RESEARCH METHODS


This collection of diverse lectures grew out of a course on longitudinal prospective research given in Denmark in 1978. It is the first of a series. The six parts of the book present discussions of 1) problems with traditional strategies in mental health research design, 2) planning of such research, 3) resources and tools, 4) examples drawn from current and past cohort studies, 5) examples from risk studies, and 6) recommendations and implications.

The editors hope that the discussion will "serve as an appetizer"; indeed, the reader should not expect to be completely satisfied by any of the chapters, since they are intended to raise rather than answer questions. The first chapter (on problems with traditional strategies) is particularly provocative and succeeds generally in its mission. As the discussions in this chapter and others become specific, they develop some perhaps inevitable weaknesses. For example, the discussion of Berka's fallacy considerably overstates the case for maintaining the patient-control ratio in the sample equal to that of the reference population. On the other hand, the discussion of the "impossibility of obtaining appropriate control subjects" is a welcome reminder that a comparison group may not "control" what the investigator intended. This first chapter contains many other useful, forcefully put, and profound observations and will repay close reading by anyone.

An inherent weakness of such compendia is the difficulty of maintaining consistent technical usage throughout a book written by many different types of expert. The reader has to master (on short notice) several conflicting and overlapping sets of notation. The unevenness of technical level is striking and disconcerting. For example, in chapter 3, incidence, prevalence, and relative risk are introduced as time-dependent variables (in full generality) but mysteriously lose their time dependence (without comment) in the notation. This sort of benign suppression of rigor contrasts with the extremely detailed discussion of the techniques of biological measurements in chapter 8, including recommendations for type and placement of electrodes. These are not, in my opinion, major shortcomings and no doubt reflect the fact that there is no "canonical reader" for this book.

A naive reader would leave this book with the sense that there are only two kinds of statistics useful for longitudinal research: elementary epidemiologic statistics and Joreskog-style path analysis, conducted through the LISREL computer package. This is a curiously narrow view, omitting the entire body of actuarial methods, Markov models (save for one brief mention), and growth models, not to mention more familiar elementary techniques. Perhaps future volumes in the series will expand this discussion.

Despite those difficulties, this ambitious book does succeed in its primary mission—stimulating interest and awakening curiosity. The first and last chapters, in particular, clearly transmit the experience and wisdom of this group of scientists and offer a unique opportunity for the reader to receive the distillate of their long, practical service in a most difficult and challenging area.

PHILIP LAVORI, PH.D.
Boston, Mass.
classification of depression. Hierarchical schemes, such as Foulds and Bedford’s, are discussed as well.

Chapter 7 reviews historical and recent work using factor analysis to find syndromes of psychopathology from patterns of sign and symptom covariation. The author concludes that cluster analysis is more suited than factor analysis to the syndrome-finding task. There is an important technical error in the discussion, which cites without rebuttal Kendall’s assertion that a bimodal distribution of factor scores is necessary to prove that two distinct syndromes exist. This is false.

Chapter 8 contains a very good summary of methodological issues and empirical applications of cluster analysis in psychopathology. The major methods of cluster analysis, difficult to choose in a suitable method and a useful measure of interpatient similarity, and the uselessness of unvalidated cluster groupings are all detailed. Various internal statistical and predictive validation methods are discussed. Paykel’s work on depression and various studies clustering alcoholics are reviewed; the former were rightly chosen as a model of good clustering research and the latter as an example of what a poor empirical database, inconsistent attention to methodology, and failure to replicate and validate results can do to a literature.

It is hard to evaluate this book as a whole, because its two halves scarcely refer to one another. In general, the book is best where the author is closest to his primary research area—cluster analysis. It is a bit weaker in its parts on other statistical techniques, such as factor analysis, and makes essentially no mention of other techniques, such as multivariate models. The book is weakest when it summarizes clinical nosology, from the Feighner criteria through DSM-III, partly because it intermingles historical and sociological data with research evidence about nosology.

WILLIAM M. GROVE, PH.D.
Iowa City, Iowa

CONVERSION AND DISSOCIATIVE DISORDERS


This is a book for clinicians seeking a thorough but easy-to-read and well-illustrated list of tests and physical findings to distinguish neurological signs which make neuroanatomical sense from those which don’t. Approximately one-third of the text is devoted to this and is arranged to facilitate quick reference. It may be worth the price of the book.

Unfortunately, the author goes on to cover the etiology, characteristics, and treatment of the conversion hysteria. Here he accepts a great deal on faith and expects the reader to do likewise. Certainly he writes with conviction and authority when he says that “it was not until he [Freud] became interested in hysteria that the true nature of the condition became known” or that removal of the conversion without aggressive psychological treatment “set up the patient for a chronic and disabling illness.” However, most of the statements not directly concerned with the neurological examination fall into one of two categories—the nonempirical and the inadequately supported. In the former category is the author’s uncritical acceptance of Freudian theory in general and his assertion that hysteria is “a class of neurotic disorders which produces subconscious alterations of the sensory and motor systems” (author’s italics). This and related pronouncements may or may not be true. What is more important is that they are neither provable nor disprovable. Thus, many (myself included) argue that such speculation does not belong in the realm of science or, therefore, in the realm of modern medicine.

The author’s more empirical statements reveal a lack of personal experience with systematic research in this area. Certainly, experience with reliability studies would not have led him to offer as a “precise” definition one that turns on whether the complaint is subconsciously determined or not. Although Dr. Weintraub has apparently published no follow-up studies, others have, and their data support compellingly that many, if not the majority, of “hysterics” defined in the manner recommended by Dr. Weintraub prove to have other illnesses that explain their presenting complaint and that they are more apparent with greater time and evaluation. Since most patients will go elsewhere when informed they have hysteria, clinicians who do not do systematic follow-up studies will not be confronted with their diagnostic errors and are likely to remain as confidant as Dr. Weintraub appears to be in their ability to assess “accurately” whether the patient’s subconscious is producing a given sign or symptom.

Fortunately, the informed clinician need not face all patients with conversion symptoms with diagnostic uncertainty. A substantial body of research has developed that describes a diagnostically stable subgroup of “hysterics”; once this diagnosis (Briquet’s syndrome or somatization disorder) is established the clinician can make a number of useful and well-founded predictions and can be reasonably sure that an unrecognized organic or psychiatric condition does not underlie the patient’s complaints. While Dr. Weintraub acknowledges small parts of this literature, he seems to misunderstand it altogether.

In summary, a portion of this book is highly recommended to all who wish to improve their ability to conduct an informative neurological examination. The remainder will mislead more than enlighten.

WILLIAM CORYELL, M.D.
Iowa City, Iowa


The phenomenon of déjà vu has traditionally held considerable fascination for students of psychology and psychotherapy. It has also possessed a powerful romantic attraction for novelists, poets, and anyone drawn to the more mysterious aspects of the human experience. The sense of having previously been through an event or exposed to a situation not part of one’s personal remembered history has been reported in patients with temporal lobe dysfunction, explained by psychoanalysts as a defense against anxiety, and cited by parapsychologists as evidence of the possibility of reincarnation.

Most of us can recall moments of déjà vu. I remember, at age 11, visiting Philadelphia for the first time and, while walking through the historic section of the city, having a profound feeling of familiarity that was sharp and vivid. My senses heightened pleasurably, though not without mild