BOOK REVIEWS

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AN INVITATION TO READERS

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Women’s Ways of Knowing: The Development of Self, Voice and Mind

This provocative book is going to generate heated debates among psychologists, adult development theorists, educators and, perhaps most of all, among feminists, both academic and non-academic. The authors’ conclusions will fuel such arguments as: Do men and women think differently? Do women and men solve moral problems differently? Why do so many women experience themselves as “silent and unheard” and frightened to have a “voice.” Should women, particularly re-entry women, receive a specially tailored education, uniquely suited to their particular needs?

Propelled by the pathbreaking work of Carol Gilligan, author of “In a Different Voice” and a psychologist at Harvard, these four academic feminists have sought to remedy the absence of women as research subjects in the formulation of psychological theories. They, like Gilligan, feel that there is no
such thing as "people in general" because most of the studies were done on male subjects. There is a tremendous absence of knowledge about women's ways of thinking, doing and experiencing.

Professors Belenky, Clinchy, Goldberger and Tarule are two educators, one psychologist, and one psychiatrist who studied women's ways of thinking. They conducted over 135 lengthy, in-depth interviews over a five-year period with women from a variety of educational and life situations. Ninety were students drawn from the six participating college and the balance consisted of women who were involved with family agencies that deal with parenting. They wanted to know what kind of wisdom and knowledge is gained through parenting, what philosopher Sara Ruddick calls "maternal thinking."

The major conclusion of the book is that women's ways of thinking can be divided into five types or what the authors call "epistemological positions."
The first is called "silence," a metaphor drawn from the writing of Tillie Olsen. A silent woman is one who experiences herself as mindless, voiceless and blindly obedient to external authority. To hear is to obey. These women have little use for language and do not see words as a way to empower themselves. Typically, these women come from isolated and silent homes. Their lack of language is a metaphor for their lack of power.

"Received knowledge" is the second category. These women learn by listening to the words of others. For them, ideas are right or wrong, true or false; they are literal, unambiguous thinkers. They believe that truth comes from others, especially authorities. They do not evaluate ideas. They are the recipients, not the sources, of knowledge.

The third position is called "subjective knowledge." From this perspective, truth and knowledge are seen as personal, private and subjectively intuited. Women in this category tend to reject external authorities and, instead, rely on the inner voice, what one respondent called "my infallible gut." The authors regard this shift to subjectivism as the quintessential feature of women's way of thinking, a core stage through which a woman must pass in order to later integrate subjective and objective knowledge.

The fourth position, "procedural knowledge," provides women with objective procedures for obtaining and communicating knowledge. It provides "disinterested reason" and many women, when they come to this perspective, can then see the egocentricity of their earlier "subjective knowledge." However, the authors report that procedural knowledge can become alienating, especially when the inner voice is absent.

The final category, "constructed knowledge" is regarded as the most highly evolved, mature perspective. It combines the best of all worlds: women are able to integrate several types of thinking and understand that truth is relative to situation and context, that all knowledge is constructed and that the knower is an intimate part of the known. This integration is facilitated by what the authors call "connected teaching," which emphasizes safe and open discussion among equals, including the teacher.

They hedge on the question of whether the five types of thinking are phasic, that is, whether they occur in a particular order, one necessarily before the other, or whether they assume an equiprobable order. Although they call each
type of thinking a position, they treat the categories as if they were stages or phases in a developmental process. This difference goes to the heart of developmental theory and their hedging does not help resolve that issue.

More importantly, what is sorely lacking from their model is a notion of a mechanism that triggers change. If a woman is classified as "silent," what causes her to move into a "subjective" or "procedural" style? Any change model should tell you under what conditions change takes place. This missing item prevents this book from being a substantial contribution to that body of knowledge.

