

Dr. Karl Rickels, the editor of this book. He contributes the first chapter which broadly reviews the topic and serves as a useful introduction. Rickels points out that not only do non-specific factors influence treatment outcome, but they also affect the incidence of 'drop-out' in patients admitted to a clinical trial, and their reporting of side-reactions.

DiMascio's contribution is especially interesting to psychologists, as it concerns the assessment of drug effects on groups of normal subjects distinguished by their personality characteristics. For example, subjects with extreme scores on the Taylor Manifest Anxiety Scale were given a benzodiazepine compound such as diazepam for a week. A lowering in anxiety level was noted only in the high anxiety group, whereas a paradoxical increase in anxiety was induced in the low anxiety subjects. Similarly, in normal subjects with high or low M.M.P.I. depression scores treated with imipramine the antidepressant action of the drug was discernible only in the high depression subjects.

Several chapters are wholly or partly concerned with the properties of the placebo, placebo reactions and placebo reactors. Beecher, the doyen of this area of research, concludes that one can identify consistent placebo reactors and non-reactors. An essentially similar conclusion is reached by the French workers, Pichot and Perse, from their studies of that constituent of response set identified as 'acquiescence'. According to McNair and his co-workers examining the same problem, 'acquiescers are likely to be rather thoughtless non-discriminating individuals, rather than complaint conformers'. Such subjects add 'noise' to a drug trial and should be evaluated separately or trained to give reliable subjective ratings.

The longest chapter is Horningfeld's review of non-specific factors in the treatment of depressed states. His discussion of these factors is generally sound, but his account of depressive syndromes is oversimplified and perpetuates some canards such as the obsessional pre-morbid personality of the agitated depressive.

In the reviewer's opinion, the strict dichotomy into specific and non-specific factors in drug response may prove misleading in the long run. Even such ostensibly non-specific factors as the patient-physician relationship may be influenced by specific drug effects such as sedation. Accordingly, the interactions involved are very complicated indeed, and it may become useful to array drug effects along a continuum from highly selective, specific actions (i.e. with postulated anatomical receptor-sites) to very diffuse non-specific effects. All in all, the publication of this book separately from the main bulk of

the Congress Proceedings (reviewed in this *Journal* Nov. 1968, p. 1459) is to be welcomed. The individual contributions inevitably vary in length, complexity and thoroughness, but they dovetail neatly with one another avoiding needless, boring repetition. Finally, the book is carefully indexed and well produced.

MALCOLM LADER.

SOCIAL PSYCHIATRY OR PSYCHIATRIC SOCIOLOGY?

Social Psychiatry. Edited by JOSEPH ZUBIN and FRITZ A. FREYHAN. New York, London: Grune and Stratton. Pp. 382. Price £6 10s. 6d.

This symposium of contributions at the 57th Annual Meeting of the American Psychopathological Association held in 1967 presents the strength and the weakness of such publications. The Editors frankly acknowledge this fact, with the added comment that the reader of this book is neither a full participant in the symposium nor can he expect a comprehensive textbook approach on social psychiatry. They had invited the speakers to consider the key concepts of the field both scientifically and ideologically, and so divided the programme into separate sections dealing with assumptions and hypotheses, a review of current evidence, and methodological problems of interpretation and evaluation. However, neither the Table of Contents nor the text displays this classification, nor is there an index, apart from that of names. Notwithstanding these drawbacks of presentation and format, there is much of intrinsic value and substance in both individual papers and discussions, some of which will rank as classics in the field of social psychiatry, particularly where they illuminate areas of uncertainty and indicate the need for further research.

Recognition of the social factors that are the cause or consequence of mental disorders, or that may be relevant to their prevention or treatment, is fundamental in this field. The investigation of these factors may be discerned throughout the history of psychiatry, although the last half century has seen its most intensive growth. In this context the synonymous use of the terms 'social' and 'community' psychiatry is to be deprecated, the former being both different from and wider in connotation than the latter. Inevitably, the growth of related disciplines especially the social sciences with their corresponding 'psychiatric sociology' has led not only to cross-fertilization with 'social psychiatry' but often to semantic confusion. This facet is ably discussed by Leo Srole as 'A Case of the Babel Syndrome', drawing attention to the service-versus-research functions of the different professions concerned in these fields.

