

THE STUDENT LIFE

The Student Life. The Philosophy of Sir William Osler. Edited by Richard E. Verney, M.B., F.R.C.P.E., D.R. Pp. xiii + 214. 15s. net. + postage 9d. (abroad). Edinburgh and London: E. & S. Livingstone Ltd. 1957.

Contents: Foreword by John Bruce. Foreword by Alec H. Macklin. Preface. The Student of Medicine. The Qualities Required of The Physician. The Profession of Medicine. The Foundations of a University Education. The Clinical Years. The Collection of a Library. The General Practitioner. The Consultant Physician. Service in the Armed Forces. A Way of Life. The Christian Way of Life. L'Envoi. Biographical Studies. Appendix. The Oath of Hippocrates. Sponsio Academia—University of Edinburgh. References. Index.

The editor of this little anthology states in his preface that it is designed for those of the modern generation who like their learning presented to them in an easily assimilable form. One wonders how much is gained by modernisation of some of the sentences and it is perhaps a pity that the text has not been left completely intact. What is far more important, however, is that here we have Osler, the man, far better portrayed by his own words than ever he could be by any history or commentary. The footnotes and the indexing make understanding these pages easier, and they can be thoroughly recommended to all students for digestion not only as a study in itself but especially with a view to further reading.

R.S.

DYNAMICS OF PSYCHOTHERAPY

Dynamics of Psychotherapy—The Psychology of Personality Change. Volume II. Process. By Percival M. Symonds, Ph.D. Pp. xlv + 398. \$6.50. New York and London: Grune & Stratton, Inc. 1957.

Contents: Foreword. XVII. Basic Principles of Transference. XVIII. Positive and Negative Transference. XIX. The Expression of Transference. XX. Countertransference. 1. XXI. Countertransference. 2. XXII. Function of Transference and Countertransference in Psychotherapy. XXIII. Resistance. 1. XXIV. Resistance. 2. XXV. Resistance. 3. XXVI. Abreaction. 1. XXVII. Abreaction. 2. XXVIII. Insight. XXIX. Changes that Take Place with Insight. XXX. Self-Insight. XXXI. Conditions and Devices for Gaining Insight. XXXII. Some Relationships Among Abreaction, Insight and Transference. XXXIII. Role of Anxiety and Growth in Psychotherapy. XXXIV. Identification of the Client with the Therapist. Bibliography. Index.

This is the second of three volumes, the first having dealt with *Principles* and the present one dealing with *Process*. The author is not a medical man, but a psychologist and a professor of education, and in this work he has produced another of those useful studies of psychotherapy which are coming from lay therapists.

The book does not treat of an experimental project, of observed facts in clinical work. Nor is it, strictly, a critical evaluation of current concepts utilized in medical psychology. What the author has done is to set down the concepts he personally accepts, illustrating them and amplifying his views with condensed quotations (more often hypothesis and conjecture than empirical data) from psychotherapists of varying theoretical persuasion. He aimed to produce 'a text for students training for skill in psychotherapy in the several professions where its use is a method of helping individuals who seek help for personal problems'. Thus we are reminded that doctors are not alone in adopting the interviewing techniques derived from psychotherapy; not only patients in the medical sense, but also the 'clients' of social workers, probation officers, marriage guidance counsellors, etc. are receiving the benefits of 'case work' which rests on the principles of psychotherapy.

The important task of defining what processes occur in the course of psychotherapy is attempted. The author's theoretical model is a conventional one which most practising psychotherapists would probably accept. It may be stated as follows:

Psychotherapy is an *experience* of the person being treated. Through this experience therapeutic changes are effected. The experience occurs by way of a two-fold relationship. The chief agent of change in therapy is abreaction (i.e. a reaction with its full complement of emotion, repressed before the therapeutic experience) which, when made, releases tension and permits a curative process to take place. (There is great resistance against making this hitherto repressed reaction.) Insight follows, an inner realignment of forces, and the direction of the change is aided by identification of the client with the therapist.

More controversial is the author's contention that, while abreaction causes the change, permanent personality change can only be guaranteed by insight. Most therapists will have experienced deep and long-term alterations occurring in patients who do not clearly understand how the change happened. Nevertheless, the stress on insight is acceptable because account is taken of the general human need for understanding about ourselves and why our lives become bent on a particular course. However, this aspect of psychotherapy remains poorly understood. It may be, as Strachey (1934) held, that the doctor's interpretation is mutative. This could permit the alienated patient to undertake normal patterns of discharge for his sexual and aggressive urges. However, therapists who make varying interpretations according with their own theoretical training, appear to be equally helpful to their patients. Jung's claim that it is rehearsal of experience in the

presence of a physician which 'resolves the dissociation' leads on to the knotty problem of why the therapist should be so essential. Merely reciting hostile feelings, grief or frustration to oneself does not provide therapeutic relief. Self-rehearsal does not reduce tension and produce psychic relaxation: like masturbatory activity in general the release is localized and does not engage the whole personality. More important perhaps, in understanding why confession needs to be made to another person, is that the individual cannot counteract his own tendency to punish himself. If he fantasies forbidden acts he does not possess within himself the mechanism for forgiveness. Thirdly, as the writer repeatedly points out, once a patient has told his feelings to another person, those feelings are no longer private, walled off from change.

He can carry his greater freedom to express himself out of the treatment room. But the neurotic person has devised his symptoms to protect his self against frightening outside situations and inner impulses which he is not able to face and accept. An unhealthy adjustment pattern is given up only after stress and turmoil, and the psychotherapist supports the patient by seeing to it that as neurotic protective devices are discarded, constructive reorientations have already been achieved by the patient, to avert the utter defeat of a patient admitting to himself the bankruptcy of his existence. Volume 3, *Procedures*, discussing the therapist's techniques in therapy, is eagerly awaited because it is here that the problems are thick and unresolved.

H.W.