Book Reviews

Counting Sick People

Psychiatric Epidemiology and Mental Health Planning. Proceedings of a conference, Baltimore, Md., April 1966. RUSSELL R. MONROE, GERALD D. KLEE, and EUGENE B. BRODY, Eds. American Psychiatric Association, Washington, D.C., 1967. xii + 374 pp., illus. Paper, $5. Psychiatric Research Report No. 22.

This conference volume unintentionally shows that the shotgun wedding between psychiatric epidemiology and mental health center planning is doing neither party much good and may be doing harm. Mental health center planning is proceeding without reference to what is modifiable in a community's mental health problems, and epidemiology is being diverted from potentially fruitful activities to the relatively sterile task of producing "community psychiatric registers"—counts of the numbers of people who have seen a psychiatrist. The slight and softly worded indications that some participants in the meeting saw the folly of the arrangement suggest that even they thought it wiser to keep their fundamental disagreement about the affair to themselves. But if anyone needed evidence that epidemiology cannot support mental health planning in the style to which she has become accustomed, this monograph, which is a most serious and business-like effort to get that support, will provide it.

In 1963 the Community Mental Health Centers Act authorized funds for building mental health centers throughout the United States to provide comprehensive, integrated, locally based psychiatric services to all who needed them and could not afford to buy them. In order to qualify for funds, each state is required to present a plan which divides the state into areas, each to be served by one center. These areas must each be assigned a rank-order priority, the basis for this priority rating being "the extent of mental illness and emotional disorder." That is the certificate which makes the planning of mental health services dependent on what epidemiology can provide in the way of data on the "extent of mental illness and emotional disorder."

The obvious purpose of this provision was to press the states to allocate new resources to the populations in greatest need. It was a reasonable purpose, for some such pressure is clearly needed. Other forces seem to produce a pattern in which the prevalence of illness is an inverse function of family income, while the volume of medical care received is a direct function of family income. The Committee on the Cost of Medical Care showed this to be true 35 years ago, and one may doubt whether the subsequent efforts to redistribute medical care have eliminated the paradox.

So it was reasonable to make regulations which would tend to place priority on building mental health centers where the population's needs are greatest. But making mental health planning dependent on epidemiologic data regarding the frequency of the disorders that the mental health centers are to treat was an error, because the facts regarding the frequency of the disorders are not the most important information the mental health planner needs, nor are such data the main contribution epidemiology can make to mental health service planning.

The information needed for rational planning of mental health services can be listed as (i) community demands, (ii) our technical capacity to control the occurrence of each disorder, (iii) the resources needed for each control activity, (iv) an inventory of existing and needed control activities. In addition we need to know how stable these estimates are and what changes in population and techniques can be expected. Because population shifts are subject to social forces only slightly understood and only slightly predictable, and technological innovations in the next 20 years can be expected to exceed those of the last 20 years in both number and importance, the one certainty the mental health center planner can comfort himself with is that his plans will be obsolete in a few years.

Epidemiology can help estimate our technical capacity to *control* the amount of mental disorder in the community. In the first place, epidemiology is necessary to determine whether any given technique is having the desired effect on morbidity; it is the research technology needed to determine whether what we are doing is reducing the prevalence of a disorder, or to determine whether a treatment shortens the average duration of the disorder or reduces the disability associated with it. Second, because of its preoccupation with the distribution of disorders in populations, epidemiology offers a *perspective* regarding service planning. Epidemiologists keep asking, What action can reduce the amount of disorder the community has? At any point in time our knowledge on this matter is based partly on general experience, partly on some research data, and sometimes on definitive evidence. To make a rational estimate of what services would be expected to have an impact on the amount of morbidity in the population, the obvious approach is to organize a committee of experts and see whether they can arrive at a consensus. The American Public Health Association did this and published a "Guide to the Control of Mental Disorders" in 1962, which provides such a consensus as to which mental disorders can be prevented from occurring, which can be shortened in duration through prompt, effective treatments, and which can be handled in such a way as to reduce the amount of disability. Epidemiological perspective can contribute to such a step (and did), but it is not being used by the mental health planners, who apparently have been told to ask how many sick people there are without reference to which conditions their programs can deal with effectively.

The result is this conference, published as a monograph, which contains —with one exception to be mentioned below—a collection of papers not closely related to the stated purpose. A group of statistical papers reporting on attempts (mostly only partially complete) to digest enormous amounts of data from the community psychiatric registers is supplemented by one small questionnaire survey of general practitioners and one small door-to-door survey to locate mentally retarded aged 1 to 59 years. These epidemiological papers of mixed quality are discussed in terms of their possible relevance to mental health planning by a mixed panel of outstanding research and service authorities. There is also one paper, by Perlin and Kahn, describing the

Montefiore psychiatric service as a "mental health center model," with many data, none of which refers to the amount of disorder in the population served or to the effectiveness of the services given the 232 local patients seen in the three years covered.