Much of the recent controversy occasioned by the Seebohm Report's divisive approach between the medical and social work fields is surely attributable to such lack of definition, apart from the fact that this approach is contrary to the trends of unification currently accepted for the expanding National Health Service.

A stimulating and thoughtful paper by Elaine Cumming on 'Community Psychiatry in a Divided Labor' discusses practice in the new comprehensive community mental health centres. She draws attention to the implications of the mandate of comprehensive responsibility, namely that total psychiatric care for the catchment area patients must be provided and that this is after all the only radically new idea in the scheme. Due acknowledgement is made to British research and experiments in this area, and she concludes that psychiatry practised in these centres must avoid undue selection of patients, and 'telling other people how to do their jobs'. More details on the 'Social Implications of the Community Mental Health Center Concept' by Levenson and Brown discuss the social setting in which programmes are developing and operating, point out that the centre is not necessarily housed under one roof and that no single pattern is automatically appropriate for all communities. In some respects our own developments in community psychiatry within the National Health Service, and in particular since the Mental Health Act, have led the way, and changes imminent in the District General Hospital and under the Green Paper may outstrip American standards and practice described in these papers.

A comprehensive paper by Bernard and Crandell discusses the 'Evidence for Various Hypotheses of Social Psychiatry' in certain areas—including 'Psycho-social Aspects of Mother-Infant Relationships', 'The Family as a Social System', 'Therapeutic Aspects of the Group Process', 'The Social Setting of Psychiatric Treatment' and 'Psychiatric Aspects of Broad Social Problems', the latter ranging from school de-segregation to the 'Prevention of Nuclear War'! In 'An Analysis of the Evidence', H. Warren Dunham examines the limits of social psychiatry more specifically as socio-cultural factors of aetiological significance. The models of social disorganization, social cohesion, ecological balance, general systems theory, and the socialization model, are discussed, as are also various hypotheses of social psychiatry. Some of these will be familiar from the earlier classical work of Faris and Dunham on the high hospital admission rates from the central slum areas of Chicago in the 1930s. The competing theories of social causation and social selection to explain the inverse relation commonly found between psy-

chiatric disorder and social status are, as Dohrenwend states, the central unresolved issue in this field today. The commonly accepted hypothesis that social isolation in adolescence is a predisposing factor in schizophrenia is not supported by the data, nor the notion that poverty is the factor that makes the difference in the amount of psychiatric disorder between integrated and disintegrated communities. Among other studies stemming from social psychological theory that Dunham discusses are those of the Lidz, Bateson and Wynne groups dealing with family interaction processes and schizophrenia. Bell's broad historical approach, and his analysis of conceptual and aetiological models, including those based on the effects of pathology, gives a complementary analysis to that of Warren Dunham.

Sir Aubrey Lewis introduces in his own inimitable and penetrating manner Baroness Wootton, who was invited by the Association to deliver the Paul H. Hoch Award Lecture, modestly entitled 'A Layman's Comments on Contemporary Developments'. As readers of this *Journal* will expect from one of our most distinguished social scientists, she 'seizes the licence to trespass and exploits it to the full'! She critically evaluates current misuse of the term social psychiatry, reviews a number of recent studies on the prevalence of mental disorder, and infers that too often do investigators 'find what they expect to find, so that their conclusions tell us more about their own state of mind than the objective situation'. For various reasons she advocates that the concept of mental health should be emptied of moral and ethical content, as 'every incursion of sickness into territory previously occupied by sin means a further concession to a philosophy of determinism'. Mental disorders should be defined in terms of lowered efficiency or impaired function, and for purely practical reasons studies in their epidemiology should record only those cases in which the patient is prevented from following his usual occupation. In the field of criminal responsibility and culpability, psychiatrists are required by the Courts to answer inherently unanswerable questions and should say so 'in loud and unmistakable terms'. She reflects finally on the sinister implications of aversion therapy in penal treatment for cases of fetishism, sexual deviation, compulsive gambling or exceeding the speed limit!

Thoughtful papers follow by Portia Bell Hume on 'Prevention and Rehabilitation' and by Wilner on 'Research and Evaluation', dealing with epidemiology, logistics, treatment process and outcome, and research methodology.

