

Family Ill Health. An Investigation in General Practice. By ROBERT KELLNER. London: Tavistock Publications. 1963. Pp. 112. Price 20s.

These two contributions to the psychiatry of small groups differ greatly from one another. Dr. Howells describes a service which he has developed from the Department of Child Psychiatry at the Ipswich and East Suffolk Hospital. Emphasis has gradually shifted from the investigation and treatment of the child to all members of the nuclear family who appeared to be emotionally disturbed. Eventually, adult persons began to be accepted as primary referrals as well. The organization and staffing of the Department of Family Psychiatry, as well as the intricate network of communications within it, and linking it with general practitioners, school medical officers, and other agencies outside the National Health Service, are described in the greatest detail. Any psychiatrist wishing to set up a similar unit will find in this book a ready-made blue-print—provided always he has Dr. Howell's drive and organizing ability, and that in his area all community services are functioning as smoothly as is claimed for East Anglia.

This reviewer, at any rate, could not quite convince himself of the success of this new venture. The results of a number of researches conducted at the Department are summarized, but apart from a manual for a new projection test, the Family Relation Indicator, none of the work appears to have been submitted to closer scrutiny in published form. The practical results of a new service are perhaps of greater importance, and here we may refer to a pilot study of 100 cases. The aims were either to make a diagnosis, or to give symptomatic relief, or to make [*sic!*] personality and family adjustment. The methods used consisted in most instances of supportive therapy and extensive as well as imaginative social case work with the family. One gathers that group therapy with the family and more intensive work with individual members, i.e. family psychiatry in the strict sense of the word, was only undertaken in one-fifth of referrals. Unfortunately, the results of treatment are given in an uninformative way: neither the criteria nor the method of assessment are made sufficiently clear. To give an example: it is reported that in 18 of 42 patients, complete adjustment was achieved—"adjustment to a point at which patient is able to cope with expected stresses and strains of life". To produce this result in 43 per cent. of neurotic patients appears to verge on the miraculous! The author admits that this pilot study was undertaken for the purpose of the book, and under these circumstances an unambiguous statement of therapeutic results in a group of heterogeneous non-psychotic patients could hardly be

expected. It would have been more informative to have given some idea of the proportion of patients staying the full course of the projected treatment, of successes and failures in attempting to manipulate the environment, and of the proportion of clients who accepted contact with the clinic, and persevered with a therapeutic relationship as long as was thought necessary.

The author throws out many interesting ideas, which range far and wide. He appears to have developed a new form of psychotherapy called reintegration therapy. He uses occupational therapists for the diagnosis and treatment of children, and even has a training programme for them. Waiting lists have been abolished, and every referral is dealt with within two weeks, and appears to require two psychiatric interviews, one before and the other one following various investigations. This short waiting period is achieved by accepting only a small proportion of patients for treatment by the clinic. Every one of these practices raises a host of obvious questions, which largely remain unanswered. It is hoped that Dr. Howells will communicate his further experiences in specific scientific papers, or in a larger book, in which every statement is fully documented.

By contrast, Dr. Kellner, a family doctor, has studied only one single phenomenon: the communication of neurotic and psychosomatic disorders in the family by emotional interaction. In a methodologically neat investigation he discovered evidence in support of this possibility. He had noticed that very often several members of the same household would require his services within a few days or a week or so of one another. This tendency towards clustering or pairing was confirmed by charting the attendances of some 350 families. Clustering occurred especially frequently in families where at least one member had reported with neurotic or psychosomatic symptoms. In 48 of 60 of such families there was spread of ill health along emotional channels (as against infection and other common sense mechanisms). Emotional interaction occurred most frequently between mothers and children, and least often between a child and his father. In a second experiment, the investigator found that paired or clustered attendances attributable to emotional interactions were suggestively more common among 97 families in which during two years at least one member had attended with functional symptoms, as compared with 103 families without neurotic complainants.

FELIX POST.

