

which historical wars he believes to have been caused by over-population (p. 150)? And does he really think that an adequate explanation of the proliferation of 'neuroses and psychoses' (p. 151) as well as of 'homosexuality, fetishism and bestiality' (p. 151) as well as other sexual disorders can be given in terms of over-population? Again, Morris is often content with loose analogies between animal and human behaviour. Is it reasonable to argue that a female monkey making the common submission or appeasement gesture of sexually presenting while taking food from the ground is engaging in a form of prostitution or 'commercial sex' (p. 99)?

The most important objection to Morris's thesis is that man's large cerebral cortex has evolved to enable him to adapt to a very wide range of environments, and it is not clear which is man's 'natural' environment. Where an animal is adapted morphologically and behaviourally to a specific environment, that may be seen as its 'natural' environment. The fact that man's present environment is different from that in which he lived over 10,000 years ago cannot be used as evidence that his present environment is 'unnatural' except in the sense of 'novel', and Morris produces no evidence that man cannot adapt to new conditions, even if not to all conditions. Why should it be supposed that we are not 'biologically equipped' to deal with environments other than that of a South African savannah?

*The Human Zoo* will no doubt be a best seller, like its predecessor *The Naked Ape*. It contains the right mixture of dogmatic assertion and colourful exaggeration to ensure success. Furthermore, it makes use of the principle that Morris calls 'stimulus extremism', which states that 'when selected stimuli are magnified artificially to become super-normal stimuli, the effect can further be enhanced by reducing other (non-selected or irrelevant) stimuli' (p. 207), a principle which can, as he says, be applied to the selection of subject matter for books.

R. E. PASSINGHAM.

#### AN AUTHORITATIVE EXPOSITION

**Depression: Clinical, Experimental and Theoretical Aspects.** By AARON T. BECK. London: Staples Press. 1969. Pp. 370. Price 65s.

During recent conversation Professor Beck referred to his book as 'Oh, that thing'. It must be taken as a flippant and disarming remark, for he has attempted an extensive survey of depression based on many years of clinical experience and experimental work. However, the reader may feel uneasy. In a definitive work, ought not the literature to have been more

exhaustively reviewed; alternatively, in an exposition of Dr. Beck's own work is not much of the literature reviewed irrelevant? Happily the author shuns such rigid consistency. He selects his authors and comments pertinently in each field. He succeeds in supplying historical background and contemporary discussion in such proportion as to give insight into recent advances without a boring catalogue of names for the sake of completeness. We may not always agree with his choice of references, but selective bias is more than offset by his catholic approach, and those who are used to thinking of psychotherapists as one-sided individuals will be surprised at the objective style and the comparatively small area given to dynamic theory. In addition the writing is readable and has the endearing and increasingly rare quality of avoiding 'padding' and obfuscatory jargon—a further proof of scholarship.

The book is divided into five parts. (1) Clinical aspects of depression, includes a review of the literature, examines the meaning of the term depression, gives a detailed list and description of symptoms amplified by some of Beck's own findings, and discusses the claim of depression to be a clinical entity and its place in classification; unfortunately it predated Kendell's monograph, so we are deprived of the author's comments on Kendell's contribution. On the whole Dr. Beck discounts the neurotic-psychotic division, and concludes that no case has been made for retaining the separate category of involuntal melancholia.

The setting for the author's own views on the basic dysfunction in depression is prepared by the statement 'the representation of depression as an affective disorder is as misleading as it would be to designate scarlet fever as a disorder of the skin'. He defines depression in terms of five attributes: (1) a specific alteration in mood; sadness, loneliness, apathy; (2) a negative self-concept associated with self reproaches and self blame; (3) regressive and self punitive wishes, desires to escape, hide or die; (4) vegetative changes, anorexia, insomnia, loss of libido; (5) changes in activity level, retardation or agitation.

In Part 2 the author reviews the experimental aspects of depression. Genetic studies he finds interesting but unproven; biochemical studies, equally unimpressive, require confirmation. The investigators are criticized for their frequent failure to control for such variables as age, sex, and dietary state. While these criticisms are certainly valid, Beck seems to dismiss the findings too easily. His aim here seems to be more chastening than didactic. He also considers Freudian theoretical formulations of depression as 'so complex and remote from observables in the

clinical material that they are not readily reducible to operational terms for systematic study'.

