

This state of affairs is analogous to number theory: with cognitive and behavioural theories we have the rational domain; the addition of psychodynamic theories, like the addition of $\sqrt{2}$ and π , gives a deeper grasp of the neurotically 'irrational'; but without the magical introduction of i , the square root of -1 , we still fail to comprehend psychotic *Affektlogik*. Anyone seeking such comprehension should read all of this book with Matte Blanco's works: *The Unconscious as Infinite Sets* (Duckworth, 1975) and *Thinking, Feeling and Being* (Routledge, 1988). These take you much nearer to a bond between affect and logic.

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Treatment of Patients in the Borderline Spectrum. By W. W. MEISSNER. New Jersey: Jason Aronson. 1989. 625 pp.

An increasing amount of technical literature is devoted to the study of the concept of borderline personality patients. This book represents a major addition to that literature.

Meissner is a medically qualified professor of psychoanalysis based in Boston, Mass. He has published widely on the borderline personality since about 1971. He is also a Jesuit. This is very interesting to a Catholic psychiatrist like myself, and I was a little disappointed that he didn't mention what impact this has on his practice. He does say that he is a Jesuit once in the book, and then only fleetingly. I would be interested to know how he dresses during work, and how his clients, of many different persuasions, react to this. His remarks and quotes, when relating to the fantasies of clients, are very explicit. This is all very correct, but it would be interesting to know how he copes with the sexual material so frequently presented by the regressives on the couch or the resistors who sit upright.

Meissner's thesis is that the usual definitions of borderline personality are too restrictive and may account for the strongly negative experiences of therapists. DSM-III-R and other definitions, he would say, are concerned with "lower-order" patients, more primitive in their development, preoedipal and unanalysable, but often perhaps benefiting to some degree from supportive techniques or, less remarkably, from psychoanalytical psychotherapy. They are very prone to regression, often psychotic, and may be helped by medication aimed at target symptoms, such as antidepressants for affective symptoms and neuroleptics for thought disorder.

Meissner recognises major borderline traits in less disturbed and disturbing patients. He stretches the definition to form a spectrum bridging the gap or 'borderline' between psychosis and neurosis. The

"higher-order" patients are relatively capable of being psychoanalysed, although they may regress severely for short periods and often respond to being sat up and a period of more active therapist involvement.

The author's abiding message is that the therapist must pay more attention to the therapeutic alliance than to transference issues. He deals lucidly with the therapeutic relationship, the process of therapy, and adjunctive therapies (family therapy, short-term therapy, hospital admission, and drugs). There is an excellent chapter on the different theoretical approaches to borderline patients, e.g. those of Kernberg, Winnicott, Searles, and the followers of Klein.

The material of this book is provocative and illuminating. However, Meissner's practice is selective in that it is American and private. There is a considerable gap in the psychotherapeutic/psychoanalytic literature on how to manage such cases in public practice. Psychoanalysts and large libraries should have a copy of this book.

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An Introduction to Clinical Child Psychology. Edited by STAN LINDSAY and GRAHAM POWELL. Aldershot: Gower. 1989. 341 pp. £35.00.

This book is presumably intended for trainees in clinical psychology, although this is not made explicit in the editors' introduction. From the perspective of a psychiatrist, it has some similarities with the various introductory texts in child psychiatry, but is overall less comprehensive and laid out less systematically, although one or two subjects are treated in much more detail.

The first four chapters are concerned with general issues of investigation and treatment in clinical child psychology, the first two by Yule, and the second two, each headed "practical issues", by the editors. Unfortunately, this division of labour leads to some repetition of similar material. Yule's chapter on investigation would be very helpful to most trainee child psychiatrists. The same cannot be said of his chapter introducing treatment, which is very unbalanced. Behaviour modification is described in considerable detail, while individual psychotherapy and family therapy are dismissed in a few sentences as of dubious value. While behaviour therapy can be seen as an area of special expertise for clinical psychologists, this emphasis fails to acknowledge the considerable numbers of the profession working primarily as family therapists.

Sections on specific topics follow, mainly consisting of single chapters. That on problems in people with mental handicap is a useful overview, and the very detailed one on social behaviour in children and adolescents is particularly helpful. The chapters on problems in adolescence and 'physical problems' (incorporating neuropsychological problems) are more patchy. For