

growing cohort of scholars who understand both the psychiatric and the legal issues. The author of *Involuntary Treatment of the Mentally Ill* can be counted in that small group.

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The Nuremberg Mind: The Psychology of the Nazi Leaders, by Florence R. Miale and Michael Selzer. New York, N.Y., Quadrangle/New York Times Book Co., 1976, 302 pp., \$10.95.

Since Freud's pioneering study of Leonardo da Vinci, the application of psychoanalytic theory to the study of historical figures has gained increased interest and respectability in the scientific marketplace. The psychohistorian, like the psychoanalyst and the archaeologist, has to tease out conclusions and reconstructions from bits and pieces of surviving material. In few instances have these bits and pieces of surviving material included psychological test data on the figure under study. *The Nuremberg Mind* is a noteworthy exception because its two authors (one a widely respected Rorschach interpreter and the other a political scientist) lead us on a journey through the maze of Rorschach records (with interpretations) of 16 of the major Nazi war criminals who were tried in Nuremberg in 1945 and 1946.

The introduction, an interesting account in its own right, is provided by the psychologist who administered the 16 Rorschachs while he was assigned to the prison staff at Nuremberg. Beyond setting the stage for the research, his account allows the reader to evaluate the context within which each Rorschach response was delivered, including the nature of the patient-examiner relationship.

The meat of the book is, of course, the individual protocols and the authors' interpretations of them. This part of the book may be evaluated in terms of both substance and methodology. With respect to the former the material is fascinating. One is furnished a wealth of little-known raw clinical material as well as the opportunity to gaze over the shoulder of a gifted clinician as she skillfully moves from observation through inference to conclusion. Readers are invited either to compare their own responses to the blots with those of the war criminals or to pit their interpretations against those suggested by the author.

As to methodology, the book is not without shortcomings. Despite advance warnings, I found the test interpretations at times judgmental and at other times dictated by information beyond that which could readily be gleaned from the actual test responses. The acts of these war criminals are legendary. More than 30 years after World War II, they, together with the atrocities they perpetrated, still revive the deepest, the most primitive, and the most intense feelings in many of us. It is therefore difficult to imagine how a study such as this can be conducted without counterreactions and countertransference reactions playing a decided role.

Beyond limitations in methodology, this study of the personality structure of 16 Nazi leaders, using information ob-

tained from Rorschach protocols, has a great deal to contribute to our understanding of such varied and important areas as primitive aggression, narcissism, object relations, superego development, and self-representation.

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Perversion: The Erotic Form of Hatred, by Robert J. Stoller, M.D. New York, N.Y., Pantheon Books (Random House), 1975, 231 pp., \$10.00.

In this interesting book Stoller advances several ideas, chief among which is a psychodynamic theoretical position on the etiology of the "perversions," a term he dislikes but feels has some utility in labeling the sexual pathologies that have fantasied hostility at their core. The hostility may be self-evident (as in sadistic behavior) or covert and benign (as in peeping).

Stoller introduces his theory by pointing out that in the past decade or two research on aberrant sexual behavior has not focused on clinical psychodynamic investigation. Instead, it has seemed to accent that such behavior may be found in other species, is ubiquitous in man, and at times seems to be the product of brain and hormonal factors that can function independently of anything called psyche. The findings of these researchers make them "regret society's moral stance that sexual aberration is unnatural—sinful—and the repressive action that follows" (p. ix).

Stoller rolls up his sleeves and in his honest fashion wades into the psychological factors that he has found in the analysis of "perverted" patients. He is careful to label his formulation as theory and presents it as a position that others may examine and tear apart or modify. He strongly advocates that clinical investigation not be forgotten as a research tool.

Stoller separates out those sexual aberrations produced primarily as a lifelong attempt to "cure" psychic stress from those in which that dynamic is not at the root of the behavior. He says,

I believe that perversion, but not all aberration, is a product of anxiety and that perverse sexual behavior has sprinkled through it remnants, ruins, and other indicators of the past history of one's libidinal development. . . . If the observer knew *everything* that had happened in the life of the person he is studying, he would find these historical events represented in the details of the manifest sexual act. The observer would then know when and why this person gave up what he would have most liked erotically, to choose the alternatives that are the perversion's scenario. . . . The perversion is a *fantasy* put into action—a defensive structure raised gradually over the years in order to preserve erotic pleasure. The desire to preserve that gratification comes from two main sources: (1) extreme physical pleasure. . . ; (2) a need to maintain [gender] identity. (p. xiv)

The author uses numerous case reports to illustrate the points he makes and carries the reader along in a convincing fashion to see how he arrived at his conclusions.

In the concluding section, titled Social Issues, Stoller examines several matters of current psychiatric interest. In the chapter "Is Homosexuality a Diagnosis?" he states that it is not and that it should be scrapped, not because of social pres-

sure to do so but because it represents a hodgepodge of differing etiologies and cannot function as a true diagnosis that has value for scientific understanding. He feels the same way about most of the other "diagnoses" of psychiatry.

