

we are warned of the dehumanization that seems 'characteristic of more and more hospital settings' (pp. 108-110). Needless to add, Professor Schwab demands the highest standards from everybody, and even if not all of us can completely attain these they should certainly be aimed for as a goal.

This handbook can be highly recommended to every trainee psychiatrist. Here he will find an ideal to work for, and also helpful references at the end of each chapter, an extensive bibliography covering twenty pages, and practical appendices on differential diagnosis, medical sources of emotional symptoms, psychiatric symptoms accompanying medical illness and details of medication.

I. ATKIN.

PHILOSOPHY AND PSYCHOLOGY

Thinking about Thinking: Studies in the Background of some Psychological Approaches. By JOAN WYNN REEVES. London: Methuen (University Paperback). 1969. Pp. 333. Price 18s.

This is an unusually interesting and original book, consisting of critical discussions of various psychological approaches to the study of thinking. The author is a philosopher and psychologist, a combination which allows her to be suitably critical and at the same time aware of the immense difficulties of clinical and experimental work.

The high point in the book is the discussion of Binet's approach. Much scholarship has gone into this chapter, most of the material, so far as I know, not being available in English translation before. Did you know that Binet wrote a dozen books, and around two hundred and fifty articles? Or that he researched widely—among other things on his children's thinking and problem solving, on the modes of thought of chess players, 'calculators' and famous dramatists? Or did you think he just invented the individual intelligence test?

Only a little behind in interest is the discussion of Freud's approach to thinking, preceded by a chapter setting 'unconscious' thinking in its historical setting. The psychometric approach is fully dealt with both historically and contemporaneously, the chapter on Galton being particularly interesting. It emphasizes that universal genius's modes of experimenting upon his own thinking. Is the climate of attitude to science in the present day such that a potential Galton or an Ebbinghaus could not emerge because he (or she) would be afraid to present research which might be regarded as 'anecdotal'?

The concept of insight is considered in a later chapter, together with a fresh discussion of the con-

ditioning versus insight controversy of behaviourism and Gestalt psychology. The final chapters on concepts, language, exploration and interaction are less satisfactory, perhaps because of the difficulty in evaluating and condensing inchoate contemporary fields of research. The psychologist in the authoress seems to become buried in the philosopher, and the discussion becomes complex and over-intellectual in the manner of the linguistic philosopher.

The overall organization of this book is in terms of the contrast between the empirical and the rational, associationism and innate 'ideas', behaviourism and psychoanalysis, conditioning and insight. This basic categorization of human behaviour is clearly brought out in a book which caused this reviewer to think again about thinking about thinking.

SIDNEY CROWN.

EGO PSYCHOLOGY

The Borderline Syndrome. A Behavioural Study of Ego Functions. By R. R. GRINKER (Sr.), B. WERBLE and R. C. DRYE. London: Basic Books. 1968. Pp. 274. Price \$6.95.

Faced with the difficult-to-classify patient, many psychiatrists feel the need to use (or at least to think about using) proscribed terminology. This may include terms such as 'latent', 'pre-' or 'incipient' schizophrenia, or 'borderline' state or syndrome. Of these terms 'borderline' is most likely to be used in psychoanalysis or psychoanalytic psychotherapy. It is a term derived from psychoanalytic ego psychology, and emphasizes the uncertain control of internal and external stresses held by the ego of these patients. Descriptively they appear to be in a state of 'unstable stability', showing components of normal personality functioning, neurosis and sometimes transitory psychotic episodes, which are typically of short duration, perhaps lasting only an hour or two. The term 'borderline' has practical implications in psychotherapy; such patients need a technique, in the early phases, involving strengthening and support for the ego rather than analysis of defences and transference feelings.

Grinker and his colleagues have performed a useful service, how successfully the reader must judge, in bringing some order into a confused area. They use a theoretical framework of ego psychology, although their research approach is behavioural and descriptive. The eminence of the senior author may cause some to think further over a concept which they may otherwise be tempted to dismiss.