Judged by formal and technical criteria applicable to research, this study is deeply flawed. The research design commits the same error—studying only one sex instead of comparing the two—that the authors accuse the previous generation of male psychologists who only studied male students. Secondly, while their rationale for sampling so many incomparable strands among a female population is appealing for its democratic approach, the actual sampling technique seems to border on the haphazard. For both of these reasons, the authors' generalizations about the differences between men and women have no firm empirical basis in this study. This is a problem they frequently mention throughout the book in the form of caveats to the reader. In addition, the authors state that they collected over 5000 pages of data but, in this book, the data is underanalyzed and underreported, as if the authors did not demand enough depth or precision from their material. For example, many sentences begin with the phrase, "Many women believe that..." I wish they had told us how many women out of which group subscribe to a particular point of view by computing simple percentages and presenting their data in such a way as to give the reader the procedural rules and information with which to assess their claims.

Yet, in spite of these serious conceptual and methodological problems, the book transcends its flaws to become an important critique of women's educational and cognitive development. It speaks to what everybody knows to be true, to the verities of everyday experience and common wisdom. The book gets its power by tackling some of the "big issues" squarely: power differences between men and women, different learning styles, the influence of social class on education and opportunity. The authors never retreat from a consistently feminist— and I might add, humanist—analysis throughout the book.

To be sure, there are many substantive issues which will animate impassioned arguments with the authors. For example, their insistence on subjective knowledge as the principal means to find one's inner voice seems overly exaggerated to me. While they believe the gut is "infallible," I believe it is vulnerable to stereotypic thinking and simplistic cliches. Where they urge that special classrooms should be created for re-entry women, circumstances that help empower them and give them a voice, I worry that this type of education may not fully prepare women to advance in a competitive world and, moreover, that this type of education will be labeled by more traditional people as inadequate and second-class.

Because they are psychologists and educators, they ascribe these epistemological categories as residing "in the person" and, consequently, downplay the sociological implications of their study. In fact, their data seem to
support a more sociological interpretation that a woman is capable of different kinds of thinking, depending upon the situation. For example, a woman can attend a traditional class in the morning in which she is precise, logical and procedural and then attend a writing class in the afternoon which rewards subjective thinking. Later the same day, at a meeting of a group of unfamiliar women, she may experience herself as silent because she does not know their rules of interaction. In other words, a plausible interpretation can be made that women are capable of multiple styles of thinking and not merely stuck in one phase. While the authors pay appropriate attention to such sociological things as male authority, competitive classroom environments and social class, their commitment to developmental theory prevents them from seeing that cognitive styles may be more fluid and situational than they believe.

In the end, this feisty, gutsy, controversial book will stimulate arguments for years to come. It is more than an academic study: it is a powerful political indictment of a social and educational system that makes women feel voiceless. While many of these issues have been written about before, such as the debate between "subjective" and "objective" knowledge, their addition of gender to the debate radicalizes the dialogue and paves the way for re-thinking adult education in America. In addition, the book is gorgeously written, in a richly detailed, feelingful style that successfully captures the many elusive textures and qualities in women's lives. This book is important and should be read.

REFERENCES

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*The Man Who Mistook His Wife for a Hat and Other Clinical Tales* by Oliver Sacks, New York: Summit Books (Harper and Row), 1986. 233 pp., $16.95 (cloth), $7.95 (paper)

Oliver Sacks' latest sampling of clinical tales firmly establishes his reputation as a masterful observer of the human condition. *The Man Who Mistook His Wife For A Hat* is, at least at one level, a collection of twenty-four neurological case studies. With insight and care, he guides the reader through a world inhabited by amnesics, idiots savant, epileptics, agnostics, and aphasics. We are introduced to patients who have lost proprioception, are unable to recognize their wife's face, ignore one half of their body, acquire a dog's sense of smell, or, through the
vagaries of a frontal lobe tumor, are transported to the land of their childhood. The power of our central nervous system and the kaleidoscopic array of symptoms that present when it malfunctions are clearly portrayed.

The thread that holds the book together is Sacks' wonderment at the human mind and his deep respect for the human spirit. This wonderment is perhaps best communicated and shared in his account of idiots savant. In his chapter "The Twins," we learn of identical twins, retarded, misshapen, yet possessed with the remarkable capacity to instantaneously determine which day of the week any given date falls on; mental retardates who, although unable to perform simple calculations, can generate ten and twelve digit primes. His description of patients whose temporal lobe seizures brought to consciousness lost memories, experiences and emotions is equally fascinating. Each case forces us to question our understanding of brain-behavior relationships, our notions of how the human experience is represented in our neural circuitry. Simplistic or mechanistic concepts, he asserts convincingly, are always incomplete.