A short but perspicacious review of 'Evaluation in Social Psychiatry' by Fritz A. Freyhan deals with

the need for scientific attitudes and scepticism in the field of mental health, questions the assumption that the community mental health centre is the ultimate therapeutic community that will change the pattern of mental illness, and stresses that treatment, training and research are as indivisible as they are interdependent.

This collection of papers can be strongly recommended as a pot pourri to satisfy the appetite of any psychiatrist seeking to widen his interest in the social field, which is clearly the matrix in which we are all involved.

MORRIS MARKOWE.

BEHIND THE WALL

Imprisoned Tongues. By ROBERT ROBERTS. Manchester University Press. 1968. Pp. 214. Price 37s. 6d.

This small book attempts to fill an important gap in our understanding of society. The author, who has spent many years as a tutor to the educationally backward in a large Northern gaol, tries to give a glimpse of the sociology of such an institution by describing some of the men he has met and the problems which confront them. Unfortunately he doesn't entirely succeed because the book lacks form. He has interesting anecdotes about the particular teaching techniques involved, and he has eminently reasonable views about improving the management of the large numbers of inadequate, deprived men he has been working with. More's the pity, therefore, that the chapter divisions seem arbitrary, the reader is treated to pointless, boring, long passages of prison vernacular, and the book itself does not develop its themes adequately.

Nevertheless, books such as this are urgently required. As the author no doubt perceives, one of the greatest problems confronting the prison and its place in society is communication. For society to fully understand the profit and loss of treating those it dislikes and rejects by imprisonment it needs information. Public access to and involvement in the mental hospital has reduced the phantasies about this institution; presumably the present misunderstandings about the prison system will be removed only when the public ear and eye is fully informed.

The author quotes examples of prison poetry and self-documented case histories of a few of the initially illiterate clients and some of these are illuminating in themselves, but for the psychiatrist there is a message which threads its way throughout. Roberts claims:

'Generally neither officer, psychiatrist, priest nor welfare worker has anything like the same opportunity as the daily tutor for really getting to know a prisoner.'

Later he describes a clear lack of communication with the prison psychiatrists by giving good descriptions of severe behaviour abnormalities—marked withdrawal, probable delusions and hallucinations, suicidal threats—all of which were tolerated as eccentricities. A man with anxiety about urinating in public was helped to 'copious success' by advice from his tutor. The moral in all this is plain.

Although the dust-jacket tells us that about one-third of the one hundred thousand people who spend some part of each year in prison are educationally backward, one in ten being illiterate, we are not told how these statistics are arrived at. More facts and figures would have been welcome, but for all its deficiencies this little book is a splendid attempt at crossing a wide gulf. Those who are not yet familiar with the extraordinary and isolated life behind the high walls will find much to interest them in this book.

JOHN GUNN.

CONSCIOUS ADDICTION

Addiction and Opiates. By ALFRED R. LINDESMITH. Chicago: Aldine Publishing Co. 1968. Pp. 295. Price \$7.50.

A re-written edition of the general theory of opiate addiction which Lindesmith first presented in 1947. Based on a detailed knowledge of the behaviour of large numbers of addicts as well as an extensive study of the literature, he concludes that the essential element of addiction is not the positive pleasure derived from the effects of the drug but rather the conscious avoidance of the distress occasioned by the withdrawal symptoms. Many case histories are quoted to support this view, especially those of addicts who, having previously received drugs for physical illness, had not become addicted because they were not aware that the discomfort following the drug's discontinuance was a drug withdrawal illness. Subsequently these patients had again experienced opiates, and when informed of the reason for their distress during withdrawal had become confirmed addicts. The author does not dismiss other factors as contributing to the process of addiction but regards them as only of secondary importance. A necessary consequence of his theory is that animals and young children cannot become addicts within his definition of the term. Although claimed as a general theory of addiction, no account is taken of the frequent dependence on other drugs shown by narcotic addicts. It has been noted, for instance, that the relapse rate amongst amphetamine-dependent patients is extremely high despite the absence of a significant physical withdrawal illness.

The historical perspective of this book is unique for