Can Behaviour Therapy Cure?

Progress in Behaviour Therapy. Proceedings of a Symposium. Edited by Hugh Freeman, M.A., B.M., B.Ch., D.P.M. (Pp. 94. 32s, 6d.) Bristol: John Wright & Sons Ltd. 1968.

Experience and systematic training in behavioural technique is almost unobtainable, and those using behaviour therapy are mainly self-taught. Claims have been made upon the value of the numerous techniques, and so the opportunity to exchange opinions at a symposium for psychiatrists and clinical psychologists, held at the Postgraduate Medical Institute, University of Salford, was welcomed by a large audience. In the published proceedings an introductory chapter by the editor is followed by eight chapters covering much of current thought and experience on this new therapeutic process.

Almost every psychopathological symptom

has been treated by aversion therapy, the most widely publicized being homosexuality and gambling. Probably the greatest success has been in patients with simple phobias, such as agoraphobia. Patients with obsessional symptoms have proved resistant. Some of the contributors appear to have been blind to the effects of suggestion, and case-histories, described almost as triumphs, are given in which the possible, or seemingly obvious, effect of suggestion has not been considered. Suggestion and unconscious motivation are not mentioned in the final chapter which sums up the discussion. Its author, C. P. Seager, points out that "one cannot avoid the problem of the relationship with the therapist." Nevertheless, the significance of the transference as well as the meaning of the symptoms seem to have been overlooked.

Follow-up studies have been rare in behaviour therapy, although a large number of striking experiences in aversion treatment have been published in the medical and lay press. But does the "cure" last? M. G. Gelder writes about this in a first-rate paper on indications for behaviour therapy. He notes that widely conflicting statements have been made about the value of behaviour therapy techniques on the basis of rival psychological theories. Hence we must rely on clinical observation to discover the indications for one or other form of treatment. Individual case-studies are highly important, but without follow-up studies we have no way of finding out whether lasting changes follow a particular method.

This little volume is not a textbook, and consequently there is no systematic exposition of the subject. Nevertheless, it deserves a wide welcome. It is a frank, uncomplicated account of clinical experience in what is for many psychiatrists a new field of therapy. Each chapter is well documented, and the contributors record their hospital experiences with enthusiasm and common sense.

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Books Received

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