BOOK REVIEWS

SHAPING UTOPIA


Contrary to the impression given by the title, this book is not a compendium of research on operant conditioning, its experimental analysis, and its schedules of reinforcement. Rather, here is a cumulative record of Skinner's important theoretical papers over the past decade. It ranges over broad areas, including the design of cultures, the state of behaviorism fifty years after Watson sounded the tocsin for the new psychology, operant conditioning as an alternative to traditional experimental psychology, and how to eliminate "the stubborn fact of consciousness" from psychologizing.

When Watson founded behaviorism in 1913, he had a program but not much else. After half a century Skinner not only has a program, but a solid body of research results. His programmed learning has become commonplace, operant conditioning is widely applied in the new behavior therapy, his linguistic theories draw fire from no less an authority than Chomsky, and he has an enthusiastic group of followers who will ensure the continuity of his programs.

The reader comes away from Skinner challenged, irritated, and full of admiration for the man if not the system. The challenge and the irritation are primarily the lot of the humanist reader. He at once appreciates the fact that this is no premature promise to "Give me a dozen healthy infants ... and I'll guarantee to take any one at random and train him to become any type of specialist I might select ..." but a carefully reasoned-out program to apply tested principles of operant conditioning both toward the strengthening of psychology as a science and toward the foundation of a social utopia.

According to Skinner, psychology as a science can be improved in two ways. First, by ridding itself of the stimulus orientation, and second by eliminating ghosts in the machine—purposes, perceptions, drives, instincts, habits, and all the other trappings of consciousness dear to the subjective psychologist and to traditional experimentalists. In this respect, the dismissal of consciousness, Skinner does not differ radically from Watson and others of the behavioristic school, except that neo-behaviorists, such as Tolman, Spence, Mowrer—even Hull—were willing to bend a little and admit drive states, expectancies, and cognitive processes as explanatory constructs and intervening variables while retaining behavioristic methods. Skinner does not bend. Explanations in terms of what he calls "mental way stations" are question begging. If by such expedients the behavior under investigation is explained, the intervening variable remains to be explained and nothing is gained.

The dethronement of the stimulus converts traditional S-R psychology into an R psychology. No longer is it necessary to condition subjects to respond to a stimulus. No longer does the experimenter apply an experimental or independent variable (the stimulus) to an O (the organism) to get a dependent variable (the response). Rather, what is studied is rate of responding as contingent upon schedules of reinforcement.

Since by scheduling reinforcement appropriately the rate of responding of
any behavior can be modified, utopia is possible. The Director of Utopia decides what behaviors are desirable and arranges for their shaping by manipulating reinforcement. Millions of healthy infants in a future *Walden II* could lead the Good Life if the principles of operant conditioning were applied instead of leaving the evolution of culture to accident. The education of future citizens would be shaped “with due regard for the lives they are going to lead.” The material goods, the medical care, the art, and the science necessary to the perfect society could be made to flourish if the community reinforced these behaviors and stopped depending upon traditional social hedonism. Traditionally arbitrary and extrinsic rewards, not being contingent upon behavior, do not shape it, and punishment fails to stamp out undesirable behavior because that behavior has its own untouched sources of reinforcement.

For the philosopher-king of Plato’s utopia, Skinner would substitute the psychologist-director, or perhaps board of directors, who would determine which behavior ought to be reinforced. The individual and the satisfaction of his needs would necessarily be abandoned in favor of species and cultural survival as the criteria of a successful society. Skinner believes, however, that self-realization and personal happiness on the one hand, and the goals of species and cultural survival on the other hand, are not necessarily antagonistic. Others are not so sure. They fear Skinner’s *Brave New World* lest it turn out to be a dictatorship in which the individual is dehumanized. Who, they ask, will control the controllers?

