

becomes more general in that the negative loadings are reduced from four to two, and the second factor becomes more bipolar, or differentiating, the negative loadings being increased from 10 to 18 out of 30. The four highest positive loadings on the rotated second factor are associated with the following features in order: 'self-pity, reactivity of depression, hypochondriasis, demanding'. The four highest negative loadings on the same factor in order are: 'retardation, guilt, worthlessness, suicidal symptoms'. Thus, by a suitable rotation, their two descriptive factors produce a factor clearly differentiating neurotic from endogenous depression. Perhaps Rosenthal and Gudeman could be persuaded to rotate their factors, as I have done, and publish the distribution of patients' scores on the rotated second differentiating factor. Is this distribution bimodal?

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"NEUROTIC STYLES"

DEAR SIR,

Dr. Brenda Grant's review of my book, *Neurotic Styles*, has recently come to my attention (*Journal*, August, 1966, Vol. 112, p. 849). May I reply briefly to this extraordinary piece?

Dr. Grant complained of my book, in the first place, that its whole aim or thesis was "difficult to grasp", meaning, of course, that it had none. It has, but Dr. Grant did, indeed, fail to grasp it. The book's thesis is that the nature or form of the specific traits,

symptoms, and defence mechanisms that comprise the well-known neurotic syndromes derives from, and can be understood in terms of, more general modes of function (or what I call "styles"), such as mode of thinking, characteristic of the various conditions. I attempt to explain this thesis, to relate it to the stream of psychoanalytic theory, and to indicate something of its practical significance in an Introduction of 32 pages out of the book's total of 200 pages. What Dr. Grant made of that Introduction I cannot imagine; she simply does not refer to it. The major part of the book is then devoted to a close examination of the form of well-known traits and symptoms of a number of syndromes in order to show the general formal principles, i.e. the characteristic modes of thinking, of action, and the like, manifest in them. Since she has missed the point, however, to Dr. Grant all of this apparently remains aimless and therefore peculiarly "minute" description. In a grand sweep, she asserts "Like many of the writers on psychoanalytic theory" (who?) I have "fallen into the trap" of confusing description with explanation.

To this Dr. Grant adds charges of unsubstantiated speculation and vagueness or meaninglessness of formulation, but she supports these charges with remarkably selective editing of what I actually said. She charges me with arbitrary assertions while ignoring my clinical evidence, with overgeneralization while ignoring my qualifications, and with vagueness of formulation by quoting out of context. Thus, she quotes the following in order to ask "what this really means": "a consequence of any neurotic style is the exclusion from consciousness of certain classes of subjective experience and mental content." She omits the preceding words, "If we say that . . ." as well as a following clause. In so doing she avoids indicating to the reader that this is a summary statement referring to an immediately preceding argument of some length, in which I develop the thesis that in neurosis it is not a single or a few specific mental contents that are excluded from consciousness, as is sometimes assumed in psychoanalysis, but whole kinds, or classes, of subjective experience and mental contents.

In short, I believe Dr. Grant has yielded to the temptation to make a speech of one full page in length, but has not really reviewed my book at all.

DAVID SHAPIRO.

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DEAR SIR,

It is apparent that Dr. Shapiro believes I have reviewed his book with neither understanding nor

accuracy, although I would have thought that my review made it clear that I had paid considerable albeit critical attention to his main contentions.

To say that I found the main thesis of his book "difficult to grasp" is certainly not the same thing as saying it has none. My criticism was directed far more at Dr. Shapiro's presentation of his case, and, although I am somewhat handicapped by not having a copy available, since I am at present on study leave in Canada, I should like to reply briefly to some of the specific points his letter raises.

Firstly, I considered that he had made little attempt to define accurately the symptoms or behaviour patterns which characterized his four "neurotic styles". It may seem self-evident that we can agree on what is meant by the "obsessive compulsive" style, since here the reaction is fairly well demarcated; but the other three syndromes, "paranoid", "hysterical" and "impulsive" are by no means so clearly defined, nor the subject of universal agreement by psychiatrists. We have had evidence, for example in Slater's recent studies, of the pitfalls inherent in the concept of "hysteria", a diagnostic category which, depending on the psychiatrist's orientation, may cover everything from a conversion paraplegia to acting-out histrionic antisocial behaviour, and which, sadly, may be used to denote a physician's condemnation of an unfortunate patient with inexplicable symptoms but who *as yet* has no discernible physical signs. There may be even more dispute about the "paranoid" and "impulsive" styles, since the definition of psychopathic behaviour in particular has been one which has laid many a psychiatrist low in the witness box. I am sure that Dr. Shapiro must agree that it is essential in scientific observation to define one's terms so that

other workers who wish to explore one's thesis can do so, using the same diagnostic criteria. If this is done, anyone who wishes can quarrel with the criteria used, but cannot claim to be in any doubt about what those criteria are.

My second major criticism of Dr. Shapiro's book was that he had not attempted to produce experimental validation of his thesis where this was possible and appropriate. The fact, for example, that hysterics have a comparatively depressed score on vocabulary and general information does not *necessarily* mean that they are deficient in factual knowledge. There are a number of other possible explanations relating to their emotional reactions rather than to intellectual ability or cognition. All I attempted to show in this discussion of a specific point was that Dr. Shapiro had not excluded these other explanations for this and many other statements he had made, and that this must undermine the strength of his argument.

Space will unfortunately not permit me to take up Dr. Shapiro's question on psychoanalytic writers, although I think he must agree that on the whole the psychoanalysts have not been pressingly eager to submit their theories to the test of experimental validation. However, as every newspaper editor knows, "controversy sells", and is it to be hoped that many readers will thus be stimulated to form their own opinions about Dr. Shapiro's work.

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