Sacks' strongest role is as a humanist sincerely interested in the patient's experience. Many chapters include discussions of the patient's personal identity: how it evolves and how the patient struggles to preserve it in the face of imposing physical changes. Some patients incorporate their symptoms and are at a loss without them; others feel they are pitted in a constant battle with their symptoms and derive a sense of self from the struggle. Memory, he writes, is the glue that holds our past into a cohesive narrative vital for our sense of personal identity. Two chapters, then, address the phenomenology of amnesia. What happens to self when one's inner reality becomes an endless, un integrated sequence of here-and-now experiences, when only the distant past is familiar? The scientific literature is concerned with patients qua amnestic. Sacks is concerned with amnestics qua individuals and describes how they feel, how they struggle with deficits.

In highlighting the patient's phenomenology, Sacks indicts classical neurology for its emphasis on symptoms and signs. Most of neurology, he feels, reduces the human organism to a set of reflexes and functions. Furthermore, a neurology that examines the patient's functions in the clinic or lab yields an incomplete assessment; what is needed is a "street" neurology where naturalistic observations of behavior enable understanding of judgment, attitude, interaction, feeling, intention, and impulse, in short, the entire personality. Neurology is too reductionistic and emphasizes deficits; what is needed is a holistic approach that emphasizes how the patient re integrates abilities that have been preserved. In sum, classical neurology is interested in the brain; Sacks is interested in the mind. He attempts to raise our consciousness by directing attention to our patients' consciousness.

Sacks' points are well taken. Even the most empathic behavioral neurologist can be myopic at times and miss the human being behind the lesion sites and functional deficits. And his point is an important one, albeit redundantly stated (a consequence of the book being a collection of independently written essays) and, at times, overstated. I doubt, for example, that Kurt Goldstein felt, as Sacks implies, that "if a man loses the abstract-categorical attitude...what remains is subhuman."
Sacks call for more humanism in neurology would be even more compelling if he were impressive as a scientist or clinical neurologist. It was disconcerting to read how the case of Dr. P (the man who mistook his wife for a hat) was left unresolved, with no diagnosis or treatment plan. When he is amazed at Dr. P's visual agnosia, prosopagnosia, and anosognosia, or at a Korsakov patient's retrograde amnesia, the impression is that there is a lack of knowledge as well as simple wondernment.

Sacks is also critical of classical neurology because it does not explore imagination, memory and perception; in fact, he asserts that "no such exploration is possible to classical neurology" (p. 82). Here his vision is blurred, and he falls victim to the "mystique of quality" where quantification and reductionism are considered pointless at best, and more likely a distortion of what the phenomenon is all about [1]. However, complex psychological events such as emotion, creativity, and perception can be, should be, and are the subject of much objective scientific inquiry. Sacks' phenomenological (and subjective) accounts of psychological events are insufficient by themselves, just as reducing these events to discrete, operationally defined, quantifiable constructs also may not succeed in describing the whole picture. Despite the limits of reducing and measuring, much significant progress has been made toward understanding cerebral dysfunction as well as normal psychological functioning; work being done by "classical neurologists" such as Heilman and Damasio, and by cognitive neuropsychologists like Elizabeth Warrington.

The importance of Sacks' book lies in his celebration of the human spirit and his amazement at what our brains can do in health and sickness. For most readers it will serve as an interesting introduction of the fascinating world of clinical neurology; for those working in the field, it will serve as a reminder that there is mind and spirit as well as brain and behavior.

REFERENCE


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This is a book that should delight many therapists who rely heavily on the use of dreams in the therapeutic process and who conceptualize psychotherapy as a process for the promotion of expanded psychological awareness and growth.
The book should satisfy humanists who, like Rossi, accept the therapist's metaphoric associations and interpretations of a dream as acceptable evidence for the support of a conceptual position. The reader who is accustomed to expect hypotheses and conceptual relationships to be supported by independent empirical evidence, however, will be sorely disappointed.

