

means the so-called paranoid character), "hysterical" and "impulsive" (the psychopathic group).

Although the author gives a detailed description of the modes of thinking, emotional attitudes and behavioural characteristics of the patients suffering from these rather ill-defined states, it is difficult to grasp what his principal aim or thesis is, since most of what is said is well known to psychiatrists already. Like many of the writers on psycho-analytic theory, he has fallen into the trap of assuming that to describe behaviour in minute detail is somehow to explain it and that if one relates one's clinical impressions with sufficient conviction the conclusions drawn do not require any further investigation or validation.

The comments, for example, that once a neurosis has begun it is self-perpetuating, that the hysteric is impressionistic and tends to live in a relatively non-factual subjective world, that the obsessional's thinking is rigid and that he has difficulty in reaching decisions, can be found in any psychiatric textbook. Moreover, many of the statements made lack any supporting evidence whatever, or if the evidence is available, Dr. Shapiro certainly does not quote it. What is the evidence that hysterics as a group are "deficient in knowledge in areas that are, as far as we have any right to assume, emotionally quite neutral" (p. 115)? Does this mean that a trial has been conducted in which it was shown that a group of patients diagnosed as "hysterics" (whatever this term may mean) have a statistically significantly lower performance level in intellectual tests than a group of matched controls lacking hysterical personality features, and, if so, what conclusions can be drawn about the reasons for this? The author merely postulates that hysterics have a type of cognition which does not accumulate facts, but impressions. He goes on to say "our experience suggests that hysterics are rare among scientists and scholars, and we may suspect that they are headline readers of newspapers. So the factual world of the hysterical personality is thin and depleted" (p. 116). This is the popular view of the "hysteric", but if one wished, as a party game, to counter this type of speculation, quite out of keeping with a supposedly factual study, one could doubtless collect a formidable list of historical personalities of considerable intellectual power and achievement who appear from the evidence to have suffered from gross conversion symptoms in times of crisis. But this would, of course, provide no evidence whatsoever about the intellectual functioning of the hysteric.

Writing about male homosexuals in another passage, Dr. Shapiro describes their lives as being thoroughly dominated by sexual-sensual activity,

"sexual activity of great frequency and essentially based on whim, sexuality in which there is relatively little modulation of purely sensuous interest and experience with affective interest and experience, and in which even sensuous interest seems quite diffuse, sexuality that is essentially egocentric and that includes little or no involvement with the partner" (p. 174). This again may be the common view of the male homosexual—it is also incidentally a fairly typical neurotic heterosexual patient's view of her husband—but again one based on scanty and inadequate facts.

Since the author never defines what he means by "neurotic", it is impossible to be sure what is implied when he uses terms such as "neurotic personality", "the well-integrated neurotic" or "the stable adult neurotic style". He appears to see a neurotic style as an habitual and unsatisfactory way of reacting to stress, with its own specific defensive mechanisms, but, although in the final chapter he promises an assessment of how these styles develop from birth onwards, this important issue is not clarified. What are the factors, for example, which go to the making of one of the personalities he describes—the obsessive-compulsive style? To take only one facet of the obsessional personality, what are the underlying reasons which account for the patient's difficulty in decision-making so graphically described by Dr. Shapiro? Nor does he give us any definition of what he regards as normal and appropriate ways of reacting to stress as distinct from neurotic ways. His book is bedevilled by statements such as "a consequence of any neurotic style is the exclusion from consciousness of certain classes of subjective experience and mental content" (p. 196). One may not only ask what this really means, but question how this demarcates neurotic from normal functioning.

Obviously, from his descriptions of "neurotic styles", Dr. Shapiro's understanding of individual patients is profound and thoughtful, and he has a wealth of clinical experience at his disposal. It is all the more unfortunate, therefore, that he has not been prepared to define his terms and to subject his statements to far more critical scrutiny and scientific testing.

BRENDA GRANT.

Acting Out—Theoretical and Clinical Aspects.

Edited by LAWRENCE EDWIN ABT, and STUART L. WEISSMAN. New York and London: Grune and Stratton. 1965. Pp. 336. Price \$11.50.

