

systematic desensitization are given, it is too limited in scope and outlook to be an adequate pocket textbook. But it does not really meet the needs of more serious students either. There is no discussion of the methodological limitations of the authors' approach—relying for the most part on hospital populations and routine clinical ratings of unknown reliability—and work carried out in other centres is only mentioned if its results confirm or complement the authors' own. Perhaps the most important part of the book is the Appendix containing the operational criteria used in St. Louis for the ten diagnostic categories they describe. This emphasis on the need for objective and reliable diagnostic criteria, together with the authors' willingness to decline to make a diagnosis in the face of inadequate or ambiguous evidence, is a very salutary example to the rest of us.

R. E. KENDELL.

#### ADOLESCENCE

**Adolescence. Psychology, Psychopathology and Psychotherapy.** By DEREK MILLER. New York: Jason Aronson. 1974. Pp. xvii + 529. Index 12 pp. Price \$15.00.

The author is Professor of Psychiatry and Chief of Adolescent Services in the University of Michigan, and his previous works include *Growth to Freedom* and *The Age Between*. The contents fall broadly into two sections. The first deals with the psychological development of the adolescent and emphasizes how social structures may promote pathology as well as the development of maturity; the second is concerned with specific adolescent disturbances and disorders, including drug abuse, delinquency and aggression. A single chapter is devoted to psychological disturbances, and this incorporates surprisingly brief sections on mental illness and suicide. There are excellent chapters concerned with the principles of adolescent therapy and the role of social organizations as agents of care. The text and the illustrative case histories have been designed to be as applicable as possible on both sides of the Atlantic. The book is pleasingly free from jargon and there are plentiful bibliographical references. In an age of multi-author volumes, it is refreshing to find a continuity of style and themes, but some may feel that the level of personal idiosyncrasy is intrusive at times. Controversial issues are tackled in a clear, forthright way, but in some cases the author's views are expressed rather dogmatically. For example, in the section dealing with parental confusion and

adolescent disturbance, he states unflinchingly that 'those who insist on equal roles for both parents lay foundations for generations of disturbed adolescents with internal confusion about their own identity'. Whilst the reviewer shares this particular belief, such a presentation of a personal view as if it were unequivocal fact is likely to leave more critical readers uneasy. But this work was not intended to be a textbook exclusively for experts and these reservations should not detract from the fact that it is a first-class handbook aimed at everyone who is involved seriously in the care of young people.

W. LL. PARRY-JONES.

#### THERAPEUTIC METHODS

**Music Therapy in Action.** By MARY PRIESTLEY. London: Constable. 1975. Pp. 275. Price £4.00.

Music is the most powerful of the arts, the most readily available and the most easily received. It stirs the emotions with rare immediacy and has always been therapeutic for its devotees. This book is an account of how it is used as a therapy for the mentally disturbed and physically handicapped. It is therefore a useful guide for anyone wishing to become a music therapist, apart from its intrinsic value as a possible eye-opener to doctors and nurses who may think the therapist has a very easy time.

Mrs. Priestley was originally trained as a concert violinist and then took the Diploma Course in Music Therapy at the Guildhall School of Music and Drama. Her training and subsequent practice, both private and in a psychiatric hospital, are described in detail. She herself is an 'analytic music therapist' but readers who may not agree with her psychodynamic interpretations will find her enthusiasm and dedication hard to resist.

Music therapy is not just a question of soothing distressed minds with sweet sounds but a positive application of sound and music to release tensions and enable communication to be made on a level which is non-verbal and less inhibiting. Therefore, patients who have difficulty in expressing themselves verbally are encouraged to sing, shout, play simple instruments, mime, dance or relax; the business of the therapist being to interpret, guide and control. Mrs. Priestley says: 'In its present stage of development, I would describe music therapy as an art. Later on, its results may possibly be tested and measured and analysed so that it can be regarded as a science.'

R. P. SNAITH.