_Dreams and the Growth of Personality_ is his own personal statement about the use of dream interpretation in a psychotherapeutic setting. The median date of the literature referenced is 1965, twenty years earlier than the date of publication! Rossi's familiarity with the ideas and research of people in the field may be inferred from his reference to a 1964 paper as "Recent experiments" (p. 144). In a subsequent chapter on "Recent advances in psychophysiological theories of dreaming," one-half of the references listed by Rossi (p. 204) predate 1978. Although the author does a nice job of relating this research literature to his own positions on dream formation, he clearly employs the literature to support what he already believes rather than to find out what the scientific world might be able to tell him.

The bulk of the book is devoted to illustrations of how the author uses the reported dreams of his patients to support their psychological growth. By psychological growth, Rossi means the expansion of the patient's awareness and acceptance of his/her private images, particularly dreams. One must note that psychological growth is not to be confused with the broader concept of personal growth which includes both the expansion of one's awareness of one's private world and the broadening of one's interaction with the external, especially interpersonal, world. The exclusive focus on the patient's private world, especially the dream world, must surely inhibit the patient's development in the public, social domain. Therapists such as Calvin Hall have given considerable attention to the interpretation of dreams that may help the patient understand specific interpersonal problems and then adopt more effective social skills (11). Rossi mentions one hypothesis that suggests how "psycosynthesis" . . . can be "actualized into behavior" (p. 104), but the behavior in question is "emotions and irrational fears" not interpersonal behaviors.

Rossi's position is described through his interpretation of a series of dreams described in therapy sessions. He generally selects a sequence of two or three images, together with an emotion or reflection reported by the patient and then infers an underlying psychological process that links the set of items. The dreams selected illustrate various self-actualizing, self reflection and psychosynthesis processes that dreaming purportedly carries out. These processes are abstracted in the form of nineteen hypotheses such as: "Self-reflection, an examination of one's thoughts, feelings or behavior in a dream, mediates the phenomenological shift from a state of being to an expansion of awareness" (p. 28); "The difference between an acute functional psychosis and a creative state of psychic transformation is in the degree of flexibility and control one maintains over one's level of awareness" (p. 80); "The positive figures of dreams, fantasies and artistic creation are nascent aspects of identity; they are emergent characteristics of the individual experiencing them" (p. 104). There is no critical weighing of alternative positions here. The "hypotheses" are just dropped into the middle of the text. One could eliminate them completely or add another nineteen without
any change in the flow of the text. They appear to be simply abstractions of the relationships in Rossi's theory that he associates to as he listens to the dream in question.

The reviewers regard the production of dreams as a much more complex process than does Rossi. Like Rossi, they assume that dreams are produced by lawful or systematic processes and that these processes are shared by other aspects of an individual's thought, imagery and behavior. In that sense the analysis of dreams may be able to reveal some important characteristics of human functioning. The process by which therapists and others "interpret" dreams is an equally complex process and undoubtedly says as much about the belief systems of therapists as it does about their patients. But, from our perspective, no one including the therapists know very much about either of these processes—how dreams are produced and how they are interpreted.

People have been recording their interpretation of dreams for at least 5000 years. The interpretations have always been consonant with the world knowledge and world conceptions of the interpreters, and these have changed from age to age and culture to culture. How is it, then, that we can have yet another book of dream interpretations presented without any sense of obligation on the part of the therapist-author to obtain independent confirming evidence for his interpretations?

The validity of dream interpretations is independent of the issue of whether Rossi's particular dream interpretations, or any dream interpretations, are useful as part of the psychotherapeutic process. Like Freud, who argued that the analyst would lead to mental health [2], Rossi argues that the "key to mental health and psychological development lies in the individual finding an active way of cultivating the emotions, images and thoughts that develop within rather than allowing his behavior to become a captive of whatever arises" (p. 94). It's a compelling idea, but is it true? If this form of dream interpretation is proposed as a psychotherapy, then it should be evaluated in the same manner that medical therapies are tested. Thirteen years have elapsed between the publication of the first and second editions of Rossi's method, certainly enough time for a serious appraisal of its effectiveness as a therapy. If the goal of dream interpretation is the expansion of awareness rather than therapy in the traditional sense of the word, then it should not be billed as psychotherapy.

