

unacceptable state, as it could be taken to imply dissatisfaction with the way things were. However, he reports that the present status of neurasthenia as a biomedical disease is uncertain and changing; if 'modernisation' continues, it looks very much as though depression will displace neurasthenia there, as in most industrialised societies. Up to now, though, there have been political restrictions on gathering data about such sensitive topics as suicide.

The book is concerned to use this specific research material as the basis for cross-cultural study of the way the body is experienced, and of human reactions to stress and misfortune. The author well conveys his conviction that without macrosocial changes, the burden of misfortune and misery is unlikely to be lightened in any society. Yet he understands that such changes, including public health interventions, not uncommonly have unintended negative consequences, so that the righting of old wrongs may produce new ones. "Even without altering the macrosocial sources of misery. . . . Those at greatest risk can be identified, helped to cope, protected." That, surely, is the primary function of medicine and its sister professions. Modestly, Kleinman says that his work "merely points up the kinds of issues that must be studied more fully and widely". It has certainly done that, and more.

HUGH FREEMAN, *Editor, British Journal of Psychiatry*

**The Psychological Consequences of Crowding.** By UDAY JAIN. 142 pp. 1987. New Delhi: Sage. Rs95.00.

The author, who is a Reader in Psychology at Bhopal University, has undertaken a number of both field and laboratory studies to assess the impact of crowding in India. This is clearly the kind of setting where such work particularly needs to be done (79% of families in Calcutta live in one room), yet hardly any research of this kind has previously been reported from developing countries. The theoretical introduction to the book, though, makes surprisingly little mention of cultural factors, which are in fact essential to the experience of crowding. What does emerge in the Indian findings is that crowding tends to cluster with poverty and with shortage of both spatial and non-spatial resources; the Indian environment is characterised by high population density and by scarcity of all resources.

The new data reported here show that this high density leads to intense competition for the limited resources, which may have an adverse effect on relationships, but that the better educated may actually benefit from the process through the development of 'competition tolerance'. Attempts were made to measure the effect of density (through the feeling of being crowded as a mediating factor) on mental health, although the measures used of the latter were quite inadequate. What

does seem to be noteworthy is that unlike Western findings, concern for neighbours and others generally remains intact in India, even under the stressful conditions of intense crowding; perhaps increasing westernisation may erode this positive aspect.

It is ironical that these findings should have been reported from Bhopal—scene of one of the worst environmental disasters of recent years—although the work was in fact done elsewhere. It represents a useful contribution to a still inadequately investigated subject.

HUGH FREEMAN, *Editor, British Journal of Psychiatry*

**Race and Culture in Psychiatry.** By S. FERNANDO. London: Croom Helm. 1988. 234 pp. £25.00.

In a concise volume Suman Fernando has explored the practice of psychiatry as it is carried out in a multi-cultural and multiracial setting. This is a book about assumptions and their consequences; theoretical assumptions about the certainty with which our ethnocentric Western diagnostic systems can be applied to other cultures, and practical assumptions such as those about dangerousness of black patients which have resulted in an excess of black people being detained compulsarily in hospital. But above all, it is a book which challenges the view that as psychiatrists we can be or should ever truly attempt to be 'colour-blind'.

The author traces the history of psychiatry and demonstrates how racist ideas, masquerading as scientific facts, have been silently incorporated into psychiatric practice, from the early days of this century when the smaller brain size of Negroes was considered to contribute to their alleged "inferiority" through to more recent publications which continue to promote stereotyped images of black family life and the "poor emotional differentiation" and "cheery denial" of people from "underdeveloped" cultures. The arrogance inherent in viewing non-Western cultures as 'exotic' is challenged at every opportunity. A blueprint for change is presented, which suggests a number of anti-racist strategies for all aspects of practice from professional appointments to a proposal for breaking links with psychiatry in South Africa. Some of the arguments are perhaps not as clearly put as they could have been, and I for one am unconvinced that the practice of psychiatry in the UK would be improved by being administered by a separate agency linked to social services and outwith the NHS. There is no evidence that social workers are any less likely than psychiatrists to adopt a racist approach, and the author provides a number of examples of how an emphasis on 'culture' in social-service casework, however well-intentioned, may lead to a racist approach in practice.

