

ideas at the turn of the century. Freud's own emotional difficulties in his relationship with his father are also invoked by Freeman to explain his lapses.

The concepts of normal and abnormal are dealt with in two papers. That these are 'Key Concepts in Ethnopsychiatry' is open to question, and Devereux bases his argument on the approved social position of transvestite shamans in northern America and Asia. This approach seems to overemphasize one rather exotic item of behaviour. Neither spiritualist mediums who go into trances in London nor Mr. Danny La Rue's drag show have brought much worry to psychiatrists through indecision as to whether such activities are normal or abnormal.

This book will appeal to convinced psychoanalysts who wish to have confirmation that their concepts can be used as explanations of phenomena from other cultures. Most anthropologists continue to prefer their traditional ways of organizing their data.

JOHN ORLEY.

ACTION AND COUNTERACTION

Conflict and Reconciliation. A Study in Human Relations and Schizophrenia. By HELM STIERLIN. Science House, New York. 1969. Pp. 267. Price not stated.

This work is introduced as if it were built upon the solid rock of Hegel's concept of action and counteraction, and it continues stressing throughout the needs of schizophrenic patients in a near-existentialist approach. Dr. Stierlin is an analyst, but he obviously does not agree with Freud who left psychotics strictly alone. He also describes the analyst as a 'guardian', and the whole first part of the book is concerned with the dichotomies arising within the patient and between the patient and his environment, which includes the analyst. The analytic situation of gratification versus frustration is stressed, and so is the dichotomy between difference and sameness, moment and duration, stimulation and stabilization, closeness and distance.

The author is obviously prepared to use transference in the initial stages of the therapeutic relationship.

Dr. Stierlin is in a particularly favourable position, as he can spend all his time with a very small number of patients, and he tries very hard to convince us that the psychotherapy of schizophrenia is a workable proposition. He admits that United States psychiatrists are perhaps more or less alone now in seeing schizophrenia as a purely psychogenic illness, and this viewpoint might not be acceptable to many readers, including serious analysts. The results as described by the author are disappointing, although in at least

one case the therapist got very involved with the patient, who showed a temporary improvement which non-analysts would probably ascribe to the Hawthorn effect. There are other points on which one can disagree with the author; for instance he refers to a recovered psychotic as having suffered from an 'anxiety of mental illness'; he probably meant anguish.

The book is compassionate and obviously deeply thought out. Those psychiatrists who wish to learn more about psychogenesis of schizophrenia should read it, and even the non-analysts can learn quite a lot. Hegel is at the back of Dr. Stierlin's mind all the time, as for instance in applying the philosophy of change from quality into quantity to the lessening of thought association in schizophrenics. This of course is plausible and makes sense, but it really does not satisfy the more eclectically orientated psychiatrist who is also concerned with biochemical and genetic aspects of the disease.

The concepts of Dr. Stierlin and their application to schizophrenia can be easily translated to non-malignant emotional disturbances, and this makes the book even more valuable.

G. C. HELLER.

A PSYCHOLOGICAL ASSESSMENT TECHNIQUE

S.C.I. Structured Clinical Interview Manual. By EUGENE I. BURDOCK and ANNE S. HARDESTY. (Springer Publishing Company) 1969. New York. Pp. 64. Price \$3.50.

The findings of a number of research projects which used this interview are now appearing in print, and it is timely that the manual itself has at last been published. The S.C.I. is essentially a research instrument and it is important to understand its advantages and limitations. It was developed as a supplement to the same authors' 'Ward Behaviour Rating Scale', and is designed as a test of social and psychological adjustment. It is not intended as an aid to diagnosis, and the authors stress that 'the S.C.I. is a psychological, not a psychiatric technique'. The interview is intended for examining individuals or groups, for assessing response to drug therapy and to be used as a screening device in the general population. An overall score of abnormality can be obtained or section scores ('subtests') can be plotted on a graph to provide a symptom profile. It consists of a set of standard, open-ended questions which serve as controlled stimuli to which the subject responds by expressing his ideas and behaviour. The interviewer then makes judgements on the presence or absence of symptoms. No other questions are allowed. Thus,

any effect the personal qualities and skill of the interviewer may have in modifying the patient's response, or the subject's tendency to answer in a particular way is kept to a minimum. The rule against probing further to elicit abnormality which the interviewer suspects may be present shows the difference between this stimulus-response approach and that of a clinical psychiatrist interested in finding and rating individual symptoms. The question 'What is your state of health?' for example, is the only question directed towards physical complaints. If in reply to this, the patient mentions difficulty with sleeping the interviewer is not allowed to ask about sleep directly or to go into the type of sleep disturbance.

The authors have made a careful study of the reliability of the instrument. The ten subtests into which it is divided had low intercorrelations showing relative independence of one another. When several raters simultaneously scored the same series of patients, differences among the subtests were found to account for the major part of the variance in the two-way analysis of variance, differences among raters forming only a small part. Inter-observer variability for the whole interview was as low as 1.31 for four observers and lower still for the individual subtests.

Standardization of the schedule was carried out using 870 psychiatric in-patients, 59 psychiatric out-patients and 95 community subjects. Norms were also constructed for some special groups, e.g. adolescent subjects and subjects with physical illness. Interviewer effects were found to be slight and the authors claim the schedule has predictive validity. High scores on hospitalized schizophrenic patients are shown to be predictive of poor outcome of treatment. Although depressed patients and those with schizophrenia are clearly distinguished on symptom profiles, the profiles of schizophrenic and manic patients are very similar. Some of the differences which do exist between the profiles of these two conditions are partly due to the selection of patients, e.g. none of the 12 manic patients chosen by them had 'perceptual distortion' (i.e. hallucinations etc.), and so, by contrast to the schizophrenic patients, they scored nothing on this subtest.

For its purpose this is a well standardized tool, unique among psychology assessment techniques for the care which has been put into producing the present form. It is suitable for the research worker who is willing to undergo the course of training recommended and is interested in assessing quantitative alterations in a patient's or subject's behaviour, or in seeking to discriminate subjects showing abnormal behaviour from a normal population, provided he is content with symptoms spontaneously presented by the patient and is not relying on the interview for making a diagnosis.

J. R. M. COPELAND.

McGILL SYMPOSIUM

Psychiatric Research in Our Changing World.

Edited by G. F. D. HESELTINE. Amsterdam: Excerpta Medica Foundation. 1969. Pp. 184. £5. 13s.

The Allan Memorial Institute in Montreal was established in 1943 as the centre of the Department of Psychiatry of McGill University. Under the vigorous directorship of the late D. Ewen Cameron the department rapidly expanded and came to occupy a prominent position among institutions for psychiatric training and research in North America. The twenty-fifth anniversary of the founding of this department in 1968 was celebrated by an international symposium, the proceedings of which are contained in this volume.

Between them the eleven invited speakers cover a wide range of topics, ranging from the purely biological ('Drug actions on adrenergic nerve terminals' by U.S. von Euler) to the purely conceptual ('Action Models' by J. Ruesch). The papers are of varied length and quality; the comprehensibility of three of the better contributions is impaired by a lack of illustrations. The rest of the book, comprising nearly half its material, contains summaries, discussions, formal addresses, photographs, and a separate section devoted to psychiatric nursing and entitled 'Explorations in the Nurse-Patient Encounter—Yesterday, To-day, and Tomorrow'.

The price is almost twice that of the latest edition of Henderson and Gillespie's *Textbook of Psychiatry*.

MICHAEL SHEPHERD.