

says figure prominently in mental disorders: "obsessional and sado-masochistic trends and sexual quandaries" (p. 18).

Mr. Barker's main concern is the guilt-ridden, self-rejecting person who constantly ruminates on his own unworthiness. This condition he calls "obsession". After briefly discussing Fairbairn's ideas the author concludes that the origin of obsessional feelings of unworthiness lies in maternal inability to respond to the libidinal needs of the infant. By introjecting the unloving parent the child comes to look upon himself as wicked. This sense of wickedness is perpetuated in later life by Christian emphasis upon man's depravity (e.g. original sin).

After a brief three-page consideration of the infantile origins of masochism the author goes on to describe numerous examples of an unhealthy stress upon suffering in Christianity, and he states, "masochism still has a throttle-hold on our present-day theology and our religious practice" (p. 57). When Barker considers sexual maladjustment he claims, "sensual inhibition on the part of the mother is one of the most significant factors in the development of sexual deviations, including homosexuality" (p. 78).

Thus, in all three traits Barker's aetiology is clear and unequivocal, for example: "Obsession has its source in lack of the right kind of love in babyhood" (p. 48). Most doctors would disagree with this, pointing to other causes of obsessional feelings of unworthiness (e.g. depressive states and post-infantile traumata). Professor Lewis's recent remarks seem appropriate here: "Psychiatrists, like other people, used to look for single diseases: ideas about aetiology were therefore simple, one-eyed, and usually wrong. Now, seeing causation as a mesh of interacting forces we are less ingenuous and less comfortable."*

In the second half of his book Mr. Barker, himself a former Methodist minister and now a full-time psychotherapist, discusses the teaching of Jesus, which he says, is "remarkably free" from the three above-mentioned traits.

This book will stimulate ministers who are interested in counselling and it may also help certain patients who suffer from the obsessive self-denigration Barker describes.

DAVID COMMON.

* Harveian Oration, *Brit. med. J.*, 1963, II, p. 1549.

Psychological Reprints. By J. P. CRAWFORD. Ash & Co. Ltd. 1959. Pp. 53. Price 5s.

Collections of reprints are sometimes the tribute paid by posterity to an outstanding professional

author; more rarely they are the affectionately inspired gesture of a group of contemporaries to a living author, on or after his retirement. Friends of Dr. J. P. Crawford will be glad to welcome his characteristic originality and disregard of established but not necessarily otherwise meritorious convention, in anticipating publication of his own collected works by production of this slender but interesting volume of psychological reprints.

Herein are contained his reflections on psychotherapy, some items from his correspondence in professional journals, and some thoughtful and scholarly essays on psychosomatic phenomena, psychopathology, social psychiatry, and comparisons of psychiatric illness and health. The author's kindness, patience, and capacity for discursive reflection as well as apt analogy, are well exemplified in this personal selection of his writings.

DAVID STAFFORD-CLARK.

2. SUBNORMALITY AND CHILD PSYCHIATRY

Challenges in Mental Retardation. By G. DYBWAD. London and New York: Columbia University Press. 1964. Pp. 287. \$6.00.

This is a well-written book which deserves to be well read. The author has a legal and sociological training. He gives an excellent picture of the social services available in the United States and outlines the current trends in the field. He is well informed and has a constructive and enlightened outlook. For seven years he was executive director of the National Association for Retarded Children, which would account for the emphasis he places on the problems of the parent and the need to help the parent in providing community care.

It is noteworthy that the problems of mental retardation encountered in North America are very similar to those with which we are familiar here. Our efforts to abolish restrictive legislation for the mentally handicapped are echoed in the comment that legislation in some American States prohibits parents from taking the child over the State boundary if they have him home from an institution for a week's holiday. America is also striving for smaller institutions (though still building big ones!); but one notion of a small institution is something less than 1,500 beds.

Dybwad repeatedly stresses that mental retardation should not be a psychiatric monopoly, but