

Give Sorrow Words: Working with a Dying Child. By DOROTHY JUDD. London: Free Association Books. 1989. 236 pp. £11.95 (pb), £27.50 (hb).

The first part of this book comprises a review of dying and death in childhood. The middle part is an experiential account of a Kleinian analyst's contribution to the management of a seven-year-old boy terminally ill with leukaemia, during the last three months of his life. A lot of the narrative analyses her response to his tragic predicament. The last few chapters try to make sense out of the experience from various angles.

The book is instructive for doctors because Mrs Judd arrived on the ward unprotected by the shell that is trained into junior medical staff by the carnage of house jobs. To this was added the more familiar difficulty of arriving cold on a ward to do individual work with a sick child when neither doctors, nurses nor parents seemed to understand why she was there. She gives a sensitive account of her experience. Instead of a like-minded social worker seeing his parents at the same time as her sessions with the boy, the overworked ward social worker was co-opted and did what he could. In retrospect it sounds like mission impossible. One can see a need for counselling in these circumstances but the more specific question, 'Why ask a Kleinian psychotherapist to do this work?', is even harder to answer positively after reading this book. Kleinian-based therapy may be incompatible with the day-to-day realities of an acute paediatric subspecialty ward.

This book is worth reading if you work on a ward like this, but more for the questions it raises than those it answers.

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Human Nature and Suffering. By PAUL GILBERT. London: Lawrence Erlbaum. 1989. 406 pp. \$19.95.

Gilbert explains the basis of human suffering as arising from maladaptive deviations in the expression of our individual humanness, which in turn should be understood in their historical embeddedness. He considers four sets of 'biosocial goals', care eliciting, care giving, co-operating and competing, as core schemata from which knowledge is built and the tendency for suffering arises.

One of the central ideas of this book is that much of what is regarded as psychopathology is not equivalent to medical notions of disease or illness. What we sometimes regard as pathology may represent the activation of brain states that are part of various psychobiological prepared options. Any event causing loss or excessive stress may shift the defence system by common biological routes and set up anxiety and panic. He shows clearly

that biological systems are not homeostatic and that psychological therapists who assume it is are misinformed. One of his central points is that suffering is as much *biological* as it is psychological.

The book contains 15 chapters which are well structured, progressing from general issues pertaining to sociobiology and the implication some of these have for the understanding of our evolved mental structures and capabilities to a detailed look at the 'biosocial goals'. The chapters are in pairs, the first looking at the biosocial goal and the second examining the kinds of sufferings and disorders that can relate to distortions in that goal.

In the final chapters he brings the various threads together and uses a systems analysis for the construction of 'self' based upon the activity of these various aspects within the human psyche. He makes it quite clear that he is only giving us a sketch and I feel he is underselling himself – he has indeed helped to illuminate the mind as an expression of evolution. He gives us a better understanding of behaviour regarding the concurrent evolution of sensory-motor and emotive patterns. In this respect his book makes a considerable contribution to the literature. Gilbert has produced a major work that will be of great value to both clinical psychology and psychiatry as well as allied disciplines.

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Ecobehavioural Analysis and Developmental Disabilities: The Twenty-First Century. Edited by STEPHEN R. SCHROEDER. New York: Springer-Verlag. 1990. 256 pp. £42.00.

This book, a collection of 12 chapters by 22 authors, suffers from many of the shortcomings of behaviour analysis itself. For example, those chapters that handle practical issues and settle for description are a great deal more useful and persuasive than those which attempt a theoretical approach. So, the chapters on behavioural contingencies in the classroom (Greenwood, Carta, Kamps and Arreaga-Mayer), and setting-events in facilities for the mentally handicapped (Reese & Leder, Clark, Ichinose and Naiman), are informative, while the chapters on the foundations of ecobehavioural analysis (Morris & Midgley) and on language acquisition (Kaiser) appear theoretically weak.

The chapter on language acquisition also highlights another limitation of behaviour analysis – a lack of communication with other fields of research. Kaiser's comments on joint attention, concept formation, and parental 'shaping' of infant speech, appear out of date without the appropriate references to current work in

cognitive and developmental psychology. On the positive side, Singh & Aman's chapter on ecobehavioural analysis of pharmacotherapy is a very useful contribution towards the kind of interdisciplinary exchanges that should be occurring.