Systems of psychology have their day and cease to be, leaving a residual contribution to the general fund of knowledge. It appears unlikely that Skinner will have his way in eliminating the “stubborn fact of consciousness,” self-determination, and recognition of the worth of intuitive and private knowledge from psychology. Indeed, humanistic and existential systems are nourished by their very opposition to behavioristic and technological systems. Nor does it seem likely that experimental psychologists will eschew the study of processes subsumed under sensation, perception, motivation, emotion, thinking, intelligence, and personality by traditional experimental, statistical, and clinical methods. And, in our troubled world, utopia seems farther away than ever.

Nevertheless, let the reader beware. This is a reinforcing book, and those who fear they may be persuaded should not read it lest they be shaped into Skinnerians. At least it will force all those who study it carefully to re-examine critically the theoretical foundations of their own systems. This is a strong recommendation for any book.

*University of Vermont*  
JAMES P. CHAPLIN

**Universities, Mental Health, and Society**


Dr. Becker has written an important work that is ostensibly intended as an appraisal as well as criticism of the American university as it exists today. However, as I hope shall become clear, it is relatively easy to extrapolate Becker’s commentary to the situation within the field of mental health.

Becker’s main point of contention is that the modern-day university is not
willing to present to its students a sorely needed unified body of knowledge. It offers in its place mere fragments, or specialized knowledge that has little relationship to the central and ultimate issues of the day.

The modern university is not a seat of learning. No matter how wide the doors are thrown open, how many new accommodations are built, how much scholarship money is voted by Congress and the states, the terrible fact remains: The American university exists to shape candidates for the jobs of the American commercial-industrial system. It is education for society as it now stands, rather than for the ideals of a society as it might better be (p. 18).

The university is reluctant to promote the Enlightenment ideal—one of seeking out a socially useful synthetic body of knowledge that would enable us to answer questions—what is to be done? what is good? what is bad?

Becker suggests two major impediments towards the securing of this ideal: First, the ever-continuing influence of the empirical sciences. Can it be that our quest for facts and data is an unwitting attempt to justify our inaction? As Nietzsche suggested long since, “objectivity” can be used to justify the scholar’s inability or unwillingness to distinguish the important thing from the unimportant; impartiality can be used to conceal irrelevancy. (Can this be similar to the “hesitating” attitude that Adler described as so characteristic of the neurotic individual?) Secondly, the disappointment of the philosophy of pragmatism—a step-child of the Enlightenment—in that it has failed to provide a moral criterion despite its commitment to socially useful and practical knowledge.

Dr. Becker’s criticism of the university as lacking both unity of knowledge and vision or ideal is applicable to the field of mental health. For we too are plagued by fragmentation and specialization too often characterized by the search for facts and data that does not allow us to consider the relationship that exists between the individual neurotic fiction and the ongoing social fiction. Our vision ought be that one cannot resolve one without the other.

If we are to both pursue and clarify this ideal it shall be necessary to take our cue from one such as Adler whose gigantic contribution was to provide us with a unified psychology of man. The overall resolution of the problem of mental illness must be linked to the establishment of an ideal democratic society that allows man to liberate his creative energies and maximize his choices. The task of both university and the mental health field is to provide the knowledge so that we understand what it is that limits human freedom in both the individual and social dimensions of life. Dr. Becker’s book takes us all a step closer towards realization and attainment of this vision.

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Roy D. Waldman, M.D.

Is "The Third Viennese School of Psychotherapy" Real?


This book again recalls the words of Birnbaum “that Viktor E. Frankl is one of the kindest and bravest men who ever was a pupil of Alfred Adler” (this Journal, 1961, 17, 162-166). Undoubtedly Frankl has, by his personal actions, re-emphasized in our times the necessity of a psychology of courage and spirituality.
Yet paradoxically no unequivocal credit is extended to Adler for his influence which must have been tremendous. With this book it takes no great effort to detect Frankl’s entry into the world which “is full of Messiahs who are not on speaking terms.” Frankl becomes excessive in his praise of Frankl and fails to extrapolate his concentration camp experiences into our feudal social system, where change is not merely desirable but a desperate necessity. In this book one can, once again, note the subtle route which Frankl traveled to arrive at existential analysis from Adlerian psychology.

