

versus togetherness, conflict styles, intimacy, effective communication, "the meaning and course of true love", and managing change. Among issues raised are whether happiness really is the complete satisfaction of instinctual needs, and whether cohabitation is an adequate preparation for marriage. They conclude that in America, after experimentation with promiscuity, "marriage is back".

Research results include quotations from couples, and each section concludes with sentimental, often platitudinous, truisms such as, "Troubled as well as gratifying years may mark the course of a long-term satisfying marriage". Sub-sections called "Action guidelines" proffer advice and suggestions on how to sustain a happy marriage. Much of this is schmaltz, apparently substantiated by research, presented in an ingenuous, moralising, 'Bible belt' style, using everyday language, and addressed to a "wide variety of professionals".

JAMES ATKINSON, *Consultant Psychotherapist, Cambridge*

**Foundations of Contextual Therapy: Collected Papers of Ivan Boszormenyi-Nagy.** By IVAN BOSZORMENYI-NAGY. New York: Brunner-Mazel. 1987. 337 pp. \$35.00.

These papers, covering a period of 30 years, reflect the developing thought of one of the most original thinkers regarding the family context of mental illness.

Boszormenyi-Nagy's approach to psychotherapy is based on his appreciation of what he sees as the absolute existential reality of peoples' responsibilities and obligations to one another, especially within the family. The necessity of respecting these obligations, which the author refers to as 'relational ethics', is absolute; it cannot be ignored or postponed indefinitely without a heavy price in mental health. The individual is embedded in relationships, and, in particular, in a family matrix – the narcissist who attempts to deny this interdependence will be unfulfilled and may become ill. Arguing that a purely individualistic approach to therapy, or indeed to life itself, may be ultimately disastrous, Boszormenyi-Nagy encourages the therapist to take account of all persons involved in relations with the patient.

In working with marriages or families, the contextual therapist addresses the 'ethical' issues of fairness, trustworthiness, and entitlement. The assumption seems to be that people do have an intuitive sense of justice and fairness in personal transactions. 'Entitlement' is earned through the caring one gives to another. When this principle of justice is violated, the individual and his or her relationships become disturbed. The therapist helps all parties involved to reassess what each may expect of the other and also attempts to locate disguised forms of caring that are going on. The author talks also about

'destructive entitlement', a lack of remorse over destructive or exploitative behaviour, which results from being deprived or exploited. This is one of the main features described by Kernberg as characteristic of narcissistic disorders; interestingly, Boszormenyi-Nagy comments: "This freedom from remorse is not a psychological distortion. Tragically, it was actually earned through having been exploited. It is in consequence of a destructive reality". However, I am left wondering to what extent *unjustified* feelings of entitlement may be stoked up within certain personalities and grievances exploited by destructive parts of the mind – the book does not address this possibility.

The necessity for concern with posterity is emphasised. It is argued that it is only through a concern with future generations that one's legacy of caring received from one's parents can be repaid. The message is that an uncaring, exploitive attitude towards the world and its future is devastating to our mental health – a view which reminded me strongly of those of the psychoanalyst Donald Meltzer, expressed, for example, in his *Sexual States of Mind*.

Boszormenyi-Nagy sees his work as offering a perspective on therapeutic approaches, rather than a complete method in itself. His own earlier background was psychoanalytic, and indeed he regards an understanding of individual psychodynamics as essential. There are many aspects of mental life and relationships which these papers do not address – anxiety, for example, a basic focus of the analytic therapist, is not even listed in the index. While initially irritated by the prevalence of neologisms and unnecessarily dense writing in this collection, I was left feeling that my understanding of therapy and of human relationships had been enriched.

PHIL MOLLON, *Regional Psychologist in Psychotherapy (Top Grade), Dryden Road Hospital, Gateshead*

**Therapeutic Trances: The Cooperation Principle in Ericksonian Hypnotherapy.** By STEPHEN G. GILLIGAN. New York: Brunner/Mazel. 1987. 380 pp. \$51.00.

Gilligan first reviews various approaches to hypnotherapy, clearly favouring the 'co-operative', or Ericksonian, approach. The basic premise is that therapy is a joint endeavour between therapist and client. Identification and use of the client's resources, rather than exploration of the past, are also central features. Symptoms may be used as the basis for trance induction.

