BOOK REVIEWS

PSYCHOLOGY OF SUFFERING

Disease, Pain, and Sacrifice

Toward a Psychology of Suffering. By David Bakan. Pp. x+134. (University of Chicago Press : Chicago and London, 1968.) 54*s*.

THE concept of suffering is an elusive one, and so the formulation of a "psychology of suffering" is a formidable task. Professor Bakan takes the view that human suffering has biological, psychological and existential aspects. The first he considers in terms of disease, the second in terms of pain and the third in terms of sacrifice.

In examining the nature of disease he draws on three sources: first, recent developments in evolutionary theory; second, "diseases of adaptation" as conceived of by Selye; and, third, Freud's notion of the "death instinct". Central to Professor Bakan's thesis are the concepts of "telic centralization" and "telic decentralization". He defines "telos" as "determinant of form" and suggests that in the healthy organism there is a higher telos tending to dominate all lower telê, and that disease is to be conceived of as decentralization of this higher telos of the organism and its loss of dominance over the lower telê.

Professor Bakan suggests that "the central telos of the organism is manifested most clearly in the conscious purposes of a differentiated organism", and that the natural tendency in the psyche toward telic decentralization may be identified with what the psychoanalysts refer to as repression. He goes on to say that in seeking an understanding of disease and death we are thus brought to a consideration of the nature of the psyche. On the psychological level the ego is the major telic centre. It is the separation of the lower telê from purpose that brings about the neurotic condition of the individual.

In this connexion Professor Bakan advances the following argument (page 38), the logic of which is obscure, to say the least. Illness-proneness is associated with psychological condition. Illness-proneness is associated with the experience of threat. If repression is a major factor in psychological disorders, and if repression is a manifestation in the psyche of organismic telic decentralization, it may then be said that a degree of telic decentralization is the essential underlying characteristic of the diseased organism.

Inasmuch as disease is conceived of as decentralization of the higher telos of the organism, pain is seen as the psychic manifestation of telic decentralization. Pain is the demand on the conscious ego to work to bring the decentralized part back into the unity of the organism. "The ego, in managing pain, seeks to make pain distal with respect to the ego itself, if it cannot make it distal with respect to the body." Thus an aching tooth becomes "it" and its extraction is not an injury to the ego but a saving of the ego from assault.

The existential aspects of suffering are examined by Professor Bakan in terms of sacrifice and in the light of the Book of Job. Sacrifice is seen as "a manifestation of telic decentralization" and a confounding of self and other. It entails the surrender of an important part of one's self for the "redemption" of the remainder. Thus it is in essence the same as when a part of the body become "it" and is sacrificed for the "good of the whole".

In his preface, Professor Bakan appears to equate understanding with awareness. He says that human understanding and suffering are reflexively related in that a certain level of awareness is a precondition for suffering as well as its management; and awareness is enhanced as well as diminished by suffering. Because of these reflexive relationships oblivion and the enhancement of understanding are two natural options for coping with suffering, and the view is expressed that amelioration of suffering through understanding is the superior option. Although it is manifestly true that awareness is enhanced as well as diminished by suffering, it is not manifestly true that understanding and awareness are the same. Because the premises on which the argument is based are faulty, it follows that the conclusion also is faulty. Thus, although Professor Bakan may increase human understanding by provoking discussion, it is doubtful whether his intention of ameliorating suffering will be realized.

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BLINDNESS IN CHILDREN

The Causes of Blindness in Childhood

A Study of 776 Children with Severe Visual Handicaps. By G. R. Fraser and A. I. Friedmann. Pp. xvii+245. (Johns Hopkins: Baltimore, Maryland; Oxford University Press: London, 1967.) 114*s*.

THE medical geneticist, if not every medical practitioner, is well aware that a substantial proportion of all disease in countries with Western European civilization is partly or wholly genetically determined. This is a tribute to the efficiency of the medical services in eliminating diseases which are largely environmentally caused. Five years ago Dr Ida Mann wrote of blindness: "A very simple research programme, in which a genetic analysis of all children in schools for the handicapped in any country was done, would bring the matter into proper perspective and make it certain that our next advance in prevention of disease must be along genetic lines". Dr Fraser and Dr Friedmann have attempted just such a survey based on 776 children in special schools for the blind. This included almost a quarter of all blind children under the age of 20 in England and Wales. The sample was unrepresentative only in that most blind children who were severely mentally subnormal were excluded, and children below the age of 4 years were under-represented.

The authors attempted to define the type of blindness in each child by a clinical examination and use of the medical records. They also attempted to determine the cause of the blindness in each child, making use of well planned questionnaires of family and pregnancy events. In fact the research was not "simple". The authors came up against formidable difficulties in defining disease entities, and difficulties in genetic analysis in these days of small families and family limitation after the birth of a severely handicapped child. They tackled these difficulties, however, with energy and insight and have arrived at some sensible and interesting conclusions, although there is a great deal of work still to be done to fill in the details.

Overall some 40 per cent of all the cases of blindness were probably the result of single gene inheritance. Some 50 per cent were largely the result of environmental causes, and some 10 per cent of more complex genetic and environmental interactions.

Considering first the environmentally caused group, outstanding here is the largely iatrogenic disorder "retrolental fibroplasia", of which there were 177 cases, nearly 20 per cent of the whole sample. Now that the danger to the eyes of premature babies of the administration of oxygen in high concentration is well known, the incidence of this condition has been greatly reduced. Already therefore single gene inheritance is probably responsible for at least half of all new cases of blindness. In addition, about half the cases of cataract (107 in total) and the majority of cases of optic atrophy (56 in total) appeared