Frankl seems to have misinterpreted the key terms of power and social interest and stripped them of their forceful socio-temporal connotations. Adlerian power in Frankl’s hands looks like crass effort to bend objects to one’s will, rather than find solace, esteem, and meaning in understanding persons. Social interest loses its past and future time sense, and one is left with the objective here-and-now world. To Frankl there is no feeling of social interest unless there is real human interaction. Hence this need for “spirituality” emerges, often misinterpreted theistically by those looking for 20th Century support for Judeo-Christian premises. Frankl’s spirituality, it seems, is more akin to one’s capacity to identify with others which combined with adequate self-esteem is synonymous with personal maturity (humanistic identification). The spiritual dimension of logotherapy can be contrasted with its psychological dimension, which in Frankl’s theory consisted of inherited drives; a caricature of orthodox psychoanalysis, paradoxically praised in other contexts as one of the ontological dimensions of man. The importance of the process of identification in personal and social change is overlooked in favor of a “bootstraps” spirituality where one lifts himself to a new ontological dimension.

In short, it appears that Frankl’s system can flourish only by misperceiving the meaning and intent of Adlerian concepts. All this is not to give short shrift to Frankl’s personal courage and creative contributions to Individual Psychology. His focus on humor, implied but neglected in Adlerian theory, is of utmost importance. Attention to the positive values of religious orientation is timely yet confusing. Prayer seems to take the place of an organized theology, yet how Frankl can pray to a God which he cannot describe is a mystery.

To me Frankl’s books are always stimulating in spite of increasing apologetics, injustice to Adler, and gnostic-like neglect of methods of social change. The Frankl spirit of hope creates; seeing Adler through his eyes definitely does not.

VA Hospital, Houston, Texas

WALTER E. O’CONNELL

Presenting Joshua Bierer, Social Psychiatrist


It is good to have something by Joshua Bierer finally between book covers. For almost 40 years he has been devoting his unusual energies to the study and treatment of mental patients, to planning and building treatment facilities, to fighting non-effective and dehumanizing traditional ways of dealing with all sorts of socially unacceptable individuals, to bringing about legal reforms and
better socio-economic and educational conditions, and to establishing international communication in the wide field of social psychiatry through the societies, journals, and congresses which he has organized. All this activity has truly been marked by innovations, as the title of this book indicates, the two most outstanding being the day hospital and the therapeutic social club. This is a remarkable accomplishment for any one person in an extremely demanding, troubled field. Furthermore, Bierer has done this as one of the few, if not the only, psychiatrist in Great Britain to base his approach very largely on Adlerian theory.

Evans, co-author of this book, says of Bierer that he is more a doer than a writer. Perhaps it is not possible to be both. Bierer’s previous publications are scant, and many of them are reprinted in this volume. Evans has attempted to bring out Bierer’s thought and practice (the first 72 pages) through a dialogue, systematically, and much of interest is brought out in this way, but even with Evans’ experience and skill in this medium, the result is still haphazard. Further reading in the Bierer reprinted material adds to one’s understanding, but not easily, and one is frustrated by the outright repetitiousness. Bierer is generous with his fascinating case material, but here again the gap between doing and writing becomes apparent: one is not given the actual process of change, or the specific clinical procedures invoked. It is understandable that much of the therapeutic process may be inexplicable to the intuitive therapist himself, and that his preeminent interest is in getting results. But be that as it may, there is a need for greater didactic effectiveness in just such accounts.

Bierer deals with the nature of therapy and the concrete organization of therapeutic services. A main principle applying to both fields is the idiographic approach to the patient, in his entire physio-anatomical psychological wholeness. “The therapist must adapt himself to the patient . . . so that the patient experiences the treatment and not the dogma” (p. 31). Accordingly, the staff must include a variety of medical and psychiatric practitioners so that therapists can be assigned to the patients with whom they feel most competent; and psychotherapeutic activities must be sufficient to appeal to every individual patient.

