

particular enigma remains as far from being solved as ever.

Yet the participants remain buoyantly optimistic and there is no shortage of confident assertions, a sure sign that we are on thin ice. The currently fashionable therapies all receive an airing—progesterone, in natural or synthetic form, prolactin, pyridoxine, spironolactone—but, as before, the most striking therapeutic finding is that the placebo effect in this condition is often as high as fifty per cent.

Research is clearly being hampered by the use of different definitions of the syndrome and failure to specify definitions used. In addition, more women label their complaints as being due to the premenstrual syndrome than do investigators and a growing caution can be detected in the contributors to this volume when it comes to diagnosing cyclical behavioural and mood changes in women presenting to gynaecological and psychiatric clinics.

This book closes as it opens. The chairman, Pieter van Keep, encourages us all to find the best treatment by trial and error “though our knowledge, particularly through well-controlled clinical studies, is increasing all the time”. It is a characteristic mixture of realism and optimism though whether the contributors always have the two qualities in quite the right proportions is for the reader to judge.

ANTHONY W. CLARE, *Senior Lecturer,  
Institute of Psychiatry, London*

**Review of Transference Neurosis and Transference Psychosis.** By MARGARET I. LITTLE. New York: Jason Aronson. 1980. Pp 323. \$25.00.

Margaret I. Little is an English psycho-analyst whose work has received less attention than it deserves on both sides of the Atlantic. Now, as part of a new American interest in the work of English analysts, Robert Langs has edited this collection of her papers, unpublished fragments and poems. She was a devoted follower of Winnicott with a somewhat prickly independence which apparently brought her into conflict with many of her colleagues. This is made clear in the final chapter of the book in which she describes her personal and professional experiences in an unusually frank interview with Langs. Anyone interested in that period shortly after the war when controversy raged between the followers of Anna Freud and Melanie Klein will find this fascinating reading.

Her work centres around two related topics: the analyst's counter-transference and the treatment of borderline and psychotic patients who develop a transference psychosis in treatment. Both of these have become central issues in contemporary psycho-

analysis, and Little deserves much credit for drawing attention to them almost thirty years ago. In a transference psychosis the patient develops a delusional conviction usually that the analyst is either in love with them or is persecuting them. Although this presents serious technical problems for the analyst it also presents an opportunity to analyse psychotic mechanisms which may be of great importance to the patient. Often the delusion focuses on a specific item of the analyst's behaviour, something he said or a special look which takes on a delusional significance and the analyst has to be prepared to examine how his own behaviour contributed to this state of affairs. This is where the counter-transference becomes so important and all analysts agree that a sensitivity to his own reactions and a capacity to recognize his mistakes and misjudgments are essential features of a good analyst. There is, however, some disagreement on how this insight into the counter-transference should be used in the formulation of interpretations. Margaret Little believes that her first analyst mishandled her treatment and this made her especially sensitive to a situation where the patient recognizes difficulties his analyst is having, or where the patient feels the analyst is wrong but is not strong enough to stand up against him. At times she seems to be using the patient as a therapist to deal with her own anxieties and is not fully aware of the danger of a mutual type of acting out where the patient is at first excited by the confidences but later feels he has to look after and protect the analyst from depression and anxiety. While many readers will disagree with her on this and other issues in the book, they will find it stimulating and instructive reading.

JOHN STEINER, *Consultant Psychotherapist,  
Tavistock Clinic, London*

**Sleep and Sleeplessness in Advanced Age.** (*Advances in Sleep Research, Vol. 5*). Edited by RENE SPIEGEL. Lancaster, Lancs: MTP Press. 1981. Pp 272. £17.95.

Disturbed sleep is one of the commonest complaints with which patients present to doctors. In population surveys upwards of 15 per cent of the population report chronic insomnia. The frequency of such complaints rise steeply with age reaching a peak in the over 60's. The consumption of hypnotics has become commonplace and again this increases steeply with age. The problem of insomnia and in particular insomnia in the elderly, should therefore figure in the concerns of both general practitioners and psychiatrists. In the recent examinations for entry into the Royal College of Psychiatrists, I asked a number of candidates a few basic questions about sleep and its commoner disturbances. Such questions rarely elicited any information from the candidates and often

induced either visible panic or pained looks, presumably intended to convey that the candidates felt an unfairly obscure subject was being broached. The book under review is unlikely to be read by many psychiatrists in training though there is little doubt that the area covered is of considerable potential relevance to their future clinical practice.