In contrast, Morton Kramer's "Epidemiology, biostatistics, and mental health planning," the first paper in the volume, gives in 64 pages a magnificent overview of the topic of this meeting, some choice illustrative examples of relevant data and how to use them, a useful discussion of how additional useful research might be conducted, and an excellent bibliography. Kramer has toiled fruitfully and faithfully as the chief of biometrics in the National Institute of Mental Health since its inception and has contributed more sense and less nonsense to its policy developments and public statements than any other member of its staff; in these few pages he epitomizes these decades of experience and perspective. This chapter will repay the purchase price by itself. The reader would be wise to go through this paper twice before entering into the later papers and discussion—if he has time to look at them.

ERNEST GRUENBERG
College of Physicians and Surgeons, Columbia University, New York

Psychoanalysis Examined

The Broad Scope of Psychoanalysis. Selected papers of LEOPOLD BELLAK. DONALD P. SPENCE, Ed. Grune and Stratton, New York, 1967. viii + 392 pp. $14.75.

This book's title is slightly misleading in emphasizing the scope of a theory instead of the scope of a man. Bellak has a wide range of interests beyond psychoanalysis proper, and has made creative contributions in several directions. For those who already know some of his works the book will make conveniently available some of the rest, and they are very good reading indeed. Bellak speaks to a large and somewhat varied audience, but it is after all a limited audience—limited by the vocabulary of these previously published papers to those scientists who are already reasonably familiar with the lingo of psychology, psychiatry, and psychoanalysis. Bellak is at home in all three fields. Given this limitation of language, he can broaden the thinking of almost anyone and, what is more, clarify cloudy areas admirably. The papers cover basic theory, experimental explorations in several directions based mainly on psychoanalytic theory, clinical applications including the problem of schizophrenia, and the consideration of creativity from a predominantly psychoanalytic view.

Those interested in the question of whether psychoanalysis is a science may find in the book some brave pioneering evidence that it is at least a protoscience. Bellak thinks hard, works hard, writes hard. He sees the necessity for conceptual clarification, testable hypotheses, experimental exploration, and reformulation of theory and hypothesis as a result of new data. He puts his money where his mouth is: instead of talking piously, he has organized teams to come to grips with psychoanalytic (and psychiatric) concepts, to put them in sufficiently definite form to be tested, and then to test them. These efforts may be of considerable interest to scientists who are only peripherally interested in much of the rest of the book, because the work is at the frontier for the advance of their cherished professional tools into their even more cherished personal, subjective lives. Michael Polanyi, addressing himself to American psychologists recently, remarked that

> no strict rules can exist for establishing empirical knowledge. Most people know this, but would urge us to accept strictness as an unattainable ideal for which to strive. But this is to turn a blind eye on tacit knowing, in which alone lies our capacity for acquiring empirical knowledge. . . . Our age prides itself on its unflinching frankness in calling a spade a spade and worse than that. But for all this bluntness, we are strictly Victorian when it comes to mentioning the mind, acknowledging its autonomous actions and its indeterminate range of knowing—even though all the power and beauty of thought relies on these tacit faculties (*American Psychologist*, Jan. 1968).

Bellak has the courage to open his eyes and look for empirical evidence of the workings, and nonworkings, of mind, and for this reviewer the power and beauty of thought shine through his efforts. Though he and his editor place his thought in the psychoanalytic mainstream, many classicists of that school would consider him much too inclined to take in ideas derived from other theories to be thought of strictly as an analyst. Bellak has no hesitancy in synthesizing concepts of learning, Gestalt, and psychoanalytic theories, and does so in a lucid fashion, as for example in his introduction. He moves about, unabashed, from analytic theory to problems of psychosomatic medicine and rehabilitation to community psychiatry to drug therapy and to psychological testing. Nor does he stop at these limits: there is a fascinating analysis of ten of Somerset Maugham's stories which provides a glimpse of how one might proceed to use psychoanalytic insights in a more responsible fashion than has been shown recently in the fiasco of the Bullitt-Freud biography of Wilson. The book offers a rewarding picture of a rich intellect free to roam and probe in many difficult fields of study.

There is a "but," unfortunately; storms and shoals are after all the price of discovery. The strongest caveat involves some of the statistical operations in Bellak's collaborative experiments. Anyone who has worked with judges' ratings in matters psychological will feel alarm bells ring inside him at the remarkable correlations of such ratings reported, for example, in chapters 8 and 9. On the surface the reporting seems meticulous and impeccable, but it is well-nigh impossible for this reviewer to ferret out exactly what was rated by whom; there are elisions and assumptions which weaken the case made and shake the reader's trust in a way that saddens one who appreciates Bellak's intent. And there are small objections one can easily make to some of Bellak's theoretical formulations. Yet in the end one can retain a sense of wonder, and affirm Bellak's vision and enterprise: his work opens new oceans, supplies first maps, grasps the imagination. He is mightily assisted by a friendly ambassador at home, his editor Spence, who carefully pulls things together for us landlubbers and makes further voyaging with Bellak a better bet.

WILLIAM C. LEWIS
University of Wisconsin Medical School, Madison

The Story of a Quest

Men and Dinosaurs. The Search in Field and Laboratory. EDWIN H. COLBERT. Dutton, New York, 1968. xviii + 283 pp., illus. $8.95.

This is a readable, technical, popular, romantic, scientific treatise and adventure story. To a paleontologist the names Como Bluff, Dinosaur Monument, Flaming Cliffs, and Tendagaru