to hypnosis has led him to ignore certain phenomena which may be induced in the trance state such as anaesthesia and to this extent he falls into the same trap as did Barber and others who dismissed the concept of an altered state of consciousness and developed the hypothesis which equated hypnosis with role playing. Yet the induction under hypnosis of anaesthesia sufficient for painless

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.