Following a critical review of the literature, Grinker *et al.* translate the terms used theoretically to define the borderline into descriptive, rateable items of

behaviour. Ratings were made on a group of 51 in-patients for around 90 ego-function variables, particular attention being paid to the methodological problems of ratings. These data were statistically analysed and reduced in complexity by techniques of multivariate, intercorrelational analysis. The borderline syndrome and variants or sub-groups of this syndrome were then clinically identified from the various possible statistical solutions to the data processing. Study was made of the family background of the patients, and a follow-up study carried out. There is a discussion of the aetiology of the borderline which is considered multifactorial but non-specific.

The 'core' borderline syndrome has four main clinical attributes: emotional expression limited to aggression, consistently poor inter-personal relations, an inadequately differentiated identity, and a tendency to episodes of depression descriptively characterized by helpless loneliness rather than true sadness. A second sub-group lies nearer to the psychotic border, that is, closest to disintegration when their behaviour over time is considered. This group is characterized especially by inappropriate and negative behaviour towards others. A small third group lies nearer the border with the neuroses, and is characterized by anxiety, child-like clinging (anaclitic) depression, and extreme narcissism. The fourth sub-group resembles H. Deutsch's 'as if' personalities, compliant towards others, their identity problem solved by acquiring an identity from people around them—'as if I were watching myself playing a role'.

This is a book likely to arouse strong feelings, positive and negative, in different readers. To the psychiatrist concerned with neat categorization it will be unconvincing, and one can anticipate the argument: Why use the term 'borderline' at all? Few of the patients on follow-up (only two) became schizophrenic; why not simply use the term 'personality disorder'? Psychotherapists, however, including the writer, may consider that the research objectively delineates a clinical entity with which they are familiar. With the classification of personality disorder in its present chaotic state, this study is worthy of detailed critical attention.

Replication is necessary to overcome certain possible criticisms. Thus, a team of researchers working together on rating methods may learn to become consistent with each other without there necessarily being a true external validity. An important point, not fully discussed by the authors, concerns the original selection of the patients. A senior psychiatrist was asked to admit 'borderline patients . . . which meant the definitely-not-schizo-

phrenic patients'. The selector's retrospective interpretations of the instructions are given, but one wonders, in a research in which so much care is taken with the statistics and methodology, that this essential link in the chain is not tighter. A repeat study, using identical methods of rating and statistical analysis, but with other diagnostic groups included, may help to establish the clinical validity of the borderline syndrome more securely.

Until that time, Grinker *et al.* seem to me to have made a good case for retaining the borderline syndrome as a diagnostic entity, and for researching further upon it.

SIDNEY CROWN.

GESTALT PSYCHOLOGY

Werte und Tatsachen: (Values and Facts). By WOLFGANG KOHLER. Transl. into German by MIRA KOFFKA. Berlin, Heidelberg, New York: Springer-Verlag. 1968. Pp. 299. Price DM 58.

The original English version of this book was published by Kegan Paul in 1938. It presented the author's William James Lectures delivered at Harvard University in 1934–35. This translation will no doubt be welcome to German readers interested in the relationship between psychology, science and philosophy, all the more so as the co-founder of Gestalt psychology and author of *The Mentality of Apes*, who died in 1967, had left his native Germany long before the last war. In the first chapter he states 'the case against science' for its indifference to specifically human problems and its inability to contribute to their solution. He declares his opposition to positivistic philosophy which is not interested in the quality of human experience. Science cannot therefore deal with values. They have the experiential quality of 'requiredness', and the author attempts to fit this into field theory. In the rest of the book he presents and defends the basic tenets of Gestalt psychology, much of which has dated a great deal by now. This applies particularly to the theory of isomorphism, i.e. the assumption of the direct and exact correspondence between psychological and cerebral processes. The book demonstrates the author's scholarship and brilliance. It also helps the reader to understand why Gestalt psychology as a comprehensive theory has few adherents today.

E. STENGEL.

MIND-BODY RELATIONSHIPS

Endocrinology and Human Behaviour. Edited by RICHARD P. MICHAEL. London: Oxford University Press. 1968. Pp. 349. Price 90s.