The Multicultural Imagination: 'Race', Colour and the Unconscious

Michael Vannoy Adams, Routledge, 1996, £14.99

The book begins a complex journey on the history of racism and prejudices and ends with detailed accounts of case material. Along the way notions of 'race', 'raciality', 'colour', the 'cultural unconscious' and the 'multicultural imagination' are raised which add, in my view necessary, new thinking to the cross-cultural field. It is evident that the author has thought about the issues, but moreover has personally experienced them and engaged with them deeply in clinical practice.

The discussion is drawn from a vast number of theoreticians, including anthropologists, psychoanalytic and nonpsychoanalytic/psychotherapy writers which will appeal to a wide-ranging readership. The Jungian perspective is predominant and if one is unfamiliar with the ideas, the cross-cultural issues, at times, are more difficult to grasp. Nevertheless, the book still has a great deal to offer to those who do not follow Jungian or psychoanalytic thinking. This is also facilitated by Adams' style of clearly linking of theoretical material to examples from both inside and outside the therapeutic consulting room sources.

This book provides ample case examples which are much needed for more theoretical and clinical debate, in the area of cross-cultural counselling/psychotherapy and generally cross-cultural relations (which is now one of the fastest growing fields). Conscious and unconscious processes at work during cross-cultural interactions are illustrated vividly, particularly in the latter part of the book. Adams illustrates how to address the issues, but states that this is not an attempt to minimise or make them disappear. As a trainer in the cross-cultural field I have already included the book on the course reading list. I hope there are many more books of its kind. Zack Eleftheriadou

Helping Relationships in Mental Health

Steve Morgan Chapman and Hall, 1996, £14.99 pb, 201pp.

Cognitive Therapy for Delusional Voices and Paranoia

Paul Chadwick, Max Birchwood, Peter Trower John Wiley and Sons, 1996, £32.50 hb, £15.99 pb, 230pp.

People who seek therapy or counselling privately are offered a range of

choices; their therapy may well be seen as a problem-solving or self-development ac-

tivity; and they are increasingly less likely to be stigmatised or labelled as 'ill'. They remain agents in the process, rather than mere recipients. By contrast those who find themselves in the mental health system, and particularly those who become compulsory patients, may be treated, dealt with and done to in ways which offer little choice or control. The assumption that someone has an 'illness' may be deeply stigmatising and disempowering, losing sight of the person within the diagnosis and affording scant hope of change. Both these books outline ways of working with mental health clients which challenge this assumption.

Helping Relationships in Mental Health is a manual of good practice for members of community mental health teams (social workers, community psychiatric nurses, occupational therapists) acting in a 'case management' role. Their clients are defined as having 'long-term mental health problems' and needing 'continuing care'. In other words, in large areas of social and practical life the clients are seen - and often see themselves - as disabled. A cornerstone of the book's approach, one which addresses this view, is the 'strengths assessment'. This encourages the client to build and improve on resources that he or she already has, rather than using a medical model to label what is wrong. It also encourages the client to focus not only on needs and services but — like the rest of us - on what s/he wants from life.

The book is clearly written, each chapter covering a particular aspect of theory or practice, with the main points introduced, tabulated and summarised. The section on psychotherapy and counselling gives brief — and for that reason sometimes superficial - outlines of many different models, but highlights the empowering nature of humanistic philosophies. Case management is not formal counselling or psychotherapy, though it aims to be therapeutic in the wider sense of offering the client a range of opportunities and support. Nevertheless, its main model of interaction with the client is strongly based in Rogerian principles of listening, respect. non-judgement and genuine relationship. which it sees as 'client-centred' rather than 'user-led'. Thus it acknowledges that the case manager has professional responsibilities which may at times have to be enforced, but still stresses the informal. nonjudgemental, fundamentally human nature of the worker's relationship with the client.

As one might expect, this book offers eminently clear guidelines on such matters as boundaries - potentially tricky where the case manager has to take on a number of different roles - and the importance of supervision and support in preventing worker burnout. Steve Morgan gives a thorough analysis of the ways in which gender, racial and cultural factors can affect not only the worker-client relationship but, more drastically, initial diagnosis and treatment. For instance, a far higher percentage of black people than white become 'mental health users'; this is for many reasons, including lack of cultural and linguistic understanding on the part of workers. Women still tend to be seen in relation to their domestic functions and then to be labelled as 'overdependent'

if there are problems in the family, or 'aggressive' if they do not conform to the model. People with chronic metal health problems are often regarded as 'genderless', which does not acknowledge the reality of women's experience.

