

Book Reviews

I. PSYCHIATRY

The Theory and Practice of Psychiatry. By F. C. REDLICH and D. X. FREEDMAN. New York: Basic Books, Inc. 1966. Pp. 880. Price 4 guineas.

What are we entitled to expect of a medical textbook? It would be difficult to improve on the stated aims of the editors of Cecil and Loeb's well-known *Textbook of Medicine*: "... an authoritative, discriminating, precise and concise presentation of what is currently known about the diseases within its field of coverage". To satisfy such criteria no textbook of psychiatry can dispense with an account of the established clinical observations relating to the various categories of psychiatric illness or reaction. In competent hands this material can be compressed into a reasonably short space as, for example, in Curran and Guttman's *Introduction to Psychological Medicine*, or the section on Psychological Medicine in Price's *Textbook of the Practice of Medicine*. Ideally, of course, the descriptive data of a clinical discipline should be set in a rational framework of aetiology, pathology and treatment. Unfortunately, this is not yet possible in psychiatry, partly because most of the basic scientific knowledge has still to be acquired and partly because of the conceptual difficulties inherent in general psychopathology. In consequence, this branch of medicine, more than most, has to contend with Henri Ey's "tendances doctrinales"; the cards of theory all too often dictate the rules of the clinical game and it is incumbent on the author of any textbook to lay them on the table.

In their preface Drs. Redlich and Freedman claim to have written "... more than a textbook" by virtue of having included many personal opinions and having explored "... the frontiers of psychiatric knowledge". Nonetheless, their material falls recognizably into two principal parts, corresponding to the "general" and "special" sections of older textbooks. A

final section is devoted to the relations of psychiatry to law, medicine, and society. There are also three chapters written by invited contributors—on psychological tests, mental subnormality and child psychiatry—and more than thirty case-histories. It is a big, wordy book, with over fifteen hundred references standing witness to wide reading. Dr. Redlich's early years in Vienna enable him to draw easily on the European, especially the German, literature, and both authors are thoroughly familiar with the modern American scene. One important American reviewer has already called it a "bible" and more than any other single volume this one catches and conveys the nature of the complex factors which make up the *Dichtung und Wahrheit* of contemporary psychiatry in the United States. In view of the rapid and influential march of the subject in North America since the second world war such a book merits careful examination. This reviewer makes no apology for an extensive use of quotations to facilitate his task.

The view taken of psychiatry by Redlich and Freedman is patently expansionist. The subject is defined as "... the medical specialty concerned with the study, diagnosis, treatment and prevention of behaviour disorders" (p. 1). Behaviour disorders, in turn, are "... certain behavioural patterns—variously described as abnormal, subnormal, undesirable, inadequate, inappropriate, maladaptive, or maladjusted—that are not compatible with the norms and expectations of the patient's social and cultural system" (p. 1). In his professional role "... the psychiatrist must strive to maintain a dual identity: that of a physician with interest and competence in the diagnosis and treatment of organic illness, and that of a special educator and investigator who explores severe psychosocial difficulties, reconstructs the predisposing and precipitating events, and helps his patients with problems of living" (p. 206). It is a role which can be expected to flourish in a country where

“... the strong interest in dynamic psychotherapy is explained, at least in part, by the typically optimistic American belief that man can be and should be helped to actualize himself and overcome weaknesses, by a characteristic sense of social justice which holds that wrongs committed during infancy and childhood for which the individual is not responsible should be undone, and finally, by the assumption that the rational should replace the irrational” (p. 23).

The theoretical foundations of this ambitious outlook are clearly stated: for Redlich and Freedman “... the applied science of psychiatry rests on the tripod of the basic biological sciences, the behavioural sciences and psychoanalysis” (p. 22). In view of what they are expected to carry the three legs of this tripod invite individual appraisal. The potential importance of the biological sciences is indisputable, and a cardinal virtue of the book is its competent review of a wide range of neurobiological investigations relevant to psychiatry. This same achievement, however, also serves to demonstrate how wide is the gap between knowledge and speculation, and the authors underline the moral: “We would strictly caution the student not to mistake analogies derived from such an extensive range of discrete studies as established, unalterable facts... the links between the brain, the peripheral receptors and behaviour must be spelled out in ever-increasing detail” (p. 163). The same warning might have been sounded still more forcefully about the behavioural or social sciences. No one familiar with, say, Professor Martindale’s survey of the state of theory in the social sciences will fail to appreciate that their application to the clinical field can be undertaken only with very great caution.

