

detachment and ability to present, with remarkable fairness, all the conflicting views and opinions.

This very valuable chapter is followed by a factual review of all the available facilities for care. In the following chapter the author collects the available statistics on incidence, prevalence and estimated provision—an extremely useful contribution to current discussion as most papers tend to use fragmentary data. He then proceeds to give a detailed description of the legal aspects on the subject, and an invaluable detailed analysis of the Mental Health Acts in England, Wales, Scotland and Northern Ireland. The bibliography at the end of each chapter is both useful and inclusive.

It is customary for the reviewers to cavil at minutiae, partly to parade their erudition and partly to show that they have read the book. The present reviewer has resisted the temptation to do so, except to point out that the work done in the Fountain Hospital and Professor Penrose's Kennedy Galton Centre deserve inclusion in the list of important centres of research on the subject. The reviewer would also be eternally grateful to the author if he could give the exact reference to his quotation from the *Satyricon*. The short chapter entitled '1976 and After' ought to be engraved in letters of fire on the walls of every office in the DHSS.

This is a book which will be of great interest and importance for anyone interested in the social aspects of mental handicap—both laymen and professional, and should be compulsory reading for all psychiatrists, not only those specializing in the subject.

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**Psychotherapy for Better or Worse. The Problem of Negative Effects.** By H. H. STRUPP, S. W. HADLEY, B. GOMES-SCHWARTZ. New York: Jason Aronson. 1978. Pp 354. No price stated.

That any active medical treatment can affect people adversely was discovered late in the history of psychotherapy. The best current estimate for both dynamic and behavioural psychotherapy is 3–6 per cent negative effects, i.e. patients being made worse by the treatment over and above any intrinsic or random fluctuations. The senior author and his colleagues have brought together the established facts about the nature and causes of negative effects together with the opinions of a wide variety of therapists. Many possible sources of negative effect are considered: poor preliminary assessment; the personality of the patient or the therapist; their interaction; therapist training; choice of therapy or of treatment goals; therapeutic

technique, e.g. therapeutic rigidity or misuse of interpretation.

The literature has been thoroughly combed and researches are listed and categorized. A final section quotes verbatim replies to the letter sent out questioning about negative effects. These letters demonstrate that even some of the world's most distinguished psychotherapists are capable of rather scrappy and ill thought-out comments on a complex question. This book will appeal mainly to the academically and research-minded. A more readable book on this important topic remains to be written.

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**Biofeedback and Self Control 1976/77: An Aldine Annual on the Regulation of Bodily Processes and Consciousness.** Edited by JOE KAMIYA, T. X. BARBER, NEAL E. MILLER, DAVID SHAPIRO and JOHANN STOYVA. Chicago: Aldine Publishing. 1977. Pp 614. No price stated.

This volume is the latest of a series starting in 1970, and having the intention of presenting 'an authoritative selection of the most important published contributions to the subject in the past year'.

There is a sense in which this selection of readings reflects a more balanced distribution of interest between the biofeedback and self control aspects of the field represented in the title than has perhaps been the case in the past.

The first paper for instance, a review by Stoyva, balances the effects to be obtained from self control procedures such as Jacobson type Progressive Relaxation and Luthe's Autogenic Training with biofeedback procedures in both prophylactic and therapeutic approaches to stress related disorders. The emphasis on the control by striped musculature continues with the next three papers. Perhaps the most important being that of Meichenbaum emphasizing the need to take account of cognitive features in biofeedback—a reflection of a general trend in theories of learning as they move away from earlier, more simplistic, mechanistic approaches. The continuing interest in the generalizable effects of biofeedback is seen in papers 43 and 44, where relaxation is demonstrated to have measurable effects on chronic anxiety.

Papers 5 to 11 are concerned with motivation of self control other than biofeedback and while the general beneficial effects of techniques of relaxation appear to be well founded, more particular procedures such as transcendental meditation is suggested in a review by Smith (paper 10) may also achieve their effects by 'mere relaxation'—'perhaps the practicing

of regular sitting and not the meditation experience is the crucial therapeutic variable' (page 117).