Basic to all principles of action are two distinct abilities of the therapist: (a) to understand the patient, i.e., what is behind his symptoms, and (b) to make him feel that he is understood. “The treatment is to open the way for the patient to return to this world by letting him know he is understood and accepted” (p. 37). In explaining a dramatic success, within a few minutes getting a girl who had not spoken for over two years to speak to him and before a large group, Bierer says: “It is not a miracle that a person can have the courage to live when she feels understood” (p. 60).

The six fundamental principles for social psychiatry which Bierer gives (pp. 143-154), in his own nomenclature, will sound on the whole very familiar and acceptable. Universality refers to the wholeness of the individual and to him as a part of a larger whole. Relatedness refers to the transactional processes of the individual within his system. Conation refers to teleological motivation. Centripetal-centrifugal interaction implies that therapy from without moves toward the center of the person. The multi-dimensional approach includes various levels of consciousness, various other people, and various therapeutic agents. Lastly, situational treatment means that patients are made to experience things differently through environmental manipulation.
The art of the therapeutic social clubs has been worked out nicely. Its procedures are described in detail so that its practice should surely be widely tried. Of his day hospital Bierer says: “About 500 adults and 150 children have been treated per year by the equivalent of one junior and one and a half senior psychiatrists. This represents about one-eighth to one-tenth of the psychiatric sessions used in other clinics for treatment of the same number of cases” (p. 154). Surely no community can afford not to study this setup and procedures most carefully, and copy them wherever possible.

To return to Evans’ contribution to this volume, in the chapter, “Summary and Critique” (pp. 85-94), he places Bierer’s orientation—actually as an example of Adlerian theory—in a perspective of personality theory since Freud, and he points out Bierer’s contributions to the treatment of mental illness. He suggests systematic investigation of many points in Bierer’s theory and practice, taking into account such factors as trans-cultural differences between England and America, and the occurrence of spontaneous remission. Especially we should like to echo Evans’ judgment on Bierer’s impressive though untested results: “It would be a serious injustice to innovators such as Dr. Bierer ... to require that their work await hard research confirmation before it be granted an opportunity to develop” (p. 93). He summarizes his interview with Bierer very aptly as reflecting “the view one would receive if one visited Dr. Bierer in his hospital and observed at first hand some of the treatment techniques being employed” (p. 10). We are grateful for this visit with Joshua Bierer, which, even though it leaves many questions unanswered, is informative and challenging.

Burlington, Vermont

Rowena R. Ansbacher

THE THERAPY CALLED GESTALT


Many gems are cast before us in this transcript of five introductory talks and the dreams told by some 40 persons, worked over quite spontaneously by Dr. Perls in front of a group. Those who are familiar with the original Gestalt psychology and have wondered what a Gestalt therapy could be, will find the answer in these pages in spite of their unsystematic informality.

Gestalt as used by Perls in some ways refers to the basic organismic qualities of the person, described by the Gestalt neurologist, Kurt Goldstein. From the Gestalt perception psychologists, Max Wertheimer and his associates (who are not named, so far as we could see), Perls has taken the completion principle. The technique used in Gestalt Therapy is “to establish a continuum of awareness” which enables the organism to work on “the healthy gestalt principle: that the most important unfinished situation will always emerge and can be dealt with. If we prevent ourselves from achieving this gestalt formation, we function badly and we carry ... unfinished situations with us, that always demand completion” (p. 51), that recur in dreams, or constitute an impasse.

1We sincerely regret that the author of this very worthwhile book died on March 14, 1970, in Chicago, at the age of 76 years.
Gestalt Therapy is basically existential: its subject matter is the here and now of sensory awareness. Its method is integrative, not analytic. In common with all therapies, its aim is maturation, “to make the patient not depend on others, but to make him discover from the very first moment that he can do many things, much more than he thinks he can do” (p. 29). Perls states the case very well: when the child is spoiled (he calls it “not given enough frustration”), instead of using his potential for mobilizing his own resources, he manipulates and controls the environment for support (p. 32).