Helping Relationships in Mental Health is an important handbook for all those working in the field, and a valuable guide for anyone who wishes to know more about the mental health system as it is and could be. To the extent that it is still working within the confines of statutory service provision, its philosophy may not be radical enough for all members of the user empowerment movement. However, it makes a serious and committed attempt to incorporate the movement's principles into good professional practice.

Cognitive Therapy for Delusions, Voices and Paranoia is written by clinical psychologists for clinical psychologists, but like Helping Relationships in Mental Health it is accessible to the wider public. As in the first book, too, its interest. commitment and respect for its clients are unmistakable. Its basic premise is that however bizarre someone's delusions may seem to be. they are not merely symptoms of an 'illness' peculiar only to a few people, but a way of coping with difficult feelings that are common to most of us, using thought processes that many of us share. The work with voices does not try to eradicate them as signs of 'psychosis', but accepts that this is a phenomenon experienced by many people and only needing treatment when it is distressing to the person concerned. By focusing on the content of the voices, it shows how they too link into beliefs

deriving from painful feelings. The book demonstrates that these beliefs can be gently questioned, challenged and reevaluated, even in people who are regarded as severely psychotic, and that beneficial change can follow.

Before I read this book I had little knowledge of cognitive therapy and assumed that it was far more purely cognitive than it is here shown to be. Although working within a model of structured processes and interventions, the authors acknowledge feelings and emotions as fundamental and do not simply reason them away. They also acknowledge that a person's feelings about him or herself are derived from early experience that has been lacking in either 'attachment' or 'self-definition', or most likely both. The sources they draw on come from a psychodynamic and phenomenological background as well as personal construct theory and more orthodox cognitive work. They seem willing to incorporate ideas from other areas of psychology wherever these are appropriate. The method they use uncovers 'person evaluations' - beliefs such as 'I am totally bad' or 'they all hate me'. It encourages the client to question the facts on which such delusions are built and to begin to make sense of them.

Unlike more open-ended forms of psychotherapy, cognitive therapy proceeds through predetermined stages towards an end result. There is constant measurement and evaluation, and a willingness to modify practice in the light of results. However, within this scientific *modus operandi* the authors give great importance to the therapeutic relationship, recognising that the therapy relies on the combination of therapist, client and technique. It sometimes seems difficult to respect the client's own pace and process, given the pace of the therapy — for instance when the authors advocate spending two or three sessions (a long time) exploring the background and establishing rapport. However, they recognise that some clients may need to move more slowly than this and they are aware that as the delusions weaken their hold, the underlying emotional issues may need longer-term therapy of a different kind. (Whether such therapy would always be available is another question.) They are also aware that not all clients may be able or willing to relinquish their delusions, or may only do so intermittently. Accounts of sessions seem on the whole supportive, empowering and empathic.

The authors of Cognitive Therapy for Delusions, Voices and Paranoia reject the 'illness model' of psychosis and question whether 'schizophrenia' as an entity really exists. That they do this on logical and scientific as well as human grounds gives hope of a possible shift in psychiatric thinking. Starting from a 'symptom model' which does not label the person but focuses on areas of difficulty, they move steadily towards a 'person model' where the symptoms are seen as part of someone's attempt to find meaning in an unbearable world. The book is both humane and empirically sound. I can only hope that people who struggle with these experiences, and with the stigma attached to them, are fortunate enough to be offered this kind of therapy. Susan Jordan

D.W. Winnicott

Michael Jacobs Sage Publications 1995, £12.99, 164pp

Michael Jacobs says he experienced great delight in talking to people who had worked with Donald Winnicott and to the very many who have enjoyed his papers and publications. What is more difficult to convey is the warmth, compassion and charm of this paediatrician turned psychoanalyst whose work with children was so inspiring, largely because of his originality and his humility.