This volume in addition to providing extensive original research data has a wide ranging review of the literature which though concentrating on the effects of aging on sleep, is certainly not confined to that topic. The overview of sleep research provided benefits from the author's extensive knowledge of the literature. Little is omitted and over four hundred references are cited. This all inclusive approach and somewhat obsessive attention to detail is carried over into the author's account of his own research. Here these qualities are of more dubious utility. The meticulous account of the methods and results of the study itself will, I suspect, only be comprehensible to the specialist sleep researcher and even amongst this select band will not be of general interest. No correlation is too small to comment on, and no observation sufficiently peripheral to avoid mention. Sensibly the author consigns some of his raw data to an appendix but unfortunately he still includes inordinate detail in the text itself. Tables are provided often in microscopic typeface containing hundreds of figures (over 500 in one instance). This will surely try the patience of the most assiduous reader.

There are several excellent introductory texts covering sleep and its disorders and therefore on balance this book can unfortunately only be wholeheartedly recommended for the specialist in sleep research.

PAUL E. MULLEN, *Consultant Psychiatrist,  
Bethlem Royal and Maudsley Hospitals*

**Videotherapy in Mental Health.** Edited by J. L. FRYREAR and B. FLESHMAN. Springfield, Illinois: Charles C. Thomas. 1981. Pp 335. \$29.75.

This is a collection of articles by American psychologists and social workers which describes the uses of television and cine film as a treatment for patients. The book starts with two chapters which are review articles reprinted from psychological journals on therapeutic videotaped feedback, and on symbolic modelling. The review of videofeedback offers no support for the procedure as an independent therapy, but argues for its use as an adjunct in other treatments. The authors emphasise that the best results follow feedback to the patient of his desirable behaviours, and point out that feedback of undesirable behaviours may harm the patient by lowering his

self-esteem. Symbolic modelling consists of showing patients videotapes of people demonstrating desirable behaviours, and has been used in the treatment of animal phobias, phobias of medical and dental procedures, social skills training and various miscellaneous problems ranging from marital conflict to heroin addiction. The chapter covers studies up to the mid-1970s, and shows the technique to be promising, although too many of the studies have been carried out on non-clinical populations. The authors state: "such influences as demand characteristics and instructional differences potentially obscure the relationship between treatment variables and anxiety. This is especially true when such influences result in the inclusion of less phobic subjects, who may respond more readily than 'true' phobics to post treatment demands for approach behaviour".

There you have it. The book does not read well: although you can usually guess what the authors mean if you read each sentence twice and mentally discard the turgid psychological jargon. Later chapters deal with video-enactment, in which various expressive therapies are videotaped, and "playback becomes a form of group communion". In a high-tech society there is great prestige in handling the equipment itself, and predictably, forms of therapy are described in which patients increase their self-image by becoming adept at making the videotape. An interesting chapter by Reese describes a project in which urban drug addicts each made Super-8 cine films about the environment from which they came; each one trying to capture telling shots from home, school and their neighbourhood. For your reviewer the best chapter was by a philosopher on the ethics of videorecording which started with a telling quotation from Edmund Carpenter: "They viewed media as neutral tools and they viewed themselves as men who could be trusted to use them humanely. I saw the problem otherwise". It is argued that "therapists should consider to what extent their uses of videorecording technology contribute to the general social acceptability of 'edited' versions of events or personalities. Do we really want to live in an increasingly image-soaked society? Reality has come to seem more and more like what we are shown by camera, so that the separation between the real and the unreal becomes blurred, and life becomes more dreamlike as the boundaries between the real and the unreal merge . . . Does the use of videorecording in therapy encourage people to think of themselves and their situations in terms of television images? And if it does, is that a good thing?"

DAVID GOLDBERG, *Professor of Psychiatry,  
University of Manchester*