Already, the reader familiar with Adler will note striking similarities, and these keep recurring throughout the book. Especially important is the agreement on the rejection of causality and the basic requirement for developing self-determinism. Perls’ opposition to Freud, more complete than in other existentialists, would also strike an Adlerian as well-taken and familiar. This reviewer’s favorite dictum is: “Psychoanalysis is an illness that pretends to be a cure” (p. 224).2 “Psychoanalysis fosters the infantile state by considering that the past is responsible for the illness. The patient isn’t responsible—no, the trauma is ... or the Oedipus complex ... and so on” (p. 43). One must smile over the similarity between the following and a list Adler once recounted (The Individual Psychology of Alfred Adler, p. 270) of things for which fate could be blamed. “As you know, parents are never right. They are either too large or too small, too smart or too dumb. If they are stern, they should be soft, and so on. ... You can always blame the parents if you want to play the blaming game, and make the parents responsible for all your problems” (p. 42).

Perls brings out a relationship between reification and irresponsibility. “One of the most difficult problems to handle in therapy ... is characterized by the word it, or the noun. ‘My memory is bad’ ” (p. 99). “When you say ‘I feel tenseness,’ you’re irresponsible, you are not responsible for this, you are impotent and you can’t do anything about it. The world should do something ... But when you say ‘I am tensing’ you take responsibility” (p. 107). “It’s not an it, there, but I” (p. 106). In his dreamwork, Perls aims to bring the subject to take responsibility for himself.

The degree of self-understanding which Perls brings about in these brief sessions of dreamwork is most impressive. He holds that dreams are the clues to understanding what the subject is avoiding, the gestalts he has not completed. “The simplicity of the Gestalt approach is that we pay attention to the obvious, to the utmost surface” (p. 53). He listens not to the words, but to the voice: he watches the posture, the movements, etc. To get the message of the dream, the subjects are asked to act out, or dance, or role-play their feelings and thoughts, and even the objects in the dream—a dog, train, wall, etc. “This is your dream. Every part is a part of yourself” (p. 163). Perls’ approach is not to associate to it or its parts, thus getting ever further away, but to stay with it and deepen awareness of it. “If you are pursued by an ogre in a dream, and you become the ogre, the nightmare disappears ... Then the power of the ogre is no longer outside, alienated, but inside where you can use it” (p. 164).

2We have since found the following similar quotation attributed to Karl Kraus, well-known Viennese journalist and contemporary of Freud: “Psychoanalysis is the mental illness for which it considers itself the therapy” (M. Sperber, Alfred Adler, Vienna: Molden, 1970, p. 211).
The encounter is also a way of intensifying one's awareness of a situation, and overcoming an impasse. Perls tells his clients "to change everything into an encounter, instead of gossiping about. Talk to her [in role-playing]." "Always make it an encounter. This is the most important thing" (p. 150). This, of course, is also a way of achieving honesty. "Discomfort is always a symptom of dishonesty... The very moment you express yourself adequately, the discomfort goes" (pp. 108-109). Again as in most therapies, doing away with self-deception is basic. One must wake up from one's dream and come to one's senses. "The neurotic is a person who does not see the obvious" (p. 38). He has what Adler called private sense, and must come to share common sense. Only in this way can he "meet the requirements of the situation," in Wertheimer's phrase. For Perls also says: "If you understand the situation which you are in, and let the situation which you are in control your actions, then you learn how to cope with life" (p. 19).

What seems to us a serious shortcoming, however, is that Perls never emphasizes the social aspects of the situation. He stresses independence, but never mentions interdependence. And his Gestalt prayer states: "You are you and I am I, and if by chance we find each other, it's beautiful. If not, it can't be helped" (p. 4). But without the we, what help is there for any—or all—of us?