REFERENCES


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Hardly a day passes when we do not read in the newspaper an announcement by medical researchers about a major breakthrough in the treatment of some dreaded disease. For example, in the past year, we learned with great fanfare that medical researchers had "found" a cure for AIDS, the disease of the immune system that has reached epidemic proportions in many locations. Despite this "cure," men and women continue to die from this disease and, although we can be encouraged that a cure may someday—perhaps soon—be found, the announced "cure," in the long run, was not quite as successful as initially hoped.

In fact, it was not a cure at all, only a possibility.

For whatever reason, the history of medical research is replete with examples of announcements made through the popular media that are overstated and, sometimes, inaccurate. These announcements raise the hopes of ill individuals and their loved ones—and are often clung to with great desperation despite the expense involved—even if, in the end, they prove futile or even harmful. This phenomenon of raising false hopes through the premature claims of medical researchers may have multiple causal determinants. Some blame an over-exuberant press, concerned more with sales than with accuracy. Others blame the disease itself—under life-threatening circumstances, individuals will grasp for any straw that holds even the most remote possibility of ameliorating health. Few, however, have examined carefully the role played by the medical profession itself in falsely promoting its ability to offer help to desperate individuals. Whether because of a desire to encourage the deflection of medical personnel, to maintain research funding, or simply to have something to offer suffering patients (effective or not), organized medicine historically has not been overly cautious in protecting the public from the premature claims of ambitious researchers.

Psychosurgery is perhaps the prototypic example of such over-exuberance. After observing the results of altering the frontal lobe of the brain in several primates, early promoters of psychosurgery rushed to endorse these techniques as potential cures for mental illness and, within a relatively brief time span, performed similar operations on thousands of patients. During the 1940s and 50s, Walter Freeman, the great popularizer of lobotomy in America, performed 3,500 such surgeries himself! Research concerning the effectiveness of psychosurgery was carried out, but the students in my Introductory Psychology class could easily describe its many flaws (e.g., no control groups, no long-term follow-up, no systematic behavioral observation before or after surgery, etc.).

Elliot S. Valenstein has written a gripping and, at times, shocking account of the rise and decline of various kinds of psychosurgery for treating mental illness. The strength of this book is in its careful and thorough analysis of the multiple conditions that gave rise to the proliferation of psychosurgery in the absence of convincing evidence of its effectiveness and despite clear evidence of serious, unintended consequences. As Valenstein states:

Psychosurgery was not a medical aberration, spawned in ignorance. In a real sense, the history of psychosurgery is a cautionary tale: these operations were very much a
part of the mainstream of medicine of their time, and the factors that fostered their development and made them flourish are still active today. Thus, the story of lobotomy involves many factors: opposing theories of mental dysfunction; a long political struggle within medicine between psychiatrists and neurologists; a desperate human need and a procedure that offered to cure it; immediate enthusiasm in the popular press; uncritical acceptance by the medical profession, which not infrequently paid little attention to the validity of the claims of success; and determined and ambitious doctors (pp. 5-6).

Valenstein excellently describes each of these factors that set the stage for the uncritical acceptance of psychosurgery. He ably places psychosurgery in a historical context with other somatic treatments for the mentally ill, and he provides enough technical background so that the non-specialist can easily become familiar with the details of the various surgical techniques. Illustrations and photographs abound and make the details of these procedures quite salient (those with sensitive stomachs beware).

The importance of this story of desperate conditions, personal ambition, and a lack of criticism from either popular press or organized medicine cannot be overemphasized. A biologically oriented psychiatry is once again gaining popularity, and the current rush to find pharmacological treatments for every psychological disturbance and social problem sets the stage for a modern repetition of Valenstein's terrifying account. Questionable data and unproven theories are presented uncritically by the media who read the self-glorifying press releases of some self-serving researchers. And, unfortunately, these accounts are read by families of mentally disturbed individuals who have had little cause for optimism in the past. If there is a lesson to be learned from Great and Desperate Cures it is the value of careful research prior to the dissemination of hope-raising messages, the destructiveness of rivalries among disciplines, and the dangers of rewarding blind ambition in the health sciences.

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