Family and Mental Health in a Deaf Population
—Department of Medical Genetics. Edited

by J. D. RAINER, K. Z. ALTSHULER, F. J. KALLMAN and W. E. DEMING. New York: New York State Psychiatric Institute, Columbia University. 1963. Pp. 260+xxvi.

This book is based on a project organized by the Psychiatric Institute, an integrated unit of Columbia-Presbyterian Medical Center, the project covering three separate aspects, viz. research, psychiatric guidance and the training of specialized guidance workers.

From the research angle the main sample consisted of the total New York State population of literate deaf persons over twelve years of age. The results were differentiated according to age, education and the socio-economic status of the family. In the adolescent group emphasis was placed on sexual maturation patterns (homosexuality, celibacy, etc.) and a preference for hearing or non-hearing mates. On the adult level enquiries were made on marital adjustment and intra-family relationships in the homes where the family was a mixed hearing and deaf group. The attitude of the hearing world towards the deaf was considered, deaf twins were investigated while special attention was paid to the frequency and causation of severe forms of maladjustment such as psychosis delinquency, drug addiction, etc. In contrast to this, a study was also made of the deaf who achieved outstanding vocational status.

The clinical aspects of the project were investigated by the most competent diagnosticians available. This is obviously essential because of communication difficulties. The training activities were undertaken by adding new professional workers who were able to hold special classes and who were familiar with the problems of the deaf and were able to communicate by means of sign language. There are chapters on the demographic and genetic aspects of deafness but these appear over-elaborated statistically.

Intelligence testing on deaf twins (those over 14 being tested on the Wechsler-Bellevue Intelligence Scale) showed that the early onset of deafness lowers I.Q.s on language-dependent tests by about 20 points. On performance tests alone the deaf achieve scores comparable to those who hear, but should not be expected to compensate to such a degree as to surpass the hearing group. It is recommended that the deaf child of pre-school age be given training as early as possible, otherwise isolation is inevitable. It is not suggested that the deaf child be thrust into a hearing world, as he is likely to become frustrated. It is recommended rather that his early education should be supplemented by contact with the hearing world. Educational facilities for the development of

manual skills are important, but too much pressure may cause loss of language development.

Regarding family relationships, it was found that deaf parents made fewer demands on deaf children and have a realistic attitude towards their potentials and limitations. Many deaf children are accepted as normal members of the deaf family, while in a few instances they are shunned or receive preferential treatment. Only where there were hearing parents were 22 per cent. of the children over-protected and 4 per cent. shunned. Where this occurred, neurosis was more common among the children, while in hearing families speech was more often used as a means of communication than where there were other deaf members of the family.

Regarding socialization and community integration, it was found that persons with early total deafness can establish adequate patterns of socialization and can participate in the general community services. It has been found as a result of psychological studies that deaf people rarely attain the maturity found in hearing individuals and in this way their psychological traits are parallel to hearing delinquents. The crimes vary from vagrancy to murder and include sexual offences, drug addictions, etc. It is suggested that law enforcement officers should have training in the problems of the deaf and in communicating with them. Special classes for these children should be set up and agencies for the deaf should employ specially trained psychiatric workers.

A special pilot clinic for deaf patients who were psychiatrically disturbed was set up with specially trained staff. More than 1 per cent. of the total deaf population of New York State have been seen during the few years the clinic has been functioning and much-needed relief has been given to many of the patients. Psychological testing revealed pronounced under-development of conceptual forms of mental activity in deaf subjects (despite normal mental potentials), emotional immaturity, egocentric life perspective and a constricted life area. Only two patients were found to be suitable for psychotherapy, although it is felt that group psychotherapy should have a special place in the treatment of emotionally disturbed deaf patients.

An analysis of the deaf population in the New York State Hospitals was undertaken and this showed that among deaf patients there is an excess in the number who show a special form of organic psychosis and of psychosis with mental deficiency, but a relative absence of severe endogenous depressions. No evidence was found to show a preponderance of paranoid symptoms among deaf schizophrenics.