_Burlington, Vermont_  
Rowena R. Ansbacher

**EVERYMAN A HELPER**


Carkhuff is truly a phenomenon among clinical psychologists of this decade: he combines the widest perspective and highest goals on the one hand, with an intensely practical zeal for analyzing, measuring, and experimenting with therapeutic approaches and ways of teaching them, on the other. The latter is evidenced by his prodigious work output (an appendix of his relevant publications runs to four pages). He has now reached the stage of distilling the results of the many studies by himself and his co-workers in two volumes of which this is the first.

However, this book is not as its subtitle states, a primer. It lacks the clarity, parsimony, and step-by-step development called for in such a text. In fact it seems unnecessarily difficult because of repetitions, tables which only confound the data, principles complicated by restatement as propositions and corollaries, while lacking a simplified schema showing how all these fit together into one system. However, for those seeking better, briefer, more widely available psychotherapy, study of this volume is worth the effort.

One of Carkhuff's distinctions is his acceptance of selected laymen (in addition to professionals) for training to become helpers (of helpees) in the helping (therapeutic) situation. He sees the helping process as consisting of two phases: the first (though the sequence is reversible) "involves the helpee's inward probing to explore and experience his innermost depths" (p. 41) and "lasts as long as the helpee requires to present fully his problem area" (p. 216). In the second phase
"the distressed person experiences a need to come up and out of himself in a manner that is much more effective and functional than his previous style of life, . . . constructive both for himself and others" (p. 43). This is followed by the helper beginning "to consider the implications of the various alternatives available to the helpee" (p. 240).

It would seem that Carkhuff has drawn heavily from Rogers, and then added the directive, "action-oriented" approaches. Surprisingly his procedure seems most like the Adlerian model of psychotherapy which may be summarized as gaining an understanding of the client’s life style, and then encouraging him to correct its errors either by changing his goal or adopting a different means of approaching it. The difference lies mainly in that Adler held that the change must be in the direction of greater social interest, whereas Carkhuff—in spite of his well-taken emphasis on the therapeutic dimension of concreteness—does not specify any goal beyond "living effectively"—unless it is when he speaks incidentally of the desirability of “populating the world with individuals who can most effectively assume the responsibility for the welfare of others” (p. 259, italics added).

The following are several of Carkhuff’s emphases which we find particularly congenial. Helping must be differential with respect to the helpee. Any potential for learning—whether it be modeling, experiencing, direct teaching, or conditioning—is to be used, according to what best suits the helpee. The transactions between helper and helpee, the “context” of the helping relationship, as well as environmental variables, further differentiate the helping approach. “We must exercise as much control as possible over the environment the helpee enters or re-enters . . . We must involve significant others” (p. 71). Carkhuff’s view is broadly interpersonal and community-oriented. “Environmental variables are related to whether prospective helpees seek, find, enter, and remain in treatment as well as whether any gains they make are nourished, supported, complemented and solidified . . . What influences the individual, influences the community, and vice versa, for individuals make up communities” (p. 73).

Carkhuff is a particularly perceptive critic of the training programs, especially in the graduate schools. For him the high level of the trainer is the single most critical aspect of effective training, for “the trainer is the key ingredient insofar as he offers a model of a person who is living effectively ”(p. 201). Training involves experiencing what the helpee experiences, through role playing, or a course of action developed by a trainer for himself as if he were doing it for one of his helpees. “Those who have the responsibility of training others can begin with themselves” (p. 265).

Examples given by Carkhuff of typical helpee and helper communications to be used in training will be found most useful (e.g. p. 233). Reports of training parents to deal with their disturbed children, and for training in inter-racial communication are intriguing, and indicate the tremendous vista for helping which Carkhuff’s efforts have opened up. For this outlook, for the comprehensive design he has painstakingly set down—whether it be taken as a model or as a challenge—and for his example of commitment, all helping psychologists owe Carkhuff a debt of gratitude.

