

grinding their theoretical or personal ax against the fragile structure of the patients' personality. Acknowledging the prevalence of the sexual abuse of children in our society, the authors also caution against a dismissive attitude on the part of therapists that does not allow for the possibility of the sexual traumatization of their patients. In the end, therapy seems to work best when therapists maintain a temperate, alert, exploratory, and self-disciplined approach that does not encroach upon or abuse their patients' susceptibilities.

At the risk of appearing to nitpick, I thought the book suffered a regrettable flaw when the authors, in the section that discusses the array of services that are available to the psychologically distressed, placed psychiatrists and psychologists in the category of Therapists and other mental health professionals under the rubric of Counselors. Although the term "Counselor" is by no means an inherently derogatory one, the authors appear to be guilty of professional condescension when they consign social workers, for example, to the task of assisting patients with "housing, social outlets, and vocational rehabilitation," rather than acknowledge that many of those professionals who work within this particular discipline are, and deserve to be called, competent psychotherapists.

In sum, the important information, good down-to-earth writing, and wit contained in this text make it a good read for both experienced and neophyte therapists. I strongly recommend it to my colleagues.

San Francisco, CA

GERALD AMADA, PH.D.

JOHN W. HESLEY AND JAN G. HESLEY: *Rent Two Films and Let's Talk in the Morning. Using Popular Movies in Psychotherapy*. John Wiley and Sons, New York, 1998, 305 pp., ISBN 0-471-17043-7, \$34.90.

John W. Hesley, Ph.D., is a psychologist with a consulting and psychotherapy practice, and his wife Jan G. Hesley, M.S.S.W., is an advanced clinical practitioner who specializes in marriage and family therapy. In this book, they describe their technique of assigning movies to be viewed by their patients (clients) that are then discussed in the course of the therapy. Depending upon the reader's psychotherapy orientation, they will either be outraged or delighted by the authors' strategy. I actually presented this to two of my colleagues. The dynamically oriented therapist, though willing to admit that the idea was interesting, thought that talking about movies in the course of therapy was possibly a form of countertransference that allowed the therapist to avoid doing any real productive work and that any insights derived would be short-lived. The cognitive behaviorally oriented therapist thought that using films was an intriguing idea that could definitely help certain patients. My reaction was mixed. Though I regularly use commercial films as adjunctive aids to enhance my teaching of psychopathology, diagnosis, and psychotherapy to medical students, residents, training directors, and mental health professionals, the idea of assigning patients the viewing of films as part of their treatment seemed a bit unconventional. I guess that I was concerned, as was my dynamically oriented colleague, that the sessions would deteriorate into discussions about the films that,

though pleasant, would serve little useful therapeutic purpose. This was my preconceived notion before I progressed beyond the first chapter or two. I am pleased to report that my perspective changed as I read the book.

The authors have clearly done their homework in presenting the strategy to what they almost certainly realized would be a varied professional reception. In the first part of the book, they introduce their concept of Video Work and discuss Theory and Applications. They trace its roots to bibliotherapy, i.e., giving reading assignments to patients, and discuss why Video Work is superior to the value that patients would get on their own in terms of self-improvement of using films (or books) without therapy. They supply ample clinical vignettes, from their own clinical practices, of how certain films generated therapeutic change in their patients. They present a rationale for how, and why, Video Work works including: reframing problems (p. 18), providing role models (p. 20), offering hope and encouragement (p. 18), potentiating emotion (p. 22), improving communications (p. 23) and prioritizing values (p. 24). They furnish an important discussion on the potential risks of Video Work (p. 38) and on who is not a candidate for this type of treatment (p. 36).