Paper 11 by Spanos and Barber casts a similar critical eye on hypnosis and suggests, for instance, that 'the hypnotic state construct is not even useful for achieving a parsimonious understanding of the phenomena traditionally subsumed under the rubric of hypnotism'.

Two linked selections of papers show that headache may be effectively modified by biofeedback procedures and that peripheral temperature control is one of the more powerful ways of achieving this.

Papers 19 to 28 are concerned with heart rate control and of particular importance are those by Lang and Twentyman (paper 20) and Schwartz, Young and Vogler (paper 25) which show the value of a 'skills learning' approach to the subject. In this section Young, Hayford and Blanchards' paper (paper 28) on the effect of heart rate control on plasma renin activity is made, particularly in the context of the first paper by Stoyva.

The next section on the control of EEG starts with a group of papers having a closed shop argument about the control of alpha. Much more exciting is a paper by Schwartz *et al* (33) on the control of bi-lateral differences on parietal occipital EEG and a paper by Sheer (37) on the little explored 40 Hz EEG rhythm which 'reflects a state of circumscribed cortical excitability or focussed arousal which is 'optimal' for consolidation in short term store'. Further work on this rhythm which is apparently related to rhinencephalic activity in animals could lead to important developments.

Finally a section on therapeutic application contains important papers on the control of epilepsy.

In summary, the collection of papers is on the whole interestingly chosen and enables those whose interests are not central to the field and do not therefore closely watch for the appearance of each new paper, to be kept up to date in a relatively painless, if somewhat costly, fashion.

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**Basic Readings in Medical Sociology.** Edited by DAVID TUCKETT and JOSEPH M. KAUFERT. London: Tavistock Publications. 1978. Pp 280. £10.00, £4.95 (paperback).

No one who has dipped into David Tuckett's *Introduction to Medical Sociology* (Tavistock, 1976) will be surprised by anything in this companion volume of *Basic Readings in Medical Sociology*, the aim of which is 'to bring together in an economical and manageable

way many of the source materials' discussed in the earlier book.

It is certainly no surprise to find that well over half the authors, whose work is included, are not sociologists; including in descending numerical order, psychiatrists, psychologists, statisticians, social workers, paediatricians, physicians, a surgeon, an anaesthetist, Halfdan Mahler on behalf of the world and Ivan Illich on behalf of himself.

It is no surprise, either, to find that much of the introduction is taken up with the editors' heart-searching over the need for sociology to be scientific if it is to be useful to medicine, and over the question of what scientific means in this context. There is talk of facts (good), subjectivity (alright as long as it is properly handled) and nihilistic relativism (bad). Punditry is also disapproved of, which is surprising since the editors include two excellent pieces of punditry by Irving Zola on pathways to the doctor and on medicine as an institution of social control. In addition, there are articles by two of the world's arch pundits; the Director General of WHO on the demystification of medical technology and Ivan Illich on medical nemesis.

It is no surprise, finally, to find that apart from the articles already mentioned and a snippet from Stimson and Webb's book *Going To See The Doctor*, this is a collection of rather dull basic readings. They are the kind of thing that might be found half-way down an old reading list for a course entitled 'Social Factors in Illness'. Readers of this *Journal* who need a quick recap on certain readily available papers by people like Brown, Rutter, Wing, Birley, Vaughn and Leff will find this book useful. Anyone interested in the contribution of sociology to any of the core definitional, therapeutic, organizational or political questions in relation to health and illness will have to look elsewhere.

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**Escape Attempts: The Theory and Practice of Resistance to Everyday Life.** By STANLEY COHEN and LAURIE TAYLOR. Harmondsworth: Penguin Books. 1978. Pp 225. £1.00.

The entertaining feature of this short book, in addition to its generally amusing style, is the magpie's hoard of illustrations used to fill out a familiar and essentially simple theme. People have conscious constructs of the external realities of their lives which are complex and often unsatisfying; they also have a construct of the self. And they spend a good deal of effort in so managing their everyday routines as to preserve their sense of self—'this, not that, is really me'. The authors propose a catchy vocabulary to describe