In the chapter "Sex as Sin," Stoller observes that sexual "sinning" is a popular pastime in our society, wonders why, and finds the answers in intrapsychic dynamics. His first clue was the long-known fact that an awareness that one is sinning often markedly increases sexual excitement. On analysis he finds a correlate with the perversions, i.e., a sense, however dim, of a fantasied wish to hurt. As a strategy of social action, he suggests that those who wish to increase sexual freedom ought not lean too heavily on the argument that the sense of sin exists only as an effect of one's enslavement by repressive historical processes: "The sense of sin may not disappear simply because we announce that it is outdated, and the complex richness of human sexual excitement will be missed if we exclude sin from our studies" (p. 209).

The final chapter, "The Necessity of Perversion," is a wrap-up of the ideas he has put forward, namely, that these pathologies may be viewed as defenses against intrapsychic conflicts to preserve the gender identity of the bearer.

This book gave me a new frame of reference for looking at some of the perversions. I recommend its reading. It is written in an interesting, nontechnical manner that is almost conversational and therefore easy to follow. Jurists and clergymen would find, I believe, that it would furnish a larger lens for looking at some of the knotty problems they, as well as psychiatrists, face.

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Death Inside Out: The Hastings Center Report, edited by Peter Steinfels and Robert M. Veatch. New York, N.Y., Harper & Row, 1975, 149 pp., \$7.95; \$3.50 (paper).

Death has somehow lost the naturalness it was once accorded by physicians, families, and even dying persons themselves. Perhaps an illusion of environmental mastery stemming from scientific and technical advances has created an atmosphere in which the event has seemed an adventitious product of disease. As though immortal, dying men and their attendants have looked upon death not only as an unwelcome but as an unnecessary imposition. Whatever its origin, this attitude has made of death an event to be denied and opposed at all costs rather than one to be accepted as a natural ingredient in life and a potent force in shaping individual existence. It has made death the doctor's enemy and encouraged physicians to treat fatal illness as though it were curable disease. The result has been demeaning to the dying individual, the physician, and the community.

This attitude is commented on by the authors of *Death Inside Out*, a collection of essays from the Hastings Institute of Society, Ethics, and the Life Sciences. The authors offer penetrating analyses of current death-related beliefs and practices. Paul Ramsey, for example, expresses frustration with campaigns to naturalize, romanticize, or dignify death. For him, "death with dignity" has become a meaningless slogan serving only to impose its thoughtless dictates on the dying. He also reminds his readers that, although death may be a source of man's nobility, it is also a source of defeat and despair, an affront to the prideful mortal.

In a similar vein Leon Kass notes that dignity is, after all, a quality that only the dying person can supply; still, he urg-

es those caring for the dying to avoid contemptuous treatment. Robert Morison, on the basis of his view that life and death are part of a continuum, believes that attempts to define death are scientifically and philosophically unsound and should be abandoned. Instead, he tells us that difficult decisions regarding the length of life must be guided by complex cost-benefit analyses. Dr. Kass counters that he sees no need to abandon the concept of death as a transitional state. He emphasizes that the physician's primary concern is always the welfare of his or her dying patient and believes that the interests of family and community should not be allowed to divert his or her attention. And so goes the discussion.

Essays from many disciplines—medicine, ethics, religion, and history, for example—are brought together in this volume in a spirit of thoughtful inquiry and debate. They are scholarly and stimulating. As with other collections of this kind, however, the book lacks a unifying theme and makes no attempt to deal with its subject systematically. Fostered in an atmosphere of continuing intellectual exploration, it lacks the practical grounding that would give it appeal for most physicians. Nevertheless, those with professional interest in death and dying will find the book rewarding reading.

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The Human Context: Environmental Determinants of Behavior, by Rudolf H. Moos. New York, N.Y., Wiley-Interscience (John Wiley & Sons), 1976, 437 pp., \$18.95.

"Whence come those mysterious influences which change our happiness into discouragement, and our self-confidence into diffidence? One might almost say that the air, the invisible air, is full of unknowable Forces, whose mysterious presence we have to endure."

This question, posed by Guy de Maupassant in his story "The Horla," has been answered admirably by Professor Moos in *The Human Context*. As psychiatrists we have as our chief interest the individual; we take a history, consider early formative influences, and place our patient on the dissecting table of the couch. Rarely, however, do we achieve the larger view and fully comprehend the human person in dynamic and ever-changing equilibrium with his environment. Moos has written an elegant and comprehensive account of the relationship between human behavior and the real world in which we live.

In the first part of his four-part book, Moos discusses the following trends in human-environmental relationships:

1. The broad historical and geographical perspective that attempts to explain the decline and fall of entire civilizations and whose most prominent exponent was Arnold Toynbee.
2. The growth of human and cultural ecology, including the epidemiology of mental illness and air and noise pollution, which has become particularly timely with the advent of the supersonic airplane.
3. Environmental determinants of health and disease, with attention to the natural and social climate in which people live.
4. The rise of organizations and bureaucracies. (Here, Moos refers to his own work demonstrating the effect of social climate in influencing the turnover rates of psychiatric wards.)
5. The relationship of experimental psychology and personality theory to social learning theories, conditioning, and social climate.