I can remember vividly one of his seminars at the Tavistock Clinic in which he described his early experiments at 'doodling' as a way of communicating with disturbed youngsters. Suddenly he realised that while he was drawing Daddy Bear, Mummy Bear and Baby Bear 'Happy Families', his patients' drawings were of bombs and buildings falling, or a home with a schizoid mother — a very different reality. From this insight he developed the 'squiggle therapy' for which he is remembered, together with an understanding of the development of the 'false self' and the hidden 'real self' within. Winnicott was remarkable in his ability to explain his work and ideas in simple language. His lectures to social workers and health professionals were

as popular and enjoyable as his series of BBC talks on the 'good enough mother' (what reassurance!).

In this comprehensive assessment of Winnicott's work and influence we are given some biographical details of his early life. He was a much loved and favoured only son who grew up in a household of women; his father being a magistrate and business man who encouraged his son to make up his own mind. Although Winnicott had no children in either marriage he always seemed able to identify readily with mothers, to understand their total absorption in a new baby and the concomitant anxiety and even hatred created by ambivalence towards the baby's incessant demands. His students often felt he would himself have made a wonderful mother and indeed this is the role he appeared to adopt in his capacity for amazing insight and spontaneous reactions to his patients. No doubt his second marriage to Clare Britton, a psychiatric social worker who tutored the first child care course at LSE after the second world war, was a happy one. Michael Jacobs tends to think she idolised both him and their relationship, but one does gain the impression that they enjoyed music, literature, and friends ---- as well as common interests in therapy.

In evaluating from the distance of the 1990s Winnicott's slender contributions to theory and practice, and his place as a 'middle of the roader' between the Freudians and the Kleinians, it is difficult to remember what the climate was like just post-war. The publication of the Curtis Report, which had found children

abandoned in Poor Law almshouses alongside the elderly infirm, the chronically disabled and the very poor and destitute, had had enormous impact. It was reinforced by René Spitz's similar findings in France, where babies abandoned to orphanages run by the church became merasmic due to lack of physical contact. because the nuns were constantly moved on so as to avoid their becoming attached to their charges. Then came Boulby's seminal work, Maternal Deprivation and Delinauency, followed by Attachment and Loss. In addition there was the emotional impact of the Robinsons' films of children in hospital before visiting was permitted.

The Children's Act of 1948 set up local authority children's departments and the new NHS made treatment more readily available to poorer families. Winnicott worked in Paddington at St Mary's Children's Hospital and many (if not most) of his young patients came from slum conditions of poverty and overcrowding. In this atmosphere of more general awareness of the acute social problems many families faced, Winnicott's work had enormous influence.

If his contribution to therapeutic work with mothers and their children is now less valued in the UK, it is still very highly regarded in the States and in much of Europe. Although both Klein and Freud have had enormous influence on education, medicine and social work, many professional therapists find Klein's writing difficult and her theories of questionable application to all but the most disturbed, and feminists have published many criticisms of Freud. Yet Winnicott's works, such as The Child, the Family and the Outside World, Playing and Reality and even The Maturational Processes and the Facilitating Environment, are still popular and valuable reading for all students of counselling and the 'caring' professions. Betty Gould

Attention Deficit Disorder

Edward Hallowell and John Ratey 4th Estate, 1996, £8.99 pb, 319pp

This is a comprehensive account of ADD in both children and adults. Dr Hallowell, one of its authors, claims he himself suffers from the syndrome. The text, which unfortunately I found very repetitive and rather irritating, aims to diagnose and recommend treatment, both pharmaceutical and therapeutic, and to inform parents, teachers, adult sufferers and counsellors. It is also aimed at the medical profession, many of whom remain sceptical.

Distractibility, impulsivity and high activity are common amongst children, especially those described as 'emotionally disturbed'. However, we are given 14 diagnostic criteria for children, 20 for adults; plus 22 conditions that may complicate the picture or even mask the basic syndrome. For those in doubt we have 100 helpful diagnostic questions, and 50 tips on the management of the disorder in adults, including advice on 'mood management' and 'interpersonal life' (make a good choice of mate, learn to joke, schedule activities, structure your week and social life etc.). Then we get another 50 tips on classroom management, with an admission that just two hyperactive children in a class can drive a teacher crazy.