I found this a highly disturbing book, and I am sure that no-one could read it without uneasily remembering some instance when they are conscious of having made assumptions based on pseudo-scientific "facts" about

presentation of illness in patients from other cultures, rather than attempting to explore and understand the feelings, experiences, and social realities of the patient seated before them. It will be hotly debated in circles where such issues are faced daily, but deserves to be read outside them too.

LINDA GASK, *Lecturer in Psychiatry, University Hospital of South Manchester*

**Trance and Treatment: Clinical Uses of Hypnosis.** By HERBERT SPIEGEL and DAVID SPIEGEL. Washington, DC: American Psychiatric Press. 1987. 382 pp. £15.00.

Central to the arguments of this book is the use of the Hypnotic Induction Profile (HIP), a relatively brief test procedure which, according to the authors, provides both a measure of biological potential for hypnosis and an indication of the level of usable hypnotic capacity. They claim that "if usable or experienced capacity is significantly lower than biological potential, it ... gives an indication of the presence of severe psychopathology".

Spiegel & Spiegel claim that different personality types (which they label Dionysian, Odyssean and Apollonian) tend to be associated with different levels of hypnotisability as measured by the HIP, and they contend that it can be helpful to take account of the patient's personality type when devising a treatment strategy. The book discusses treatment approaches to a variety of problems (e.g. smoking, eating disorders, anxiety, and "conversion symptoms"), and the authors place considerable emphasis on self-hypnotic procedures.

This is a paperback version of a book first published in 1978. It is disappointing that the text has not been updated. Failing this, one might have expected to see an addendum with information about recent developments bearing on the authors' original assertions. Another demerit of the book is that various errors present in the original version have reappeared. In places, the authors' language is ponderous and idiosyncratic, and some of their diagrams are not very easy to understand.

PETER A. McCUE, *District Clinical Psychologist, Sale & Brooklands Hospital, Sale, Cheshire*

**Cognitive-Behavioural Counselling in Action.** By PETER TROWER, ANDREW CASEY and WINDY DRYDEN. London: Sage. 1988. 152 pp. £7.95.

Although not as explicitly acknowledged as it could have been, the underlying counselling or therapeutic approach described in this book is drawn largely from Albert Ellis' rational-emotive theory. According to this

theory, inappropriate emotions are determined by the irrational beliefs an individual holds about certain events or experiences, and not by the events or experiences themselves. Therapy consists of making clients aware of these beliefs and then eliminating them.

The book has been written as a practical guide to teach trainee counsellors the basic skills of this approach, principally adopting the social skills training model to do this. This entails breaking down the counselling process into a series of clearly described steps, each of which is illustrated with a verbatim example of what might be a typical client-therapist exchange taken from the same fictitious case. The material is divided into four sections. The first provides an all-too-brief overview of the theoretical model. The second, which accounts for about half the book, outlines a sometimes overly elementary and yet insufficient step-by-step account of how to implement this model. The third discusses briefly general techniques for changing irrational beliefs, including the use of homework assignments, while the fourth section shows how the approach can be applied to specific common problems such as anxiety, depression, guilt, shame, and anger.

While an introductory guide on how to apply rational-emotive therapy is needed, it is unlikely that this book on its own will satisfy that requirement. In teaching a skill, it is important that its critical features should be identified and conveyed. Unfortunately, the book does not succeed in doing this. Those unfamiliar with rational-emotive therapy will not grasp the essence of this method from this book alone, and so will not have a clear idea of what it is they are supposed to be doing in counselling.

DUNCAN CRAMER, *Lecturer in Social Psychology, Department of Social Sciences, Loughborough University of Technology*

**Study Guide and Self Assessment for the American Psychiatric Press Textbook of Neuropsychiatry.** By MICHAEL D. FRANZEN and MARK R. LOWELL. Washington, DC: APA (distributed in UK by Cambridge University Press). 231 pp. £15.00.

The Study Guide is designed as a learning aid written to accompany the *American Psychiatric Press Textbook of Neuropsychiatry*, edited by Robert E. Hales and Stuart C. Yudofsky. The preparation of the study guide has been the responsibility of two psychologists, who claim that its use in parallel with the textbook should promote a more thorough understanding of the material than would be gained by selective reading of the textbook alone. In essence, they provide 15-20 clearly formulated multiple-choice questions per chapter, devoid of the verbal nuances that often bedevil examination questions. The answer section is lucid and succinct, although for detailed reference one must consult the mother volume.