The notion of "acting-out" is one of a number which have attained general currency as a result of psychoanalytic experience. It has demonstrated its

value as an intellectual concept in relation to the wider body of psychotherapeutic theory by finding wide acceptance and by providing a very real measure of predictability in the management of patients whose behaviour is socially disordered. Its full value has probably not yet been explored. Originally outlined in relation to individual transference experiences in treatment, its relevance to social behaviour in a wide sense is becoming increasingly obvious: and the dedication of this book to the late President John F. Kennedy underlines this.

The book provides a very useful survey of the general theme of acting-out. It does not innovate, and the level of discussion is not particularly detailed or technical. But the twenty-eight contributors give a reasonable coverage of the subject, without too much overlap. Two or three are individualistic, but even here the differences of view are illuminating, and the overall balance keeps them in good perspective. One of the editors contributes an excellent succinct summary of the progressive position in relation to acting-out in group therapy, itself conceived of as a part of a larger transactional social situation. The book is likely to prove good value to the general psychotherapist with a psycho-dynamic orientation.

RICHARD CROCKET.

Methods of Research in Psychotherapy. Eds.

LOUIS A. GOTTSCHALK and ARTHUR H. AUERBACH. New York: Appleton-Century-Crofts. 1966. Pp. 654. Price \$9.75.

The barren and meaningless controversy about which psychological treatment is "best" has given way to a productive phase of research on behaviourist and dynamic therapies. Although the central theme of the book under review is psychotherapy, the statistical and methodological discussions are so general, fresh and profound that they have relevance for any psychiatrist or psychologist doing research on any form of treatment.

There are thirty-four essays, multi-disciplinary in background but all highly disciplined in approach. This is probably thanks to the editors, who themselves contribute excellent introductory and linking sections. The following are represented: psychotherapists, psychoanalysts, behaviourists, linguistic analysts, sound and film engineers, clinical and experimental psychologists, statisticians, psycho-pharmacologists and social workers. None of the chapters is a "pot-boiler"; a number provide valuable critical reviews of large areas of research and all have been written by well-known investigators. Three underlying attitudes can be discerned. First, that no aspect of human behaviour is too complex to attempt to

investigate objectively. Second, that as other major branches of science have depended for advance on the development of new and more accurate measuring instruments, so this may be true of psychotherapy. Third, that the clichés of orthodox methodology—the "double-blind trial", reliability, validity, statistical inference—must be looked at with a fresh eye and refined and adapted for complex behavioural analysis.

The methods of collecting data in psychotherapy are considered first. This section concentrates on filming and sound-recording. The advantages and disadvantages of these are discussed in detail from the points of view of research, therapist and patient. The second section is concerned with the analysis of data. Several contributors describe experiments in the use of linguistic analysis of the form and the content of speech. Other essays deal with the quantification of facial expression, gesture and free association. An unusual idea is to include a complete script of a standard sound-filmed psychiatric interview which is used to demonstrate the results obtained from different methods of data analysis.

Perhaps the most interesting section in the book is that in which the ways of conceptualizing the process of change in psychotherapy are reviewed. The classical and operant conditioning models, the psychoanalytic and the Rogerian "client-centred" models are examined. A historical and theoretical analysis of the behaviourist position (Krasner) is outstandingly the best account I have read. Convinced in attitude, but moderate and sensible in expression, this paper draws an interesting contrast between two behaviouristic approaches. One, predominantly British or under British influence, is based on Hullian theory, classical conditioning and physiological and motor responses, and regards psychological symptoms as behaviour to be removed. The other, predominantly American, has a theoretical basis in Skinnerian theory, using operant and especially verbal conditioning and has been concerned with the reformulation of traditional therapy in learning terms. The psychoanalytic writers show an equal desire to see how far their judgments, ratings, predictions and complex phenomena such as transference, acting out, insight, working through and orality can be defined and studied objectively.

The next section deals with methods of evaluating the outcome of psychotherapy. What measuring instruments are available? There seem to be two problems: should selected variables only be studied despite the loss of the richness of the clinical material. (In this connection, it is refreshing to find authors designing new tests; even old friends like the M.M.P.I. and the Rorschach are discussed in a new