Counsellors and therapists faced with working with someone with this disorder, or their family, or in a group situation, will find useful guidance about the paramount need for structure, especially before focusing on emotional problems. Essentials include support in building self-esteem, and an understanding of the dilemmas inherent in the use of anti-depressants, or of stimulants such as Ritalin which needs to be taken regularly at least three times a day. There is much useful information on medication and the treatment of secondary symptoms such as obsessional and compulsive disorders or outbursts of rage, as well as ten points on the problems commonly experienced in treatment.

The sheer quantity of information is overwhelming; even the case histories are long-winded. This is a great pity because there is so much useful stuff here for parents and teachers. I shall lend the book to a few teachers of special needs children to see if they can usefully digest any of it! Meanwhile, if you have a child or know an adult who has difficulty completing tasks or in structuring their life, plenty of sports activities for using up surplus energy is wonderful advice.

Betty Gould

Deconstructing Psychopathology

Ian Parker and others Sage, 1995, £11.95 pb, 167pp.

This is an extremely timely book, essential reading for all those disturbed by the surreptitious colonisation of the human potential field by anti-humanistic philosophies and practices. Drawing upon Foucault, Deconstructing Psychopathology 'deconstructs' the language and institutions that hold the notion of 'psychopathology' in place, subjecting it to an unrelenting philosophical critique and proposing alternative, philosophically sustainable, and more democratic and human(e) ways of conceptualising emotional and 'mental' suffering. Although the book's principal target is psychiatry, its arguments apply equally to any therapeutic practice which embraces the discourse and ontology of psychopathology — for example clinical psychology, and many schools of psychotherapy.

A central result of the deconstructivist project is to problematise and collapse a series of untheorised taken-for-granted oppositions, such as those between illness and health, reason and unreason, 'lay' and 'expert' professional knowledge, normality and abnormality. Professional élites self-fulfillingly create diagnostic and medicalised realities through the very language they use, yet if 'there is no real distinction between professional and lay knowledge' lying beyond a cultural-linguistically constructed reality, then it follows that the socalled 'scientific' language of clinical discourse — including 'psychopathology' is as thoroughgoingly ideological as any attempt to understand human distress.

Parker *et al* develop, *inter alia*, a quite devastating critique of the tautological nature of the diagnostic enterprise; and I agree with them that 'abnormality', for example, is far better understood as a concept rooted in the (usually unacknowledged) attempt to reduce anxiety in the face of the Other's radical difference than as an 'objective', neutral statistical generalisation.

In sum, this book lays bare the fundamentally ideological basis of the psychopathologising mentality. If you are open to questioning at root the philosophical assumptions underlying, and often unconsciously 'constructing', your own therapeutic practice, then you will surely find *Deconstructing Psychopathology* one of the most important books to appear in years. I unreservedly recommend it.

Richard House



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A Mythic Life

Jean Houston Harper Collins, 1996, £10.99 pb, 340pp.

I loved this book. It seems to me that if you accept Ken Wilber's distinction between the different levels of psychospiritual development, ranging from the Mental Ego through the Centaur, the Subtle and the Causal up to the Nondual, that this book is an almost perfect expression of the Subtle level. This is the level of myth, symbol, image and archetype. Jean Houston, whom I have met, seems to me to live and work at this level most, if not all, of the time.

It is an extraordinarily rich book, full of sights and sounds, of tastes and smells, of human interactions and spiritual revelations, and of a world-aware consciousness. It has no neat sequence, no careful plan, just a well-ordered mixture of experience, observation, analysis, inspiration and genuine flight: 'Part of the emergence of an archetypal spirituality and mythology is the ongoing story of our allowing the gods their growth as we in turn deepen our humanity. Only then can we see the divine beings as partners in creation. The divinehuman partnership has thus become the leading archetypal image for our time.'

This is the message of others too, James

Hillman, Starhawk and their ilk, though Jean does not dwell much on people like these. Rather does she talk about deeply human people she has known, such as Margaret Mead, a close friend for many years, and Teilhard de Chardin, whom she met as a child through many walks in Central Park, and her own Loki-like father. There is much here about her travels to many different places in the world, teaching and learning in many ways and at many levels, but always coming back to the Subtle.

