

p. 537). His aim is the same as before, i.e. "to present the comparatively new science of Psychology as a handmaid of Religion" and to convince Christian doubters that this is so and that it is not an arch enemy and "anti-Christ". He is a Church of England clergyman who has spent twelve years as a non-medical psychotherapist in a parish in Leicester. He considers that "any case of serious (psychological) disorder will not be adequately treated unless it is pursued in depth to the complex infantile situation. Tinkering about on the surface may produce some benefit . . . but nothing short of a radical cure should be our aim." On this conceptual basis he reviews a variety of psychological problems and illustrates them from his own clinical material. This is treated in a broad and eclectic manner. Terms are used if they seem to be convenient even though the psychological model from which the term derives would not be acceptable to him. Theological implications are always to the forefront.

He sees "psychiatry" as an exclusively medical practice, whereas he considers "psychotherapy" to be essentially a non-medical field of treatment, though some doctors may wish to adopt it and use it. (Some of my own medical colleagues would agree with this, but it seems to me to be a piece of special pleading.) He considers that a clergyman who knows something of "psychology" may function forthwith as a very effective "counsellor". He then states explicitly that if a clergyman or anyone else intends to practise as a "psychotherapist" as opposed to a "counsellor" it becomes essential that he should have a training taking several years, which must include clinical work under supervision. This opinion is reviewed at length here because it is a current issue of some importance. The non-medical psychotherapist has always been a controversial problem for the B.M.A. and especially for the psychiatric world. At present there is a rapidly growing demand for psychotherapy over the whole country, but relatively few trained therapists are available. The author is aware that many of the contemporary clergy feel attracted to this work and he has the courage to point out the neurotic element in the attraction and the absolute need for proper training. Whether or not he goes far enough is another matter. If by "psychotherapy" he really does mean what he says, i.e. "analysis in depth" then it seems at least remarkable that he should ignore the need for personal analysis for the prospective therapist as part of his training. It may be that his silence on transference and counter-transference in the text reflects this problem, as to discuss it would be to expose this major problem.

This book is quite clearly an apologia for a

Christian approach to the use of psychotherapy as a specialized ministry for parochial clergy within the Church. The author sees psychotherapy as soul therapy and the therapeutic goal as the Christian way of life. He insists that emotional sickness is a religious and psychological problem where the medical profession has a part to play but has no prerogative over treatment. The Church must have the courage "to use this new instrument" and regain its proper soul-curing function. He sees the Church and the medical profession as having spheres of activity which are sometimes entirely distinct and at others overlap.

The title of psychotherapy is misleading for he gives a special meaning to psyche; he does not discuss therapy so much as attitudes to illness; nor technique and practice so much as the need for a re-thinking by the Church of its functions in certain respects. The main value of the book is in its sub-title of "A Christian Approach", in which he pleads strongly and convincingly for something which he holds with "enthusiasm". This book will be of great value for those for whom it is written and it is of contemporary interest in terms of the new Institute of Religion and Medicine. It will not be of great interest to the ordinary run of psychiatrists for whom "psychotherapy" too often means only temporary support of a patient by an untrained junior doctor; nor does this book offer anything new in the practice of psychotherapy.

M. H. B. JOYCE.

**Cosmic Factors in Disease.** By ARTHUR GUIRDHAM. London: Duckworth. 1963. Pp. 152. Price 21s.

This is not an easy book to read because much of what the author has to say cuts right across the theoretical and practical schemata with which the average psychiatrist is indoctrinated. He is therefore painfully aware of irritation and resistance. If I had not had to read the book in order to review it, I should have put it down after five minutes of thumbing it through—and the loss would have been mine. I hope that other people will be able to persevere with it and gain from it what they need.

Surprisingly, it is written by a busy psychiatrist with great experience and varied orthodox practice. He has developed and modified the themes of his own earlier books and presents a complexity of generalizations culled from extra-medical disciplines. It covers a very wide field of medicine, philosophy and various religions, and of the esoteric concepts made more familiar to the West in the twentieth century in writings such as those of Paul Ouspensky. The author considers that modern specialized medicine

has prevented us from realizing some of the deeper factors which underlie all disease. He believes that medicine needs to make a "leap in the dark" before it can advance on a broader front. He has tried to express the truth as he sees and feels it, and this is so rare that it is always refreshing and exciting.

