

clinical material that they are not readily reducible to operational terms for systematic study'.

Beck's own contribution to research is a fifteen year systematic study of 1,000 depressed patients, their clinical behaviour, life history and personality, against a matched control group. Many of these findings are distributed to appropriate sections throughout the book, especially the section on symptoms where the author examines both their qualitative and quantitative aspects. In Part 3 he describes his special studies in detail, their method and findings, and the development of the depressive inventory. He discards the traditional classification of depression, not apparently because he considers it invalid, but because he finds the reliability low between different raters. Unfortunately, the standardized interviewing techniques recently introduced and described by Wing, Cooper and Kendell, which have gone much of the way towards improving diagnostic reliability to acceptable levels were not then available to him. Instead, Beck examines the general level of depression, or group of symptoms defined as depression, in psychiatric patients with various conventional diagnoses. Those who still regard depression as some form of entity may be unhappy with this approach. Whereas depression obviously occurs with other conditions, such as schizophrenia, it is not clear how the symptoms of one may act to modify those of the other. The author does not explore this. The results of the investigations are therefore not necessarily the same as those which might have been found in patients with depressive symptoms alone.

Nevertheless the self-rating depressive inventory itself has been carefully validated against psychiatric judgement and subjected to a number of reliability tests. It has been adopted by many workers as a useful, quick and efficient method of assessment of depressive symptoms, and its score has been shown to follow consonantly alterations in the clinical state. It is important to have its development at last set out and fully explained.

After an examination of depressive dreams and childhood bereavement, Beck passes on to the study of cognitive distortions in depression, from which findings he develops his own theories. He took 50 patients in psychotherapy who were judged as clinically depressed, this time excluding organic cases, schizophrenia and predominant anxiety, and a control group of 31 non-depressed patients also attending for psychotherapy, in order to compare the prevalence and type of cognitive abnormalities in the two groups. He found 'evidence of deviation of logical and realistic thinking . . . at any level of depression from mild neurotic to severe psychotic'. He considers that the usual tests of cognitive function

are not geared to discover the distortions of low self-evaluation, ideas of deprivation, exaggeration of problems and difficulties, self criticism and self-commands, and wishes to escape and die that are shown by depressed patients. He gives names to and defines a number of these 'cognitive deviations'.

Beck draws our attention to what he calls the primary triad of depression, i.e. the patient's negative views of himself, his world and his future, by which 'the depressed patient selectively or inappropriately interprets his experiences as detracting from him in some substantive way'. The patient's early experiences have resulted in the formation of a series of negative attitudes which form persistent cognitive patterns which the author calls 'schemas'. These schemas can be evoked by future events when they 'mould' the patient's thought into typical forms of pessimism and guilt. Depressive affect follows naturally from the cognitive dysfunction as a secondary phenomenon, which in turn influences the schemas, setting up a vicious circle.

Finally the author reviews the literature on treatment and adds his own views to the section on psychotherapy.

The reader does not have to agree with Professor Beck's thesis to enjoy the book and find much of interest both in the review and clinical sections. The book sets out to give an authoritative exposition of the depressive syndrome and it undoubtedly succeeds with clarity and readability. It is now the principal work on the subject and a valuable source of references.

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JACKSONIAN AND FREUDIAN THEORIES

Psychopathology of the Psychoses. By THOMAS FREEMAN. London: Tavistock Publications. 1969. Pp. 215. Price 45s.

It is the aim of the author to improve the study of the psychopathology of psychoses with the help of theories, mainly those expressed by Hughlings Jackson and Sigmund Freud. The term 'psychopathology' is chiefly used in its descriptive sense, namely as designating 'the way in which patients experience their [pathological] thoughts, feelings, bodily sensations, and the world around them'. In addition, pathological behaviour is taken into account which patients overtly exhibit, and it is emphasized that, in this context, nurses and occupational therapists (why not also psychiatric social workers?) have an important observational contribution to make.