Soul-making occurs through the wounding of the psyche — quite possibly by the gods. And by gods I mean not old atavisms, but those psychospiritual potencies yearning at the threshold of existence to enter into time and, through our lives, to 'redeem the unread vision of the higher dream'. Maybe the gods also suffer and even die, as we do, out of their old archaic selves, to be rebirthed as emergent culture, art, story, and spirit.

Jean herself particularly responds to the archetype of Athena, and I found in this book much of Athena's spirit. I loved it.

John Rowan

Developments in Psychotherapy: Historical Perspectives

Windy Dryden (ed) Sage, 1996, £13.95 pb, 274pp.

This is one of those books with chapters written by different people. It is about charting the main theoretical and practical developments in the major non-

psychoanalytic approaches to psychotherapy. These are: person-centred psychotherapy (Nathaniel Raskin): the existential-phenomenological movement (Simon du Plock); transactional analysis (Ian Stewart); Gestalt therapy (Malcolm Parlett and Judith Hemming); transpersonal psychotherapy (John Rowan); personal construct therapy (Robert Neimeyer and Joel Martin); behaviour therapy (Robert Newell); cognitive therapy (Marjorie Weishaar); rational emotive behaviour therapy (Michael Neenan and Windy Dryden); and psychotherapy integration (Cory Newman and Marvin Goldfried). Some of these are British and some from the USA.

The length of the chapters varies from 20 pages (Gestalt therapy) to 33 pages (existential-phenomenological). Some have relatively few references (35 for Gestalt therapy) while others have many (163 for the integrative approach). But they are all interesting, and present much material not available elsewhere, or scattered in many different places.

Of course my main curiosity was to see whether the existential-phenomenological person would acknowledge how close humanistic psychology was, having many of the same roots. But it turned out that he was a purist, even casting some doubts on the existential credentials of Rollo May and Irvin Yalom. He goes wrong, it seems to me, in saying, "The view held by many humanistic practitioners that the world is ours to manipulate and that it should, like a machine, be perfectible is anathema to existentialism . . .' It is anathema to humanistic psychology too, and Simon du Plock will not find any such views in the present volume. Another remark of his seems to me more interesting: "The debate between humanists and existentialists on the meaning of "authenticity" is important here. Humanists think it is about selfassertive living — being true to the essential self. Existential therapists consider authenticity to be about being open and truthful to life: accepting its limitations and boundaries and allowing it to manifest as fully as possible through one's own transparency.' Now that is worth talking about.

Just to run through the rest - Raskin is as expected very good, making some good points about his old friend Carl Rogers and carrying the story on from there. Ian Stewart does his usual workmanlike job on Berne and his followers, making some interesting points about the relationship with psychoanalytic ideas. Parlett and Hemming make some interesting points about the development of Gestalt since the Perls days, but it a pity that they say nothing about developments in Europe. Neimever and Martin. from the University of Memphis, have a very thorough chapter on the personal construct approach, a superb resource for anyone who wants an update.

Robert Newell on behaviour therapy is quite quirky: he believes that it is humanistic, since it 'seeks to assert the individuality of clients' experiences and difficulties, rather than to ascribe to them mental "illnesses" which differentiate them from the rest of the population'. He also makes links with Buddhist teaching and with Ignatius Loyola. It seems that few developments

have emerged since about 1980, and in the end Newell has to admit that 'history may view the key contribution of behaviour therapy not as these techniques but as its role as a critical precursor to the emergence of cognitive-behavioural therapy'.

Marjorie Weishaar on cognitive therapy focuses mainly on the work of Aaron Beck, but makes it clear that this is a field which is flourishing and growing, and gives a very full account of recent work by many other people. Neenan and Dryden on REBT deal mainly with the work of Albert Ellis, but do also mention other people and bring the story up to date well. Newman and Goldfried on psychotherapy integration have perhaps the hardest task, particularly since they do not exclude eclecticism. They go right back to 1932 to show that the pursuit of integration is not a recent fad. They make the point that what therapists actually do is much more

similar across disciplines than what therapists say they do. The parade of names sometimes becomes a bit breathless, but suitable references are always given for those who want to follow anything up in more detail. This is a very helpful chapter for anyone who wants to know more about this complex story.

