a stimulus is reacted to as stressful, and (3) the defining stress reaction patterns. He then provides a "theoretical resolution" of these issues by postulating a set of intervening processes. Discussion of the functions and interrelations of these processes and how they "fit" the data of experiments, field studies and clinical observations form the main substance of the book.

The distinguishing features of Lazarus's treatment of psychological stress are found in his emphasis on threat ("a state in which the individual anticipates a confrontation with a harmful condition"), the cognitive processes of appraisal and secondary appraisal and the process of coping. Stimuli produce cues which are cognitively appraised as potentially (or actually) harmful, benign, or beneficial. Appraisal is based on two kinds of factors: those in the stimulus configuration and those in the psychological structure of the individual. Despite its label, the former class does not refer to stimulus or environmental characteristics but to such factors as "the comparative power of the harm-producing condition and the individual's counterharm resources, the imminence of the harmful confrontation, and the degree of ambiguity in the significance of the stimulus cue" (p. 25, italics added); while the latter factors are described as "including motive strength and pattern, general beliefs about transactions with the environment, intellectual resources, education, and knowledge" (p. 25).

Once a stimulus has been appraised as threatening, coping processes are set in motion to reduce or eliminate the anticipated harm. Secondary appraisals of degree of threat, viability and "cost" of alternatives, situational constraints, ego resources, etc., determine coping strategies.

Lazarus refers to the above formulation as a "theoretical solution," and it may indeed accurately describe the processes of psychological stress. Although his schematic conception seems to take account of all possible determinants of psychological stress, however, its very inclusiveness, like that of the psychoanalytic model of defense on which it is partly based, limits its usefulness to explanation after the fact of any stressful experience.

The detailed outline of coping-reactivation patterns and their appraisals (cf. Table 11, pp. 313–318) is replete with descriptions of conflict behavior, but the discussion includes no suggestions of possible quantification of relative approach-avoidance tendencies and no evaluation of earlier analyses of similar problems (such as those by Mowrer, Miller, Luria, Brown and Farber, Cofer and Appleby, etc.). This is to be regretted, as are the many missed opportunities to bring to bear established principles of learning and motivation where discussions of stress phenomena would be enlightened by them.

In another tradition, Lazarus leans heavily, instead, on developmental and personality theorists, such as the Murphys and Werner and his students, on sociologists like Mechanic and Smedley, and on psychoanalytically oriented writers, such as Janis and Bettelheim.

Throughout the volume emphasis is given to the uniquely human nature of psychological stress, leading to the focus on cognitive processes and on personality variables. This in turn often results in argumentative discussions of why terms like threat, appraisal, and coping should be used and how their underlying determinants must be present in the various stress studies described. Unfortunately, we gain little insight as to how these processes can be anticipated and/or manipulated.

Inclusion of chapters devoted to behavior and physiological indicators of threat and a discussion of Selye's General Adaptation Syndrome are useful, though not well integrated with the thematic thrust of the main "psychological" chapters.

There is a lot to be gained from this book. One could only wish that it were either less sophisticated for the sake of the general reader or less general for the sake of the sophisticated reader.

From Milestone to Millstone to Tombstone


Reviewed by Joseph Zubin and Jean Endicott

All three of the authors, David Rapaport, Merton Gill, and Roy Schafer were associated with the Menninger Foundation and the Austen Riggs Center. Rapaport, who received his PhD in 1938 from the University of Budapest, was Head of the Department of Psychology and Director of the Research Department at Menninger until 1948, and then went to Austen Riggs where he remained until his death in 1960. Merton M. Gill is now Research Professor at the Downstate New York Medical School in Brooklyn and Roy Schafer is Staff Psychologist in the Division of Student Mental Hygiene and Associate Professor of Psychology and Psychiatry at Yale University. Robert R. Holt, the editor of this new edition, is Professor of Psychology and Co-Director of the Research Center for Mental Health, NYU.