It is interesting to note that the authors advocate that deaf patients who are mentally ill should be

placed in special units, a point which has been stressed in this country recently. It is also suggested that a more integrated mental health service for the deaf should be set up, and this should cover both children and adults on an in-patient and out-patient basis. Specialized staff should be available to deal with these cases, while the psychologist must perfect intelligence and projective tests for the deaf. Further research into methods of psychiatric treatment is necessary, particularly in the pharmacological and group therapy fields.

The book serves a very useful purpose in bringing this important aspect of psychiatry into prominence; in this country it has been far too long neglected and more money should be spent on research into the whole subject.

LOUIS MINSKI.

Mental Health in the United States. By NINA RIDENOUR. Harvard University Press, The Commonwealth Fund. 1961. Pp. xii+146. Price 28s.

The theme of this book is the way in which increasing notice has been taken of the mentally ill in the United States over the past fifty years and what has been achieved as a result. It is the story of those pioneers, organizers, administrators and benefactors who have done something to bring to the minds of their inert circle the plight of psychiatric patients. Almost all the well-known names in the American psychiatric past appear in lucid descriptions of a succession of movements which were initiated and maintained with enthusiasm. This enthusiasm is conveyed in a style which makes the whole work readily appreciable to the general reader. In fourteen short chapters, developments in every facet embraced by the concept of mental health are followed. The birth of the social worker in Boston, the administrative needs of the world wars, the increasing flow of literature and the cold war between the press and psychiatry are a few random examples from the multitude of topics. This book—without index or annotation—is deceptively laden with facts. While the psychiatrist will make national comparisons on many pages, this book has its chief potential in its educational value to the general public. It is of a standard which deserves wide reading.

JOHN POLLITT.

Voluntary Action and the State: The Eastern State Health Education Conference. Edited by IAGO GALDSTON, M.D. The New York Academy of Medicine. International University Press. 1962. Pp. 152. Price \$3.00.

This conference was held in April, 1961, at the New York Academy of Medicine and the report contains contributions of eleven participants who discussed the relationship between voluntary movements in the health field on the one hand and the role of government on the other. There is a certain amount of repetition in the different papers. The principal points are reviewed in summary form. The totalitarian government by élites is contrasted with limited government by democracies. It is argued that the latter should limit government to the protection of citizen's rights and to tasks which individuals or groups cannot do for themselves. In the health field this is exemplified by endeavours to establish services for old persons. The need to develop a public philosophy is stressed and it is speculated "that as we now lie at the feet of the psychiatrist to improve our private philosophies, we may one day sit at the feet of the philosopher to improve our public philosophies".

One contribution gives a short review of the history of public action in the health field, in which it also stated that at present only 20 per cent. of the total expenditure of 24 thousand million dollars for health services comes from the public sector. The Federal Government often acts only as a catalyst by providing public funds for the construction of or renovation of hospitals and then withdraws, leaving no money available for day-to-day operation and maintenance.

In the field of research, particularly that which has developed in the extramural research grant programmes of the Public Health Service of the National Institute of Health, federal funds today constitute two-thirds of the total national outlay for scientific research and development at 8.5 thousand million dollars in 1960. Of the 25 federal agencies using such funds nine accounted for 99 per cent. of the total. The Department of Defence, Atomic Energy and National Aeronautics alone take 91 per cent. The fourth largest is the Department of Health, Education and Welfare.

The largest amount within the latter goes to the physical sciences proper. In 1960, 380,000,000 dollars in federal funds went to the medical sciences, another 104,000,000 to the biological sciences and some 34,000,000 to the social sciences. In all federal expenditures on medical and other health research contributes less than 6 per cent. of the total.

The National Institute of Health at Bethesda is the largest single source of funds in the U.S.A. It employs 8,000 people at Bethesda. It has certain basic philosophies, i.e. the provision of maximum freedom for the research investigator. Each takes the initiative for planning and carrying out his research