However, the main interests of the author do not lie in providing a straightforward description of

psychotic manifestations. His terminology is steeped in conceptual expressions which are never adequately defined. He gazes firmly beyond the descriptive realm into the crystal ball of speculative theories which seem to offer him metaphysical or metapsychological truths. He may be right for all we know, but the way in which he conveys his truths can be rather off-putting. He believes, for instance, that there must be some cerebral pathology responsible for the overt occurrence of psychotic manifestations. We are therefore told: 'A case can be made for the view that the schizophrenias are cerebral pathopsychoses—that they are cerebral disease psychoses.' The case is never made, but it may be thought to follow logically from the author's premise which postulates the truth of Hughlings Jackson's 'dissolution-evolution theory' of clinical psychiatry. The theory states that in mental illness there are negative signs due to the 'dissolution of the highest cerebral centres' (whatever they may be), and positive signs due to the activity of cerebral functions which have remained healthy.

The author's attitude to Freud's views on the psychopathology of psychotic manifestations is rather vacillating. He approves of Freud's acceptance of the main features of Hughlings Jackson's theory, but the replacement of neurological postulates by metapsychological ones is viewed with ambivalence. He asserts that 'the major contribution to this [descriptive] psychopathology comes from psychoanalysis', but he also argues that 'the original psychoanalytical contribution to an understanding of the aetiology of, and of symptom formation in, the psychoses . . . was never envisaged as providing the final solution to the problem of causation'. He makes it quite clear that more recent psychoanalytical and existential theories of psychosis as formulated by Rosenfeld, Bion, Klein, Fairbairn, Winnicott, Laing, and Cooper are not acceptable. 'The gap between hypotheses and phenomena is filled in and cemented by supplementary explanatory theories. . . . Impervious to the facts of experience, these theories are self-perpetuating and incapable of contradiction.' He could have mentioned, but does not, that this criticism of psychoanalytical and existential theories derives from the views of Karl Popper. It would also have been interesting to know why he has exempted the theories of Freud and Hughlings Jackson from this criticism.

The main body of the book is taken up with an attempt to classify psychotic symptoms independently of nosological considerations. For this purpose, he uses a modified version of the Adult Personality Profile for Psychoneurotic Patients developed by Anna Freud and her colleagues. The categories used

are: (1) object relations with real and delusional objects; (2) perception of the self, self-regard, and personal identity; (3) cognitive functions; (4) motility; (5) sensori-motor organization; (6) instinctual drive manifestations; (7) affectivity; and (8) defence organizations.

However, nosological considerations cannot, of course, be completely disregarded. When the author tackles them, he arrives at conclusions which are unusual, to say the least. Dealing with affective disorders, he makes a distinction between uncomplicated and complicated depressive illnesses. The latter he regards as true psychoses because they consist of manic-depressive and schizophrenic manifestations; whereas the uncomplicated depressive illness is viewed as non-psychotic for no better reason than Freud's definition of a psychosis which postulates that 'the area of disturbance is between ego and the outer world'. In uncomplicated depression, there is only a disturbance between the ego and superego; it is thus counted as belonging to the group of narcissistic neuroses. This is at best a verbal finesse which makes no practical difference, since for Freud schizophrenia was also a narcissistic neurosis. However, at this point the author changes his allegiance, quoting approvingly the views of Federn, who 'cast doubt on a psychopathology of psychosis modelled too closely on the psychoneuroses'. His final conclusion agrees with the views of Bellak, namely that schizophrenic symptoms can occur 'in any mental illness, whether initiated by mental conflict, physical disease, or drug intoxication'. The main difference between organic and functional psychotics is stated to be that the former 'wish to make meaningful contact with others', whereas a functional psychotic (i.e. schizophrenic) 'has no interest in his surroundings and is indifferent to those about him', except in special circumstances, when instinctual needs or anger are thought to manifest themselves.

One wonders why the author wishes to disregard the existence of indolent and apathetic organic patients on the one hand, and/or paranoid schizophrenics on the other. He is, moreover, quite definite that the positive symptoms (in Hughlings Jackson's sense) of functional schizophrenia, such as misidentifications, delusions, hallucinations, distractibility, catalepsy, and perseverative signs, are of no diagnostic help. Negative symptoms are thought to be diagnostically more useful, but they are said to comprise such odd manifestations as loss of reflexes and loss of sensation, apart from the more usual components of social withdrawal, loss of interest, psychomotor blocking, or disturbance of identity.

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