

etc.) when considering a given patient and the impact of his or her illness. This biopsychosocial model does not negate the importance of the traditional medical model. Rather, it allows the physician to address important factors that might be overlooked in a more narrow approach to patient care. Whether the reader accepts this specific model of patient care or not, the underlying principles of acceptance, empathy, and competence are universally applicable and are clearly presented in the text.

On a practical level, the authors include sections on the doctor-patient relationship and on interviewing techniques, which a student just entering ward rotations will find immediately useful. The book correctly explains that often novice students who have not yet attained advanced technical knowledge view themselves as "nice guys," fraudulently donning white coats and exploiting patients as training objects. The authors assert that the student early in training often turns out to be the member of the ward team to develop a relationship which the patient finds most satisfying and therapeutic. They go on to present a list of clinical principles that should be quite helpful for a young clinician beginning to build confidence. Because students "hitting the wards" for the first time often find themselves in poorly defined roles with little direction and rare opportunities to build confidence, this section may prove to be the most valuable for students early in their clinical years.

*Medicine as a Human Experience* would be an appropriate text for an introductory course in clinical medicine and would be beneficial to anyone involved in the clinical instruction of medical students.

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## RELIGION

**Unlearned Language: New Studies in Xenoglossy**, by Ian Stevenson, M.D. Charlottesville, University Press of Virginia, 1984, 215 pp., \$17.50.

The following two cases have been described by a research psychiatrist. Please read them carefully and then answer the question at the end.

*Case 1.* A Methodist minister who was also a hypnotist used this skill to relieve occasional pains in friends and family members. Sometimes he gave public demonstrations and experimented with suggestions that his subjects regress to "previous lives." When he hypnotized his wife, Dolores, for a backache, to his surprise, she answered his questions in German. Over the next few months, a trance personality named Gretchen emerged while she was hypnotized.

Hearing of the case, the research psychiatrist decided to study it. During four years of interviews he determined that the trance personality was that of a girl, Gretchen Gottlieb, the daughter of the mayor of a German town named Eberswalde during the second half of the nineteenth century; she died at the age of 16. Gretchen's obsessional and paranoid preoccupation with the *Bundesrat*, or Federal Council, suggested that she was to some degree mentally ill. She could tell little about her daily life and seemed uninformed about the geography and politics of the period in which she

supposedly lived. Although Gretchen used some archaic words, her German vocabulary was modern. She spoke an exceedingly simple type of German and made many grammatical errors.

The psychiatrist investigated the minister, his wife, their relatives, and people from the present and past who knew them (e.g., schoolteachers, neighbors). He determined that the subject had never been exposed to the German language and that she could not have learned it through any normal process. The subject said that 10 years before the emergence of the Gretchen personality she had looked through a German book in a library out of curiosity, but she made no special study of the book and did not remove it from the library.

Although worldwide publicity followed a *Washington Post* article (Jan. 20, 1975) on the case, the couple made no attempt to profit commercially from the situation. In fact, some members of the minister's congregation hinted that it was unseemly for him to be preoccupied with the matter, and some openly proclaimed that he might be associating with the devil.

*Case 2.* A 33-year-old unmarried woman named Uttara, who lived with her parents in Nagpur, India, was hospitalized for treatment of asthma, eczema, and a gynecological illness. She acted with her physician as a wife would with a husband, and he found these attentions discomfiting and potentially compromising. While participating in meditation practice, she spontaneously began to speak in Bengali and to adopt a Bengali style of dress. Both the physician and the woman's family were puzzled because they had no knowledge of Bengali and no connection with Bengal. The woman identified herself as Sharada and gave many particulars about a life she claimed to be living in Bengal. From 1973 to 1982 (when information about the case became available) the Sharada personality sometimes was present for a day or two before Uttara's normal personality returned, but at other times Sharada was present for several weeks and once for 7 weeks. Hearing of the case, the research psychiatrist convinced several competent Indian colleagues to investigate it.

Apparently, the Sharada personality was that of a 1820s woman living in a specific Bengali town. She provided geographic details of the area, displayed a remarkable knowledge of Bengali foodstuffs, and consistently behaved like an old-fashioned Bengali woman. She spoke in a substandard modern Bengali dialect.

It was discovered that as a child and later, Uttara and her father had a special interest in Bengal. Uttara liked to read translations of Bengali literature and was impressed that Bengali heroines were more courageous and feminine than other Indian women. After extensive investigation, the research psychiatrist determined that Uttara could neither have learned to speak Bengali nor to provide as many remarkable details through any normal process. Her family did not profit financially from the case and, in fact, went to considerable expense in seeking help for Uttara.

In both cases the research psychiatrist believed that there was no evidence of fraud and that he had no reason to doubt the integrity of the subjects and other informants. He concluded that both subjects clearly exhibited xenoglossy—the ability to speak a foreign language not learned in a normal way.

Question: On what basis might the findings in the two cases be best explained? (You may choose more than one answer.)