There remains psychoanalysis, the third leg of the tripod, which receives an extended exposition from Redlich and Freedman. Since balance and perspective are so important in the presentation of controversial material in a textbook, one small set of figures may be deemed relevant. There are 911 names mentioned in an impressive name-index which includes Goethe, Leonardo da Vinci, and St. Thomas; 593 of these names are listed once, 159 twice and only

28 more than half a dozen times; of this latter group 16 are psychoanalysts; Freud himself is numbered 62 times. Or, again, take the two historical chapters: the first, entitled “The Beginnings”, groups Kraepelin, Bleuler and Adolf Meyer among the “fathers of modern clinical psychiatry” in under two pages; and one of the few sentences devoted to Adolf Meyer gratuitously informs the reader that “... like some other prominent academic teachers, he was clearly jealous of Freud” (p. 43). The second historical chapter, “Modern Times”, is dominated by the 11 pages on Freud in a manner which may confuse any student conscientious enough to follow the authors’ recommendation and read Ackerknecht’s “Short History of Psychiatry” (p. 29). By contrast, Karl Jaspers receives a brief mention, with Sartre and Heidegger, as one of the “contemporary philosophers primarily sparking existential psychiatry” (p. 72) and his “General Psychopathology” appears nowhere in the bibliography. The famous critique of psychoanalysis as a psychology of “meaningful connections” is missing from the account of psychopathology, and it would be difficult from the text to appreciate how questionable is the scientific status of psychoanalytic theory, as its more sophisticated modern apologists are now prepared to concede. The student will, however, find an explanation for the authors’ emphasis on psychodynamics: “in a broad sense, two models dominate psychiatric thinking about aetiology: a *motivational model* derived largely from Freud’s study of neurotic behaviour... and a *neurobiological model*” (p. 122). The tripod here appears to have become suspiciously bipedal.

While in broad outline this position is close to many other statements of the post-war outlook on psychiatry in the United States, it is now evident that the psychoanalytical movement exercised its maximal influence on American psychiatry in the 1950’s. Since then the sisyphian efforts on its behalf have given way in responsible circles to a less exuberant and even disillusioned acceptance. Redlich and Freedman have moved with the times: just how far may be illustrated by the distance between their quotation of Redlich’s preferred treatment for schizophrenia in 1952—“prolonged intensive dynamic psychotherapy carried out in a specially

equipped hospital by an experienced analyst who likes schizophrenics"—with their opinion in 1966: "... good psychotherapy in an open hospital with an active group milieu and rehabilitation programme and adequate and sustained drug therapy" (p. 521). A close reading of the text makes it clear that they adopt a more cautious, at times critical, approach to their own argument, and, within the confines of their theoretical position, aspire to a flexible, relatively undogmatic standpoint, even to the point of inconsistency.

This shift of opinion becomes most apparent when the authors turn to the central issues of diagnostic classification, where the differences between the "descriptive" and "dynamic" approaches to clinical phenomena become explicit. The authors state the American standpoint bluntly: "Many psychiatrists in the United States are not inclined to argue about descriptive diagnoses; they are mainly concerned with understanding dynamic and genetic patterns . . . predictions, and planning of treatment" (p. 218). They also provide an explanation: "A major reason for the lack of emphasis on a highly differentiated descriptive diagnostic classification in the United States—and a corresponding emphasis on dynamic individuation—is the fact that a highly individualized psychotherapy has become such an important instrument here" (p. 247). Their own views are more ambiguous. On the one hand they commit themselves to the dubious proposition "... that diagnosis and therapy cannot be separated from each other, any more than psychiatric history-taking can be separated from psychiatric examination. However, we would go even further, by explicitly asserting that diagnosis must be highly differentiated if treatment is highly differentiated" (p. 247). They continue: "Through working with patients in analytic therapy, we have found, and have come to focus on, features of behaviour (for example, identity, transference) which were, of course, misled by earlier classifiers" (p. 247). On the other hand, they also comment: "The shift of interest from descriptive to dynamic considerations came with the impact of psychoanalysis; it was assumed that insight into unconscious conflict helps the patient, and this

assumption moved our diagnostic interest from phenomenological description to the dynamic formulation of such conflicts and their genesis. It followed that the mere word *descriptive* wrongly gained the derogatory connotation of an old-fashioned approach—a sterile inventory of an ancient check list of odd behaviour—whereas anything that was *dynamic* came to be regarded as superior and progressive!" (p. 254). And they conclude that "... a developed sense of both descriptive diagnosis and of diagnosis through evidence gathered in therapeutic interactions—an investigative attitude—is increasingly required for the sound development of a scientific psychiatry" (p. 247).

