

Body, Mind, and the Sensory Gateways**Felix Deutsch***Basic Books, New York, 1963, 106 pp., \$4.00.*

This book might be described as an epitome of Dr. Deutsch's long-time research and broad interests in the problems of body-mind processes. It is an integral part of his studies on the nature of conversion phenomena, the formation of psychosomatic symptoms, and the communicative aspects of bodily posture.

Deutsch and his co-workers here explore the use of sensory stimuli as aids in breaking through ego defenses to reach significant unconscious material more quickly than is possible in an ordinary interview. In their recorded interviews, which are accompanied by interpretive asides, there is no doubt that deep unconscious associations are touched upon quite rapidly. The authors believe that it is the sensory stimulus which facilitates and accelerates the emergence of these associations. One might ask whether other determinants have been fully considered. For example, one patient was interviewed on three occasions by different interviewers each using a different sensory stimulus. Might not the skill of the interviewer in asking searching questions or subtle differences in the immediate transference to the interviewer play an important part in the rapidity with which certain associations are reached? Or might it not be significant that between interviews the patient was in therapy with still another doctor who (from the patient's statements) seemed to be quite actively exploring the patient's sexual fantasies? It must be assumed that the authors considered these and other factors before concluding that the sensory stimulus was the crucial one.

The final 8 pages of the book are concerned with the integration of recent findings in neurophysiological research with psychological data. Deutsch says: "... the world of the emotions and that of the body have to be studied in their bodily interrelations and in their unity with matter in order to understand the bridge leading from one to the other. Physics, biochemistry, physiology and psychoanalysis have to take part in this research. The achievement of that un-

derstanding seems a utopian vision, and the path thereto leads through trials and speculation."

It seems to the reviewer that the kinds of data usable by the psychoanalyst, as well as the latter's conceptual models and even language, are so far removed from those of the physiologist and chemist that before joining forces to build the bridge these workers must learn to communicate better with one another.

HENRY H. W. MILES, M.D.

Psychoanalysis and Daseinsanalysis**Medard Boss, M.D.***Basic Books, New York, 1963, 295 pp., 24 figs., \$8.50.*

Medard Boss is surely the most articulate representative of the new development in psychiatry, often referred to as existential psychiatry or daseinsanalysis. His latest book *Psychoanalysis and Daseinsanalysis* will be welcomed with the greatest of interest. It is significant for Medard Boss that he had a thorough analytical training, that he has a large international experience, and that he followed a development similar to that of Ludwig Binswanger and many of the leading psychotherapists in moving from the framework of Freudian psychoanalysis to the larger scope of daseinsanalysis.

One of the main criticisms raised by the modern school of daseinsanalysis is the fact that so much of Freud's theories is rooted in nineteenth-century mechanistic concepts, while man in the middle of the twentieth century needs a new framework of psychological thinking to fit his analytical facts into theories. Boss' main thesis is that Freud really attempted daseinsanalysis and was distracted from full realization of his work only through his natural-scientist tendencies to press his observations into a somewhat ill-conceived libido theory.

Boss tries to prove his point that modern daseinsanalysis actually is in the spirit of original Freudian thinking: thus Daseinsanalysis and psychoanalysis are not contradictory, but the former is the completion of the latter. In a series of chapters, Boss demonstrates the procedure of daseinsanalysis

in recording numerous cases, including dreams and drawings, through which he illuminates the procedure of modern existential analysis. It is significant that Boss does not abandon the couch, but has a very good explanation of the different effects of using the couching of the patient in some situations, while in others a direct "confrontation" is necessary.

Boss reveals in every chapter the experienced, undogmatic therapist who is fully aware that each patient needs an individual approach and that there are no short-cuts in psychotherapy. Many of his case histories cover more than 4 years of therapeutic work. Since such extensive histories cannot be published, the condensed reports are in danger of giving the reader the impression of miraculous healing results, whereas in reality years of intensive therapeutic work, often 7 times weekly, stand behind the successes.

The book is well printed, and the translation of Ludwig Lefebvre seems to me a successful attempt at moulding the Swiss-German thinking, burdened by some (yet not conspicuous) Heideggerism, into a very fluent and easily read American English.

CLEMENS E. BENDA, M.D.

The Mental Patient Comes Home

Howard E. Freeman and Ozzie C. Simmons

John Wiley & Sons, Inc., New York, 1963, 310 pp., tables, \$7.95.

This is the report of a follow-up study of 649 white patients discharged in 1959 from nine state and three Veterans Administration hospitals in Massachusetts, with diagnoses of nonorganic psychotic disorders. Family and background of the patients were extensively investigated by structured interview techniques, (1) at 30 days or more after leaving hospital, and (2) after one year in the community or on rehospitalization.

The research was designed to test a variety of hypotheses developed by the authors from two previous studies concerned with the occupational and social components of post- and rehospitalization experience. The results of the present more critical design broadly confirm their previous

findings. Among the more important are: duration of hospitalization is a better predictor of community tenure than diagnosis or age. No form of treatment or lack of it, or follow-up is associated with success in preventing rehospitalization. Family type is strongly associated with instrumental performance, but not with rehospitalization. Patients tend to perform socially and occupationally in line with their relatives' expectations. Very good predictors of community tenure are relatives' reports of symptomatic behavior of patients when they leave hospital, and, to some extent, scales measuring "social potency" of relatives.

Everyone engaged in the clinical and research fields of psychiatry will find a critical reading of this book at once thought-provoking and factually rewarding. Its importance lies not only in its clarification of some aspects of the rehabilitation process with obvious clinical implications, but perhaps even more in its theoretical approach. The authors are sociologists who set out on a large-scale test of the sociological notion of "differential tolerance of deviance" by the family and community, as an explanation of both variations in instrumental performance and success or failure of the patient remaining in the community after leaving the mental hospital. Their medical naiveté is revealed in repeatedly expressed surprise that the reason patients are readmitted is usually bizarre behavior rather than failure to work or socialize as expected. This leads them to modify their position and suggest that successful community tenure is associated with the competence of family members in manipulating interpersonal relationships—the ill-defined hypothesis of "social potency." The main outcome of the discussion appears to be a reinstatement of medicine and sociology in their traditional and separate roles. The concept of differential tolerance of perceived deviant behavior properly applied is obviously of great value to psychiatry, and the social psychiatrist may justifiably ask why it should not be reformulated in terms of relatives' perceptions of symptomatic behavior. That the study showed no differential tolerance of admittedly crudely measured gross psychotic behavior is only to have been expected, since it represents