Joseph Zubin, the first of the two reviewers, is Chief of Psychiatric Research (Biometrics) and head of the Biometrics Research Unit of the New York State Department of Mental Hygiene and Professor of Psychology, Columbia University. He has been interested in the problem of diagnosis,
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prognosis, and evaluation of the outcome of mental disorder as well as its treatment since the early 1930’s. He has published widely. Jean Endicott is associated with Zubin in the Biometrics Research Unit and has the title of Associate Research Scientist. She has been and continues to be involved in research on the use of psychological tests for the evaluation of prognosis, depression, somatic preoccupation, etc. Much of her recent work has been in the development of interview schedules and scales for the evaluation of psychiatric status and history.

Twenty years after its first printing, the plates for this book have been worn out. Instead of republishing it in its original two-volume form, Robert Holt undertook what seems to have been a labor of love in condensing it. He omitted lengthy test descriptions, dropped from consideration some tests that are no longer widely used, omitted details of the experimental design and tables and graphs of the original edition. He has produced in a single volume the essence of the original, together with an informative Foreword and textual comments referring to recent work in the field, interlaced in a manner reminiscent of biblical commentary and exegesis.

A question that the reviewers now face is whether this is an example of love’s labor lost, a form of necrolatry, or whether it satisfies a current need. Would it have been better to have relegated the past to history and to have had, instead, a new book written by Holt, perhaps in the tradition, but not in the style, of the worn-out model?

It is an historical fact that the original two volumes shaped the form of diagnostic testing in the late 1940’s and 1950’s, laid the foundation for clinical psychological testing, and raised a generation of clinicians in its mold. The additional fact that its tradition was a millstone around the neck of training programs and is gradually disappearing, however, may make the current volume into a tombstone for the movement.

The original volume appeared at a time when there was much confusion about the misuse of psychological tests. Its emphasis on the use of a battery of tests for evaluating a subject’s functioning, which was new then, is accepted practice now. The need to consider nonpathological variables that may influence test scores and responses is also readily apparent to most clinicians and researchers today. However, much of the material and emphasis of the book is outdated and exemplifies an approach that has probably contributed to a well-documented loss of respect for psychological tests in general and projective tests in particular.

A primary difficulty has been the uncritical overuse of a basic assumption that underlay much of the original: the ‘projective hypothesis,’ viz., that every reaction of a subject is a reflection, or projection, of his private world (p. 52). It is this approach to dealing with private events that has split clinical psychologists into two groups—those who feel that it is the only road to understanding, and those who prefer to wait until private events can be brought across the threshold of objectivity into the scientific marketplace. Since there are few guidelines in this endeavor, except for internal ones in the interpretation of ‘test’ results, it has often proved impossible to draw distinctions between valid and invalid assessments of personality. One aspect of the problem of interpretation that Holt and his predecessors were quite aware of, but have thus far done little to clarify, is the culture-dependence of many responses.

Some 50 years of the projective model have produced a vast literature of these promising techniques, but they are still only promising. As one of us who has had occasion recently to evaluate the projective hypothesis (Zubin, Eron & Schumer, 1965) has tried to demonstrate, much recent research suggests that projective techniques, if they have any virtues, present for the most part interview material whose content can be evaluated in the same fashion as the content of other relatively unstructured clinical interviews. If this be so, what is the rationale for dealing with projective techniques at all? Many clinicians are convinced that the usual stimuli of projective materials at least make it more likely that the subject will reveal such types of pathology as poor reality testing, thought disorder, preoccupation, conflicts, etc., that are not readily revealed in the usual clinical interview or in brief contacts. More systematic research must be done to test this assumption, to delineate the dimensions of personality that can validly be evaluated with projective techniques, and to establish more reliable ways in which the content should be ‘scored’ and used.

As Holt points out, when the book first appeared psychometricians and others labored many errors of omission and commission in design, misuse of techniques, fallacious reasoning, etc. (It may be said that most clinical research workers of the day were guilty of the same misdeeds.) Removal of the details of the original research and analysis of the data did increase the readability of the present text, but it did not improve the basis on which the conclusions were reached. Although Holt has attempted to remove or note any glaring inconsistencies with later research and clinical experience, many of the statements regarding the implications of certain response categories, ratios, etc., are still of questionable validity.