Beck's own contribution to research is a fifteen year systematic study of 1,000 depressed patients, their clinical behaviour, life history and personality, against a matched control group. Many of these findings are distributed to appropriate sections throughout the book, especially the section on symptoms where the author examines both their qualitative and quantitative aspects. In Part 3 he describes his special studies in detail, their method and findings, and the development of the depressive inventory. He discards the traditional classification of depression, not apparently because he considers it invalid, but because he finds the reliability low between different raters. Unfortunately, the standardized interviewing techniques recently introduced and described by Wing, Cooper and Kendell, which have gone much of the way towards improving diagnostic reliability to acceptable levels were not then available to him. Instead, Beck examines the general level of depression, or group of symptoms defined as depression, in psychiatric patients with various conventional diagnoses. Those who still regard depression as some form of entity may be unhappy with this approach. Whereas depression obviously occurs with other conditions, such as schizophrenia, it is not clear how the symptoms of one may act to modify those of the other. The author does not explore this. The results of the investigations are therefore not necessarily the same as those which might have been found in patients with depressive symptoms alone.

Nevertheless the self-rating depressive inventory itself has been carefully validated against psychiatric judgement and subjected to a number of reliability tests. It has been adopted by many workers as a useful, quick and efficient method of assessment of depressive symptoms, and its score has been shown to follow consonantly alterations in the clinical state. It is important to have its development at last set out and fully explained.

After an examination of depressive dreams and childhood bereavement, Beck passes on to the study of cognitive distortions in depression, from which findings he develops his own theories. He took 50 patients in psychotherapy who were judged as clinically depressed, this time excluding organic cases, schizophrenia and predominant anxiety, and a control group of 31 non-depressed patients also attending for psychotherapy, in order to compare the prevalence and type of cognitive abnormalities in the two groups. He found 'evidence of deviation of logical and realistic thinking . . . at any level of depression from mild neurotic to severe psychotic'. He considers that the usual tests of cognitive function

are not geared to discover the distortions of low self-evaluation, ideas of deprivation, exaggeration of problems and difficulties, self criticism and self-commands, and wishes to escape and die that are shown by depressed patients. He gives names to and defines a number of these 'cognitive deviations'.

Beck draws our attention to what he calls the primary triad of depression, i.e. the patient's negative views of himself, his world and his future, by which 'the depressed patient selectively or inappropriately interprets his experiences as detracting from him in some substantive way'. The patient's early experiences have resulted in the formation of a series of negative attitudes which form persistent cognitive patterns which the author calls 'schemas'. These schemas can be evoked by future events when they 'mould' the patient's thought into typical forms of pessimism and guilt. Depressive affect follows naturally from the cognitive dysfunction as a secondary phenomenon, which in turn influences the schemas, setting up a vicious circle.

Finally the author reviews the literature on treatment and adds his own views to the section on psychotherapy.

The reader does not have to agree with Professor Beck's thesis to enjoy the book and find much of interest both in the review and clinical sections. The book sets out to give an authoritative exposition of the depressive syndrome and it undoubtedly succeeds with clarity and readability. It is now the principal work on the subject and a valuable source of references.

J. R. M. COPELAND.

#### JACKSONIAN AND FREUDIAN THEORIES

**Psychopathology of the Psychoses.** By THOMAS FREEMAN. London: Tavistock Publications. 1969. Pp. 215. Price 45s.

It is the aim of the author to improve the study of the psychopathology of psychoses with the help of theories, mainly those expressed by Hughlings Jackson and Sigmund Freud. The term 'psychopathology' is chiefly used in its descriptive sense, namely as designating 'the way in which patients experience their [pathological] thoughts, feelings, bodily sensations, and the world around them'. In addition, pathological behaviour is taken into account which patients overtly exhibit, and it is emphasized that, in this context, nurses and occupational therapists (why not also psychiatric social workers?) have an important observational contribution to make.

However, the main interests of the author do not lie in providing a straightforward description of