1. Neurophysiological and chemical defect of some sort.
2. Personal expression of social and cultural conflicts.
3. Fraudulent conspiracy.
4. Each subject *must* have been exposed to the foreign language at some time during her life.
5. Subjects acquired foreign language skill through extra-sensory perception.
6. The foreign language skill was a manifestation of possession by a discarnate personality.
7. The foreign language skill was acquired during a previous incarnation.

According to Dr. Stevenson, who is Carlson Professor of Psychiatry and Director of the Division of Parapsychology at the University of Virginia, the two subjects must have spoken German and Bengali during a previous incarnation. From my personal contacts with the author as well as from my reading of this book as well as his other writings (these include five books on reincarnation and an article entitled "Are Poltergeists Living or Are They Dead?"), it is clear that he approaches his research seriously and that he is neither a fool nor a charlatan. On several occasions in the book he throws in cautionary notes, e.g., "Gretchen's use of the word *Bundesrat* . . . gives an anterior date to Gretchen's life, if she existed, of 1867." And in his discussion he writes, "I am sometimes asked if I am quite certain that the subjects of these cases did not learn in some normal manner the languages they spoke. I have always answered—and still do—that I cannot be completely positive about such a question. Nor can anyone else, including the subjects who may have forgotten some childhood learning of a foreign language." Such cautions attest to the author's sincerity but serve to disarm the reader for the subsequent "previous incarnation" conclusion.

Millions of persons in the Far East believe in reincarnation, and I have before me a brochure advertising a workshop on "Remembering Past Lives" at the First Annual Psychic Festival held at the Des Moines, Iowa, Community College on October 27, 1984. I have attended sessions at the School of Metaphysics here in Columbia, during which apparently normal persons paid a psychic to tell them about their past lives. If reincarnation exists, then Stevenson's conclusion could be right. That's a pretty big "if," however—much too big for me. Admittedly, there are times when it's tempting to think that one might be reborn as a famous person like Michelangelo. Unfortunately, there are no guarantees.

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**The Psychology of Religion**, by Joseph F. Byrnes. New York, Free Press, 1984, 300 pp., \$24.95.

There is considerable evidence to suggest that a resurgence in all aspects of religious life is occurring in contemporary U.S. society. Enrollments in university religious studies courses, debate of religious issues in the public arena, and a plethora of scholarly texts, journals, and papers variously attest to a perennial and intensifying interest in religious matters. Religious issues make themselves felt in the labors of both the clinician and the student of human development. *The Psychology of Religion* attempts to comprehend the

complex and multidimensional issue of religiousness in human experience and development, social and organizational interaction, counseling and psychotherapy, and empirical research.

The author's outlook reflects the pragmatic concerns of the preeminent psychologist of religion, William James, in its attempt to understand religiosity in the context of daily life. Byrnes presents, in a consistently pedagogical fashion, the work of James, Freud, Jung, Allport, Maslow, May, Erikson, and Goffman as they illuminate aspects of religious experience and values, behavior, and life-span development. A well-organized chapter of research abstracts presents empirical findings on such issues as religious experience and imagery, concepts of God and parental imagoes, prejudice, conversion and manifest anxiety, and the measurement of religious constructs.

Although the book has value as a primer in the psychology of religion, several serious issues endemic to the empirical psychology of religion at large become apparent. This is no synthetic psychology of religion. Rather, it is amalgamated from other sources ("what Freud said . . . what Jung said"). Thus, there is a failure to break new ground; the argument follows familiar, even well-worn, pathways.

Further, Byrnes's overall outlook reflects a pervasive measurement bias in the academic study of religion and its preoccupation with the study of part processes in human experience and behavior. Religious phenomena, in this context, are presented as they exemplify and are made comprehensible by psychosocial variables. This may offer reassurance in bringing the "religious variable" under the umbrella of empirical respectability, and it has, no doubt, contributed mightily to the growth and prosperity of the scientific study of religion. Nevertheless, this approach is derivative, reductionistic, and, finally, fragmented, serving up a hodgepodge of loosely connected facts. The nomothetic investigation of religion fails to consider religion as a phenomenon sui generis and never accounts for substantive questions about religion as a core epistemological and integrative factor in personality. Religiousness is accreted to other superordinate factors rather than viewed as a process structurally rooted in primary ego functions. The book does not proffer a theory of religious phenomena and their vicissitudes but only psychological explanations of religion.

These comments on Byrnes's method (as representative of trends in the academic psychology of religion) are not merely scholastic but directly affect the book's (and field's) relevance for clinical practice and theory. There is, for example, no consideration of recent advances in self psychology and object relations theory. Lacking, as a consequence, is attention to the clinically and theoretically salient relationships between religiousness, characterology, diagnosis, and psychopathology (e.g., religious phenomenology in borderline and schizophrenic conditions).

*The Psychology of Religion* is appropriate for those seeking an introduction to and sourcebook for basic issues in the psychological study of religion. The presentation is clear and to the point. Byrnes's method, however, uncritically reflects the status quo and thus offers neither perspective nor corrective on the trends and deficiencies in this field of inquiry. The atheoretical, nuts-and-bolts approach never provides compelling insight into religion's determinative role in psychic functioning. It carries a provisional note, likely to leave both clinician and theoretician unsated.

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