

approaches of traditional child psychiatric departments and private practice where individual psychoanalytical therapy and extensive family therapy predominate. The model he uses may be helpful for American mental health workers who are increasingly required by resource constraints to see large numbers of referrals of relatively psychologically healthy and motivated families. It offers relatively little to typical child mental health clinics in Britain where such families form a minority of referrals. The author admits that the system does not serve families well who are ambivalent about treatment, would not attend reliably, have multiple problems or are abusive.

In contrast to the economical form of treatment, the author's personal style is rather voluble. The meat of the book is contained in the second half which comes alive with clinical examples. He describes an active short-term therapy for children and families referred by paediatricians which draws on behaviour therapy, family dynamics and child development, and he frequently uses a consultation model with parents. He offers a few interviews in most cases, but does make direct contact with families over the telephone. Treatment for these parents whom he describes frequently 'hot-housing' their children, focuses on changing behaviour, limit setting and containing rather than expressing feelings. The aim is to "help them get on with life rather than to understand themselves perfectly". Some technical tips, particularly for adolescent problems, may be helpful to experienced general practitioners and child mental health professionals, but this type of approach should be, and already is, used only selectively in Britain because of the greater morbidity of specialist referrals.

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Facing Shame: Families in Recovery. By MERIE A. FOSSUM and MARILYN J. MASON. London: W. W. Norton. 1989. 192 pp. \$9.95.

Fossum & Mason introduce their book by describing shame, an illusive and until recently largely neglected affect, as a dragon; a mythic monster. This description is valuable because it links the negative and positive powers associated with dragons to the often intangible feelings associated with shame. They say shame and dragons are both creatures with "... claws (which) can lock us in a frozen state and devour our ability to verbalise" (p. ix). Yet shame's invisibility can also provoke intense curiosity and a need to know more about oneself and one's family experience; thus possibilities of transformation or metamorphosis (a dragonish capacity) arise.

To develop their argument, the authors draw extensively from their clinical experience with individuals, couples and families. They exemplify the incapacitating nature of shame, and the processes by which it can open pathways to an individual's innermost self; this hopeful aspect no doubt arises *because* the two aspects of shame are noted, and because the authors have developed some feeling for the struggles their patients must undergo when trying to integrate the two. In addition, the authors explore the realm of family relationships where shame is illustrated as both a powerful inhibitor and a potential facilitator of genuine contact between individuals.

This is by its design a fairly wide-ranging book. However, three of the points which are made seem particularly worthwhile.

The first point relates to the origins of shame in families and the transgenerational nature which this affect possesses. That is, shame tends to be passed down the generations in families, which contributes to its illusiveness. Family systems are then inclined to sustain or 'inflict' the experience of shame in powerful and/or unconscious ways.

The second point is associated with the common tendency towards defensive cycles which maintain shame and inhibit relationships. Fossum & Mason represent these diagrammatically, which illustrates the unhelpful interplay between shame and the need to control oneself. These cycles are linked with addictive processes, and this section of the book would be of particular interest to those working with patients for whom addictions are a real problem.

The third point relates to the need for therapists to encounter their own shame in order to facilitate an openness to shame issues, and to the unconscious communications employed by patients and families in this area of experience.

This book is a worthwhile contribution, and would be of particular value to those readers who want an accessible introduction to the multifaceted aspects of shame.

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Learning and Education: Psychoanalytic Perspectives. Edited by KAY FIELD, BERTRAM J. COHLER and GLORYE WOOL. Madison, USA: International Universities Press. 1990. 1016 pp. \$65.00.

This volume comes from the Chicago Institute for Psychoanalysis and consists of 31 papers organised into four sections, each with an introduction reviewing the literature and linking the themes of the chapters. The quality of the papers varies, and it is a book to be dipped into rather than read at one go.