Burlington, Vermont

Rowena R. Ansbacher
GOOD PRACTICE IN SPITE OF THE THEORY


Although I enjoy reading and re-reading Freud, I am often put off by books that labor to apply old psychoanalytic concepts to new developments in practice. This was my first reaction to Dr. Spotnitz’s book, but as I began to read further, I began to enjoy it. Dr. Spotnitz says he has written this book for the student analyst and for the psychoanalytic clinician. He tries to present a specific working hypothesis for treating the schizophrenic patient with psychoanalytic techniques. “The nuclear problem ... can be mastered psychologically with the aid of specific motional responses from the psychoanalyst. How these responses are generated and when and how to provide them are described. The relation between emotional interchange and therapeutic progress is explained.”

Dr. Spotnitz describes the “nuclear” conflict in highly technical psychoanalyse and also says, “I emphasize the idea that the patient continually experiences the pressure of a strong urge to kill and defends himself against it by putting his mental apparatus, with its high potential for destructive action, out of commission. This is somewhat akin to smashing a gun to bits to prevent oneself from pulling the trigger.” It's too bad he feels so committed to libido theory that he has to cook up this kind of explanation for schizophrenic behavior. The first four chapters include Dr. Spotnitz's development of his theory and are to my mind a theoretical tour de force.

Chapters 5 through 10, on the other hand, are descriptions of clinical problems and are enjoyable reading. Dr. Spotnitz must have taught this subject for many years, because his thoughts are so well organized. He discusses in these chapters the relationship, the recognition and mastery of resistance, dealing with transference and counter-transference, and many specific therapeutic intervention techniques. Although he claims his book is one on theory and not a manual of practice, he discusses practice as much as theory and herein lies the book’s value. He offers so many practical hints and discusses the patient-therapist operations so thoroughly that any therapist who works with schizophrenic patients would find it worth his while to read the book.

It is strange to read a book on schizophrenia and not come across the name of Harry Stack Sullivan even once, not in one reference, nor in the list of recommended readings at the back of the book. There are, of course, no references to any Adlerian writer. Binswanger, Frankl, Jung and a few others are mentioned, so Dr. Spotnitz must read something other than Freud and the Psychoanalytic Quarterly. Freud is mentioned liberally. Everytime Dr. Spotnitz broaches a new subject, he traces the history of the subject (resistance, transference, etc.) in psychoanalytic thinking. He does this well and in a scholarly fashion but fails to convince me with his theoretical arguments. In insisting on putting his practice within the framework of psychoanalysis he claims his theoretical framework is “modern psychoanalysis.” We each have our own loyalties and I can give a theoretical explanation for what the author does in practice from the point of view of Adler, Sullivan, Binswanger, Jackson, Ruesch and even Glasser's Reality Therapy. But enough carping at theory. I will read my favorite chapters (especially chapter 10) many times in the years to come, the powers that be, permitting.

Chicago, Illinois

BERNARD H. SHULMAN, M.D.
BOOK REVIEWS

TOWARD BRIEF-CONTACT THERAPY

RONALD R. KOEGLER and NORMAN Q. BRILL. *Treatment of psychiatric outpatients.*

A most carefully designed and executed research is described involving 300 female psychiatric outpatients divided equally into six groups: three, each on a different drug, and one on a placebo, all receiving psychotherapy of 15 minutes or less, weekly or less often; one group receiving psychotherapy alone, 50 minutes, weekly or more often; and one group receiving no treatment. The results, though assessed conscientiously by various measures, are not easy for the reader to grasp. They would seem to show that all patients, regardless of their experimental group, got better; that there were no significant differences between groups; and what differences there were at termination (average 5.5 months) became obscured with time, so that even the no-treatment group almost caught up with the others at long-term follow-up. These findings are, of course, a meaningful contribution.