My personal view is that much of what he has to say can be better understood in terms of the unconscious. His difficult postulate of the "You which is not you" is probably a rough synonym of the objective psyche, C. G. Jung's transpersonal (or Collective) unconscious. Conscious relationships with this other You can be seen in Analytical Psychology as the ego in its relationship with the archetype of the Self. Whatever the terminology, he has much to say of profound importance, particularly in the sphere of stress disease. He delineates our contemporary failure to get beyond the concept of personality with its insistence on defence of the ego and he specifies the loss which follows when transpersonal and archetypal factors are ignored or rejected.

M. H. B. JOYCE.

#### 4. PSYCHOLOGY

**Personality Assessment: a Critical Survey.** By PHILIP E. VERNON. London: Methuen & Co. Ltd. 1964. Pp. 333. Price 42s.

One of psychology's elder statesmen has examined current approaches to personality assessment in the English-speaking union. To say the least, he has found them lacking in most respects. The book is addressed primarily to psychology students, but also to doctors, ministers, personnel officers, etc. It can hardly be recommended as a textbook because the author has had to pay for the wide coverage of topics central and peripheral to assessment by treating them superficially. For a psychiatric audience it can serve fairly well as an annotated bibliography, although the examples seldom involve the diagnosis of psychiatric patients. It is a credit to the author's perspective that he sets personality assessment in the broader context involving person-perception and self- or role-theories and does not draw a firm line between personality and behaviour. A heavy stress is laid upon the methodology whereby assessment techniques may be validated, and it is these chapters which are most deserving of a psychiatrist's attention.

In the course of leading the reader through the wasteland of clinical psychology's statistically significant but practically worthless correlation coefficients with criteria, Professor Vernon points to a few cases. But these, on closer examination, prove to be mostly

mirages resulting from a kind of double standard in applying the criteria of practicability or from the techniques being too new to have been rejected. The survey goes a long way toward decreasing the cultural lag between the clinical use of tests and concepts and their embarrassing failures when subjected to objective research. It would be unfortunate if one of the side-effects of this objectivity were to be the complete rejection of all assessment or a taxonomic nihilism.

Some indication of the author's emphases may be gleaned from a list of the six most cited authorities: G. Allport, Cattell, Cronbach, Eysenck, Guilford and Vernon. Both Cattell and Eysenck receive special critical attention; few psychologists have been more persistent in their efforts to bring a systematic point of view to bear on the problems of Personality. On the former, "Yet the results so far hardly justify the belief that this is the most fruitful avenue of progress . . .". On the latter, "In general Eysenck's approach has been invigorating, . . . to many clinical psychologists and others, his views seem far-fetched, dogmatic and arrogant." The assessment technique receiving the most citations is the Minnesota Multiphasic Personality Inventory followed at some distance by Rorschach, Q-sort, TAT and Strong Vocational Interest Blank. The correlation between popularity and validity however is far from +1.0. Various response sets attenuate the interpretation of the subject's performance and then a somewhat more sophisticated set of biases attenuates the interpreter's performance. This leaves psychology with the urgent task of validating or calibrating both the tests and the clinicians. Contrary to the opinions of each, factor analysts, psychoanalysts, and item analysts cannot fathom what is "really" beneath the façade of uncooperative subjects. Fortunately the majority of patients seeking help try to tell all, perhaps too much. This leads to the obvious but neglected fact that the same test has different utilities in different settings or even at different times in the same setting, e.g. admission *vs.* discharge against medical advice.

One of the important issues treated by Vernon is that of clinical *vs.* statistical prediction, which was analysed in Meehl's 1954 book. He disputes views of Meehl's twenty comparisons as showing the actuarial predictions to be equal or superior to the clinical and says it would be more correct to state that half definitely favoured the actuarial while in the rest the clinical approach was insignificantly inferior. This sets the stage for a belittling of actuarial prediction in Chapter 13. It should be entered on record that by 1959 Meehl's "box score" with  $N=35$  studies showed 23 for the statistical method, 12 ties, and no study favouring the judgmental method.