

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.

I find this method of ongoing assessment attractive. Unfortunately, closer study was disappointing, revealing a number of errors unacceptable in a teaching manual.

The section on neuropharmacology is weak; particularly so in that the treatments described for hypertension are outdated and those for depression are both older and different from the drugs currently in use in the UK. Most of the other faults can be attributed to the fact that the authors are not clinicians. The wrong sex ratio is given for cluster headaches; only one form of hemiplegic migraine is described; Huntington's chorea and senile chorea are probably a continuum; narcolepsy and sleep apnoea overlap and cannot always be sharply demarcated; an idiosyncratic method of coma grading is presented which bears no relation to the Glasgow Coma Scale; clinicians are taught that the presence of a brain tumour is normally suggested by evidence of a progression of neurological symptoms or signs. This latter fact is obfuscated by unhelpful questions such as: "Which of the following are clinical characteristics of brain tumours – 1. visual loss, 2. psychiatric symptoms, 3. nausea and vomiting, and 4. seizures?", or by the suggestion, earlier in the text, that papilloedema is an early and reliable sign of a tumour. Finally, I believe that the acumen of my psychiatric colleagues is such that, faced with a patient who presents with a neuropsychiatric symptom complex, they would not have to await the development of ophthalmologic abnormalities before clinching the diagnosis of tabes dorsalis.

E. M. R. CRITCHLEY, *Consultant Neurologist, Royal Preston Hospital, Preston, Lancashire*

**The Mentally Disordered Offender.** By SEYMOUR L. HALLECK. Washington: American Psychiatric Press Inc. 1988. 225 pp. £13.95.

The author is widely respected in forensic psychiatry. He describes himself as a clinician, academician, and correctional administrator with interests in criminology and criminal law. He declares his views unequivocally: that the US criminal justice system deals with crimes, not criminals, and it depends on lengthy imprisonment which is both expensive and excessive. The severity of the system fosters a large amount of civil rights litigation which helps no-one. In a plea which Halleck recognises will have few supporters, he calls for a return to the rehabilitative approach.

In arguing for a greater emphasis on rehabilitation, Halleck recognises that this means more intermediate sentences. For purely economic reasons, society will demand that individuals are changed, and so a rehabilitative model will ultimately be forced. If really genuine attempts are made to provide treatment now, we can ensure that these inevitable developments are humanistic rather than oppressive.

There is a discussion on the subject of mental disorder resulting in transfer from prison to security hospital which will find favour with those who advocate a greater use of prison transfer, so that individuals can be moved back to custody if they are found to be untreatable in hospital. The chapters on lack of capacity and insanity are largely concerned with US practice, whereas the subject of sentencing and treatment of special groups contains a discussion of dangerousness which has broad appeal.

The author describes the way in which mentally disordered offenders are both recognised and ignored in hospitals and prisons. How they are treated is constantly changing, and depends on a resonance between social protection, beneficence, and justice. The speed with which the ethical aspects of such subjects as genetic engineering, surrogacy, and transplanting have been dealt with raises questions as to why so many moral issues are still unresolved in forensic psychiatry.

PAUL BOWDEN, *Consultant Forensic Psychiatrist, Maudsley Hospital, London*

**Chronic Mental Illness in Children and Adolescents.**

Edited by JOHN G. LOONEY. Washington DC: American Psychiatric Press. 1988. 270 pp. £25.00.

This is an account of a population which is mixed and arbitrarily defined. Mental disability does not qualify for inclusion as such unless there is an added psychiatric disorder such as autism, although many might consider the latter to be no more an illness than any other form of handicap. On the other hand, the more topical issue of post-traumatic disability is omitted, perhaps because it is more usually associated with early adulthood.

The book is based on the proceedings of a conference in Dallas. There are 13 detailed and well-referenced chapters which cover the field of chronic disturbance comprehensively. The origin explains the occasional patch of rhetoric, and it is to be expected both that the overview will be sometimes superficial and that there should be some overlap between the authors.

The American scene is surveyed, and there are good accounts of the advantages and drawbacks of the intertwined intricacies of public and private sector care. The extent and variety of American services means that there is much that is comparable with our own. We can learn from their example, and thereby might avoid being tied either to repeat their mistakes or to reinvent their wheels. This is not a book about clinical management: although there are some poignant vignettes, these are to set the scene. It is a book about the provision of services, and is for those who plan and campaign for such. It might provide much grist to a parliamentary mill.

In this country the quality of our special schools has masked many of the problems associated with chronic