It is not for me to comment on the quality of my own chapter, but perhaps I could just say that it gives a brief history, including details of work in Europe, goes on to discuss in some depth the pre/trans fallacy, and ends with a division of the field into the Jungians, psychosynthesis, the academic stream, group work, the Erickson tendency and spiritual emergencies.

To sum up, then, this book seems to be a very useful one to anyone studying these matters in a serious way. And really there is nothing like it elsewhere.

John Rowan

Paradoxes of Gender

Judith Lorber Yale University Press, 1996, £10 pb, 424pp.

This is a big book written by a researcher in the field, who shows extensive scholarship in the area. It is also a vigorous book, pulling no punches. Judith Lorber makes her position clear from the start: 'Gender is wholly constructed, symbolically loaded and ideologically enforced.' She describes her political outlook as 'feminist deconstructionism'. The book came out in hardback in 1994, and this is the paperback edition.

She starts off by undermining all the

usual conventional assumptions about gender, and quotes a bewildering array of different physiological and psychological factors which can vary right across the board. There are all sorts of intermediate genders. And: "There is no core or bedrock human nature below these endlessly looping processes of the social production of sex and gender, self and other, identity and psyche . . . For humans, the social is the natural.'

There are some very good remarks

along the way, such as 'Clothing hides the sex but displays the gender.' This paves the way for a very strong statement of the ways in which gender is enforced. There is no such thing as a fixed and simple boundary of gender, and yet these boundaries are made firm and fixed by our culture, patriarchal as it is. The patriarchy finds it very convenient to have just two sexes, so two sexes it is, whether that makes sense or not.

In part two we get a very full account of all the ways this works out in practice: in the family, in the workplace, in leisure activities, everywhere. There is a good discussion of the way in which women have come into various occupations, and how instead of that meaning they get the goodies men used to get in those occupations, it means the occupations change in the direction of being less valued and less rewarded. Someone once summed this up in the memorable phrase — 'Women get a ticket to ride after the gravy train has left the station.'

Part three is all about the struggle to change these distortions and unfairnesses, and the ways in which change is resisted by those who run the system at present. In the last chapter the author suggests some possible lines of change which could be considered.

This is a book which needs to be on the shelf of everyone who is seriously interested in the position of women in today's society: it is a real achievement.

John Rowan

Men in Groups

Michael P. Andronico (ed.) APA, 1996, £39.95, 435pp.

Twenty-five chapters by thirty-five authors, two of whom are women. This is a huge book, and it would be both boring and inappropriate to detail all the contents.

Is it a book in the humanistic tradition? I always check in the index just to get my bearings. There is no mention of Will Schutz, Elizabeth Mintz, Jim Elliott, Jacob Moreno, or even of Shaffer and Galinsky, which surprised me. The only entry on Carl Rogers says that he is in favour of empathy and genuineness. The only entry on Fritz Perls says that he is connected with Gestalt therapy and the empty chair technique. There is no mention of encounter, psychodrama, co-counselling, guided imagery. There are four paragraphs, scattered over three different chapters, on the empty chair technique. So that was a bit disappointing.

The chapters vary considerably from the brief (12 pages on 'Outpatient treatment of adolescent male offenders' by Judith Becker) to the massive (22 pages on 'The gender role journey workshop' by James O'Neil), from the technical ('Group therapy with incarcerated adult male sexual offenders' by Richard Lazur) to the popular ("The Somerset Institute's modern men's weekend' by Glenn Wissocki and Michael Andronico), from the specialist

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('Asian men in groups' by David Sue) to the general ('Treatment for therapy-resistant men' by Gary Brooks) and from the fascinating ('Working with men in groups' by Frances Bonds-White) to the boring ('The male code and parenting: a psychoeducational approach' by Ronald Levant).

One of the most useful chapters is 'Group counselling for middle-class men', by David Jolliff and Arthur Home, which goes into the question of technique much better than the chapter on technique. On the other hand, its political awareness is abysmal, a fault found often in these pages. You won't find the word 'feminism' in the index. The word 'sexism' does occur, but the references to it demonstrate a mistaken understanding of just what it is.

