

rational in the light of patient needs, obviously need to take into account factors indigenous to the treatment system. . . .” Indeed they do. Nothing illustrates the ethos of a culture more clearly than the structure of its health services.

There are some interesting sections in the book, such as that which attempts to distinguish the functions of the individual members of the domiciliary team, including an unusual use of the occupational therapist as a re-educator of social as well as manual skills. In general, however, the book is unlikely to make much stir outside the underdeveloped society from which it originated.

NORMAN KREITMAN.

Essays in Schizophrenia. By BERNARD H. SHULMAN. Edinburgh: E. & S. Livingstone, Ltd. (for the Williams & Wilkins Company, Baltimore). 1968. Pp. 206 + xv. Price 80s.

This series of essays is concerned with the psychotherapy of schizophrenia. The author is an avowed Adlerian who has also been influenced by the teachings of the late Harry Stack Sullivan, and somewhat more peripherally by some of the existentialist schools with which Sullivan's views have much in common. The author claims that his own point of view is “goal-directed, teleological and phenomenological”. The keynote is struck at the outset by his statement that: “Schizophrenics are made not born.” To those familiar with American writings upholding this general thesis, it is hardly necessary to say more but, in fairness to the author, some more detailed account of his theories must be given. The disturbance of human relationships found practically always, the author believes, in the childhood of schizophrenics are not in themselves causal, as the patient himself is prone to suppose, rather is it the patient's faulty mode of response to them which brings about his disorder. He could, the author states, “have chosen another path had he not been blinded by his . . . previous assumptions”; and, the author adds later, “the child *must actually conspire* [author's italics] with the environmental pressures to bring about a situation which leads him to schizophrenia”.

The patient, it is said, sets himself an imperative, perfectionist goal far above his power to realize in actuality, and so retreats into his inner private world where he accomplishes his goal in childish phantasy.

“Many schizophrenics” the author believes “would rather be special than ordinary even if madness is the consequence.” Psychotic symptoms are seen as “distancing devices” to maintain the patient's detachment from the outer world. The patient has,

e.g., “trained himself to hallucinate”. The author holds that the patient at one stage in the history of his illness has reached a parting of the ways, at which he can decide “to stop the psychosis”, but this requires a willingness to consider alternatives to his abnormal behaviour. The patient, discouraged by his past and anticipating similar future failures, is taken to task for his “stupid and inappropriate approach to life” and is told he could try “a different approach any time he wanted”. Here the “credibility gap”, to use the current jargon, yawns wide. It is even harder to believe, and indeed the author warily concedes the difficulty of the task, “that a person would choose to be psychotic”. But the idea is not new and he quotes Vesalius in support.

The author states elsewhere that: “It's no easy job to be psychotic at any time, for unless a patient keeps reinforcing his psychosis there is always the danger he will be drawn back into the reality he dreads.” To the author, schizophrenia is essentially “a rebellion against consensuality and therefore against conventionality”.

A long essay is devoted to discussion and analysis of the therapeutic methods the author uses, some of which may strike even a junior psychiatrist as verging on the naïve. There is a notable absence of adequate case recording, and there is considerable doubt in several of the cases of the correctness of the diagnosis of schizophrenia which the author defines, or rather characterizes, as “the existence of superhuman goals and the discard of common sense in order to achieve them”. The author differentiates “process” from “reactive” schizophrenia, but his definition of the former as “a long-life pattern involving poor socialization and unsatisfactory life adjustment” is not merely inadequate but also, in its implications, at variance with what the reviewer (and very many others) understand by the term “process”. The author gives no indication of the long term results of his psychotherapy, and since doubt must exist, for the reasons already given, of the diagnosis of schizophrenia in many of the cases, the study does not enable the reader to assess the value of the author's treatment. Few psychiatrists would nowadays doubt the value, in general, of psychotherapy in the broadest sense of the term in most forms of mental disorder, demonstrated *inter alia* and somewhat paradoxically, in some carefully controlled drug trials, where the sedulous and unremitting attention and care of the nursing personnel sometimes produced remarkable improvement, from which basis the effects of the drug *per se* could be evaluated. But the evidence of the value of psychotherapy alone in schizophrenia is, at best, unconvincing. Then again, in the presence of our fundamental ignorance of the aetiology of the

functional psychoses, including schizophrenia, psychogenesis cannot be disregarded as an essential factor, yet the weight of evidence is on the whole against it. It cannot be said that this book does anything to strengthen the case for the psychogenic hypothesis.

