REFERENCES

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RESEARCH METHODS


One naive view of the scientific method is that of a process by which things are discovered or proven to exist, much the same way as an Easter egg might be uncovered with delight by a curious child. In reality, absolute answers are rare. How a question is asked determines the type of answer produced, and apparently small differences in approach to a problem may produce widely disparate results. Interpretation of psychiatric research results is particularly problematic because ideological and sociocultural differences in the approach to an issue are great. At an international level, language problems magnify such differences and can make conceptual integration impossible.

This book is an attempt to examine basic assumptions behind differing methods in the hope of increasing concordance in the diagnosis of mental illness and in the construction and interpretation of projects evaluating psychiatric treatment. It is only moderately successful in this regard. The book is an outgrowth of a conference held by member countries of the European Medical Research Council, a standing committee of the European Science Foundation. Chapters on the aims and evaluation of psychiatric treatment serve as background documents for independently authored sections on methods of classification of mental disease and special problems in the evaluation of psychotherapy, milieu therapy, and rating scales. Chapters on "other" quantitative methods of evaluation of treatment, i.e., psychophysiological and biochemical criteria, as well as chapters on ethical and practical problems in therapeutic research are also included.

I hope that the conference itself was characterized by greater interaction and more challenging exchanges between participants than there is evidence for in this edited document. This is disappointing because the authors are a distinguished group of individuals whose differences of opinion (or agreement) would have been of interest. Cronholm and Daly, in the overview chapter, describe the conference ideally as a place where "investigators from different centers with different attitudes should meet in order to discuss the possibility of reaching agreement about aims of treatment, classification, and methodology in general." Most of the chapters in the book, however, are simply polite and limited reviews of the method with which the author is best acquainted. Attempts at integration or even acknowledgment of alternative approaches are minimal. For example, biological factors in the diagnosis of depression and multiaxial classification systems of diagnosis are reviewed independently as if they had no relationship to each other. Biochemical predictors of treatment response are discussed only in terms of biological treatments, and behavioral ratings are similarly aligned with psychosocial treatments. It is hard to see how such self-referential reviews address the intended goal of "introducing on a wider scale all the technology that is now available for measuring the efficacy of all methods of treatment in psychiatry." The structure of the book itself is a useful example of the problems in the field that the conference was to address. The chapter on self-rating scales, for example, is not the general review the editors imply but, rather, a selective defense of the KSB-S series of self-rating scales, developed at the Max Planck Institute and presented here complete with factorial structure data sets. The author concludes this chapter with pithy advice: to "consult a specialist in the clinical application of self-rating scales if you are not familiar with it yourself" and "even if you are a specialist in this field, consult the test manuals in preparing the study and, later on, in interpreting the findings." If in doubt, consult an expert; if you are the expert, read the book.

Chapters by Katschnig on measuring social adjustment, by Helmchen on ethical problems in therapeutic research, and by Wing on standardized methods of classification are broader in scope and more critical in their analyses. A review of special problems in the evaluation of psychotherapy is also nicely done, being both succinct and practical and offering a rare discussion of cost-benefit studies of competing forms of treatment. In general, however, the reviews seem too brief and limited for the book to serve its intended purpose as a "source book for established research workers." On the basis of its content, it may be more appropriate for its other audience, "those contemplating research in this difficult field." It is unclear, however, what decisions might be reached by such individuals after they have finished reading this book.

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Here is a book that has been needed for several years. Aimed at social scientists, it will also be useful to psychiatrists interested in the classification of psychopathology. The author is a distinguished psychologist who has previously published in the field of classification of psychoses. His work points to the usefulness of cluster analysis in psychopathology.

The author explains clustering very systematically. The first chapter of the book distinguishes between five uses of cluster analysis. The first is to identify natural clusters . . . [which] represent several distinguishable populations. Other uses include constructing heuristic groupings (whether or not they represent natural groups), generating hypotheses, testing hypotheses about postulated classes, and identifying homogeneous groups that possess predictive power. I would argue that it is chiefly the first and last uses which should claim psychopathologists' attention. "Natural clusters" should also be homogeneous groups that allow improved prediction of, for example, course and outcome of illnesses or that correlate well with presumably etiological factors (e.g., familial factors, life events, and personality patterns).

Succeeding chapters discuss the steps of cluster analysis. Clustering proceeds by grouping together similar entities
GROUP THERAPY


In 1978 Jerold Maxmen (1) indicated that the psychiatric literature contained minimal information on the theoretical concepts underlying the application of group psychotherapy to inpatient units. The situation has not changed in the past 6 years: Despite the fact that inpatient group psychotherapy is conducted throughout the United States, there is no standard approach or model. In a manner of speaking, clinicians have been flying by the seat of their pants, using a hodgepodge of techniques and therapeutic strategies.

This book is much needed and long overdue. Reflecting on a variety of professional experiences sprinkled throughout my career, trying to make a go of psychotherapy groups on inpatient units, I am flooded with feelings of discontent and frustration. I was not able to get a handle on an effective approach that would maximize the value of group therapy for psychiatric inpatients. I suspect that other psychotherapists have had similar experiences. And now Irvin Yalom has come to the aid of all inpatient group psychotherapists. His purpose in this book is to provide both a consistent theory of inpatient group psychotherapy and a set of guidelines for practicing clinicians. The models that Yalom presents, based as they are on sound research findings, appeal to my clinical intuition that this is what we have been searching for.

The book is organized into six easy-to-read and highly assimilable chapters. Yalom is to be complimented on the fine interweaving of an appropriate amount of research findings and clinical illustrative material. The chapters are organized as follows: Chapter 1 addresses ward issues and the crucial question of how to deal with the ward establishment from the point of view that group psychotherapy is embedded in the milieu of a psychiatric ward. Chapter 2 distinguishes inpatient from outpatient group psychotherapy and points out the specific thrust of inpatient group psychotherapy. Chapters 3 and 4 are "how to" chapters dealing with strategies and techniques of leadership for the inpatient group psychotherapist. Chapters 5 and 6 describe specific inpatient group psychotherapy models; chapter 5 deals with the higher-level inpatient group and chapter 6 with the lower-level inpatient therapy group.

The problems with inpatient group psychotherapy are familiar to the clinician who has any experience with inpatient group work. The most difficult areas include rapid patient turnover, extreme heterogeneity of group membership, a large proportion of unmotivated patients, minimal opportunity for screening members, little group cohesiveness, no opportunity to reach a "working through" phase of treatment, and, finally, the fact that in most inpatient units group psychotherapy is only one of many treatments the patients are receiving.

Yalom's suggestions for overcoming these problems require attitudinal and behavioral changes on the part of the group therapist and are reminiscent of similar suggestions by Arthur Kovecses in his paper on the theory and practice of brief psychotherapy (2). Possibly the major contribution of Yalom's book is the many suggestions for the conduct of inpatient group treatment. Among the ideas for speeding up psychotherapy on an inpatient unit are the following:

1. The entire group could be seen together.
2. Psychotherapy things such as the Smith group could be the basis of the therapy.
3. The therapy providing a structure for patients to unlearn.
4. The therapy for conflict resolution.
5. The therapy for the patient's happening.

Yalom advo.