The new volume is designed to be a “focused and theoretically oriented handbook of diagnostic psychological testing” (p. 3). However, there has been little research support for the use of psychological tests to arrive at a “psychiatric” diagnosis—a major focus of the book and much of the clinical work in the past. The diagnostic nomenclature of the American Psychiatric Association uses diagnostic terms descriptively, and they are based primarily on overt symptomatology shown currently or in the past. It is not surprising that research has not supported the use of psychological tests for differential diagnosis, in routine clinical work. Even so, the range of possible differential diagnoses in the present book is severely limited, as can be seen in a comment of Holt’s: “Except for occasional incidental remarks (a good
many of which are my interpolations), there is no substantial consideration of organic states, character disorder, mania and hypomania, or psychosomatic disorders, nor the special problems associated with the early or the late years of life . . . (p. 5). Despite this acknowledgment, it is not easy to keep reminding oneself that this limitation greatly reduces the general applicability of such statements as "... weighted scores of 7 or less should be expected only in schizophrenics or depressed psychotics" (p. 136-137). For these reasons, in the reviewers' opinion, the Diagnostic Suggestions offered at the end of many sections are not very useful. For an inexperienced tester, they place too much stress on assigning the 'correct' label, and might further encourage the tendency to consider only a narrow range of possible types and causes of pathological functioning.

Louis Breger's recent article in the Journal of Consulting and Clinical Psychology (1968) on the treatment and research implications of psychological testing discusses the need for the tester to provide information, not readily available to the therapist or administrator through his direct contacts with the patient; in making decisions about appropriate treatment or planning for the future. Diagnostic labels per se have not been noted to be particularly useful for making such decisions. Information about levels of impairment across different functions, possible sources of such impairment, presence of a thought disorder or breaks in reality testing, conflicts, fantasies, potential for change, etc., may be more important, and there is considerable evidence that psychological tests can make a contribution in these areas. While there are many scattered references in this book to various indices of specific kinds of impairment, types of dysfunction, the organization is such that it is difficult to pull the material together. In addition, the use of such nonspecific terms as "high incidence" or "few" is of little help to the inexperienced tester who is seeking guidelines for the evaluation of levels of impairment.

The focus on diagnosis raises other questions regarding the most useful approach to this problem. Holt, in his foreword, contends that the typology on which psychiatric diagnosis is presumably based may be likened to the primitive manner of locating cities or villages by reference to such outstanding landmarks as mountains or rivers. As man's spatial orientation improved, longitude and latitude could define spatial position along continuous dimensions regardless of the terrain's landmarks. This indeed is a good paradigm for classification, except that it misses the interaction between typology and dimensionality. For example, psychologists used to distinguish good from bad apples by employing apple knockers who would test the goodness of the apple by tapping it. Nowadays, a conveyor belt moves the apples under a pair of monochromatic lights, and the ratio of the absorption of the two rays is read on a continuous scale. If the ratio falls below a certain value, the apple is considered good and is conveyed to the proper bin. Thus, a typological distinction has become dimensionalized. However, if we should find the goodness of the apple dependent upon its genes, we would again resort to typology; but if the secretion of amino acids on the part of the genes is the crucial point, we again turn to quantitative dimensionality. Thus, the state of the art determines whether typology or dimensionality rules the day.

But descriptive phenomenology is not enough for diagnosis, since the current state of the individual may throw little light on etiology. In order to develop good diagnostic methods we need resort to scientific models of etiology, and here is where current psycho-diagnosis comes a cropper. Instead of limiting ourselves to current phenomenology we must consider the ecological niche in which the person finds himself, his developmental history, learning experiences, genetic make-up, internal environment, and neurophysiology. The psycho-diagnostic tools of today are insufficient to cast light on these sources of deviation, and that is why a veritable revolution must occur before we make substantial progress. Meanwhile, we can bend our efforts to improving interviewing and testing methods and providing culture-dependent, culture-fair, and culture-free techniques for testing the hypotheses emanating from these models.

The charismatic effect that Rapaport exerted on his immediate circle is well known. Whether his charisma extended to others is not clear, but one may wonder whether the disappearance of diagnosis from the Menninger Clinic was not an ironic result of his interaction with the Menninger staff. Instead of assisting psychiatrists in arriving at a diagnosis, the trend at Topeka has been to eliminate the need for diagnosis by postulating that all mental illness is due to one underlying variable—lack of capacity to cope. This paradoxical effect may perhaps be explained by the fact that Rapaport's personality descriptions appeared to nullify the Kraepelinian framework.