The lack of reference to work from other fields is part of a rather insular approach in this book. The writers assume a converted audience. As a result, this book is unlikely to win many converts to the ecobehavioural analytic approach. A little self-criticism, or recognition of the criticisms made from outside the field, would add greatly to the book's worth. The nearest we get to this is in the final chapter where Vyse & Mulick point out some possible artefacts of the data-collecting and analysing techniques commonly used. Unfortunately, since none of the previous authors has mentioned these problems, these useful criticisms leave the reader in some doubt as to the real meaning of the results given in other chapters.

Lastly, it is hard to know who will read this book. Practical chapters, such as that by Meinhold & Mulick on the counter-habilitative contingencies for care-workers under current pay policies, are very valuable but should reach those involved in care and administration. This is unlikely to happen, given the book's price and its rather dense academic style. Similarly, the potentially useful chapters on communication training (MacDonald) and classroom contingencies are unlikely to be read by the parents and teachers to whom they might be of most interest. Some practical details are very much tailored to an American readership, and are less relevant and less comprehensible for any other audience.

In all, the book is rather too homogenous in content, and the chapters too repetitive on certain issues, to make it pleasing to read from cover to cover. While a few of the chapters are worth reading singly, most have little of interest to the researcher or clinician, unless the reader is already a devotee of behaviour analysis. Sadly, this book will not remedy the great lack of theoretical work in the area of mental handicap. Let us hope that the 21st century has more to offer than this book would suggest.

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The Primitive Edge of Experience. By THOMAS H. OGDEN. New Jersey: Jason Aronson. 1989. 256 pp. \$25.00.

This excellent book concentrates particularly on the very earliest mode in which the author believes psychological experience is generated. He calls this the autistic-contiguous mode, which sounds complicated, but can be readily understood through the clear writing and numerous, concise clinical illustrations. Ogden draws heavily on the work of Tustin, Bick and Meltzer to describe the build-up of the normal and abnormal

sensory floor of experience. Many anxieties and disturbances and defensive structures can be understood as a result of a feared or actual breakdown at this early level of object relating – fears of falling, leaking or dissolving, certain obsessional phenomena and body postures are but a few examples.

He believes that the autistic-contiguous mode of generating experience has origins that precede the paranoid-schizoid position. He gives succinct accounts of these modes and of the depressive position, and illustrates some of the consequences that arise when there is a disturbance in the ability to move between different modes. He maintains that although the depressive position is the most advanced and mature mode of human experiencing, severe pathology can result when a person is locked into this mode.

Drawing heavily on the work of Winnicott, in particular the function of transitional objects and of potential space, Ogden takes a fresh look at the move from pre-oedipal to oedipal modes of relating and the differing problems of boys and girls. As have many others, he makes important revisions in classical theory and believes that Freud's theory of the girl's oedipal development being founded on the traumatic awareness of not having a penis was essentially a description of a pathological oedipal development.

Throughout the book there is a repeated emphasis on the importance of the capacity to not know or understand which allows a potential space for new experience, often disturbing initially. Ogden shows in his clinical examples how essential this capacity is for both clinicians and patients in their ongoing work together. All clinicians with this capacity, whatever their length of experience, should benefit from reading this most thought-provoking book.

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Assessment of Eating Disorders. Obesity, Anorexia and Bulimia Nervosa. By DONALD A. WILLIAMSON. Louisiana: Pergamon Press. 1990. 199 pp. £8.50/\$14.95.

At the start of this volume there is an interesting review of obesity, or 'fatness', as the primary precursor of all the eating disorders. This invariably leads on to dietary restraint which, in turn, may be associated with bingeing. A recent study quoted in the book found approximately 10% of college-aged women to have problems with bingeing. Short-term rewards may reinforce both dieting and bingeing, while reduced activity and decreased metabolic rate both encourage weight gain. All of this, coupled with interpersonal or family difficulties, goes on to set the scene for the eating disorder which presents clinically.