The author reviews various theories of hypnotic trance and some of its characteristics. He then outlines the general approach of the Ericksonian hypnotherapist, and goes on to describe the 'co-operation strategies' whereby the therapist establishes rapport and prepares clients for the induction of trance. The remainder of the book describes various means of inducing trance and

using it for therapeutic purposes. Gilligan quotes many clinical examples, and provides a full transcript of an induction. There is an interesting discussion of 'confusion' techniques for inducing trance.

This is a valuable account of how we may use Erickson's work in our psychotherapy. The newcomer to hypnotherapy will probably find it an insufficient guide to how to proceed, but as a supplement to practical instruction it should be invaluable. The more experienced hypnotherapist will find much that is stimulating and innovative. It is a valuable addition to the Ericksonian literature, if a little pricey.

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**Psychiatry in Primary Health Care.** By S. SHARMA. Ranchi, India: Central Institute of Psychiatry. 1986. 150 pp.

It is increasingly recognised that untreated psychiatric illness constitutes a significant drain on the resources of developing countries. However, such is the magnitude of the problem that the specialised psychiatric services are quite inadequate to cope with that which is not already absorbed by traditional or religious healers. This textbook, aimed at the primary health care physician, is particularly written from an Indian perspective, although the content would be relevant in most developing countries. There is a concise but traditional exposition of the major illnesses, with some special chapters, for example on psychosocial aspects of fertility control, and some useful material on drugs, record keeping, and the organisation of mental health services. There is frequent use of flowcharts, and these are generally clear and easy to use. There is no index, which is a slight drawback. This is a useful benchbook for primary physicians in developing countries, but readers might be well advised to replace the plastic cover provided, which melted in my car in the relative cool of the current English summer.

STEPHEN W. BROWN, *Consultant, The David Lewis Centre for Epilepsy, Cheshire*

**Making Contact: Uses of Language in Psychotherapy.** By LESTON HAVENS. London: Harvard University Press. 1986. 201 pp. £15.75.

Havens, who is Professor of Psychiatry at the Cambridge Hospital, Harvard Medical School, discusses how he uses language in psychotherapy. His concern is to describe ways to be accurately empathic with patients. He is concerned to integrate descriptive psychiatry with psychoanalysis, social psychiatry, and existential psychiatry. He begins his book by first looking at the problem of establishing empathic contact with persons

who for one reason or another are hidden from themselves and the therapist, and in consequence absent from the consultation. From this he formulates an empathic language to reach such persons, by means of various categories of statement: imitative, simple empathic, or complex empathic. He devotes much of the rest of the book to exploring issues of how to use language in the management of such persons.

He emerges as a warm and sensitive clinician whose preoccupations with the psychotherapy of more disturbed personalities have led him away from interpretation to a rather more active conversation. It is hard to know how transference issues can be dealt with in such a way of handling the patient.

Reading through his various categories of empathic statements, it seems as though he is offering the reader a series of prescriptions of language for the psychotherapeutic encounter. I wonder if empathic language can really be prescribed in this way? Surely it is something that can only be arrived at from the privacy of the psychotherapist's own experience of living and from the mutuality of each new therapeutic encounter with the patient.

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**Psychosocial Treatment of Schizophrenia: Multidimensional Concepts, Psychological, Family, and Self-help Perspectives.** Edited by JOHN S. STRAUSS, WOLFGANG BÖKER and HANS O. BRENNER. Ontario: Hans Huber. 1987. 220 pp. US\$39.00.

Books based on the proceedings of conferences tend to be unsatisfactory for a variety of reasons, but this one is an exception because it contains several papers of unusual interest. In particular, Wing, Zubin, and Ciompi all contribute major pieces with important theoretical statements; all provide tabulated or numbered lists of propositions which could be valuable for teaching.

Wing specifies three conceptual levels underlying long-term management, as well as four categories of environmental influences on schizophrenic syndromes: the course of the illness, he points out, depends much on the social environment, and often requires walking a tightrope between too much and too little stimulation. However, factors that can affect the various manifestations of the disorder need to be translated into hypotheses about methods of care which can then be tested – a process that has scarcely yet begun. At the level of management he emphasises that this cannot be done successfully in the long term unless services are geographically responsible, comprehensive, and integrated. Relevant to the present Gadarene rush to extra-hospital facilities is his comment that "sheltered communities can have all the characteristics of open care, while a terraced house in an ordinary street can be like a small and isolated prison".