In Part II of the book, *Anthology of Therapeutic Films*, the authors divide the universe of available films into topics from A: Abuse (Emotional, Physical, Sexual) to V: Vocational and Work-Related Issues. For each film they suggest the main lessons to be learned from the film; the categories of patients who might benefit; they provide a brief synopsis and give suggestions as to how the film might be scripted for the therapy. They also provide precautions, such as violence and nudity, that might render the film unsuitable for certain viewers. Not everyone will agree with their specific film recommendations. For example, for the topic of aging, they recommend *Strangers in Good Company* and *The Trip to Bountiful* and do not mention one of my favorites, *On Golden Pond*. For values and ethics they recommend *Short Cuts*; I would choose *Broadcast News*.

In Part III, *Therapist Film Reference*, they provide a category index and brief plot summary of 130+ films (including *On Golden Pond*), some not discussed at length in Part II, as well as an alphabetical title index to the films.

As an internet fanatic as well as a movie fanatic, I was delighted to see that the authors had set up a web site at <http://www.hesley.com/> where they include recommendations and comments about recent films, as well as an E-mail address to contact the authors at [MovieTalk@Hesley.com](mailto:MovieTalk@Hesley.com). As of March 1998, they had a discussion of *Good Will Hunting* (1997). The web site also includes links to other sites that readers, who would like to do VideoWork with their patients, will find useful, e.g., The Internet Movie Database at <http://www.us.imdb.com/>

Let me conclude with some caveats. Despite the sizable number of clinical vignettes supplied by the authors supporting the benefits of VideoWork with their patients, the technique has not, to my knowledge, been subjected to any scientific study that supports its efficacy. It is quite possible that the novelty of its use, along with the authors belief in its usefulness and their enthusiasm in recommending this

interesting strategy, are the active ingredients in its success. That being said, there is still ambiguity about what are the active ingredients in any form of psychotherapy! I recommend this book highly to any therapist who is also a film lover. Even if they are too conventional in their therapy orientation to ever use VideoWork in their practice, their patients will occasionally be alluding to situations that they've seen in films that will be important in understanding their problems.

Scarsdale, NY

STEVEN E. HYLER, M.D. FAPA

MELVIN R. LANSKY AND ANDREW P. MORRISON, EDs. *The Widening Scope of Shame*. Analytic Press, Hillsdale, NJ, 1997, 456 pp., \$49.95, 0-88163-169-8.

Shame once held a prominent place in American society as a monitor of appropriate behavior. About a century ago, it lost its authority, even for psychotherapists. In the early 1970s, shame was rescued from obscurity by H. B. Lewis and a small cadre of writers, who provided clinical evidence that most psychotherapeutic failures are due to shame's unacknowledged presence in the therapeutic encounter. In more recent times, writers have documented its influence in a wide spectrum of human endeavors. Because of the increasing recognition of its importance, shame is a subject whose status needs a continual update.

*The Widening Scope of Shame* is an attempt "to provide a broader perspective than can be found in any existing volume intended for, but not limited to, clinicians" (p. xiv). Probably due to this intent, the book—written mostly by psychoanalysts and other clinicians—devotes minimal space to the *treatment* of shame.

There are some excellent contributions: Broucek on developmental issues; Michels examining conceptual problems; Scheff and Retzinger evaluating H. B. Lewis' work on shame; Hanson analyzing philosophers' writings on shame; Katz discussing the sociology of shame; and Levin exploring shame's influence in marital incompatibility. However, except for Hanson's chapter (my favorite), these contributors have expressed essentially the same ideas elsewhere. Indeed, Levin's two chapters are reprints of papers he published thirty years ago.

A more serious limitation is what is not covered in *The Widening Scope of Shame*. There are some distinctive conceptual disagreements among shame theorists and clinicians. Several of the contributors reflect these differences in their chapters. Yet, nowhere in the book is there an explicit discussion of such important questions as:

1. Is shame only a negative emotional state?
2. Is shame a single affect or a cluster of related emotions (a syndrome)?
3. How do other important emotional states relate to shame?
4. Is what most people (including clinicians) regard as a guilt reaction, actually the experience of shame? And how do these guardians of moral development—shame and guilt—compare?
5. Is the origin of shame (as Nathanson and Tomkins claim) biological? Or social (as Scheff and Retzinger posit)?