Comparable examples can be detected in scattered passages throughout the book. Thus, the following three statements about neurosis occur in different chapters: "we postulate that neurotic behaviour disorders, including sociopathies and addictions, are in a major sense learned forms of disordered behaviour" (p. 134); "... we have no doubt that the biological roots of neurotic behaviour will become more relevant to clinical psychiatry than has been generally anticipated" (p. 359); and "the importance of inherited characteristics in neuroses and sociopathies is no longer asserted except by Hans J. Eysenck and D. B. Prell" (p. 176). A single passage can demonstrate ambivalence: "Kraepelin had prognostic criteria strongly in mind, and surely a nosology with prognostic value has merit. However, our actual ability to prognosticate in the individual case is reminiscent of the old king who was able to identify a witch by boiling her in a stewpot and tasting the broth. Kraepelin's terminology sounds strange and archaic, but it must not be overlooked that his system has become the matrix of most subsequent classifications and that his influence, in spite of his shortcomings, has remained strong" (p. 257). And the sub-section on "Psychoanalytic Interpretations of Paranoid Schizophrenia" hardly prepares the reader for the subsequent remark: "Many depth-psychological concepts, for example, ego weakness and breakdown of ego functions, regression to primary processes, narcissistic fixation, are merely descriptive terms" (p. 505).

The impression of detachment is strengthened

by the "special" or clinical chapters of the book. Earlier in the text Redlich and Freedman state: "To pay attention to a sighing inspiration or the imperceptible clenching of a fist may be as important as the observations of the great symptoms that intrigued Charcot and Emil Kraepelin" (p. 211). Nonetheless, most of the material follows a standard pattern, and a place is found for most of the basic clinical data. The chapters on the "organic" disorders are reasonably full, though comparison with a classical text like Bumke's *Lehrbuch der Geisteskrankheiten* exposes some attenuation, especially of neuropathological detail. On the other hand, the authors incorporate most of the impressive modern American work on such topics as alcoholism, addiction, sexual psychology, sleep-research, psychopharmacology and ageing. Of the two chapters on the functional psychoses the one on schizophrenia is the more satisfactory. After full reviews of the modern biological and psychological literature as well as an account of the clinical phenomena it reaches two familiar conclusions: "... no satisfactory general aetiological explanation exists at present" (p. 506); and "Among predisposing causes, our best leads lie in the field of genetics..." (p. 506).

The least convincing chapters are those dealing with conditions regarded by Redlich and Freedman as primarily psychogenic. Thus, the psychosomatic diseases, "... in which psychogenic factors play a decisive but variable role" (p. 265), form a rag-bag of conditions, including diabetes mellitus, infertility, angina pectoris and the common cold. The evidence presented hardly justifies the high hopes raised by the American version of psychosomatic medicine. In their chapter on "Neurotic Behaviour" the authors, having declared themselves dissatisfied with other forms of classification, fuse the psychoneurotic and personality disorders and employ a nosological schema of their own: anxiety reactions and phobias, hysterical behaviour, hypochondriacal behaviour, obsessive behaviour, aggressive behaviour, self-destructive behaviour, passive behaviour, inadequate and infantile behaviour, impulsive behaviour, deviant sexual behaviour, sociopathic behaviour and the traumatic neuroses. There is no obvious justification for these

groupings, each of which is described rather sketchily and is heavily loaded with psychodynamic terminology. Further, neurotic depressive reactions are removed altogether to a brief sub-section in the chapter on manic and depressive behaviour disorders. In consequence, there is virtually no mention of the close and complex links between the clinical phenomena of anxiety and depression. Redlich and Freedman substitute the term "sociopathic behaviour" for "psychopathic personality" (p. 392), but in the process they lose many of the rich clinical pickings associated with the latter term. Future editions could with benefit expand on several topics which are poorly served or omitted: among them are depersonalization, porphyria, phantom-limb, lithium, borderline-states and the association between phobias and obsessional reactions. Also, a book concerned with "behaviour disorders" might be expected to devote more space to modern developments in "behaviour therapy".

All in all, however, this volume can be welcomed as the American textbook which does most justice to the complexity of its subject-matter. Its academic merits can be best appreciated by comparison with the available alternatives from the United States. Its foundations should be strong enough to withstand buffeting from the winds of change in American psychiatric opinion over the years. Its perspective can be expected to change if the authors hold to their opinion that "... the psychiatrist's theoretical allegiance will determine to a considerable extent what he is looking for and what he finds" (p. 202). As long as this remains true, the prospects for reconciling theory and practice are unlikely to improve.

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Psychiatric Illness in General Practice. By MICHAEL SHEPHERD, BRIAN COOPER, A. C. BROWN and G. W. KALTON. London: Oxford University Press. 1966. Pp. 220. Price 45s.

Since the Second World War, and the inception of the National Health Service, increasing attention has been focused on the proposition that the overall psychiatric morbid-