

stress requires the same form of therapy, usually consisting of the nebulous 'relaxation training', is mistaken. As the title of the book implies, an integrated approach to therapy is suggested.

The remaining chapters give a comprehensive account of the various forms of stress management, divided into the physiological (i.e. relaxation therapies and life-style management), cognitive, and finally behavioural approaches. The theoretical perspective and developmental history of the treatments are described and also a general description of the process of treatment is provided. Clearly, to learn more about the individual forms of treatment one would need to read elsewhere, but adequate references for further reading are given.

Throughout the book, three case vignettes are used to link the chapters together. Although this initially seems rather contrived it does provide useful examples of how to assess and plan treatment. These cases also show how very different clinical situations can be approached in a uniform way. This is a well balanced book which is clearly directed towards an American market but can also be adequately utilised by the British professional dealing with stressed individuals.

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Stress and Medical Procedures. Edited by MARIE JOHNSTONE and LOUISE WALLACE. Oxford: Oxford University Press. 1990. 184 pp. £25.00.

The recently published government report on pain exposed the shortcomings of the medical profession's ability to control pain and manage patients with post-operative pain. Such documents draw attention to the fact that modern medicine, for all its high-tech excellence, has a psychosocial dimension that should not be ignored. Hence the need for this timely book, which is divided into two sections. The first includes a theoretical review of stress and the second outlines stress in various medical settings. Included in the latter are diagnostic procedures, medical and surgical treatments, and obstetric and paediatric procedures.

The scene is set by the co-editors who contribute a useful preface and concluding chapter. They point out that the complex interaction of variables that have to be measured in research of this nature include not only features of the stressful stimulus (intensity, duration, etc.), but also the individual's appraisal and expectations (perceived control, social supports, etc.) as well as the diversity of responses.

Stephens contributes an excellent review of the factors that influence the pattern of psychobiological responses during stress, and describes an interesting study of subjects who were asked to attend to and analyse the sensations experienced during a disagreeable procedure.

Far from increasing physiological reactivity (as might be expected), the responses in these subjects were attenuated compared with those who had received no special instructions. This kind of research finding could be translated into clinical practice.

One theme running through this book is that the coping style of each individual subject is a critical determinant of the outcome of a medical procedure. This means that the therapist has to utilise existing patterns of behaviour to help each patient cope more effectively with the stress invoked by the particular procedure. Because some patients display an active, information-seeking mode of response they would be better suited to an approach in which specific information of a procedural and sensory nature was provided. Whereas those who cope with stress through avoidance means and depend on the health care provider for support would perhaps be better served by provision of information of a more general, less descriptive, and less threatening nature.

The authors of the chapter on paediatric procedures draw attention to the potential cost-effectiveness of procedures that might reduce time in hospital, need for analgesia, psychiatric morbidity and other consequences of painful hospital procedures. As we move into the 1990s and hospitals contract out their medical and surgical services to purchasers of health care, health psychologists have an extra incentive to develop this field of enquiry and to translate the findings of their research into practical (and financial) realities. This well edited book provides a useful database and I recommend it for those wishing to investigate this increasingly complex field.

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The Biological Basis of Psychiatric Treatment. Edited by S. GERSHON and R. POHL. Basle: Karger. 1990. £118.40.

This volume is the third of a series called "Progress in basic and clinical pharmacology". It is a multi-authored volume and covers not only treatment aspects of the most common and important psychiatric conditions, but also the available evidence for a biological aetiology of schizophrenia, depression and anxiety disorders. The main strength of this book is an attractive philosophy of mixing information about complex neurotransmitter physiology with clinical aspects of the common psychiatric disorders and their management. This makes it more readable than most texts on this subject.

Most chapters outline the historical background for the biological approach to the conditions described, and detail both animal and human studies with an appropriate emphasis upon the limitations of the former when applied to psychiatric conditions in the latter. The

biological rationale for the physical treatments used in psychiatry is placed in perspective with other treatment modalities known to be effective. The evidence for links between psychological theories of illness and central neurotransmitters is reviewed.