The first section surveys the major theoretical perspectives within psychoanalysis and developmental psychology as related to education. Piaget is frequently quoted, but the major emphasis is on issues of the self of the student and the interaction between self-esteem and learning; Kohut is the main influence. There is a shift away from the earlier idea that psychoanalytic theory could be used directly by school teachers and towards the study of what fosters the student's capacity to use the teacher's help. Muslin & Val's paper on the supervision of psychiatric residents focuses on this issue, with implications for all teaching situations.

Part 2 explores concepts of learning throughout life. I enjoyed three papers: Stott's "Making meaning together", which describes a five-year-old's use of writing within the family setting; Garber's "The child's mourning", which suggests that in a bereaved family a child's mourning may be blocked if its phases are out of time with that of the parent; and Stiver's "Examination of work inhibitions in women: a special problem for the female teacher and student".

The third section considers clinical applications, and includes papers on learning difficulties in adolescents with borderline disorder, special education, and the psychotherapy of infants and toddlers who are developmentally delayed.

The best part of this book is the last, most coherent, section: "Learning and the teacher". All the contributors are Institute staff members involved in its teacher education programme. The chapters reflect a collaborative attempt "to incorporate psychoanalytic knowledge of personality development and relationship dynamics and of the process of change into psychologically enriched programmes of teacher education". The final chapter by Field is totally engrossing. It gives in full the process notes from a 22-session course for classroom teachers run on the lines of Balint groups by an analytically trained instructor, and the author's comments on the process as it unfolds. This chapter illustrates beautifully the overall themes of the volume.

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Managing Anxiety: A Training Manual. By HELEN KENNERLY. Oxford: Oxford University Press. 1990. 177 pp. £10.95.

This book offers a clearly articulated and constructed summary of many of the current practices of cognitive behaviour therapy for anxiety. It is written for health care workers in the primary care setting although some psychologists and psychiatrists will also find it useful. It is not to be read as a book but rather, as I believe the author intended, as a step-by-step approach to intervention. Kennerley takes us through the process of

graded tasks and exposure to feared situations, eliciting a hierarchy of fears, eliciting dysfunctional thoughts and challenging these thoughts, homework, dealing with avoidance, controlling symptoms (e.g. breathing control), enhancing self-control, and ending therapy. The text is mixed with short case presentations (although I am unsure what to make of the authors claim that: "Any similarity with real persons in the case histories is coincidental.") Kennerley also provides helpful work sheets that maintain the step-by-step approach. There is also advice on relaxation and how to make one's own relaxation tapes, on tranquilliser withdrawal and sleep problems.

The writing is very to the point and would need to be supplemented with wider reading on the nature of anxiety disorders, their relation to depression and other psychiatric conditions. There is also rather little recognition of the importance of personality disorder which is becoming identified as one of the main reasons that treatments do not always go as the manuals suggest. More discussion of the fact that relaxation is not always helpful is also needed, and also the limits of the approach. The role of the therapeutic relationship is mentioned almost in passing. At times the print goes into black on grey format which I found irritating to read and could see no useful reason for.

This kind of approach will not be everyone's cup of tea. Still, taken on its own terms it is as good as many and better than most. It is a highly structured, well presented and confident account of one approach to anxiety and one that its target audience may gain much from.

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Stress Management: An Integrated Approach to Therapy. Psychosocial Stress Series No. 17. By DOROTHY H. G. COTTON. New York: Brunner/Mazel. 1990. 288 pp. \$30.00.

This is a comprehensive account of stress and its management which is well written and readable. The initial chapter, an overview, introduces various concepts of stress and gives a general plan of the book which seems logical and clear. The following three chapters deal with the definition of stress, its association and relationship to illness, and methods of assessment. A good review of the recent knowledge, research and theories on the subject is provided.

Then follows a chapter dealing with the planning of treatment for each individual patient/client. This gives a particularly useful method of drawing together all the data collected and producing an individualised treatment plan; it uses a pictorial grid which clarifies the components of therapy and how they interact. It emphasises that the common belief that everyone with