Equally stimulating are the challenges raised by the authors in pointing out subtle factors influencing therapy and its assessment, and by their basic plea for acknowledging and facing, in teaching and practice, the psychiatric uncertainties. The research project's clearest result for them was that it lessened the staff's resistance to the use of drugs and brief supportive therapy. They urge: "The need is acute for an abandonment of the single-doctrine approach to . . . psychotherapy" (p. 117). Yet their orientation—and they mention only one—is seemingly single-minded psychoanalytic, and despite their findings with this short-range study, they seem convinced that basic change can only be obtained by long-term insight-producing psychotherapy. In spite of predicting the need for treatment for "millions of poorer patients" (p. 188), they decry the use of "inadequately trained independent nonmedical therapists" as a "throwback to the old [sic] notion that mental illness is not really an 'illness' " (p. 188).

There is some grist for everyone's mill in this book, in spite of its being poorly organized, and hence somewhat repetitive. The relevant literature is richly quoted. A discussion of outpatient treatment for the various psychiatric categories is also included.

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ROWENA R. ANSBACHER

THE EMPEROR FREUD'S CLOTHES


Kushner observes—and we concur—that the average intelligent American would be insulted if asked if he knows Freud and his theories; yet nine times out of ten, he would have to admit to not having read any primary sources. Furthermore, if he were actually confronted with some of Freud's fundamental tenets, he would "shake his head in disbelief and disgust" (p. 4). Such a confrontation is what the author purposes to do for the average intelligent reader: to present Freud's dicta, largely in his own words; to shake the reader out of an unexamined acceptance of them; and to free him of their negative influence.
In his introduction the author claims to be taking the role of the naive subject in the Anderson fable, who exclaimed at the Emperor's nakedness. But though Kushner is naive enough to comment at one point, "In common parlance one would say, 'what a dirty mind this Freud possessed!'" he writes from the experience of some 35 years of general medical practice, a wide cultural-scientific background (though there is no mention of psychology), and with chapter-and-verse Freud citations to support his points.

The theme of the book is that Freud had several convictions, arrived at through intense personal experiences of his own which, in combination with his exalted ambition for his theory, distorted his observations and stood in the way of a scientific attitude. These obsessive ideas are identified as: libido, or sex for the sake of sex, having little to do with reproduction; the unconscious, the battleground between libido and ego; and the Oedipal dynamic by which every man is dominated by a desire to kill his father and possess his mother. Directly derived from these are Freud's basic assumptions that there is no such thing as a normal person, that we are all neurotics, and that the developments of civilization are themselves the result of neuroses.

Freud's theory construction on top of these foundations is also criticized. When contradictions and inadequacies in his conceptions were revealed, he was ever ready to circumvent them by means of arbitrary aids such as substitution, displacement, inversion, and the like. Kushner points out the unsound basis of Freud's clinical evidence inasmuch as the "so-called free association" might rather be called "a determined a priori association with libido" (p. 95). The same applies to dream material.

A distinguishing feature of this book is that it brings together relevant material from many disparate sources. For instance, there are details from Robertson Smith's account of the sacrifice of the totem animal, on which, by means of "substitution," Freud based his own theory of the killing of the original father by the sons. Also illuminating are the quotations from Darwin regarding the "social instincts" of animals, upon which Freud based his widely differing conclusions. Several highly interesting passages from Freud are quoted which are self-incriminating in this respect: his own justification for "substantially reducing the severe demands usually made on historical and psychological investigation" (pp. 22-23), and for selecting from ethnological writings that which "would serve me for my analytical work" regardless of the validity of the sources (p. 23). Kushner also offers new material refuting Freud's Moses theory, as well as for devaluing Freud's pre-psychoanalytic cocaine research.

This is not a systematic work, and it does have its overstatednesses and possibly some inaccurate rendering of Freud's concepts. However, the author's main criticisms of Freudian theory are well taken, and his judgment on their "evil influence" on society (pp. 131-138) is perceptive and valid. Finally, it is salutary to reread Freud in the original, and Kushner's selections are well chosen for the confrontation he intended.

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