
Book Reviews / Comptes rendus

Reichard, Birge D., Siewers, Christiane M. F. & Rodenhauer, Paul. (1992). *The Small Group Trainer's Survival Guide*. Newbury Park, CA: Sage Publications. In. 146 pp., \$16.95 US (soft cover).

Reviewed by: W. E. Schultz, University of Manitoba.

In this short, 136-page book, Reichard, Siewers and Rodenhauer set out "to assist trainers in working with individuals who are experiencing a distress reaction that might lead to . . . a clinical distress incident." All three authors are consultants with the National Training Laboratories (NTL) and so emphasize laboratory education at the expense of other approaches.

Because of the nature and intensity of laboratory education, where experiential activities are used in addition to cognitive learning, training sometimes becomes very stressful. The purpose of this book is to help trainers prevent and manage this distress in laboratory settings.

After clearly explaining laboratory education in the first chapter, the authors provide some theoretical foundations for their work. Kurt Lewin's 1950s concepts on the three stages of learning (unfreezing, changing, refreezing) are briefly examined, followed by a cursory examination of Hans Selye's 1970s notions on positive and negative stress (eustress and distress). Following this, William Shutz's 1950s concepts of inclusion, control and affection are explained as "recurring cycles within the components of group behaviour." Finally, the "even older" concepts of psychoanalytic practice are defined, including transference, countertransference, projection denial, splitting and regression. At this point I decided to examine the "References" for this book and found no 1990s references, a few in the early 1980s and the majority from the 1950s to 1970s.

The use of the Johari Window to classify distress reactions help the reader to see more clearly the known distress reactions such as anger, sadness and withdrawal; the hidden distress reactions, such as alcohol and drug abuse, insomnia and promiscuity; the blind distress reactions including delusions, defensiveness and passivity; and, finally, the unknown distress reactions such as accidents, risk-taking and unexplained illnesses. This classification system, along with a limited number of highly appropriate suggestions for prevention and management of each type of distress, is very clearly explained and well-organized.

Chapters four to six constitute the core of this book in that the authors devote a chapter each to recognizing, preventing and managing distress most of which a veteran counsellor would be experienced in handling. In the remainder of this chapter, the authors spend a great deal of time preparing the leader for dealing with three other specific types of anxiety attacks; namely, hyperventilation, panic attacks and global memory loss.

The authors' very good suggestions for preventing distress in a group include: (a) a written description of the group program, (b) complete information on participants, (c) well-prepared leaders, (d) leaders' aware-

ness of their own style, (e) a successful group beginning, and (f) the availability of clinical consultants. This is probably the most useful chapter to group leaders in general, for it not only provides excellent suggestions for avoiding distress incidents, but also provides leaders with a list of positive suggestions for preparing for groups.

The section on trainers' style in this chapter was disappointing in that the focus was mainly on the negative leadership styles that would prove to be unsuccessful. Not to devote even a sentence to the usefulness of leadership flexibility in using the styles of directing, coaching, supporting and delegating (as described in the situational leadership literature) is hard to understand.

In the chapter on managing distress reactions, the authors point out that their purpose is "not to provide a list of specific interventions for specific types of distress reactions," but rather to provide a general structure for thinking through intervention options. These general strategies are discussed, including: (a) giving verbal support, (b) shifting the focus of the group work, (c) enforcing healthy group norms, (d) modelling appreciation of differences, (e) modelling non-defensiveness, and (f) offering alternative perspectives. Another very worthwhile part of this chapter is the suggested intervention steps for leaders should a distress incident occur. The steps appear to be practical and comprehensive.

In spite of the authors' saying, on more than one occasion, that they do not wish to use a "cookbook approach," they do, nevertheless, provide a number of case studies in Chapter seven; cases that they hope will give the reader help with the "management of major clinical incidents in groups." The cases are very well chosen, comprehensively described and then analyzed in terms of group leader intervention. The ten cases were chosen by the authors to reflect difficult cases so that trainers would become more aware of distress incidents that can occur. Not surprisingly, since two of the authors are psychiatrists, most of the cases dealt with situations that would be dealt with by medically-trained group facilitators. The situations presented in some of the cases (psychotic incident, heart attack incident and diabetic incident) may not occur in many small groups, but the discussions and suggestions for leadership intervention would be helpful to all leaders who found themselves faced with similar distress incidents. I really wish the authors had used this more practical approach throughout their book. In fact, the title of the book, "group trainer's survival guide," seems to imply that the reader will get some practical guidelines on leading small groups.

The last brief chapter is devoted to "the trainer." This chapter is little more than a list of 1970s clichés on trainers or group leaders. "The power of the leader's role is necessary to manage the group"; "Sarcasm and humour at the expense of the participant, or name calling, or labelling by the trainer have no place in laboratory education"; and "Sexual seduction of participants . . . represents an extreme abuse of power," all typify the inane references to the obvious. Even worse than these clichés, is the one page devoted to the training of trainers. The 1970s work of Shutz is again mentioned, the group dynamics work of Bion (1961) is alluded to, "a knowledge of biology as well as the psychology of stress" is seen as vital. Where are the references to the

American "Association for specialists in Group Work" and such authors as Corey, Johnson and Johnson, Vander Kolk and Gazda, to name a few who have added to the literature on the training of trainers?

As mentioned earlier, the title of this book is misleading in that it implies that guidelines will be provided for small group trainers. A better title might have been "A discussion of distress incidents for psychiatrists working in small groups." Once readers realize the narrow parameters of this book, they will probably find much useful information in chapters six and seven, where the authors have provided not only general guidelines for managing distress reactions but have also provided very good case studies. I recommend the book to the highly trained group trainers working with clients who are severely disturbed.

Crabtree, Benjamin F. & Miller, William L. (Eds.). (19??). *Doing Qualitative Research: Research Methods for Primary Care; Volume 3*. London: Sage Publications Ltd. 176 pp.

Reviewed by: Roger P. Tro, University of British Columbia.

Building on the work of numerous disciplines, the present era of post-modernism has presented qualitative researchers with a particularly agreeable environment to test and develop their techniques. *Doing Qualitative Research* presents an integration and synthesis of many of these approaches as they pertain to the field of primary care research.

Primary care, as a field of medicine, with its emphasis on scientific rigidity, seems an unlikely place for qualitative approaches to flourish. However, there is an increasing awareness on the part of many medical researchers, particularly those involved in family medicine, that the human element in studies of the realities faced by their patients is often lost in purely quantitative analyses. Because psychotherapy researchers and practitioners are also often deeply enmeshed in their own need to appear "scientific" with their research subjects (often their own patients or clients), this book is particularly relevant to these helping professions, and it is useful as a resource for those interested in exploring and implementing qualitative approaches in their own research.

The book is organized in six parts: (a) an overview of qualitative methods in general; (b) strategies for data collection; (c) strategies for analysis; (d) special cases; (e) completed studies; and (f) a summary. It is a compilation of articles by various researchers from the fields of medicine, anthropology and psychology who have impressive credentials in the area of qualitative research. If one were to read only one chapter of *Doing Qualitative Research* it would have to be the article by the editors, William Miller and Benjamin Crabtree entitled "Primary care research: a multimethod typology and qualitative road map." This work contains a comprehensive and readable review of a wide variety of qualitative approaches and their applications. It provides clear definitions and descriptions for each of these methodologies that allow