The relation between personality and psychopathology that Rapaport tried to develop may nevertheless be a dead end. There are, after all, at least three possible relationships: identity, interference and independence. Thus, psychopathology may be identical with and inseparable from premorbid personality; or it may be independent of personality, though perhaps 'suspending' the premorbid personality for the duration of illness in some respects. The logical null hypothesis involves the third relationship. While it is, to be sure, difficult to separate in a given patient that behavior which is attributable to his disorder from that attributable to his illness-free personality, in principle the differentiation can be made if his premorbid personality is known. In fact, in one study by the Swedish psychiatrist Essen-Möller, in 1947, and in the follow-up by Hagnell on the same population in 1957, using the Sjöbring (1965) method, the null hypothesis seemed to be tenable. In any event, the next step in clarifying the personality-psychopathology connection may involve measuring them separately to see how they interact. This goal may have been Rapaport's also, but the volume under review makes little advance toward it.

REFERENCES


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An Introduction to Child Psychiatry - 2nd Edition

By Stella Chess, M.D.
Associate Professor of Psychiatry, New York University School of Medicine, and widely known for her research and writing on the child.

This new work, by an eminent child psychiatrist, is aimed at filling a fundamental need of all professional disciplines concerned with children and their parents. It provides a lucid and contemporary view of the practice of child psychiatry.

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One important theme is the role of temperament in the interaction between the child and his environment. The contribution of temperament to normal and abnormal behavior has not been explained in detail in other child psychiatry texts. Another important area discussed here are the concepts of community psychiatry in relation to case finding, diagnostic understanding, and treatment efforts calling for environmental manipulation.

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272 Pages / $6.75
In reviewing a text on human development one is interested in the extent to which the author has recognized the crucial problems in understanding development. One of these problems is the effect of experience. In the text of a generation ago the child was referred to as the object of study, and average development of a given characteristic was frequently plotted against age. In recent years the concept of development as the resultant of the interaction of organism and experience has been growing in importance; development, therefore, cannot be plotted against age but rather against different types and amount of experience. How can the book under consideration be characterized with respect to this problem? It appears that the concept of age as the chief variable is still strongly represented. For example, in the chapter dealing with late childhood, of the first five graphs in this chapter, four plotted development against age without considering the question of the equivalence of age and experience.

A third crucial problem in teaching human development is the handling of limitations of our knowledge. It is well known that we are in the early stages of understanding human growth and development. This problem is not extensively recognized in this text. There is a certain "finality" or "conclusive tone" to the discussion.

A fourth problem in teaching human development is the recognition of individual differences. While this aspect is not recognized consistently throughout the text, it is mentioned with regular frequency and there is reasonable probability that the student would be sensitized to many if not all of the individual differences in development.

In preparing the text, the author has assembled a great many studies. So many, in fact, that to keep the various bibliographies within reasonable bounds, an arbitrary limit of 250 references per chapter was set. As a source of information about recent literature on specific aspects of development, this book is very helpful. Those interested in trying to tease out the underlying principles of development would have to turn to other treatments.

Aversive Conditioning

in the Laboratory and Clinic

Marshall R. Jones (Ed.)


Reviewed by Peter J. Lang

The editor, Marshall R. Jones, received his Ph.D from Yale and for many years was Professor of Psychology at the University of Nebraska, during which time he edited the Nebraska Symposium on Motivation. He is now Chairman and Professor in the Department of Psychology, University of Miami. He has broad interests in clinical and experimental psychology.

The reviewer, Peter J. Lang, with a Ph.D from the University of Buffalo, is Professor of Psychology, University of Wisconsin. He was formerly in the Psychology Department at the University of Pittsburgh. He is supported by a Research Scientist Development Grant from NIMH, and his interests are in behavior modification and psychophysiology.

This volume is a collection of three independently authored papers, originally presented at the University of Miami in a symposium on aversive stimulation. As the editor hastens to point out in a brief preface, the contributions diverge widely in content. Furthermore, they appear to be directed at audiences of different interests and levels of sophistication. Thus, Leon Kamin's paper opens the volume with a cohesive, detailed account of efforts to assess a compound stimulus effect in classical conditioning. Colleagues and workers in related areas will profit from