

## BOOK REVIEWS/COMPTES RENDUS

### List of Reviewers:

REY A. CARR  
Victoria, B.C.

ANTON DESWAAF  
Rexdale, Ontario

LEO F. KLUG  
Edmonton, Alberta

Myrick, R. D. *Consultation as a counsellor intervention*. Washington, D.C.: American School Counselor Association, 1977.

### Reviewed by:

Rey A. Carr  
Department of Psychological Foundations  
in Education  
University of Victoria  
Victoria, B.C.

School counsellors are continually asked to provide services for which they may have received little training. While the counsellors themselves are eager to adopt new roles, they have few models or resources to help them take specific and concrete steps to make the necessary changes. *Consultation as a Counselor Intervention* by Robert Myrick, Professor of Counselor Education at the University of Florida, is one of a series of five monographs sponsored by the American School Counselors' Association, developed to help counsellors acquire practical and "immediately adoptable techniques and procedures." Myrick succeeds in accomplishing this goal and intersperses his presentation with examples and dialogues demonstrating application of the consulting role. He conceptualizes consultation as a method of implementing developmental principles of student growth and learning, and sees the consulting relationship between the counsellor and other adults in the student's learning environment as critical to an effective guidance program. The work contains detailed sections on the consultation process, the role of communication skills in consultation, steps and stages in consultation, as well as sections on working with parents and teachers and providing in-service consultation. The book also details an agenda for a workshop on communication skills, describes pitfalls in consultation, and provides a summary of research about consultation.

Myrick's discussion of the stages involved in consultation is particularly enlightening. He

identifies seven discrete stages (problem identification, clarification of consultee's situation, identification of goals and desired outcomes, observation, planning, plan initiation, and follow-up) and for each stage provides a description of the necessary implementing skills and perspectives. For example, he views the consultee's situation stage as an opportunity for the consultant to help the consultee become more systematic in discussion of the problem, encouraging the consultee to express feelings and expectations, describe target behaviors, relate what the consultee has tried so far, and detail any positive attitudes of behaviors already present. Following his discussion of each stage, he provides an actual dialogue between a consultant and consultee, illustrating the type of interaction which takes place during that particular stage.

Myrick believes in the importance of providing a systematic approach to training counsellors in consultation concepts and practices and has attempted to provide a comprehensive set of guidelines and ideas for practicing counsellors. The monograph is clearly written and organized in a readable and practical manner. While alternative models of consultation and certain fundamental concepts such as organization change theory are not discussed, the work can help counsellors begin to practice consulting on Monday morning. Professionals outside of school settings may find the work valuable as a way of understanding some of the problems associated with school counselling.

Douglass, M. E., & Goodwin, P. H. *Successful time management for hospital administration*. New York: Amacom, 1980.

### Reviewed by:

Anton deSwaaf  
Director of Administration  
Thistletown Regional Centre  
Rexdale, Ontario

This clearly written and well organized book is, no doubt, riding high on the present waves of interest in the realms of management development as well as self-counselling. It seems somewhat presumptuous, however, for the authors to take for granted that time management is more difficult for hospital administrators than it is for anyone in any other position, be that at work or at home. As they, themselves, correctly observe, "a great deal of our difficulty in using time better can be traced to our habits." Since, by definition, habits are learned behaviours stored mostly below our awareness threshold, they are part of our total personality and therefore influence our behaviour at home as well as at work. To be long lasting, any change in our habits of time management should encompass both parts of our life. The book, unfortunately, only addresses the management of time in the work place. If the reader is sincere in wanting to bring about a lasting change in his time managing habits at work, he is advised to figure out corresponding changes in the use of time in his own private life as well.

The book, through the use of many different check lists, assists the reader in systematically analyzing his present use of time. The authors observe that one of the most frequent time-wasters is the trap managers fall into when they engage in actions which are "urgent" rather than "important". Borrowing from the Management by Objectives framework, they then assist the reader in his task to evaluate and prioritize his objectives. Since these planning lists usually indicate to the manager that he has less time than needed to complete all tasks, one chapter is devoted to ways by which to control time-wasters, and one to the delegation of tasks.

This book will be of interest to all readers who want to learn more about a disservice by specifically aiming their work at hospital administrators. There really was no need to limit their audience this way, since the problems they address and the examples they use are definitely not unique to the hospital environment. By embracing a wider readership, perhaps they could have reduced the rather hefty price of their work and hence served their readership even better as well.

Feigenberg, L. *Terminal care: Friendship contracts with dying cancer patients*. New York: Brunner/Mazel, 1980.

Reviewed by:

Leo F. Klug  
Director, Patient Counselling Services  
Misericordia Hospital  
Edmonton, Alberta

This book is the author's explanation of an exciting innovative method of working in an intense and exclusive way with dying cancer patients. His presentation is thorough, theoretically sound, and practical. Moreover, I believe "the method" could be used with clinical populations other than the terminally ill. Most health professionals would find the book stimulating and challenging if they use the author's approach to evaluate their own.

Feigenberg is a Swedish oncologist-turned-psychiatrist. His major interest area during the past 10 years has been the new discipline of thanatology (i.e., the scientific study of death, dying, grieving, and related issues). The first part of the book is an explanation of his understanding of thanatology. There is nothing new here, but it would serve as a good introduction to the discipline for someone just getting into it. The author is aware of and reflects on some of the key concerns of thanatology: it is both an "old" and a "new" science; the validity of making distinctions between attitudes towards death and attitudes toward dying; the thorny issue of "stages" of dying; death is not a disease; dying is a holistic experience affecting every aspect of a person's functioning; the mystery of time and its various dimensions; sociological or "role" death; various concepts of immortality, including Freud's "subconscious immortality" and Lifton's "symbolic immortality"; the problems associated with the denial-acceptance of death continuum; the right to know and the right to tell questions; the meaning of "death with dignity"; and the challenge of helping the dying person live fully. Appendix I of the book contains a 45 page survey of the thanatological literature; it is basically an annotated bibliography, and is well done. Again, it would be especially helpful for the health professional unacquainted with thanatology.

Part II of the book is a detailed discussion of Feigenberg's unique clinical approach to terminal care. The approach consists of establishing a very close personal friendship with the patient by means of frequent, regular contacts right up to the death of the person. Aside from an initial interview with the patient's significant others, he excludes all further contact with the relatives and nursing staff. By entering into the patient's unique experience of dying, a special psychological setting is created, and within it the "friendship contract" develops. The therapist dedicates himself fully to the patient, becoming his personal physician-confessor, with whom even one's darkest secrets can be shared.

Feigenberg illustrates his approach by presenting five case histories — a young man, a young woman, a middle-age man, and two middle-aged women. The length of the contact with these pa-