I have some reservations about this volume. In particular, this field is a fast moving one, and by the time such an edition is found on the shelf, there are, inevitably, a number of areas requiring updating. In addition, the cost makes this volume more attractive to libraries than to individuals. It is, however, recommended as a thorough and readable reference source for the biological basis of psychiatric treatment.

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Body Self and Psychological Self: A Developmental and Clinical Integration of Disorders of the Self. By DAVID W. KREUGER. New York: Brunner/Mazel. 1989. 180 pp. \$34.00.

Focusing on the treatment of different cases of narcissistic pathology such as addictions, eating disorders, psychosomatic symptoms, etc., the author offers a condensation of recent theoretical ideas about the development of the self. He tries to show how these ideas can be integrated into clinical practice, with many examples given. He relies mainly on the fairly recent theory of the late Heinz Kohut, a well known psychoanalyst in Chicago. Kreuger tries to blend these newer theoretical concepts into a sequence of theory from Piaget onwards. A lot of work has gone into this book, and I am sorry to say that I do not think Kreuger has succeeded in his aims.

The meaning of the term selfobject, written as one word, is not made clear. It is the hallmark of the Kohut School, which has raised considerable controversy in America and has not been highly regarded in the UK. For those who know enough about psychoanalytical theory to recognise the terms used, this book is too elementary and does not tackle the status of Kohut's ideas. For those who do not know much theory, there is not enough explanation of the terms nor of the psychoanalytical contexts in which they exist. It would be quite easy to imagine from the text that the ideas put forward are all of an equal status and attract equal regard in the world of psychoanalytical theory, which is far from the case.

In addition there is a hidden and deep-seated controversy in this book, which revolves around the idea, first put forward by Ferenczi, of what came to be called 'the corrective emotional experience'. The argument is essentially about what causes the changes in psychoanalytical treatment. How does the talking cure work?

There are two main runners: the undoing of unconscious conflict by the demonstration of the unconscious historical content of present day ideas and feelings so that the analysand can compare in his mind past and present reality; or the undoing of unconscious conflict by the new experience of the behaviour of the analyst in spite of the emergence of destructive fantasies. The problem with the second one, the corrective emotional experience, is that it lends itself to abuse by the therapist, it invites short-cuts, and it has never really caught on as the answer to how psychoanalysis works. The psychoanalytic community worldwide has preferred the interpretation of the transference as the therapeutic factor. Although not explicitly stated, this book relies on the idea of the corrective emotional experience as the curative factor, rather than the interpretation of the transference.

This book shows the difficulties that Kohut's followers are experiencing in trying to integrate their theoretical stance into mainstream psychoanalytical thinking.

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Productive and Unproductive Depression: Success or Failure of a Vital Process. By EMMY GUT. London: Routledge. 1989. 275 pp. £30.00 (hb), £12.95 (pb).

Much of the time spent by psychiatrists, psychologists and others is occupied with aspects of depressive illness, and in particular with those 'difficult' cases in which usual treatment strategies seem not to work. We are all aware that the genesis and maintenance of depressive states depends on a complex interplay of biological, psychological and social forces which so often seem to combine to lock our patients into prolonged, intractable periods of low mood, anhedonia, introspection and lethargy. Trying to make sense of these forces, and to relate them to the suffering individuals we strive to help, can seem an impossible task.

Gut addresses this task with considerable fortitude, and not a little originality. Drawing on her own clinical experience, but also on the writings of many other authors, she proposes a theory that there is a 'basic depressed response' as a discrete mood state similar to the emotions of anger, fear, joy, shame and others. It is worth mentioning at this point that although Gut writes firmly from the tradition of dynamic psychotherapy her language is clear and mercifully jargon-free, all terms are defined if they are to be used in a technical sense and her clinical material is firmly rooted in the everyday world of clients that everyone will recognise.

The basic depressed response is seen as a genetically based mechanism for helping us to cope with specific problems; it is (in Gut's own terms) "a potentially