There is a good deal on minority groups, and anyone working with those such as the homeless, students, Asians. blacks, Hispanics, gays, fathers, sons, alcoholics, post-traumatic stress disorder sufferers, child sexual abuse survivors, violent men, rapists or prisoners would find something helpful here.

John Rowan

The Emotions: Social, Cultural and Biological Dimensions

Rom Harré and W. Gerrod Parrott (eds) Sage, 1996, £14.95 pb, 323pp.

One of the most neglected areas in cognitive psychology is that of the emotions. One of the most popular new approaches to the human sciences is social constructionism. In this book they are brought together: 'We are attempting to bridge the gap between the approaches of the neuroscientist and the cultural psychologist.' So this is an ambitious book.

There are thirteen chapters and 25 authors. Part one is entitled 'The social dimension of emotions' and covers embarrassment (Parrott and Harré), guilt and remorse (Gabrielle Taylor), shame and guilt (John Demos), regret (Janet Landman) and two 'vignettes' by Christopher Ricks and Immaculada Iglesias.

Part two is entitled 'Historical and cultural variety in emotions'; it covers historical perspectives on grief (Stearns and Knapp), gender and emotions (Catherine Lutz), crosscultural emotions (Paul Heelas) and a 'vignette' by Strongman and Strongman.

Part three is entitled 'The biological dimensions of emotion' and covers physiology and emotions (Averill's 1974 paper abridged), the importance of context in understanding emotions (Ginsburg and Harrington), critique of common beliefs about emotions and their expression (Fridlund and Duchaine), self-control and self-perception (Laird and Apostoleris) and 'vignettes' by Charles Darwin, Keith Oatley and K.T. Strongman.

There is much that is fascinating here. Long-established experiments and conclusions are rubbished and reinterpreted,

long-established assumptions and beliefs about emotions are soundly trounced, and generally a good going-over is delivered to the whole field. Nevertheless, certain areas are not covered at all; for example there is no trace of the recent discussion as to whether there is a fixed number of basic emotions. There is nothing particularly humanistic about the book in any respect. However it is such a blockbuster that one can only reel backwards and tell anyone studying the subject that they would be crazy not to get it, even though the index is rather feeble. It is too academic for the general reader. And it is profoundly American, even though there are a few British authors.

John Rowan

Time-conscious Psychological Therapy

Jenifer Elton Wilson Routledge, 1996, 189pp.

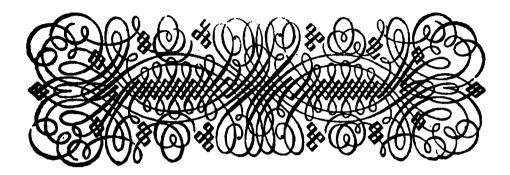
The first thing you notice here is the laminated card which can be extracted and used in conjunction with any part of this book. On the first page it summarises the contractual commitments, with three choice points and multiple choices. On the second page it has a summary of the stages of development and the different contributions of the working alliance, the real relationship and the transference relationship at each stage. On the third page is a form which can be used after each session. And on the fourth page is a chart of six steps to be examined for every commitment made.

The rest of the book lives up to the very practical and down-to-earth promise offered by this card. Its focus all the way through is on 'the life pattern of an individual client's psychological development'. For this purpose brief psychotherapy is regarded as one of the options available at any given point, and conditions for its appropriateness are laid down. We are in the presence here of an approach which fully integrates long and short forms of therapy, and this is most welcome against a background of history where there have been battles and skirmishes between the two.

The integrative approach extends into the details of assessment of new clients. There is a useful distinction between clients who are in crisis. clients who are 'visiting' in the sense of testing out whether they really need therapy, and clients who are willing to engage, ready to take personal responsibility for psychological change. This then leads to a time-conscious contractual commitment: the author distinguishes between a time-focused commitment of 10-13 sessions, a time-extended commitment of 12-plus sessions with 4 sessions' notice of ending, and a timeexpanded commitment with two months' notice of finishing. In relation to this latter, Rollo May is quoted with approval. Some serious consideration is given to the question of returning to life without therapy.

There is a very good use of case vignettes to bring the various points to life, and the author comes across as a warm human being with a lot of expertise. This is a thoroughly admirable book, which is strongly recommended.

John Rowan



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