

edited by a sociologist and a psychologist. Other topics covered in the series include back pain, diabetes, and multiple sclerosis. The volume under review, by a sociologist, is aimed at a wide range of the caring professions.

A brief introductory chapter on the medical aspects of the condition is followed by sections concerning 'being a patient' and lay views of epilepsy as well as the associated stigma. These are largely verbatim quotes and interviews with patients, interspersed by comments from the author. Then there is a swing into the more theoretical, sociological part of the text, covering the different types of stigma, real or imagined, as well as discrimination, including that resulting from legal statutes. Strategies for coping are discussed in detail; for example, whether secrecy or openness concerning the diagnosis is appropriate. The chapters on the impact of epilepsy on the family and in work situations are particularly valuable, again illustrated by quotes from the patients as well as from the experts.

The text concludes not with just a trite plea for more research but with comments on how we may attain a better overall understanding of epilepsy in the social context. There are clearly many questions, of which the author is fully aware, yet to be answered; nevertheless, this book is a valuable contribution to the literature.

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Stress and its Management. Edited by FREDERIC FLACH. London: W. W. Norton. 1989. 238 pp. £29.95.

This volume consists of 18 chapters, mostly produced by psychiatrists. Some very different perspectives and topic areas are offered, and there is no clear structure or theme. In this respect the book does not further the understanding of stress and health, although many of the specific chapters are interesting. The editorial by Flach provides no clear conceptual framework.

One of the greatest problems is the lack of apparent awareness of a substantial literature from researchers in physiology, psychophysiology and experimental, clinical, and occupational psychology. Topics such as resilience are covered, but those such as vulnerability or 'hardiness' are not integrated. There is a lack of clear distinction between challenge and positive stress and distress. The issue of personal control is hardly mentioned, which is surprising given the emphasis on this variable in the current literature. There is, at least, a chapter on self-esteem.

The psychogenic model is given prominence; although the possibility of explanation in terms of the medical model remains throughout, it is not clearly tackled. Thus, as might be expected, there is concern with physical symptoms and aspects of metabolism (e.g. calcium excretion in the depressed), but the issue of

causal direction is not really tackled. There is a lack of research backing for some of the topics discussed. Clinical intuitions often seem to prevail, and scales are not validated.

An advantage of the book is that there is a large number of different topics covered – from 'survival', through 'hope' to 'creativity'. The volume might therefore provide a useful reference source for a wide range of topics associated with stress. What it will not do is provide insight into or an explanation of the underlying psychological mechanisms.

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Talking with Patients: A Basic Clinical Skill. By PHILLIP R. MYERSCOUGH. Oxford: Oxford University Press. 1989. 148 pp. £9.95.

This is a good book, and I enjoyed reading it. It deals with all forms of communication between patients and doctors, verbal and non-verbal, conscious and unconscious, factual and emotional. It is well written and easy to read, being largely free of the type of psychiatric jargon which puts off students and doctors.

The author has written 12 of the 16 chapters; there are, in addition, chapters on communication with children, with adolescents, with old people, and with those who are dying, by Speirs, Wrate, Currie, and Doyle respectively.

Myerscough is an obstetrician and gynaecologist, and many of the examples of good and bad communication are from his special field, but the book is none the worse for that; the principles are true for all branches of medicine.

The main section of the book describes the different ways in which history-taking and physical examination are done and how diagnoses are made. It demonstrates the need for concern not only with the accuracy of the symptoms but also about how the patient feels about them and about other problems and people. It encourages perceptiveness about signs of anxiety or anger when certain subjects are raised, and discusses how the doctor should respond. It gives examples of how the doctor's response at a key point may open up or inhibit revelation of the patient's real feelings and problems. It explores how the feelings of the doctor can inhibit his ability to discuss certain subjects, especially sex and death. It discusses the feelings of doctors during more intimate examinations. It sums up medical care in four words of which the meanings are discussed: comfort (for patient and doctor), acceptance, responsiveness, and empathy.

The sections by other authors are written in a similar vein, and give good advice for special groups of patients.