Further, whilst the value of modern drug therapy can be, and often is, overestimated, there is little doubt that a degree of improvement results in very many cases, which enables the patients to mobilize the intact "rest" of his personality, and that he often does this remarkably well unaided, even if at times he is merely papering over the cracks in the fabric. Whether psychotherapy in such cases would hasten or further stabilize the patient's adjustment is doubtful—in some cases it might well be prejudicial.

I have reviewed this book at greater length than I think it merits, partly to minimize the reproach sometimes made by those who share the author's views that those holding widely different concepts are wandering bemused in outer darkness and although shown the light still obstinately disbelieve. But some things are more credible than others. The author does well to emphasize the part played by the warm, human approach of the doctor to the schizophrenic patient, and in this regard I am sure he is not lacking.

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2. BEHAVIOUR AND COMMUNICATION

Social Communication among Primates. Edited by STUART A. ALTMANN. Chicago and London: University of Chicago Press. 1967. Pp. 392. Price 5 guineas.

The chapters in this book are based on talks given at an International Symposium on Communications and Social Interactions in Primates held in Montreal in 1964. Psychiatrists as well as anthropologists and zoologists were well represented at the meeting, an indication of the extent to which primatology is becoming an inter-disciplinary study.

In the first chapter Allison Jolly describes his observations of *Lemur catta*, a small diurnal squirrel-like primate, confined like other lemurs to the island of Madagascar. An interesting feature of this animal is a brief breeding season, apparently synchronized over widely scattered troops. In the troop of twenty-three animals observed by Jolly, the approach of the breeding season was characterized by an increase in social and aggressive interactions, and a steadily mounting excitement in the group atmosphere. During the few days of breeding, the normally rigid dominance hierarchy of males broke down, so that junior males had chances of copulation apparently equal to the high ranking members. Copulation was not easy however, and it was not uncommon for

a male to have to interrupt the act some 20 times to chase away hecklers.

One factor ensuring the synchrony is thought to be the lunar cycle. In the wild, mating tended to overlap the period of full moon, and in the laboratory females tend to show the changes of oestrus at full moon. Changes in day length may determine which full moon is chosen for the actual single yearly season, and social facilitation of mood change is a likely contributory mechanism. The author says that he finds no explanation of breeding synchrony satisfactory; but in the breakdown of the dominance hierarchy he provides one possible advantage. A breakdown in hierarchy is more likely in one short period of the year, when even in our own authoritarian societies a Lord of Misrule may briefly reign. Competition for sexual outlets is likely to be less intense if all the outlets are available at once. Thus the awkward correlation between dominance and reproductive success is removed. Where there is such a correlation and where it involves a genetic component, the selection for dominance must be counteracted by some other selective factor, which is likely to be mortality in combat. Thus synchronous breeding can be seen as a mechanism for reducing intraspecific aggression. No doubt the anthropologists who heard the talk were thinking about human fertility rites in this context.

Papers by Kaufman and Sade confirm earlier reports that social rank in rhesus troops is to a large extent determined by the social rank of the mother. In fact the outcome of a fight by two young age-mates can be predicted with near certainty by a knowledge of the relative ranks of their mothers. As they mature, the young animals defeat older animals who rank below their mothers, until they come to rank just below their mothers in the hierarchy; females usually stay in this position, whereas males tend to shift up or down after puberty. One male who was castrated at this time fell from just below his mother to join the orphans at the bottom of the hierarchy. This cultural determination of social rank is another mechanism by which selection for individual aggressiveness would tend to be reduced.

Detlev W. Ploog gives an account of some of his work with squirrel monkeys at the Max Planck Institute of Psychiatry in Munich. He describes the characteristic genital display which is an important component of the social life of these animals. The genital display "is always directed towards one partner. In its fully developed form, it consists of several components: laterally positioned leg with hip and knee bent and marked supination of the foot, abduction of the big toe as well as erection of the penis. In females, there is an enlargement of the clitoris